



TAHOE FOREST HOSPITAL DISTRICT

# 2019-01-29 Continued Regular Meeting of the Board of Directors

Tuesday, January 29, 2019 at 12:30 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2019-01-29 Continued Regular Meeting of the Board of Directors

01/29/2019 Agenda Packet Contents

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## AGENDA

2019-01-24 Regular Meeting of the Board of Directors\_REVISIED FINAL  
Agenda3.pdf Page 4

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## ITEMS 1 - 4 See Agenda

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## 5. MEDICAL STAFF EXECUTIVE COMMITTEE

5.1 MEC Consent Agenda.pdf Page 7  
General Surgery Priv Form-Revised.pdf Page 8  
IM-Endocrinology.pdf Page 15  
Clinical Privileges that Cross Specialty Lines- MSCP-1.pdf Page 23  
Criminal Background Checks- MSCP-2.pdf Page 25  
EKG Interpretation 12-19 Draft Policy Revision review.pdf Page 27  
Executive Committee Requirement- Complete Disclosure Form-  
MSGEN-6.pdf Page 28  
Professional Liability Coverage- MSCP-7.pdf Page 29

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## ITEMS 6 - 11: See Agenda

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## 12. SAFETY FIRST

No related materials.

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## 13. ACKNOWLEDGMENTS

13.1. January 2019 Employee of the Month.pdf Page 31

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## 14. CONSENT CALENDAR

### 14.1. Approval of Meeting Minutes

2018-12-20 Regular Meeting of the Board of Directors\_DRAFT  
Minutes.pdf Page 32

### 14.2. Financial Report

14.2. Financial Report - December 2018.pdf Page 36

### 14.3. Board Reports

14.3.1. CEO Board Report - January 2019.pdf Page 65

14.3.2. COO Board Report - January 2019.pdf Page 67

14.3.3. CNO Board Report - January 2019.pdf Page 70

14.3.4. CIIO Board Report - January 2019.pdf Page 71

14.3.5. CMO Board Report - January 2019.pdf Page 72

### 14.4. Policy Review

14.4.1. ABD-05 Bond Fiscal Policy.pdf Page 73

14.4.2. ABD-15 Investment Policy.pdf Page 76

14.5. Mountain Housing Council

14.5.1. Mountain Housing Council Advocacy Policy.pdf Page 81

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15. ITEMS FOR BOARD DISCUSSION

15.1. Retirement Plans Presentation to Board (2019 - January).pdf Page 92

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16. ITEMS FOR BOARD ACTION

16.1. 2018 Compliance Program Annual and 4th Quarter OPEN SESSION Informational Report.pdf Page 99

16.2. Corp Compliance 2019 TFHD Work Plan.pdf Page 103

16.3. CEO Employment Agreement  
Materials to be distributed at a later time.

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17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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18. BOARD COMMITTEE REPORTS

No committee meetings in January.

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ITEMS 19 - 24: See Agenda

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25. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS REVISED AGENDA

*(Revised on 01/21/2019 at 10:54 a.m.)*

Thursday, January 24, 2019 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

**Please note:**

***Regular Meeting will be continued to Tuesday, January 29, 2019 at 12:30 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161***

**1. CALL TO ORDER**

**2. ROLL CALL**

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

**4. INPUT AUDIENCE**

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

**5. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

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

MEC recommends the following for approval by the Board of Directors: *Review and approval of policies, procedures, and privilege forms.*

- *General Surgery Privilege Form*
- *New Endocrinology Privileges*
- *Annual Review*
  - *Clinical Privileges that Cross Specialty Lines, Criminal Clinical Privileges that Cross Specialty Lines*
  - *Criminal Background Checks*
  - *EKG Interpretation*
  - *Executive Committee-Disclosure Form Policy*
  - *Professional Liability Coverage*

**6. CLOSED SESSION**

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

*Subject Matter: Medical Staff Credentials*

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

*Name of District Negotiator(s) to Attend Closed Session: Alyce Wong  
Unrepresented Employee: Chief Executive Officer*

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

12/20/2018

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

*Subject Matter: Fourth Quarter 2018 and Year End Corporate Compliance Report*

*Number of items: One (1)*

**APPROXIMATELY 2:00 P.M.**

**7. OPEN SESSION – CALL TO ORDER**

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

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

**10. INPUT – AUDIENCE**

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

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. SAFETY FIRST**

**12.1.** January Safety First Topic

**13. ACKNOWLEDGMENTS**

**13.1.** January 2019 Employee of the Month.....ATTACHMENT

**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.** 12/20/2018 .....ATTACHMENT

**14.2. Financial Reports**

**14.2.1.** Financial Report – December 2018.....ATTACHMENT

**14.3. Staff Reports**

**14.3.1.** 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. Policy Review**

**14.4.1.** ABD-05 Bond Fiscal Policy.....ATTACHMENT

**14.4.2.** ABD-15 Investment Policy.....ATTACHMENT

**14.5. Mountain Housing Council**

**14.5.1. Mountain Housing Council Advocacy Policy**.....ATTACHMENT

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. TIMED ITEM – 2:15PM - Retirement Committee Update** .....ATTACHMENT

The Board of Directors will receive a semi-annual update from the Retirement Committee.

**16. ITEMS FOR BOARD ACTION ♦**

**16.1. Corporate Compliance Report** ♦ ..... ATTACHMENT

The Board of Directors will review and consider a Fourth Quarter 2018 and Year End Corporate Compliance Report for approval.

**16.2. Annual Corporate Compliance Work Plan** ♦ ..... ATTACHMENT

The Board of Directors will review and consider the Annual Corporate Compliance Work Plan for approval.

**16.3. Chief Executive Officer Employment Agreement** ♦ ..... ATTACHMENT\*

The Board of Directors will review and consider the CEO Employment Agreement for approval.

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

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

**18.1. Executive Compensation Committee Meeting** – No meeting in January.

**18.2. Quality Committee Meeting** – No meeting in January.

**18.3. Governance Committee Meeting** – No meeting held in January.

**18.4. Finance Committee Meeting** – No meeting held in January.

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

**20. ITEMS FOR NEXT MEETING**

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

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

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

*Number of Cases: One (1)*

**23. OPEN SESSION**

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

**25. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is February 28, 2019 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

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

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**MEDICAL EXECUTIVE COMMITTEE  
CONSENT AGENDA  
 Tuesday, January 29, 2019**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following: Review and approval of policies, procedures, and privilege forms.	Recommend approval
1. Medicine Department <ul style="list-style-type: none"> <li>• Internal Medicine (Endocrinology) Privilege Form</li> </ul> 2. Surgery Department <ul style="list-style-type: none"> <li>• General Surgery Privilege Form</li> </ul>	1. General Surgery Privilege Form 2. New Endocrinology Privileges  <u>Annual Review:</u> <ol style="list-style-type: none"> <li>1. Clinical Privileges that Cross Specialty Lines</li> <li>2. Criminal Background Checks</li> <li>3. EKG Interpretation</li> <li>4. Executive Committee-Disclosure Form Policy</li> <li>5. Professional Liability Coverage</li> </ol>	

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Privilege Request**

**SPECIALTY:** GENERAL SURGERY

**NAME:** \_\_\_\_\_  
(Please print)

**Tahoe Forest Hospital (TFH)**

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

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

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in General Surgery.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of General Surgery required (or AOA equivalent Board); or attain Board Certification within five years of completion of residency or fellowship training program.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 100 procedures as primary surgeon in the past 12 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a general surgeon.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules).</li> <li>• Current State of California Department of Health Services fluoroscopy certificate required for selected (*) procedures</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> <li>• <u>Current verification as an ATLS (Advanced Trauma Life Support) provider</u></li> </ul>

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



## TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

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

**APPLICANT:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. At this time, privileges are available only at Tahoe Forest Hospital and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core privileges in General Surgery:</b> Admit (including swing admissions, ECC, and critical care unit per rules and regulations, ), perform history and physical, consultations, work up, and provide pre-operative, operative and post-operative care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders in areas of primary surgical responsibility. Core privileges also include the following;</p> <p>Anorectal procedures: Hemorrhoidectomy Sphincterotomy/sphincteroplasty Drainage procedure for anorectal abscess Fistula repair Occult Blood Testing Repair of rectal prolapse Pilonidal cystectomy Sinus treatment <u>- Transanal removal of rectal tumors/polyps</u></p> <p>Breast procedures: Biopsies Mastectomy, <u>radical and modified radical segmental</u> Axillary dissection</p> <p>Esophagus procedures: Anti-reflux procedure (<u>lap or open</u>) Esophageal diverticulectomy Repair of perforation Esophagectomy Esophagogastrectomy Esophageal bypass Operation for esophageal stenosis</p> <p>General abdomen procedures: Paracentesis Exploratory laparotomy Drainage of intra-abdominal abscess Retroperitoneal lymphadenectomy Adrenalectomy</p> <p>General vascular procedures: Amputations- upper and lower extremity Central venous access catheters * Portacaths*</p> <p>Genitourinary/OB-GYN procedures: Hydrocelectomy Nephrectomy Ureteral surgery Cystostomy Cystectomy Hysterectomy Salpingo-oophorectomy</p>	_____	<b>TFH</b>	1 <sup>ST</sup> case proctored and 4 add'l representative cases proctored	100 cases/2 years Related CME

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Tahoe Forest Hospital District  
Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17  
Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17  
Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17  
Page 2 of 7

**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		<p><b>Core (continued):</b>                      Head and neck procedures:                      Lip and tongue surgery                      Thyroglossal ducts                      Tracheostomy                      Gland surgery – submandibular and parotid                      Brachial cleft surgery                      Thyroidectomy (partial or total)                      Parathyroidectomy</p> <p>Hernia procedures:                      Inguinofemoral, umbilical                      Ventral                      Incisional</p> <p>Intestinal procedures:                      Enterectomy                      Repair of perforation                      Ileostomy                      Pyloroplasty                      Appendectomy                      Colectomy (partial or total)                      Colectomy with ileoanal pull-through                      Colostomy closure                      Abdominoperineal resection                      Repair of perforation                      Operative cholecystoscopy</p> <p>Liver/Biliary Tract procedures:                      Open-biopsy                      Laparoscopic biopsy                      Hepatic resections                      * Cholecystectomy (with or without cholangiograms)*                      Common bile duct exploration                      Choledochoenteric anastomosis                      Choledochoscopy</p> <p>Pancreas/Spleen                      Drainage of pancreatic abscess                      Pancreatic resection                      Drainage of pancreatic pseudocyst                      Pancreaticojejunostomy                      Splenectomy for disease                      Staging splenectomy</p> <p>Pediatric procedures                      General surgical procedures including appendectomy, hernia, and GI procedures</p> <p>Stomach (no obesity surgery - see separate section for lap banding):                      Gastrostomy (open)                      Gastric resection                      Repair of perforation                      Vagotomy (truncal or selective with drainage procedure)                      Pyloromyotomy</p> <p>Miscellaneous procedures:                      Arterial Lines                      Biopsies</p>				

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17  
 Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17  
 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17  
 Page 3 of 7

**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

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

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>				
		CVP lines Excision/repair/graft for skin/soft tissue tumors Miscellaneous procedures (continued): Incision and drainage of abscess Major lymphadenectomies Management of trauma (e.g., chest, abdomen, extremity, head and neck) Peritoneal dialysis Simple and complex suture repair and excision of benign skin lesions Skin lacerations/split thickness skin grafts Swan ganz catheter insertion * Temporary transvenous pacemaker insertion* Thoracic procedures for trauma/ hemostasis Ventilatory management  * Denotes procedures above that require a fluoroscopy permit				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Core privileges in General Surgery (OUTPATIENT):</b> Evaluate, diagnose and treat surgical patients including consultations, work up, and provide pre-operative, care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders in areas of primary surgical responsibility. Core privileges also include the following; <ul style="list-style-type: none"> <li>• Lipoma removal</li> <li>• Skin lesion removal</li> <li>• Punch biopsies</li> <li>• I&amp;D of wounds</li> <li>• Packing of wounds</li> <li>• Wound Vac care</li> <li>• G-tube change and removal</li> <li>• Minor debridement</li> <li>• Hemorrhoids</li> </ul>		Outpt Clinic		
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <b><u>If extensive list of exclusions, initial and cross out above.</u></b> _____ _____				
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.  <u>In those areas with multiple procedures, initial and cross out those you are NOT requesting</u>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or required CME
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endoscopy/Gastroenterology:</b> Bronchoscopy Capsule endoscopy Colonoscopy with/without biopsy EGD – with biopsy, hemorrhage control, * ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy*	_____	TFH	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	30 cases/2 years

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17  
 Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17  
 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17  
 Page 4 of 7

## TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

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

REQUESTED	APPROVED	GENERAL PRIVILEGES – GENERAL SURGERY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		Esophageal stent placement				
		<p><b>Endoscopy/Gastroenterology (continued):</b></p> <p>Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy                      Foreign body removal, sclerotherapy and banding of upper GI varices                      Laryngoscopy                      Percutaneous endoscopic gastrostomy                      Percutaneous Liver biopsy                      Peritoneoscopy for diagnosis and treatment                      Colonpolypectomy                      Proctosigmoidoscopy</p> <p>General surgery training/certification and documentation of experience and training supporting the privileges requested</p> <p><b>* Denotes procedures that require a fluoroscopy permit</b></p>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Dilation with bogie</b>                      Documentation of experience/training including 10 supervised dilations</p>	_____	TFH	1 case proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Thoracic procedures for:</b>                      Drainage of empyema                      Pulmonary resection                      Thoracic aorta                      Thoracic esophagus                      Thoracoscopy/Thoracotomy                      Plication of pulmonary blebs                      Decortication</p> <p>Completion of ACGME/AOA accredited training program in general surgery, AND                      Completion of approved fellowship—training program in general thoracic surgery, OR                      Documentation of training and experience for consideration (Medical Staff Office will obtain)</p>	_____	TFH	1 <sup>st</sup> case proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy:</b> Current State of California Department of Health Services fluoroscopy certificate is required for endoscopic and vascular privileges. [Must provide copy]</p>	_____	TFH	None	Maintenance of current fluoro certificate and utilization of privileges requiring fluoro
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)</p>	N/A	TFH	Successful completion of competency test (initial appointment)	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Lap Banding</b></p> <p>_____ Included in residency/fellowship program (must be confirmed), OR,                      _____ Documentation of approved course including didactic and hands on surgery and evaluation of procedures performed (including laparoscopic experience)</p> <p>And documentation of 15 procedures performed in past 12 months</p>	_____	TFH	2 cases proctored	30 cases/2 years

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17  
 Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17  
 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17  
 Page 5 of 7

**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Laparoscopy (cholecystectomy, inguinal/femoral hernia, appendectomy, Liver Biopsy, nissen fundoplication; colectomy; gastrectomy; common bile duct exploration)</b></p> <p>_____ Included in residency/fellowship program (will be confirmed)                  _____ Documentation of course including didactic and hands on surgery and evaluation of procedures performed</p>	=====	TFH	First case proctored	20cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Vascular Surgery: (initial and cross out those that you are not requesting)</b></p> <p>Aneurysm repair – abdominal aorta, and peripheral vessels (emergent and elective)                  Cervical, thoracic, or lumbar sympathectomy                  Diagnostic biopsy or other diagnostic procedures on blood Vessels                  Embolectomy or thrombectomy for all vessels excluding coronary and intracranial vessels                  Endarterectomy for all vessels excluding coronary and intracranial vessels                  Extracranial carotid and vertebral artery surgery                  Hemodialysis access procedures                  Intraoperative angiography                  Intraoperative angioplasty, balloon dilatation (peripheral only)                  Other major open peripheral vascular arterial and venous reconstructions                  Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)                  Sclerotherapy                  Temporal artery biopsy                  Thoracic outlet decompression procedures, including rib Resection                  Vein ligation and stripping                  Venous reconstruction                  Venous RF Ablation, stripping, phlebectomy</p> <p>Completion of an ACGME/AOA accredited five year residency training program in General Surgery plus one year of dedicated vascular surgery training/fellowship; OR,</p> <p>Completion of an ACGME accredited program in vascular surgery and is ABMS board qualified or certified in vascular surgery; AND,</p> <p>Provision of letters from the Chief of Vascular Surgery and/or Chief of Surgery at the applicant's current hospital attesting to current competence in vascular surgery (Medical Staff Office will request the letters).</p> <p>May be requested to submit a representative sample of discharge summaries and/or operative notes for major vascular surgery reconstructions or management of vascular surgery problems over last two years</p>	_____	TFH	1 <sup>st</sup> case proctored plus 4 add'l representative cases proctored	20 cases/2 years Vascular CME



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

**SPECIALTY: INTERNAL MEDICINE**

**NAME:** \_\_\_\_\_  
(Please print)

**Check one or both:**     **Tahoe Forest Hospital (TFH)**         **Incline Village Community Hospital (IVCH)**  
**Check one:**             **Initial**         **Change in Privileges**         **Renewal of Privileges**

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

<b>Core Education:</b>	MD or DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Internal Medicine. See additional sub specialty requirements related to residencies, fellowships
<b>Board Certification:</b>	Board qualification/certification required. Current ABIM Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges (applies to all specialties).</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a general internist) Medical Staff Office will request information.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Use of Fluoroscopy Equipment: Current State of California Department of Health Services fluoroscopy certificate required.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> </ul>

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

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine

### Delineated Clinical Privilege Request

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Internal Medicine - Non Procedural</b></p> <p>Core privileges in internal medicine include the ability to admit(including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 hospital adult patients within the last two years.</p> <p><u><b>Cross out/INITIAL any privilege/s you are not applying for in this set of Core Privileges</b></u></p> <p>Management of general medical conditions include:</p> <p>Allergy/Rheumatology</p> <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Dermatomyositis</li> <li>• Lupus erythematosus</li> <li>• Necrotizing granulomatosis</li> <li>• Periarteritis nodosa</li> <li>• Schleroderma</li> <li>• Serum sickness</li> <li>• Thrombotic thrombocytopenia purpura</li> <li>• Urticaria</li> </ul> <p>Arthritis</p> <ul style="list-style-type: none"> <li>• Gout</li> <li>• Inflammatory arthritis</li> <li>• Osteoarthritis</li> <li>• Rheumatoid arthritis</li> </ul> <p>Cardiac Diseases</p> <ul style="list-style-type: none"> <li>• Bacterial endocarditis</li> <li>• Cardiac arrhythmias</li> <li>• Congenital heart disease</li> <li>• Congestive heart failure – acute and chronic</li> <li>• Coronary artery – stable and unstable</li> <li>• EKG interpretations</li> <li>• Hypertension</li> <li>• Lipodystrophies</li> <li>• Myocardial infarction including thrombolytic therapy</li> <li>• Myocarditis</li> <li>• Pericarditis</li> <li>• Rheumatic fever</li> </ul> <p>Gastrointestinal Diseases – no procedures included</p> <ul style="list-style-type: none"> <li>• Cholecystitis</li> <li>• Cirrhosis</li> <li>• Diverticulitis</li> <li>• Hepatitis</li> <li>• Inflammatory bowel disease</li> </ul>	_____	Inpatient Outpt	Review of 10 representative cases	<p>Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months *</p> <p>Insufficient pt care activity may require proctoring and/or privilege specific CME</p> <p style="text-align: center;">* some must be inpatient</p>



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<ul style="list-style-type: none"> <li>• Intestinal obstruction</li> <li>• Malabsorption</li> <li>• Pancreatitis</li> <li>• Peptic Ulcer</li> <li>• Trauma</li> <li>• Upper and lower GI bleeds</li> </ul> <p>Hematologic Diseases</p> <ul style="list-style-type: none"> <li>• Aplastic and hemolytic anemia</li> <li>• Hemorrhagic diathesis</li> <li>• Hemophilia</li> <li>• Thromboembolism</li> <li>• Iron deficiency anemia requiring transfusion</li> <li>• Leukemia</li> </ul> <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Aldosteronism</li> <li>• Cushing's syndrome</li> <li>• Diabetes mellitus Type I including acidosis, coma</li> <li>• Diabetes mellitus Type II</li> <li>• Disturbance of water/electrolytes</li> <li>• Parathyroid conditions</li> <li>• Pheochromocytoma</li> <li>• Pituitary conditions</li> <li>• Sex hormone abnormalities</li> <li>• Thyroid conditions including coma and thyrotoxic crisis</li> </ul> <p>Neurological Diseases</p> <ul style="list-style-type: none"> <li>• Degenerative diseases</li> <li>• Demyelinating disorders</li> <li>• Encephalopathy</li> <li>• Meningitis/encephalitis</li> <li>• Parkinson's</li> <li>• Seizure disorders</li> <li>• Stroke –acute and rehabilitation</li> <li>• Trauma</li> </ul> <p>Pulmonary Diseases:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• COPD</li> <li>• Hemothorax</li> <li>• Interstitial lung disease</li> <li>• Pneumonia, complicated and uncomplicated</li> <li>• Pneumothorax</li> <li>• Pulmonary embolism</li> <li>• Pulmonary infarction</li> <li>• Trauma</li> </ul> <p>Renal Diseases</p> <ul style="list-style-type: none"> <li>• Acute and chronic insufficiency</li> <li>• Nephritis</li> <li>• Obstructive nephropathy</li> <li>• Pyelonephritis</li> <li>• Trauma</li> </ul> <p>Miscellaneous</p> <ul style="list-style-type: none"> <li>• Alcohol/Drug intoxication and overdose</li> </ul>				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<ul style="list-style-type: none"> <li>• Chemotherapy treatment under supervision</li> <li>• Fat embolism</li> <li>• Malignant neoplasms</li> <li>• Non-operative ENT conditions</li> <li>• Non-operative orthopedic fractures</li> <li>• Osteomyelitis</li> <li>• Post-operative care</li> <li>• Psychiatric disorders</li> <li>• Sepsis</li> <li>• Vascular arterial insufficiency</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE – SURGERY/PROCEDURES</b></p> <p>Must be able to document participation in at least 25 cases during past two years.</p> <p><u><b>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Core Privileges</b></u></p> <p>Core privileges include the performance of procedures and/or assisting in the following areas:</p> <ul style="list-style-type: none"> <li>• Arthrocentesis</li> <li>• I&amp;D (incision and drainage) abscesses</li> <li>• Lumbar Puncture</li> <li>• Perform simple skin biopsy or excision</li> <li>• Peripheral arterial puncture</li> <li>• Percutaneous venous catheter placement</li> <li>• Remove non-penetrating foreign body from the eye, nose, or ear</li> <li>• Manage uncomplicated closed fractures and dislocations including splinting and casting</li> <li>• Suture uncomplicated lacerations</li> <li>• Ventilator management, including endotracheal intubation with appropriate consultation per medical staff rules</li> </ul>	_____		3 cases proctored of various procedures	<p>Current demonstrated competence and provision of care for approximately 15 inpatients and outpatients. Office records may be requested for review*</p> <p style="text-align: center;">*Some must be inpatient</p>
		<p><b>SELECTED PROCEDURES</b></p> <p><b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b></p>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Arterial Line placement</b></p> <p>Documentation of training/experience</p>	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Biopsies (invasive)</b></p> <ul style="list-style-type: none"> <li>• Bone marrow</li> <li>• Liver</li> <li>    — Lung (must be boarded in pulmonary medicine)</li> </ul> <p>Documentation of training/experience</p>	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Bronchoscopy</b></p> <p>Board certified in pulmonology</p>	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Cardiac EKG stress testing – treadmill and nuclear medicine testing</b></p>	_____	TFH/IVCH	2 cases proctored prior to performing	5 cases/2 years

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		Documentation of training/experience in the ability to rapidly recognize, diagnose and treat a life-threatening cardiac arrhythmias.			unsupervised Stress EKGs.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Trans Thoracic Echoes</b> Cardiology Fellowship or documentation of training/experience	_____	TFH only	2 cases proctored	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Central venous line insertion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest tube placement</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Elective Cardioversion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Occult Blood Testing</b> Completion of competency provided under separate cover	_____		None	None
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> See attached criteria	NA		Successfully complete test	Maintain privileges requiring the procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.</b>	Emergency Department ICU	TFH only	Successfully complete test	Successfully Complete test
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gastric Occult Testing</b>		TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the Medicine Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>EKG interpretation</b> Documentation of training/experience	_____	TFH IVCH		Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dermatology</b> Consultation Chemical Peel Cyrosurgery Curettage and Dessication Dermabrasion Excision of Cutaneous Lesions Complex Excision of Cutaneous Lesions Simple Skin Biopsy Nail avulsion  Completion of an ACGME or AOA approved residency training in Dermatology and Board certified within 5 years of completion of training)	_____	TFH IVCH	5 proctored cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endocrinology</b> Core privileges in endocrinology include the ability to admit (including swing admissions and ECC long term care), diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Core privileges also include management of disorders such as diabetes, metabolic and nutritional disorders,	_____	TFH IVCH	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>obesity, pituitary diseases, and menstrual and sexual problems and non-surgical care to patients. Endocrinologists may assess, stabilize, and determine disposition of patients with emergency conditions consistent with staff policy regarding emergency and consultative call services.</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Interpretation of laboratory studies, including the effects of non-endocrine disorders</li> <li>• Interpretation of hormone assays</li> <li>• Performance and interpretation of stimulation and suppression tests</li> <li>• Performance of fine needle aspiration thyroid, parathyroid and lymph nodes of the neck</li> <li>• Ultrasonography of the soft tissues of the neck</li> </ul> <p>Completion of ACGME/AOA accredited residency program or clinical fellowship within the past 12 months in endocrinology (and Board certified within 5 years of completion of training)</p>				with some procedures in last 24 months.
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Gastroenterology</b>            Core privileges in gastroenterology include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical and surgical care to patients of all ages. Must include management of at least 50 hospital patients within the last two years.</p> <ul style="list-style-type: none"> <li>• Bougie Dilation</li> <li>• Capsule endoscopy</li> <li>• Colonoscopy with/without biopsy</li> <li>• EGD – with biopsy, hemorrhage control,</li> <li>• ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy</li> <li>• Esophageal stent placement</li> <li>• Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy</li> <li>• Foreign body removal, sclerotherapy and banding of upper GI varices</li> <li>• Percutaneous endoscopic gastrostomy</li> <li>• Percutaneous Liver biopsy</li> <li>• Peritoneoscopy for diagnosis and treatment</li> <li>• Colonpolypectomy</li> <li>• Proctosigmoidoscopy</li> </ul> <p>Completion of ACGME/AOA accredited residency program in gastroenterology (and Board certified within 5 years of completion of training.)</p>	_____	TFH only	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy</b>            Current Department of Health Services fluoroscopy certificate (required in CA only)</p>	_____		None	maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Oncology – provided service to at least 6 oncology patients in last 12 months</b>            Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.</p>	_____	<b>TFH only</b>	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, with all types of cancer and other benign and malignant tumors. Includes: <ul style="list-style-type: none"> <li>• Bone marrow biopsy and interpretation</li> <li>• Administration of chemotherapy agents and biological response modifiers through all therapeutic routes;</li> <li>• Management and maintenance of indwelling venous access catheters.</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Oncology – provided service to at least 6 oncology patients in last 12 months</b>  Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.  Treatment of cancer or hematology patients on an outpatient basis for dehydration, injections including but not limited to Neulasta, Procrit, or administration of blood products, etc.	_____	<b>IVCH</b>	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Paracentesis</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pericardiocentesis</b>  Board certified cardiologist, OR Documented training, experience must be submitted for consideration.	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulmonary artery catheter insertion and management</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sleep medicine studies</b> – admission, evaluation, interpretation, and/or treatment  Documentation of AASM or ACGME training; board certification in sleep medicine required; submission of case summaries if requested	_____	IVCH only	5 cases reviewed	Based on objective results of care through quality review mechanism If no cases, CME required
<input type="checkbox"/>	<input type="checkbox"/>	<b>Temporary Transvenous Pacemaker Insertion</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thoracentesis</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>TEE (Transesophageal Echocardiogram)</b>  Fellowship in cardiology or documentation of a successful completion of approved course related to TEE performance and interpretation, including preceptored cases	_____		2 cases proctored	Current demonstrated competence and provision of care If no cases, CME required
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the				





Current Status: *Pending*

PolicyStat ID: 5614352



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: 05/2007  
Last Approved: N/A  
Last Revised: 01/2016  
Next Review: 3 years after approval  
Department: Credentialing and Privileging -  
MSCP  
Applies To: System

## Clinical Privileges that Cross Specialty Lines, MSCP-1

### PURPOSE:

The purpose of this policy is to define a process to address clinical privileges that cross specialty lines to assure that any disputes over ownership of the privileges are addressed as well as review of criteria that once defined for each specialty utilizing the privilege results in same level of patient care.

### POLICY:

Whenever a Medical Staff member requests clinical privileges that traditionally at this Hospital have been exercised only by individuals from another specialty or whenever there is a dispute between departments concerning jurisdiction over specific privileges, the process described herein shall be initiated. In the instance in which the member is requesting privileges traditionally exercised by another specialty, the request will not be processed until the steps outlined in this section have been completed and a determination has been made regarding the staff member's eligibility to request the clinical privileges in question.

### PROCEDURE:

- A. The Medical Executive Committee, either through a subcommittee or an ad hoc committee appointed for this purpose, shall conduct an inquiry concerning the privileges/procedure in question. In doing so it may consult with experts, including those on the Hospital's Medical Staff (appropriate department or division chairpersons or individuals on the Medical Staff with special interest and/or expertise in the privileges in question) or those outside the Hospital, including but not limited to, other hospitals, residency training programs, and specialty societies.
- B. The Medical Executive Committee shall then develop recommendations, as needed, regarding:
  1. The minimum education, training, and experience necessary to perform the clinical privileges in question;
  2. The extent of monitoring and supervision that should be required; and,
  3. The resolution of any jurisdictional disputes among departments over the exercise of such privileges.
- C. These recommendations may or may not permit individuals from different specialties to request the privileges at issue. The Medical Executive Committee shall forward its recommendation to the Board of Trustees for final action.

D. Once threshold qualifications are approved, specific requests from eligible Medical Staff members may be processed.

Related Policies/Forms:

References:

Policy Owner: Director, Medical Staff Services

Approved by: Medical Executive Committee: 1/09; 1/10; 1/11; 1/12; 1/13; 1/14; 1/16

All revision dates:

01/2016, 01/2014, 01/2013, 05/2007

## Attachments:

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	pending
Board of Directors	Jean Steinberg: Director, Medical Staff Svs.	11/2018
MEC	Jean Steinberg: Director, Medical Staff Svs.	11/2018
	Jean Steinberg: Director, Medical Staff Svs.	11/2018

## Applicability

Tahoe Forest Hospital District





Current Status: Pending

PolicyStat ID: 5614350



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: 02/1982  
Last Approved: N/A  
Last Revised: 01/2016  
Next Review: 3 years after approval  
Department: Credentialing and Privileging - MSCP  
Applies To: System

## Criminal Background Checks, MSCP-2

### POLICY:

Duties of the Executive Committee

### PROCEDURE:

#### A. DESIGNATING HOSPITAL'S AUTHORIZED REPRESENTATIVE:

1. In accordance with the Medical Executive Committee's recommendation to include criminal background checks as part of the credentialing process for all applicants and re-applicants for medical staff membership, the Medical Staff Office will be the authorized representative to perform queries.
2. Criminal background checks will include:
  - a. Statewide criminal background checks (California State provides registered sexual offenders' list)
  - b. Social Security Search
  - c. Countywide criminal background checks
  - d. Federal criminal background checks
  - e. County criminal background checks
3. The definition of an Authorized Representative or Hospital's Authorized Representative is the individual designated by the hospital and approved by the Executive Committee to provide information to and request information on criminal background checks for the medical staff.

Related Policies/Forms:

References:

Policy Owner: Director, Medical Staff Services

Approved by: Chief Executive Officer

All revision dates:

01/2016, 01/2014, 01/2013, 02/1982

### Attachments:

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	pending
Board of Directors	Jean Steinberg: Director, Medical Staff Svs.	11/2018
MEC	Jean Steinberg: Director, Medical Staff Svs.	11/2018
	Jean Steinberg: Director, Medical Staff Svs.	11/2018

## Applicability

Tahoe Forest Hospital District

COPY

## EKG Interpretation, MSCP-30

### PURPOSE:

To provide accurate interpretation for all patients undergoing EKG 12 Lead diagnostic testing. Hospital policy requires a list of physicians qualified to read their patient's EKGs.

### PROCEDURE:

Physicians not having EKG reading privileges:

- A. Tahoe Forest Hospital District (TFHD) contracts for EKG interpretation of EKGs for patients of physicians who have not been granted EKG test privileges and cannot interpret their own EKGs.
- B. The following physicians are contracted to read these EKGs:
  1. ~~Richard Ganong, MD~~
  1. Timothy Lombard, MD
  2. Josh Scholnick, MD
  3. Lianne Burkholder, MD
- C. The schedule for these readings will be assigned by ~~IMCARD into AMION scheduler~~ Richard Ganong, MD.
- ~~D. The laboratory staff performing the EKG will determine if the ordering provider has EKG privileges. If the provider does not have privileges the EKG is held for contracted physician.~~
- ~~E. Laboratory staff will determine who is the assigned contracted physician on duty by querying the AMION schedule and sending an email or message to their phone that a EKG reading is pending.~~
- ~~D. The Laboratory will enter the contract physician reading the EKG into the Laboratory computer system and verify totals for each interpreting contracted physician at the end of the month.~~
- ~~E. Patients are billed an interpretation fee by TFHD.~~
- F. Physicians having EKG reading privileges ~~to will~~ interpret their own EKGs.;
- G. Physicians having privileges to interpret their own EKGs will not be paid by TFHD for interpretation.
- H. Patients are not billed interpretation fees by TFHD.

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Current Status: *Active*

PolicyStat ID: 2533394



**TAHOE  
FOREST  
HEALTH  
SYSTEM**

Origination Date:	01/2006
Last Approved:	02/2016
Last Revised:	02/2016
Next Review:	01/2019
Department:	<i>Medical Staff - MSGEN</i>
Applies To:	<i>System</i>

## Executive Committee Requirement: Complete Disclosure Form, MSGEN-6

### POLICY:

- A. Each year, all elected Medical Executive Committee members must complete a disclosure form regarding potential conflicts of interest, to disclose any financial or other relationships or arrangements that the physician has with the hospital and its affiliates or with any organizations with which the hospital does business or competes. Such disclosures are required to ensure compliance with anti-kickback, Stark, and other federal and state laws and regulations and to avoid potential conflicts of interest in governing the hospital's operations.
- B. Medical Executive Committee members are to notify the medical staff of changes when they occur.
- C. Disclosure form to be retained in the member's credentials file in the Medical Staff Office.

Related Policies/Forms:

References:


Policy Owner: Director, Medical Staff Services

Approved by: Chief of Staff 1/11/06; 2/07;1/08; 1/09

All revision dates:

02/2016, 01/2014, 01/2013, 01/2009

### Attachments:

 [Disclosure Form](#)



Current Status: Pending

PolicyStat ID: 5614353



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: 02/1998  
Last Approved: N/A  
Last Revised: 01/2016  
Next Review: 3 years after approval  
Department: Credentialing and Privileging - MSCP  
Applies To: System

## Professional Liability Coverage, MSCP-7

### POLICY:

In keeping with the Medical Staff Bylaws, 13.6, all practitioners granted clinical privileges should maintain professional liability coverage. The coverage shall be at least in the following limits:

PRACTITIONER TYPE	PER OCCURRENCE	ANNUAL AGGREGATE
Physicians	\$1,000,000	\$3,000,000

For the following categories, a lesser limit of liability coverage may be considered based on the usual and customary coverage for that profession. The hospital reserves the right to insist on \$1 million/\$3 million coverage.

PRACTITIONER TYPE	PER OCCURRENCE	ANNUAL AGGREGATE
Dentist	\$1,000,000	\$3,000,000
Podiatrist	\$1,000,000	\$3,000,000
Clinical Psychologist	\$1,000,000	\$3,000,000
Registered Nurse First Assistant	\$1,000,000	\$3,000,000
Nurse Practitioner	\$1,000,000	\$3,000,000
Physician Assistant	\$1,000,000	\$3,000,000

Related Policies/Forms: Malpractice Policy ABD-16

References:

Policy Owner: Director, Medical Staff Services

Approved by: Chief Executive Officer

All revision dates:

01/2016, 01/2014, 01/2013, 02/1998

### Attachments:

No Attachments

### Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	pending

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Board of Directors	Jean Steinberg: Director, Medical Staff Svs.	11/2018
MEC	Jean Steinberg: Director, Medical Staff Svs.	11/2018
	Jean Steinberg: Director, Medical Staff Svs.	11/2018

**Applicability**

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Tahoe Forest Hospital District

COPY



**EMPLOYEE OF THE MONTH, JANUARY 2019  
CHRIS HESS, NURSING COORDINATOR, MSC**

We are honored to announce Chris Hess, Nursing Coordinator, MSC as our January 2019 Employee of the Month!

Chris is well known throughout the hospital for her compassion and positive energy. She is always courteous and is helpful to others. She is highly respected by her peers and appreciated by her patients because of her excellent patient care.

Chris adapts her plan of care to include and meet specific needs of her patients. She is efficient and thorough in her work and stays until patients are taken care of for the day. The combination of her ethical standards and vast experience enable her to be an excellent mentor to other employees.

Chris emulates warmth, humility and compassion as she serves others and always expresses appreciation to others for their efforts. She cares for her patients and co-workers with respect and dignity and is a great asset to Tahoe Forest.

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

**Ernesto Garcia  
Heather Lutz  
Julie Morgan  
Julio Jimenez  
Kimberly Tiernan**



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

Thursday, December 20, 2018 at 4:00 p.m.  
Tahoe Truckee Unified School District  
11603 Donner Pass Road, Truckee, CA 96161

**1. CALL TO ORDER**

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

**2. ROLL CALL**

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

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operations Officer; Dr. Shawni Coll, Chief Medical Officer; Janet Van Gelder, Director of Quality and Regulations; Dawn Colvin, Patient Safety Officer

Other: David Ruderman, Assistant General Counsel

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

Item 17.1. was removed from the agenda.

**4. INPUT AUDIENCE**

No public comment was received.

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

**5. CLOSED SESSION**

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

*Subject Matter: Quality Assurance Reports*

*Number of items: Two (2)*

*Discussion was held on a privileged item.*

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

*Subject Matter: Third Quarter 2018 Quality Report*

*Number of items: One (1)*

*Discussion was held on a privileged item.*

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

*Discussion will concern: Proposed new programs and facilities*

*Estimated date of disclosure: February 2019*

*Discussion was held on a privileged item.*



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

11/29/2018

*Discussion was held on a privileged item.*

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

*Subject Matter: Medical Staff Credentials*

*Discussion was held on a privileged item.*

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Meeting reconvened at 6:00 p.m.

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

General Counsel reported the board considered five items in closed session. There was no reportable action on items 5.1 through 5.3. Items 5.4 and 5.5 were both approved on a 5-0 vote.

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

Item 17.1. was removed from the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. BOARD OFFICER ELECTION**

**12.1. Election of 2019 Board Officers**

**ACTION:** Motion made by Director Zipkin, seconded by Director Hill, to nominate Director Wong as 2019 Board President.

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

**Abstention:** None

**NAYS:** None

**ACTION:** Director Zipkin, seconded by Director Hill, nominated Director Brown as 2019 Board Vice President. Director Brown accepted the nomination.

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

**Abstention:** None

**NAYS:** None

**ACTION:** Director Hill, seconded by Director Brown, nominated Director Chamblin as 2019 Board Treasurer. Director Chamblin accepted the nomination.

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

**Abstention:** None

**NAYS:** None

**ACTION:** Director Hill nominated Director Zipkin as 2019 Board Secretary. Director Zipkin accepted the nomination.

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

**Abstention:** None

**NAYS:** None

**13. SAFETY FIRST**

**13.1.** Matt Mushet, In-House Counsel presented the December Safety First topic.

**14. ACKNOWLEDGMENTS**

**14.1.** Outgoing Board Chair Dale Chamblin was presented with a plaque.

**14.2.** Esperanza Espinoza was named December 2018 Employee of the Month.

**14.3.** Kathy Avis was named TFHS Employee of the Year.

**14.4.** Medical Staff members were thanked for their service.

**15. CONSENT CALENDAR ♦**

**15.1. Approval of Minutes of Meetings**

**15.1.1.** 11/29/2018

**15.2. Financial Reports**

**15.2.1.** Financial Report – November 2018

**15.3. Staff Reports**

**15.3.1.** CEO Board Report

**15.3.2.** COO Board Report

**15.3.3.** CNO Board Report

**15.3.4.** CIO Board Report

**15.3.5.** CMO Board Report

**ACTION:** Motion made by Director Chamblin, seconded by Director Hill, to approve the Consent Calendar as presented.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Cancer Center Quality Report Presentation**

Dr. Melissa Kaime presented the 2018 Cancer Center Quality Report. Discussion was held.

**17. ITEMS FOR BOARD ACTION ♦**

**17.1. Chief Executive Officer Employment Agreement ♦**

Item was pulled from the agenda.

**17.2. Fiscal Year 2018 CEO Incentive Compensation ♦**

The Board of Directors will decide award of fiscal year 2018 CEO Incentive Compensation.

No public comment received.

**ACTION:** Motion made by Director Hill, seconded by Director Zipkin, that the CEO has met or exceeded the Board's incentive compensation targets and authorize incentive compensation payment to the CEO in the amount of \$72,725.01, which represents 15 percent of his base salary for fiscal year 2017-2018, as specified in section 5 of his CEO's Employment Agreement.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

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

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

**19.1. Finance Committee Meeting – 12/17/2018**

Director Zipkin provided an update from the recent Finance Committee meeting.

**19.2. Quality Committee Meeting – No meeting held in December.**

**19.3. Governance Committee Meeting – No meeting held in December.**

**19.4. Executive Compensation Committee Meeting – No meeting held in December.**

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

Director Hill asked for Finance Committee to meet on how the District is prepared if the economy declines.

**21. ITEMS FOR NEXT MEETING**

None.

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

Director Zipkin noted a Moonshine Ink article about the nation's drug problem, addiction in our local area and how Tahoe Forest Health System is helping.

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

Not applicable.

**24. OPEN SESSION**

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

Not applicable.

**26. ADJOURN**

Meeting adjourned at 7:02 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
DECEMBER 2018 FINANCIAL REPORT  
INDEX**

<b>PAGE</b>	<b>DESCRIPTION</b>
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT REPORT
7	SIX MONTHS ENDING DECEMBER 2018 STATEMENT OF NET POSITION KEY FINANCIAL INDICATORS
8	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
9 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	SIX MONTHS ENDING DECEMBER 2018 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION KEY FINANCIAL INDICATORS
12	IVCH STATEMENT OF REVENUE AND EXPENSE
13 - 14	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
15	STATEMENT OF CASH FLOWS
16 - 29	TFH VOLUMES AND GRAPHS

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**DECEMBER 2018 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the six months ended December 31, 2018.

**Activity Statistics**

- ❑ TFH acute patient days were 472 for the current month compared to budget of 440. This equates to an average daily census of 15.2 compared to budget of 14.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Surgical services, Medical Supplies Sold to Patients, Pathology, Cardiac Rehab, Diagnostic Imaging, Medical Oncology, Briner Ultrasound, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical Therapy, Physical Therapy and Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 60.5% in the current month compared to budget of 53.7% and to last month's 56.2%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 52.1%, compared to budget of 53.7% and prior year's 50.4%.
- ❑ EBIDA was \$2,763,093 (10.1%) for the current month compared to budget of \$812,756 (3.1%), or \$1,950,337 (7.0%) above budget. Year-to-date EBIDA was \$12,352,834 (7.2%) compared to budget of \$4,832,474 (3.2%), or \$7,520,360 (4.0%) above budget.
- ❑ Net Income was \$2,409,637 for the current month compared to budget of \$495,429 or \$1,914,208 above budget. Year-to-date Net Income was \$10,003,889 compared to budget of \$2,943,358 or \$7,060,531 above budget.
- ❑ Cash Collections for the current month were \$13,015,862 which is 98% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$82,072,236 at the end of December compared to \$78,480,979 at the end of November.

**Balance Sheet**

- ❑ Working Capital Days Cash on Hand is 10.0 days. S&P Days Cash on Hand is 143.0. Working Capital cash decreased \$788,000. Accounts Payable increased \$1,552,000, Accrued Payroll & Related Costs increased \$769,000. Cash Collections fell short of target by 2% and the District transferred \$3m back to its Cash Reserve Fund held in LAIF.
- ❑ Net Patients Accounts Receivable increased approximately \$2,135,000 and Cash collections were at 98% of target. EPIC Days in A/R at the close of December were 88.1.
- ❑ Estimated Settlements, Medi-Cal and Medicare decreased \$842,000 after booking estimated amounts due from the HQAF and IGT Rate Range programs and recording amounts received for the quarterly HQAF and PRIME Demo Year 13.
- ❑ An adjustment to the asset and offsetting liability was made to record the fair value of the Piper Jaffray Swap transaction at the close of December.
- ❑ Accounts Payable increased \$1,552,000 due to the timing of the final check run in December.
- ❑ Accrued Payroll & Related Costs increased \$769,000 due to nine accrued payroll days in December.
- ❑ Interest Payable decreased \$94,000 after remitting payment on the semi-annual interest due on the 2017 VRDB.
- ❑ Estimated Settlements, Medi-Cal and Medicare increased \$551,500. The District received additional amounts due on its Medicare Inpatients after the first quarter interim rate review. A portion of the remittance was reserved until the Outpatient interim rate review is completed.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$27,392,176, compared to budget of \$26,025,087 or \$1,367,088 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,436,671, compared to budget of \$7,256,215 or \$180,456 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$19,955,505 compared to budget of \$18,768,873 or \$1,186,632 above budget.
- ❑ Current month’s Gross Revenue Mix was 35.6% Medicare, 16.1% Medi-Cal, .0% County, 3.1% Other, and 45.2% Insurance compared to budget of 35.9% Medicare, 17.8% Medi-Cal, .0% County, 3.9% Other, and 42.4% Insurance. Last month’s mix was 38.5% Medicare, 16.5% Medi-Cal, .0% County, 3.3% Other, and 41.7% Insurance. Year-to-date Gross Revenue Mix was 39.5% Medicare, 16.0% Medi-Cal, .0% County, 3.2% Other, and 41.3% Insurance compared to budget of 36.3% Medicare, 17.5% Medi-Cal, .0% County, 3.8% Other, and 42.4% Commercial.
- ❑ Current month’s Deductions from Revenue were \$10,831,374 compared to budget of \$12,042,953 or \$1,211,579 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .28% decrease in Medicare, a 1.69% decrease to Medi-Cal, County at budget, a .78% decrease in Other, and Commercial was above budget 2.75%, 2) Revenues exceeded budget by 5.3%, and 3) the District booked \$1,088,234 to Prior Period Settlements after receiving remittance on denied Swing patient claims dating back to the previous fiscal year.

DESCRIPTION	December 2018 Actual	December 2018 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,304,676	5,312,788	8,112	
Employee Benefits	1,496,575	1,740,709	244,134	Additional amounts budgeted for PL/SL in the month of December in anticipation of increased Paid Leave due to the holiday season came in below budget assumptions.
Benefits – Workers Compensation	58,204	55,820	(2,384)	
Benefits – Medical Insurance	823,640	598,402	(225,239)	Increased usage of our self-insured health insurance plan created a negative variance in Benefits-Medical Insurance.
Medical Professional Fees	2,414,080	2,142,862	(271,218)	Negative variance in Medical Professional Fees related to locums coverage in MSC ENT & MSC Gastroenterology along with RVU Bonuses paid out for MSC OB/GYN, MSC Orthopedics, and MSC Gastroenterology.
Other Professional Fees	108,724	173,798	65,075	We saw positive variances in TFH IP/IVCH Therapy Services, Information Technology, Financial Administration, and Oncology.
Supplies	2,358,301	1,895,096	(463,206)	Negative variance in Supplies related to Drugs Sold to Patients and Medical Supplies Sold to Patients. Revenues exceeded budget by 46.88% and 42.17% respectively.
Purchased Services	1,438,038	1,352,714	(85,324)	Network and Software maintenance, Occupational Health testing, Room & Board fees paid to EPHC for Skilled Nursing patients, and equipment maintenance costs in Surgery and the Diagnostic Imaging departments created a negative variance in Purchased Services.
Other Expenses	865,786	767,475	(98,311)	Oxygen tank rentals, space expansion needs for MSC Administration, advertising campaigns for MSC Orthopedics and Community Relations, physician recruitment expenses, and Human Resource recruitment fees created negative variances in the Other Expenses category.
Total Expenses	14,868,024	14,039,663	(828,361)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
DECEMBER 2018

	Dec-18	Nov-18	Dec-17	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 4,555,537	\$ 5,343,823	\$ (2,480,832)	1
PATIENT ACCOUNTS RECEIVABLE - NET	32,759,512	30,624,955	17,787,991	2
OTHER RECEIVABLES	9,303,980	8,441,476	8,547,465	
GO BOND RECEIVABLES	1,836,941	1,462,055	1,961,917	
ASSETS LIMITED OR RESTRICTED	7,917,545	7,616,805	6,222,225	
INVENTORIES	3,130,302	3,127,781	3,000,094	
PREPAID EXPENSES & DEPOSITS	1,877,182	2,109,748	1,800,520	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	7,708,114	8,549,632	6,760,591	3
<b>TOTAL CURRENT ASSETS</b>	69,089,112	67,276,276	43,599,970	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	60,460,296	57,460,296	61,724,481	1
MUNICIPAL LEASE 2018	5,818,864	5,818,864	32,222	
TOTAL BOND TRUSTEE 2017	20,055	20,025	19,820	
TOTAL BOND TRUSTEE 2015	963,319	826,222	1,094,885	
GO BOND PROJECT FUND	-	-	1	
GO BOND TAX REVENUE FUND	837,019	837,019	1,425,443	
DIAGNOSTIC IMAGING FUND	3,246	3,246	3,204	
DONOR RESTRICTED FUND	1,127,596	1,127,596	1,484,642	
WORKERS COMPENSATION FUND	23,992	(9,012)	6,690	
TOTAL	69,254,386	66,084,255	65,791,389	
LESS CURRENT PORTION	(7,917,545)	(7,616,805)	(6,222,225)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	61,336,842	58,467,449	59,569,164	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	601,785	551,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	897,240	894,951	836,353	
PROPERTY & EQUIPMENT NET	167,301,132	166,653,269	132,413,668	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,855,472	1,843,332	33,418,623	
<b>TOTAL ASSETS</b>	301,081,583	295,687,063	269,837,778	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	446,068	449,300	484,856	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,081,858	899,886	1,395,414	4
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,840,859	5,864,564	6,125,315	
GO BOND DEFERRED FINANCING COSTS	456,480	458,415	479,695	
DEFERRED FINANCING COSTS	181,008	182,049	193,492	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	\$ 8,006,273	\$ 7,854,213	\$ 8,678,772	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 7,534,865	\$ 5,983,041	\$ 4,700,195	5
ACCRUED PAYROLL & RELATED COSTS	10,667,183	9,898,649	9,879,529	6
INTEREST PAYABLE	381,299	475,633	398,639	7
INTEREST PAYABLE GO BOND	1,589,212	1,271,369	1,924,889	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	771,628	220,128	47,577	8
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,211,751	
WORKERS COMPENSATION PLAN	1,887,351	1,887,153	1,703,621	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,184,419	1,184,419	858,290	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	860,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,331,208	2,331,208	1,049,645	
<b>TOTAL CURRENT LIABILITIES</b>	29,140,656	26,045,091	22,634,134	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	32,382,299	32,509,472	27,343,303	
GO BOND DEBT NET OF CURRENT MATURITIES	100,910,612	100,924,033	102,686,661	
DERIVATIVE INSTRUMENT LIABILITY	1,081,858	899,886	1,395,414	4
<b>TOTAL LIABILITIES</b>	163,515,424	160,378,482	154,059,512	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	144,444,835	142,035,198	122,972,397	
RESTRICTED	1,127,596	1,127,596	1,484,642	
<b>TOTAL NET POSITION</b>	\$ 145,572,432	\$ 143,162,794	\$ 124,457,039	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
DECEMBER 2018











1. Working Capital is at 10.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 143.0 days. Working Capital cash decreased a net \$788,000. Accounts Payable increased \$1,552,000 (See Note 5) and Accrued Payroll & Related Costs increased \$769,000 (See Note 6). Cash Collections fell short of target by 2% and the District transferred \$3m back to its Cash Reserve Fund held in LAIF.
2. Net Patient Accounts Receivable increased approximately \$2,135,000 and Cash collections were 98% of target. EPIC Days in A/R were 88.1 compared to 81.6 at the close of November, a 6.50 days increase.
3. Estimated Settlements, Medi-Cal and Medicare decreased a net \$842,000 after booking our estimated receivable for December from the HQAF and IGT Rate Range programs and booking receipt of our HQAF quarterly payment and PRIME Demo Year 13 remit.
4. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of December.
5. Accounts Payable increased \$1,552,000 due to the timing of the final check run in the month.
6. Accrued Payroll & Related Costs increased \$769,000 due to nine accrued payroll days in December.
7. Interest Payable decreased a net \$94,000 after recording payment of the semi-annual interest on the 2017 VRDB.
8. Estimated Settlements, Medi-Cal and Medicare increased \$551,500. The District received \$1,103,000 from the Medicare program for additional amounts due on its Medicare Inpatients for the first quarter of FY19 after completion of the quarterly interim rate review. We reserved one half the amount until the Outpatient interim rate review is completed.



**Tahoe Forest Hospital District  
Cash Investment  
December 2018**

<b>WORKING CAPITAL</b>			
US Bank	\$ 3,508,826		
US Bank/Kings Beach Thrift Store	16,707		
US Bank/Truckee Thrift Store	21,984		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,008,019</u>	0.40%	
Total			\$ 4,555,537
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>60,460,296</u>	2.29%	
Local Agency Investment Fund			\$ 60,460,296
Municipal Lease 2018			\$ 5,818,864
Bonds Cash 2017			\$ 20,055
Bonds Cash 2015			\$ 963,319
GO Bonds Cash 2008			\$ 837,019
DX Imaging Education	\$ 3,246		
Workers Comp Fund - B of A	23,992		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 27,238</u>
<b>TOTAL FUNDS</b>			<b>\$ 72,682,327</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,359	0.03%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,084,596</u>	2.29%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,127,596</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u>\$ 73,809,923</u></b>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
DECEMBER 2018**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2019</u> Jul 18 to Dec 2018</b>	<b><u>FY 2018</u> Jul 17 to June 2018</b>	<b><u>FY 2017</u> Jul 16 to June 2017</b>	<b><u>FY 2016</u> Jul 15 to June 16</b>	<b><u>FY 2015</u> Jul 14 to June 15</b>	<b><u>FY 2014</u> Jul 13 to June 14</b>	<b><u>FY 2013</u> Jul 12 to June 13</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position		↑	3.7%		6.9%	5.1%	14.4%	10.9%	2.19%	.001%	-4.0%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		88	68	55	57	60	75	97
<u>Gross Accounts Receivable</u> 365 Days					96	73	55	55	62	75	93
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 146 Days  Budget 2nd Qtr 132 Days  Projected 2nd Qtr 133 Days	60 Days  A- 214 Days  BBB- 129 Days	143	176	191	201	156	164	148
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>		↓	13%		39%	22%	17%	19%	18%	22%	29%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>		↓	18%		40%	25%	18%	24%	23%	25%	34%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 	↑	FYE Budget \$431,753  End 2nd Qtr Budget \$429,471  End 2nd Qtr Actual \$445,412		\$423,566	\$333,963	\$348,962	\$313,153	\$290,776	\$286,394	\$255,901
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 7.42 With GO Bond 1.65	1.95	11.15  2.42	9.27  2.07	6.64  3.54	6.19  2.77	3.28  1.59	2.18  1.29	.66  .89

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
DECEMBER 2018

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 2017
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>								
\$ 27,392,176	\$ 26,025,087	\$ 1,367,088	5.3%	\$ 171,905,428	\$ 152,424,601	\$ 19,480,827	12.8%	1 \$ 129,531,255
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,026,793	\$ 2,638,019	\$ 388,773	14.7%	\$ 17,322,704	\$ 15,342,984	\$ 1,979,721	12.9%	\$ 13,021,724
4,409,879	4,618,196	(208,317)	-4.5%	28,724,255	25,503,545	3,220,710	12.6%	22,203,493
7,436,671	7,256,215	180,456	2.5%	46,046,959	40,846,529	5,200,431	12.7%	35,225,217
Total Gross Revenue - Inpatient								
19,955,505	18,768,873	1,186,632	6.3%	125,858,469	111,578,073	14,280,396	12.8%	94,306,038
19,955,505	18,768,873	1,186,632	6.3%	125,858,469	111,578,073	14,280,396	12.8%	94,306,038
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
11,271,768	10,889,987	(381,781)	-3.5%	78,447,047	63,917,630	(14,529,416)	-22.7%	2 58,323,342
1,073,844	830,408	(243,436)	-29.3%	5,770,090	4,812,979	(957,110)	-19.9%	2 4,038,172
-	-	-	0.0%	-	-	-	0.0%	2 74,835
(426,005)	322,558	748,562	232.1%	631,350	1,832,315	1,200,965	65.5%	2 1,792,868
(1,088,234)	-	1,088,234	0.0%	(2,558,498)	-	2,558,498	0.0%	2 55,074
10,831,374	12,042,953	1,211,579	10.1%	82,289,988	70,562,925	(11,727,063)	-16.6%	64,284,291
Total Deductions from Revenue								
116,491	88,914	(27,577)	-31.0%	540,006	527,651	12,355	2.3%	336,400
953,825	781,371	172,454	22.1%	5,241,514	4,601,723	639,791	13.9%	3 4,084,374
17,631,118	14,852,419	2,778,698	18.7%	95,396,960	86,991,050	8,405,910	9.7%	69,667,738
Other Operating Revenue								
<b>TOTAL OPERATING REVENUE</b>								
<b>OPERATING EXPENSES</b>								
5,304,676	5,312,788	8,112	0.2%	29,314,527	31,009,462	1,694,935	5.5%	4 26,947,939
1,496,575	1,740,709	244,134	14.0%	9,386,214	9,267,591	(118,623)	-1.3%	4 9,233,076
58,204	55,820	(2,384)	-4.3%	362,926	334,923	(28,003)	-8.4%	4 327,112
823,640	598,402	(225,239)	-37.6%	5,690,011	3,590,409	(2,099,602)	-58.5%	4 3,256,244
2,414,080	2,142,862	(271,218)	-12.7%	12,092,034	12,076,806	(15,228)	-0.1%	5 10,406,739
108,724	173,798	65,075	37.4%	1,032,539	1,239,790	207,251	16.7%	5 1,396,770
2,358,301	1,895,096	(463,206)	-24.4%	12,745,472	11,945,868	(799,604)	-6.7%	6 10,508,830
1,438,038	1,352,714	(85,324)	-6.3%	8,116,558	8,310,195	193,638	2.3%	7 7,056,000
865,786	767,475	(98,311)	-12.8%	4,303,846	4,383,532	79,687	1.8%	8 4,047,260
14,868,024	14,039,663	(828,361)	-5.9%	83,044,126	82,158,576	(885,550)	-1.1%	73,179,971
Purchased Services								
Other								
<b>TOTAL OPERATING EXPENSE</b>								
<b>2,763,093</b>	<b>812,756</b>	<b>1,950,337</b>	<b>240.0%</b>	<b>12,352,834</b>	<b>4,832,474</b>	<b>7,520,360</b>	<b>155.6%</b>	<b>(3,512,233)</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
526,467	554,044	(27,577)	-5.0%	3,317,744	3,330,099	(12,355)	-0.4%	9 3,504,044
374,886	374,886	0	0.0%	2,249,315	2,249,314	0	0.0%	1,997,286
133,822	131,029	2,793	2.1%	779,109	774,644	4,465	0.6%	10 452,382
-	-	-	0.0%	-	-	-	0.0%	-
110,406	93,711	16,695	17.8%	229,514	535,267	(305,753)	-57.1%	11 151,655
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	5,850	-	5,850	0.0%	13 2,500
-	-	-	0.0%	-	-	-	0.0%	14 -
(1,059,977)	(1,059,977)	(0)	0.0%	(6,359,862)	(6,359,862)	(0)	0.0%	15 (5,885,994)
(108,999)	(87,091)	(21,908)	-25.2%	(599,685)	(522,545)	(77,140)	-14.8%	16 (503,641)
(330,061)	(323,929)	(6,132)	-1.9%	(1,970,929)	(1,896,032)	(74,897)	-4.0%	(1,949,326)
(353,456)	(317,327)	(36,129)	-11.4%	(2,348,945)	(1,889,115)	(459,829)	-24.3%	(2,231,094)
Interest Expense								
Interest Expense-GO Bond								
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>								
<b>\$ 2,409,637</b>	<b>\$ 495,429</b>	<b>\$ 1,914,208</b>	<b>386.4%</b>	<b>\$ 10,003,889</b>	<b>\$ 2,943,358</b>	<b>\$ 7,060,531</b>	<b>239.9%</b>	<b>\$ (5,743,327)</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>								
<b>NET POSITION - BEGINNING OF YEAR</b>				<b>135,568,542</b>				
<b>NET POSITION - AS OF DECEMBER 31, 2018</b>				<b>\$ 145,572,432</b>				
<b>10.1%</b>	<b>3.1%</b>	<b>7.0%</b>		<b>7.2%</b>	<b>3.2%</b>	<b>4.0%</b>		<b>-2.7%</b>
<b>RETURN ON GROSS REVENUE EBIDA</b>								







**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**DECEMBER 2018**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>DEC 2018</b>	<b>YTD 2019</b>
<b>1) Gross Revenues</b>			
<p>Acute Patient Days were above budget 7.27% or 32 days. Swing Bed days were over budget 200.00% or 38 days. Inpatient Ancillary revenues were below budget by 4.50% due to the lower acuity levels in our Medicare Swing patient population.</p> <p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Surgical services, Medical Supplies Sold to Patients, Pathology, Cardiac Rehab, Diagnostic Imaging, Mammography, Medical Oncology, Briner Ultrasounds, Drugs Sold to Patients, Respiratory Therapy, and Speech Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ 180,456</p> <p>1,186,632</p> <p><u>\$ 1,367,088</u></p>	<p>\$ 5,200,431</p> <p>14,280,396</p> <p><u>\$ 19,480,827</u></p>
<b>2) Total Deductions from Revenue</b>			
<p>The payor mix for December shows a .28% decrease to Medicare, a 1.69% decrease to Medi-Cal, .78% decrease to Other, County at budget, and a 2.75% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 5.3%, however, came in lower than expected due to a reimbursement from Medicare on our first quarter interim rate adjustment.</p> <p>The District has been working with its Medicare Fiscal Intermediary in an attempt to rectify denials being received for its Swing patient population dating back through the prior fiscal year. The issue was resolved in December and the older Swing claims were paid. This created a positive variance in Prior Period Settlements.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (381,781)</p> <p>(243,436)</p> <p>-</p> <p>748,562</p> <p>1,088,234</p> <p><u>\$ 1,211,579</u></p>	<p>\$ (14,529,416)</p> <p>(957,110)</p> <p>-</p> <p>1,200,965</p> <p>2,558,498</p> <p><u>\$ (11,727,063)</u></p>
<b>3) Other Operating Revenue</b>			
<p>Retail Pharmacy revenues exceeded budget by 11.70%.</p> <p>Truckee Hospice Thrift Store revenues exceeded budget by 44.26%. The Kings Beach location closed in mid-November with an expected re-opening in Incline Village towards the end of January.</p> <p>The Center (non-therapy) revenues exceeded budget for the month in Occupational Health testing and Fitness Center memberships.</p> <p>IVCH ER Physician Guarantee is tied to collections and exceeded budget in December.</p> <p>Rebates &amp; Refunds along with Quality Assurance Fees received from the State created a positive variance in Miscellaneous.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>27,798</p> <p>11,094</p> <p>39,457</p> <p>18,952</p> <p>1,227</p> <p>\$ 73,926</p> <p>-</p> <p>-</p> <p><u>\$ 172,454</u></p>	<p>157,024</p> <p>145,483</p> <p>30,363</p> <p>99,314</p> <p>34,033</p> <p>\$ 164,575</p> <p>-</p> <p>9,000</p> <p><u>\$ 639,791</u></p>
<b>4) Salaries and Wages</b>			
<p><b>Employee Benefits</b></p> <p>Additional amounts for PL/SL were budgeted in December in anticipation of greater usage of Paid Leave due to the holidays. Usage did not meet budget expectations, creating a positive variance in PL/SL.</p> <p>Negative variance in Nonproductive associated with an employment related matter.</p> <p><b>Employee Benefits - Workers Compensation</b></p> <p><b>Employee Benefits - Medical Insurance</b></p> <p>The District's health insurance plan is self-funded. We are witnessing an increased amount of employee claims being processed by our Third Party Administrator.</p>	<p>Total</p> <p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p> <p>Total</p> <p>Total</p>	<p>\$ 8,112</p> <p>\$ 205,438</p> <p>(52,517)</p> <p>83,313</p> <p>2,975</p> <p>4,925</p> <p><u>\$ 244,134</u></p> <p>\$ (2,384)</p> <p>\$ (225,239)</p>	<p>\$ 1,694,935</p> <p>\$ 6,909</p> <p>(307,299)</p> <p>189,149</p> <p>(44,738)</p> <p>37,356</p> <p><u>\$ (118,623)</u></p> <p>\$ (28,003)</p> <p>\$ (2,099,602)</p>
<b>5) Professional Fees</b>			
<p>Negative variance in The Center (includes OP Therapy) arose from an increase in volumes over budget. Revenues fell short of budget due to a lag in charge capture resulting from the extended New Year's holiday.</p> <p>Negative variance in Home Health/Hospice related to outsourced Therapist fees.</p> <p>C.M.O. Incentive Comp created a negative variance in Administration. This was an unknown expense during the budgeting process.</p> <p>MSC physician fees exceeded budget in MSC ENT &amp; MSC Gastroenterology due to Locums coverage along with RVU bonuses paid out for MSC OB/GYN, MSC Orthopedics and MSC Gastroenterology.</p>	<p>The Center (includes OP Therapy)</p> <p>Home Health/Hospice</p> <p>Administration</p> <p>Sleep Clinic</p> <p>TFH/IVCH Therapy Services</p> <p>IVCH ER Physicians</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Information Technology</p> <p>Marketing</p> <p>Multi-Specialty Clinics Administration</p> <p>Corporate Compliance</p> <p>Medical Staff Services</p> <p>Human Resources</p> <p>Financial Administration</p> <p>TFH Locums</p>	<p>\$ (155,865)</p> <p>(39,929)</p> <p>(28,526)</p> <p>12,581</p> <p>47,349</p> <p>3,133</p> <p>-</p> <p>-</p> <p>19,547</p> <p>2,167</p> <p>(4,133)</p> <p>4,000</p> <p>3,113</p> <p>1,342</p> <p>17,677</p> <p>6,695</p>	<p>\$ (200,955)</p> <p>(85,878)</p> <p>(10,689)</p> <p>(5,410)</p> <p>(3,979)</p> <p>(490)</p> <p>-</p> <p>-</p> <p>1,288</p> <p>8,608</p> <p>10,000</p> <p>14,675</p> <p>18,707</p> <p>27,138</p> <p>32,039</p> <p>33,874</p>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**DECEMBER 2018**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>DEC 2018</u>	<u>YTD 2019</u>
<b>5) <u>Professional Fees (cont.)</u></b>			
	Oncology	10,042	44,782
	Managed Care	7,171	56,745
	Multi-Specialty Clinics	(142,180)	110,304
	Miscellaneous	29,673	141,264
	<b>Total</b>	<b>\$ (206,143)</b>	<b>\$ 192,023</b>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues exceeded budget by 42.17%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (176,406)	\$ (409,533)
	Pharmacy Supplies	(290,885)	(267,061)
	Minor Equipment	(8,225)	(110,373)
	Food	(15,805)	(58,028)
	Imaging Film	64	299
	Other Non-Medical Supplies	15,263	5,773
	Office Supplies	12,788	39,319
	<b>Total</b>	<b>\$ (463,206)</b>	<b>\$ (799,604)</b>
<b>7) <u>Purchased Services</u></b>			
Network and Software maintenance created a negative variance in Information Technology.	Information Technology	\$ (23,389)	\$ (70,523)
	Laboratory	(4,617)	(68,292)
	Diagnostic Imaging Services - All	(9,268)	(37,461)
	Multi-Specialty Clinics	(36,256)	(32,204)
Negative variance in Multi-Specialty Clinics related to Occupational Health testing.	Home Health/Hospice	(22,155)	(24,801)
	Pharmacy IP	(15,683)	(17,921)
	Medical Records	2,525	(13,576)
Room & Board fees for Skilled Nursing patients at Eastern Plumas Health Care created a negative variance in Home Health/Hospice.	Department Repairs	(10,257)	(8,965)
	Community Development	(73)	(278)
	The Center	(3,515)	24,425
Negative variance in Pharmacy IP is a result of 340B oversight and management services.	Miscellaneous	5,555	100,963
	Human Resources	29,833	116,546
	Patient Accounting	1,977	225,724
Equipment maintenance in Surgery and the Diagnostic Imaging departments created a negative variance in Department Repairs.	<b>Total</b>	<b>\$ (85,324)</b>	<b>\$ 193,638</b>
<b>8) <u>Other Expenses</u></b>			
Oxygen tank rentals created a negative variance in Equipment Rent.	Outside Training & Travel	\$ 4,491	\$ (67,599)
	Equipment Rent	(8,381)	(40,761)
	Other Building Rent	(2,655)	(25,470)
Space expansion needs for MSC Administration created a negative variance in Multi-Specialty Clinics Building Rent.	Multi-Specialty Clinics Bldg Rent	(6,052)	(11,378)
	Dues and Subscriptions	3,128	(6,697)
	Multi-Specialty Clinics Equip Rent	76	199
Advertising campaigns for MSC Orthopedics and Community Relations created a negative variance in Marketing.	Insurance	(916)	4,907
	Physician Services	(350)	5,259
	Marketing	(63,625)	15,690
Physician Recruitment expenses and Food/Labor interdepartmental transfers created a negative variance in Miscellaneous.	Miscellaneous	(21,533)	36,487
	Human Resources Recruitment	(27,500)	43,724
	Utilities	25,006	125,325
Negative variance in Human Resources Recruitment associated with the conversion of the District's Director of Revenue Cycle from contractor to employee.	<b>Total</b>	<b>\$ (98,311)</b>	<b>\$ 79,687</b>
Electricity, Water/Sewer, and Natural Gas/Propane expenses came in below budget, creating a positive variance in Utilities.			
<b>9) <u>District and County Taxes</u></b>	Total	<b>\$ (27,577)</b>	<b>\$ (12,355)</b>
<b>10) <u>Interest Income</u></b>	Total	<b>\$ 2,793</b>	<b>\$ 4,465</b>
<b>11) <u>Donations</u></b>			
	IVCH	\$ (43,711)	\$ (228,235)
	Operational	60,406	(77,518)
	Capital Campaign		
	<b>Total</b>	<b>\$ 16,695</b>	<b>\$ (305,753)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>13) <u>Gain/(Loss) on Sale</u></b>	Total	<b>\$ -</b>	<b>\$ 5,850</b>
<b>15) <u>Depreciation Expense</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>16) <u>Interest Expense</u></b>			
The addition of the new, unbudgeted Municipal Lease is creating a negative variance in Interest Expense.	Total	<b>\$ (21,908)</b>	<b>\$ (77,140)</b>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
KEY FINANCIAL INDICATORS  
DECEMBER 2018**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>FY 2019 Jul 18 to Dec 18</b>	<b>FY 2018 Jul 17 to June 18</b>	<b>FY 2017 Jul 16 to June 17</b>	<b>FY 2016 Jul 15 to June 16</b>	<b>FY 2015 Jul 14 to June 15</b>	<b>FY 2014 Jul 13 to June 14</b>	<b>FY 2013 Jul 12 to June 13</b>
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 1.8% 2nd Qtr 1.9%	5.8%	2.6%	7.4%	5.5%	1.0%	.01%	-2.2%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.1% 2nd Qtr 3.2%	3.4%	3.3%	3.1%	3.4%	3.1%	3.2%	3.2%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE .1% 2nd Qtr 1.2%	.3%	.1%	-0%	-.2%	1.6%	1.6%	4.6%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 8.3% 2nd Qtr 8.3%	12.1%	4.8%	7.9%	11.3%	9.1%	4.9%	11.5%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>		↑	-0-	\$(885,550)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)	\$2,129,279	\$(1,498,683)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 2.7% 2nd Qtr 3.2%	7.2%	4.5%	7.9%	7.3%	3.5%	2.0%	.9%

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
DECEMBER 2018

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 2017		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>						
\$ 2,041,386	\$ 2,035,282	\$ 6,104	0.3%	Total Gross Revenue	\$ 11,903,157	\$ 11,614,592	\$ 288,565	2.5%	1	\$ 9,025,470
				<b>Gross Revenues - Inpatient</b>						
\$ 19,449	\$ 12,670	\$ 6,779	53.5%	Daily Hospital Service	\$ 34,050	\$ 51,331	\$ (17,281)	-33.7%		\$ 42,366
9,876	14,051	(4,176)	-29.7%	Ancillary Service - Inpatient	25,000	47,359	(22,360)	-47.2%		36,061
29,325	26,721	2,603	9.7%	Total Gross Revenue - Inpatient	59,050	98,691	(39,641)	-40.2%	1	78,427
2,012,061	2,008,561	3,500	0.2%	Gross Revenue - Outpatient	11,844,107	11,515,901	328,206	2.9%		8,947,043
2,012,061	2,008,561	3,500	0.2%	Total Gross Revenue - Outpatient	11,844,107	11,515,901	328,206	2.9%	1	8,947,043
				<b>Deductions from Revenue:</b>						
793,620	787,635	(5,984)	-0.8%	Contractual Allowances	4,653,202	4,578,745	(74,457)	-1.6%	2	3,522,064
85,021	86,724	1,703	2.0%	Charity Care	478,543	447,869	(30,674)	-6.8%	2	307,856
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	30,623
62,667	82,660	19,992	24.2%	Bad Debt	309,044	424,215	115,171	27.1%	2	529,770
-	-	-	0.0%	Prior Period Settlements	74,873	-	(74,873)	0.0%	2	-
941,308	957,019	15,711	1.6%	Total Deductions from Revenue	5,515,661	5,450,829	(64,832)	-1.2%	2	4,390,313
83,197	60,641	22,555	37.2%	Other Operating Revenue	555,549	452,504	103,045	22.8%	3	526,870
1,183,275	1,138,904	44,371	3.9%	<b>TOTAL OPERATING REVENUE</b>	6,943,044	6,616,266	326,778	4.9%		5,162,028
				<b>OPERATING EXPENSES</b>						
318,628	373,538	54,910	14.7%	Salaries and Wages	1,838,391	2,047,051	208,660	10.2%	4	1,760,616
110,951	102,022	(8,928)	-8.8%	Benefits	636,183	576,618	(59,564)	-10.3%	4	564,358
3,052	4,912	1,860	37.9%	Benefits Workers Compensation	24,201	29,474	5,273	17.9%	4	14,140
46,882	35,246	(11,636)	-33.0%	Benefits Medical Insurance	335,146	211,477	(123,669)	-58.5%	4	203,811
287,536	292,167	4,631	1.6%	Medical Professional Fees	1,600,911	1,655,714	54,803	3.3%	5	1,442,311
2,104	2,104	0	0.0%	Other Professional Fees	12,624	12,625	1	0.0%	5	13,679
47,155	76,849	29,694	38.6%	Supplies	326,176	439,207	113,031	25.7%	6	286,453
64,052	50,600	(13,451)	-26.6%	Purchased Services	297,527	273,270	(24,257)	-8.9%	7	237,898
71,027	64,858	(6,169)	-9.5%	Other	433,730	401,183	(32,547)	-8.1%	8	339,852
951,387	1,002,297	50,911	5.1%	<b>TOTAL OPERATING EXPENSE</b>	5,504,890	5,646,620	141,731	2.5%		4,863,117
<b>231,888</b>	<b>136,607</b>	<b>95,281</b>	<b>69.7%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,438,154</b>	<b>969,646</b>	<b>468,508</b>	<b>48.3%</b>		<b>298,911</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>						
-	43,711	(43,711)	-100.0%	Donations-IVCH	7,032	235,267	(228,235)	-97.0%	9	13,500
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	
(59,302)	(59,302)	-	0.0%	Depreciation	(355,813)	(355,813)	-	0.0%	11	(363,399)
(59,302)	(15,591)	(43,711)	-280.4%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(348,781)	(120,546)	(228,235)	-189.3%		(349,899)
<b>\$ 172,586</b>	<b>\$ 121,016</b>	<b>\$ 51,570</b>	<b>42.6%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 1,089,374</b>	<b>\$ 849,100</b>	<b>\$ 240,274</b>	<b>28.3%</b>		<b>\$ (50,988)</b>
<b>11.4%</b>	<b>6.7%</b>	<b>4.6%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>12.1%</b>	<b>8.3%</b>	<b>3.7%</b>			<b>3.3%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
DECEMBER 2018**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>DEC 2018</b>	<b>YTD 2019</b>
1) <b>Gross Revenues</b>	Acute Patient Days were above budget by 2 at 4 and Observation Days were 1 day below budget at 1.	Gross Revenue -- Inpatient	\$ 2,603 \$ (39,641)
	Outpatient volumes exceeded budget in Emergency Department visits, Surgery cases, EKGs, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, and Respiratory Therapy.	Gross Revenue -- Outpatient	3,500 328,206
		<b>\$ 6,104</b>	<b>\$ 288,565</b>

**1) Gross Revenues**

Acute Patient Days were above budget by 2 at 4 and Observation Days were 1 day below budget at 1.

Outpatient volumes exceeded budget in Emergency Department visits, Surgery cases, EKGs, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, and Respiratory Therapy.

**2) Total Deductions from Revenue**

We saw a shift in our payor mix with a 5.97% increase in Commercial Insurance, a 3.35% decrease in Medicare, a .36% increase in Medicaid, a 2.98% decrease in Other, and County was at budget. We saw a negative variance in Contractual Allowances as a result of a shift in our Commercial Aged A/R to over 120 days along with revenues slightly exceeding budget by .30%.

Contractual Allowances	\$ (5,984)	\$ (74,457)
Charity Care	1,703	(30,674)
Charity Care-Catastrophic Event	-	-
Bad Debt	19,992	115,171
Prior Period Settlement	-	(74,873)
<b>Total</b>	<b>\$ 15,711</b>	<b>\$ (64,832)</b>

**3) Other Operating Revenue**

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

IVCH ER Physician Guarantee	\$ 18,952	\$ 99,314
Miscellaneous	3,604	3,732
<b>Total</b>	<b>\$ 22,555</b>	<b>\$ 103,045</b>

**4) Salaries and Wages**

Positive variance in Salaries and Wages related to RN salaries coming in lower than budget estimations.

<b>Total</b>	<b>\$ 54,910</b>	<b>\$ 208,660</b>
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**Employee Benefits**

PL/SL	\$ (7,377)	\$ (51,284)
Standby	1,416	3,573
Other	(1,475)	850
Nonproductive	(1,493)	(2,550)
Pension/Deferred Comp	-	(10,154)
<b>Total</b>	<b>\$ (8,928)</b>	<b>\$ (59,564)</b>

**Employee Benefits - Workers Compensation**

<b>Total</b>	<b>\$ 1,860</b>	<b>\$ 5,273</b>
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**Employee Benefits - Medical Insurance**

<b>Total</b>	<b>\$ (11,636)</b>	<b>\$ (123,669)</b>
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**5) Professional Fees**

Negative variance in Therapy Services professional fees primarily related to an under accrual of final expected fees in November.

Sleep Clinic professional fees are tied to collections which fell short of budget in December, creating a positive variance.

Physician professional fees in MSC Primary Care, Health Clinic, and MSC IM/Pediatrics fell short of budget, creating a positive variance in Multi-Specialty Clinics.

Therapy Services	\$ (31,800)	\$ (15,469)
Sleep Clinic	12,581	(5,410)
IVCH ER Physicians	3,133	(490)
Administration	-	-
Foundation	-	1
Miscellaneous	80	2,410
Multi-Specialty Clinics	20,637	73,763
<b>Total</b>	<b>\$ 4,631</b>	<b>\$ 54,804</b>

**6) Supplies**

Drugs Sold to Patients revenues exceeded budget by 18.78%, however the mix of drugs administered were lower in cost than expected budget, creating a positive variance in Pharmacy Supplies.

Medical Supplies Sold to Patients revenues fell short of budget by 5.40% creating a positive variance in Patient & Other Medical Supplies.

Non-Medical Supplies	\$ (161)	\$ (6,191)
Minor Equipment	(2,647)	(5,946)
Imaging Film	-	-
Office Supplies	390	2,720
Food	1,603	5,509
Patient & Other Medical Supplies	5,134	59,368
Pharmacy Supplies	25,376	57,571
<b>Total</b>	<b>\$ 29,694</b>	<b>\$ 113,031</b>



**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
DECEMBER 2018**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>DEC 2018</u>	<u>YTD 2019</u>
<b>7) <u>Purchased Services</u></b>			
Negative variance in Department Repairs related to equipment maintenance in Cat Scan, Laboratory, Diagnostic Imaging and Facilities.	Department Repairs	\$ (9,236)	\$ (16,940)
A full and deep clinical clean in MSC Primary Care created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	(2,171)	(10,977)
Negative variance in Diagnostic Imaging Services - All associated with a true-up on maintenance agreements on the equipment.	EVS/Laundry	205	(4,671)
	Engineering/Plant/Communications	691	(3,711)
	Diagnostic Imaging Services - All	(5,549)	(1,205)
	Surgical Services	-	-
	Pharmacy	-	-
	Foundation	939	1,253
	Laboratory	(747)	3,970
	Miscellaneous	2,417	8,023
	<b>Total</b>	<u>\$ (13,451)</u>	<u>\$ (24,257)</u>
<b>8) <u>Other Expenses</u></b>			
Transfer of Laboratory labor costs for IVCH tests performed in the TFH Lab created a negative variance in Miscellaneous.	Miscellaneous	\$ (5,996)	\$ (40,334)
Facility licensure and participation in a myriad of hospital associations created a negative variance in Dues and Subscriptions.	Outside Training & Travel	1,195	(9,497)
Advertisement in the IVGID Magazine and year-end appeal letters for the Foundation created a negative variance in Marketing.	Dues and Subscriptions	(3,776)	(3,226)
	Insurance	(78)	(388)
	Physician Services	-	-
	Other Building Rent	-	1
	Marketing	(1,839)	1,784
	Multi-Specialty Clinics Bldg Rent	(95)	3,493
	Equipment Rent	(399)	4,188
	Utilities	4,819	11,432
	<b>Total</b>	<u>\$ (6,169)</u>	<u>\$ (32,547)</u>
<b>9) <u>Donations</u></b>			
Capital Campaign donations fell short of budget estimations, creating a negative variance in Donations.	<b>Total</b>	<u>\$ (43,711)</u>	<u>\$ (228,235)</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL DEC 2018	PROJECTED DEC 2018	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 9,897,289		\$ 8,876,838	\$ 16,409,934	\$ 2,763,093	\$ 812,756	\$ 1,950,337	\$ 7,158,158	\$ 5,194,676	\$ 1,911,636	\$ 2,145,464
Interest Income	667,478		1,232,724	1,221,937	-	-	-	231,207	334,416	331,763	324,550
Property Tax Revenue	6,938,847		6,965,000	6,994,130	-	-	-	442,497	91,633	3,660,000	2,800,000
Donations	1,449,325		800,000	551,348	-	10,000	(10,000)	-	101,348	250,000	200,000
Debt Service Payments	(2,078,463)		(3,058,371)	(4,647,638)	(462,596)	(427,611)	(34,986)	(1,012,051)	(885,417)	(1,046,486)	(1,703,685)
Property Purchase Agreement	-		-	(405,966)	-	-	-	-	-	(202,983)	(202,983)
2018 Municipal Lease	(103,515)		-	(1,148,645)	(143,111)	(143,111)	(0)	-	(289,982)	(429,332)	(429,332)
Copier	(11,482)		(11,520)	(11,107)	(878)	(960)	82	(2,714)	(2,633)	(2,880)	(2,880)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,436,754)	(181,510)	(146,443)	(35,067)	(598,045)	(181,510)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,645,166)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,291)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(185,863)	-	-	-	(145,863)	-	(20,000)	(20,000)
Investment in Capital											
Equipment	(2,766,680)		(2,911,369)	(2,911,369)	(95,345)	(187,175)	91,830	(936,378)	(630,052)	(300,000)	(1,044,939)
Municipal Lease Reimbursement	219,363		-	3,581,136	-	-	-	-	2,181,136	-	1,400,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,985,733)	(48,326)	(435,545)	387,219	(844,873)	(320,860)	(1,410,000)	(1,410,000)
Building Projects/Properties	(4,415,940)		(15,438,772)	(15,438,772)	(1,575,193)	(2,377,991)	802,798	(1,819,774)	(3,259,281)	(6,545,774)	(3,813,942)
Capital Investments	(475,000)		(452,000)	(452,000)	-	-	-	-	-	(452,000)	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	2,133,575	(2,134,557)	89,128	(2,223,685)	(8,013,339)	(21,877)	4,922,497	5,246,294
Change in Settlement Accounts	6,898,578	N2	1,609,698	2,585,481	1,393,018	474,379	918,639	853,760	(1,592,487)	(2,000,000)	5,324,208
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(3,652,316)	145,595	(185,000)	330,595	(1,651,139)	(931,178)	(535,000)	(535,000)
Change in Other Liabilities	(857,461)	N4	375,000	336,024	2,226,024	(750,000)	2,976,024	694,254	(1,008,230)	(200,000)	850,000
Change in Cash Balance	(2,106,197)		(5,884,628)	2,539,873	2,211,713	(2,977,058)	5,188,771	(5,043,542)	(746,172)	(1,433,364)	9,762,950
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	62,804,119	62,804,119	-	70,805,546	65,762,004	65,015,832	63,582,468
Ending Unrestricted Cash	70,805,546		64,920,918	73,345,419	65,015,832	59,827,061	5,188,771	65,762,004	65,015,832	63,582,468	73,345,419
Expense Per Day	414,300		448,115	451,150	454,586	448,566	6,020	432,620	454,586	451,148	451,150
Days Cash On Hand	171		145	163	143	133	10	152	143	141	163

Footnotes:

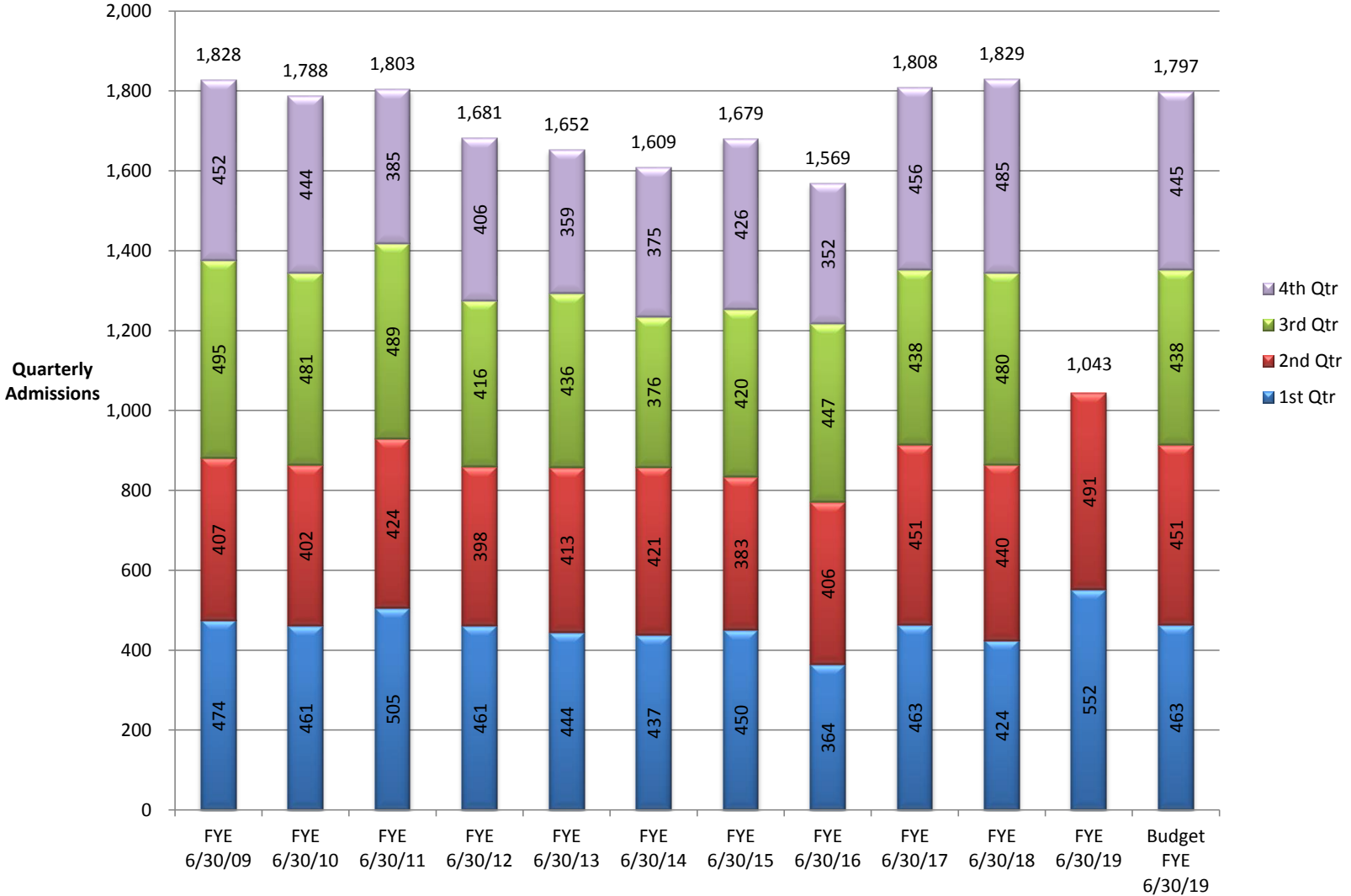
N1 - Change in Accounts Receivable reflects the 60 day delay in collections.

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

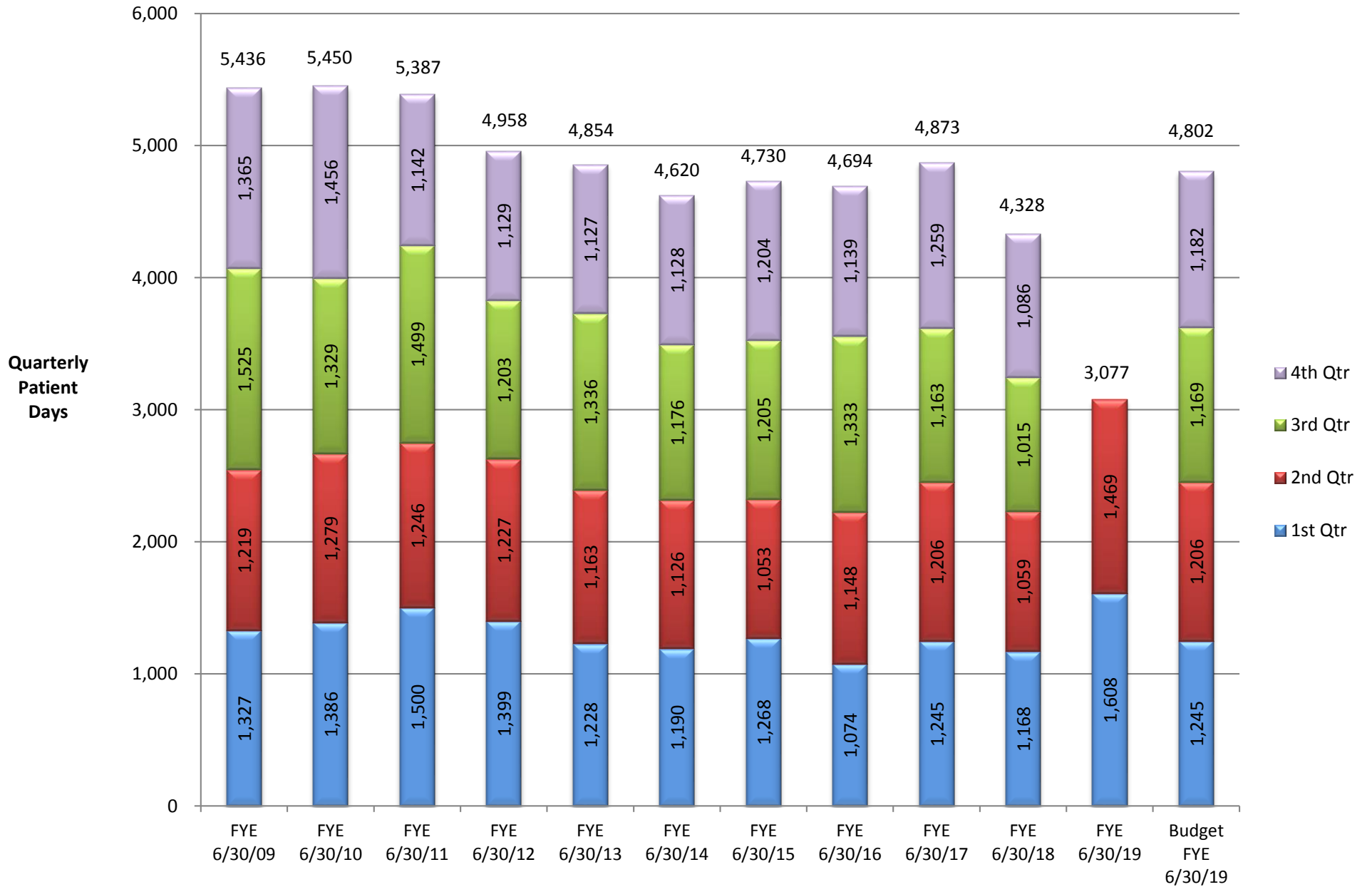
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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

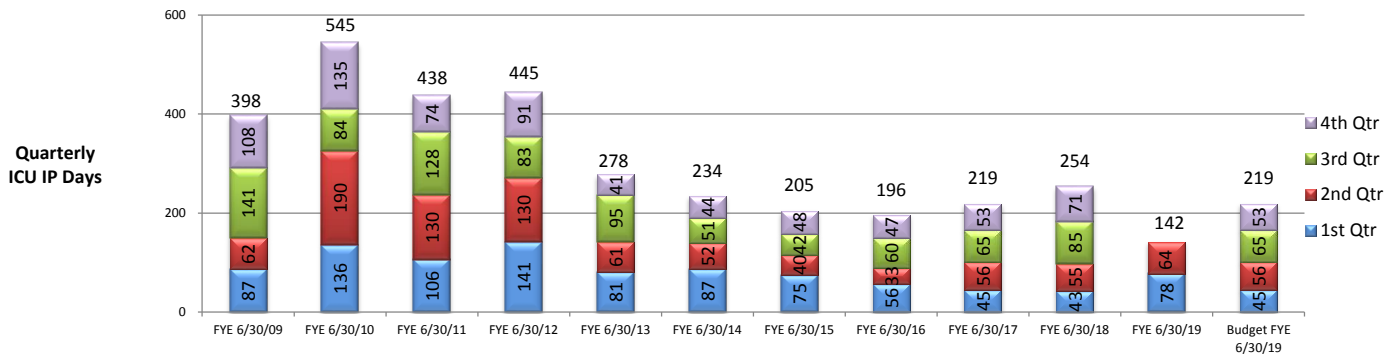
# TOTAL TFH ADMISSIONS



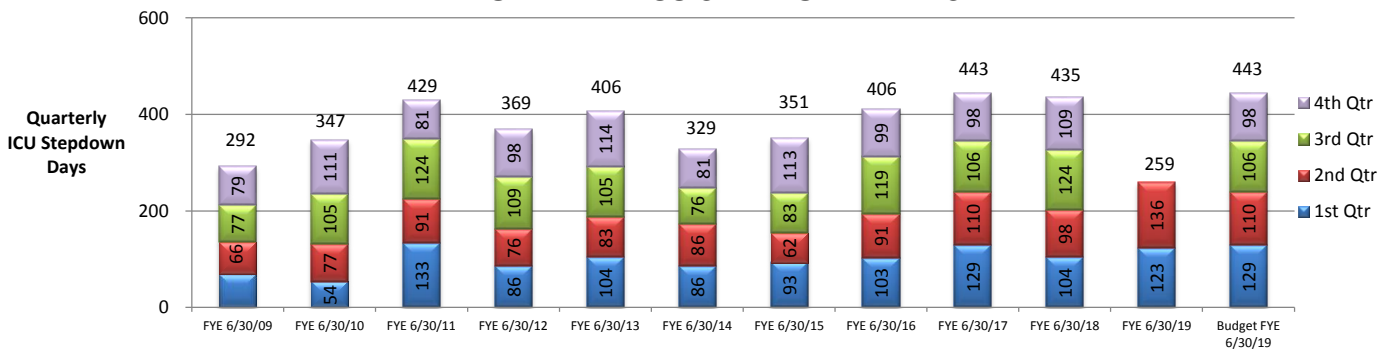
# TOTAL TFH PATIENT DAYS



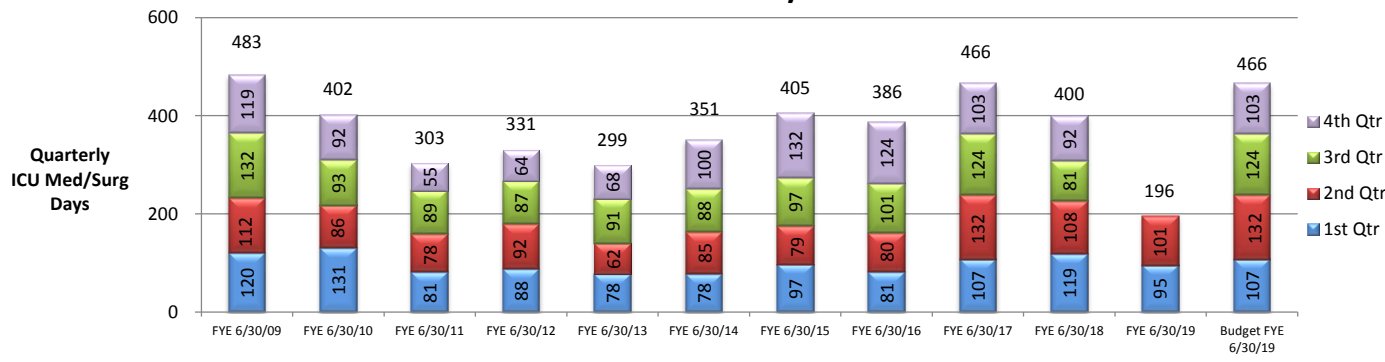
### TOTAL TFH ICU INPATIENT DAYS



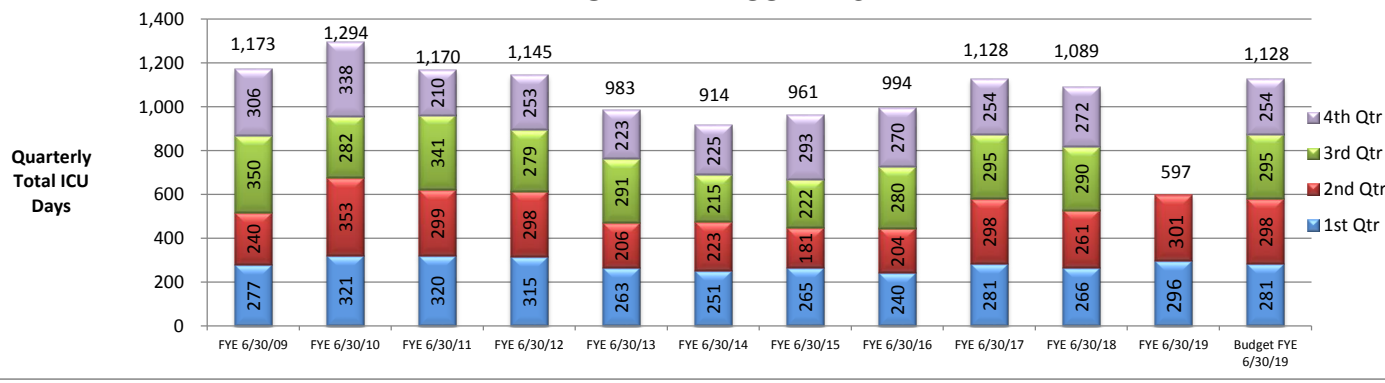
### TOTAL TFH ICU STEPDOWN DAYS



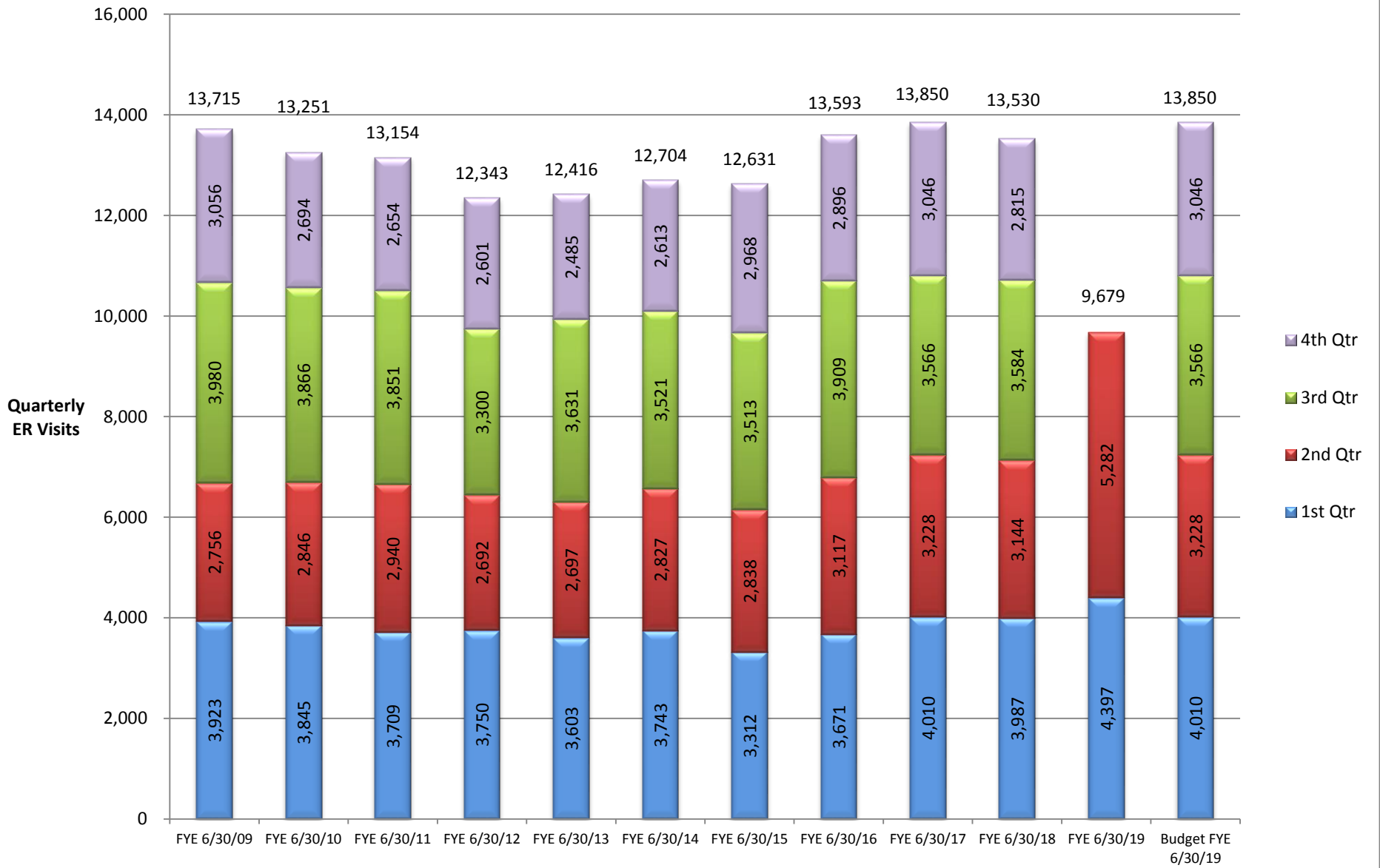
### TOTAL TFH ICU MED/SURG DAYS



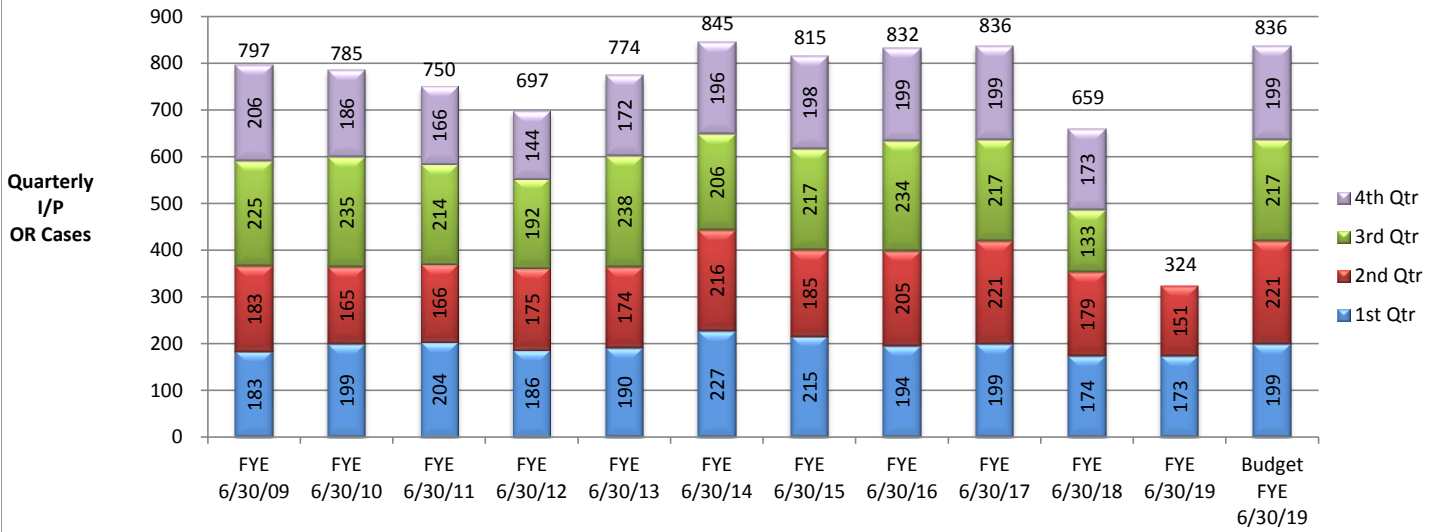
### TOTAL TFH ICU DAYS



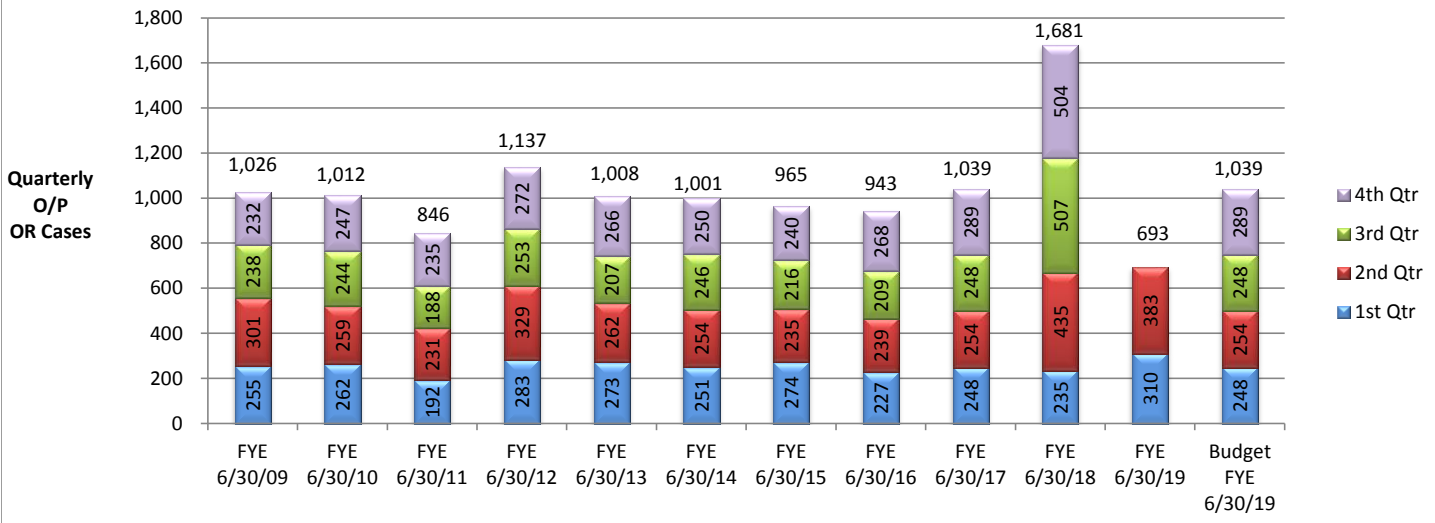
# TOTAL TFH ER VISITS



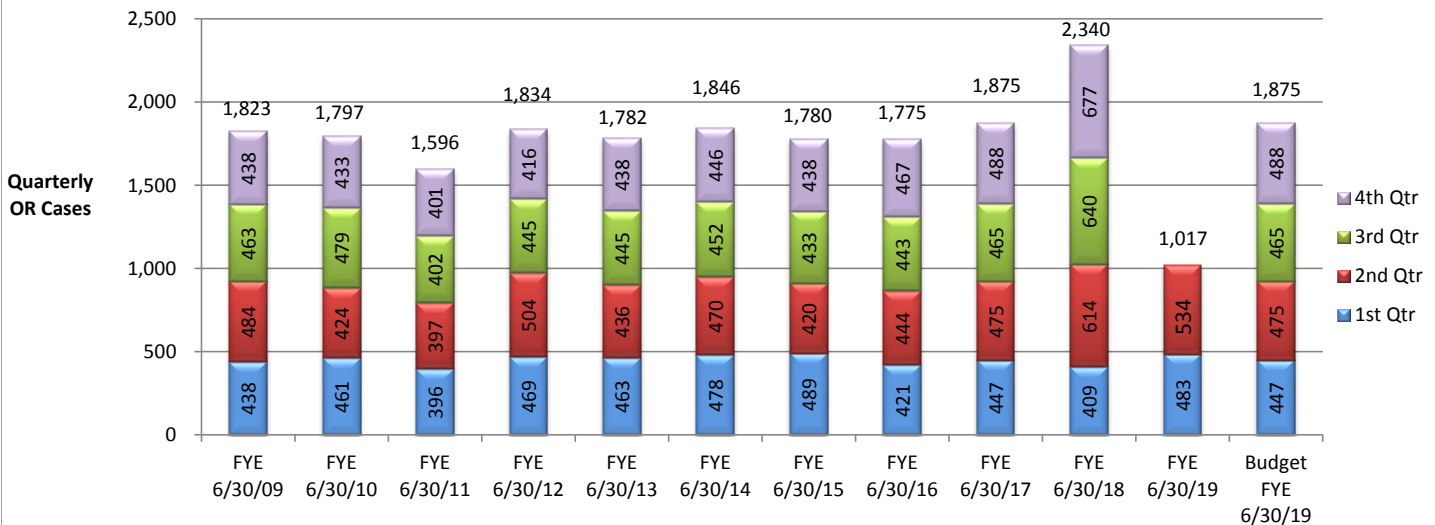
### TOTAL TFH INPATIENT OR CASES



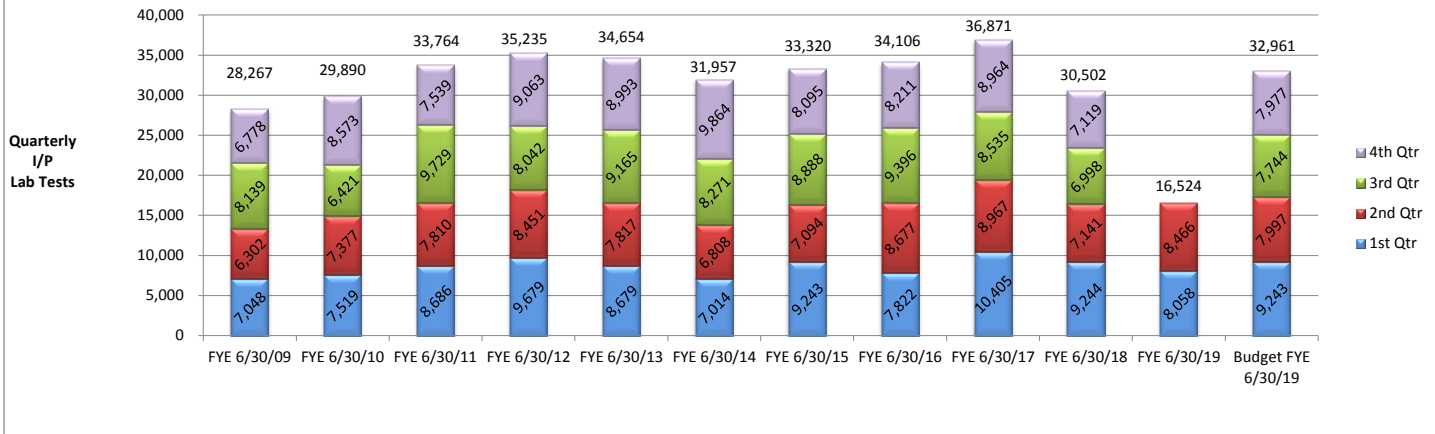
### TOTAL TFH OUTPATIENT OR CASES



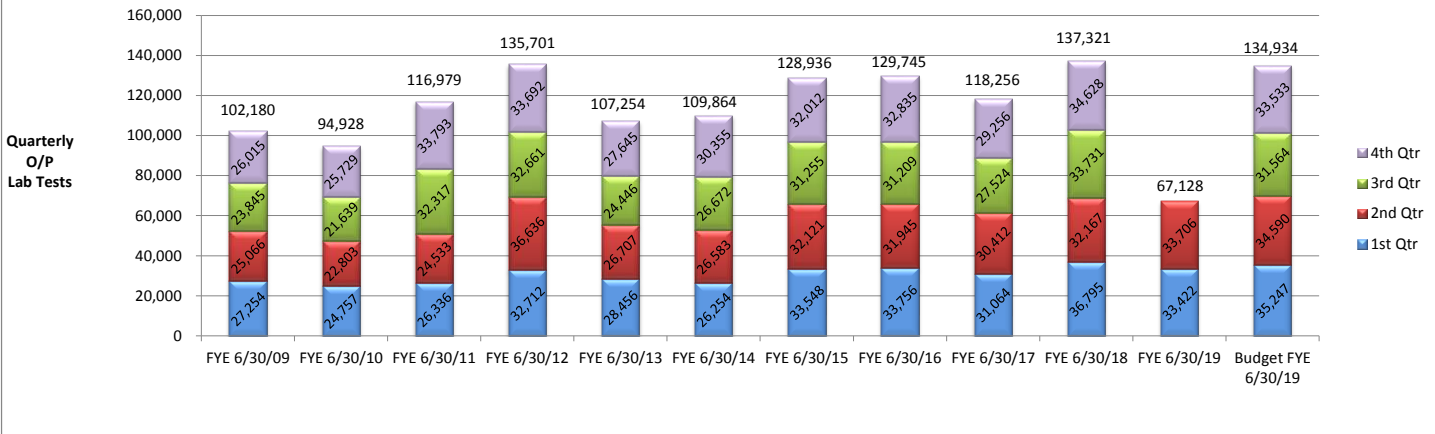
### TOTAL TFH OR CASES



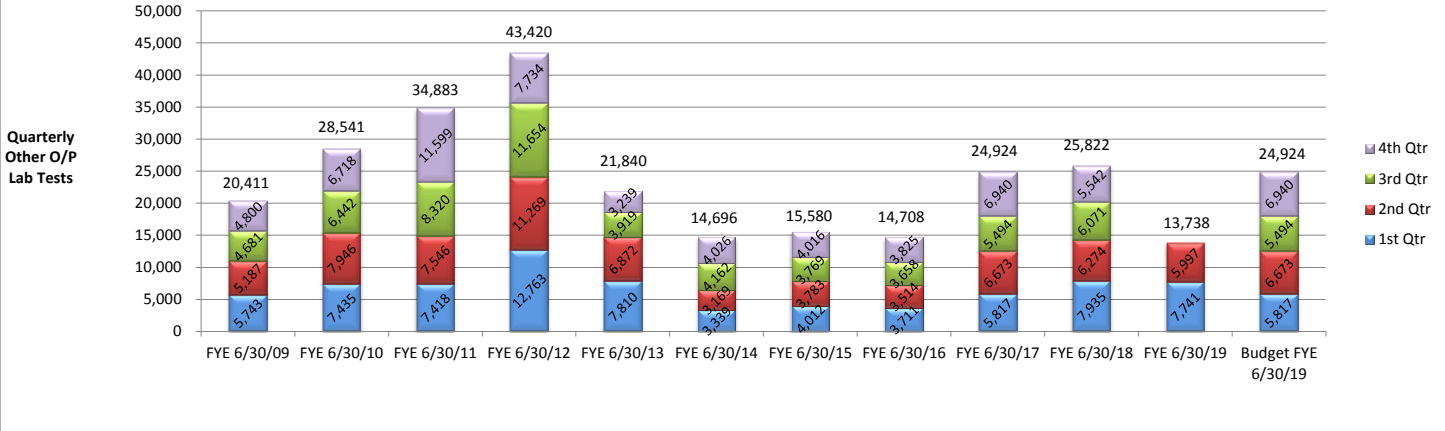
### TOTAL TFH INPATIENT LAB TESTS



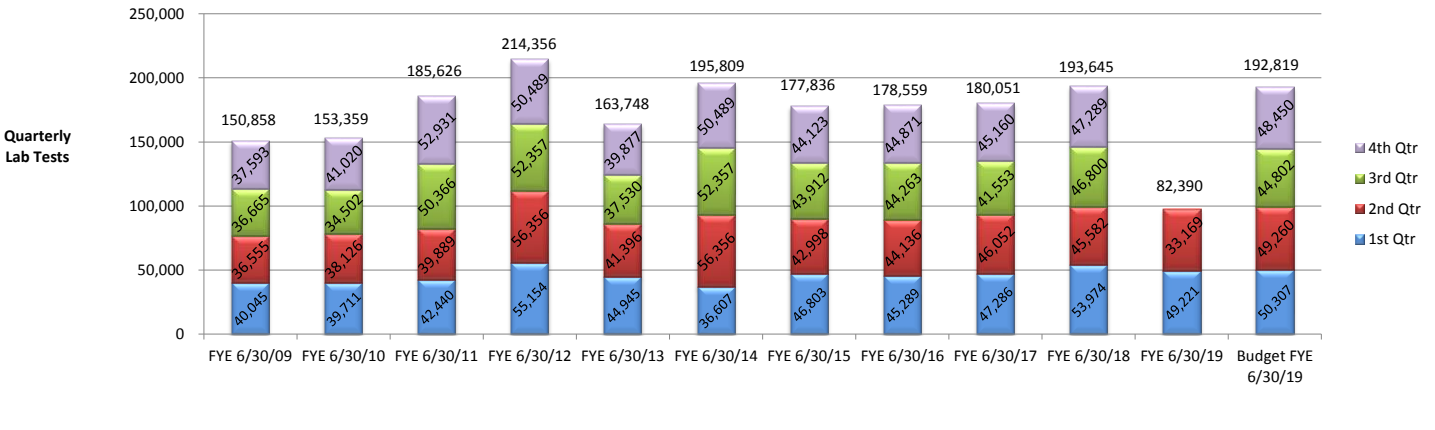
### TOTAL TFH OUTPATIENT LAB TESTS



### TOTAL TFH OTHER OUTPATIENT LAB TESTS

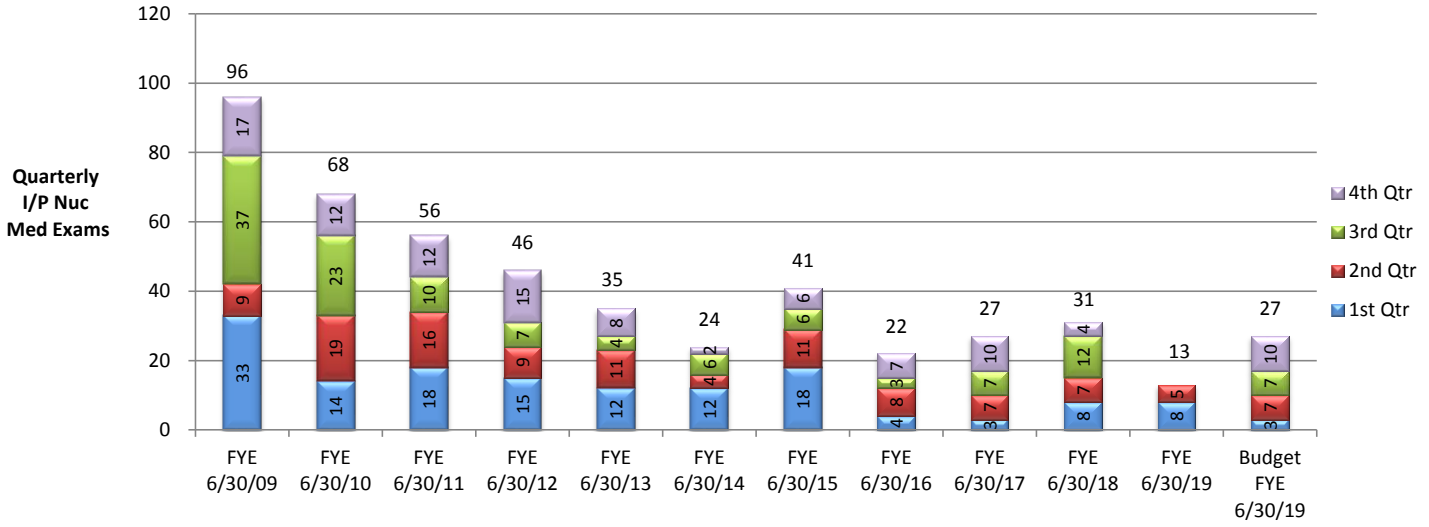


### TOTAL TFH LAB TESTS

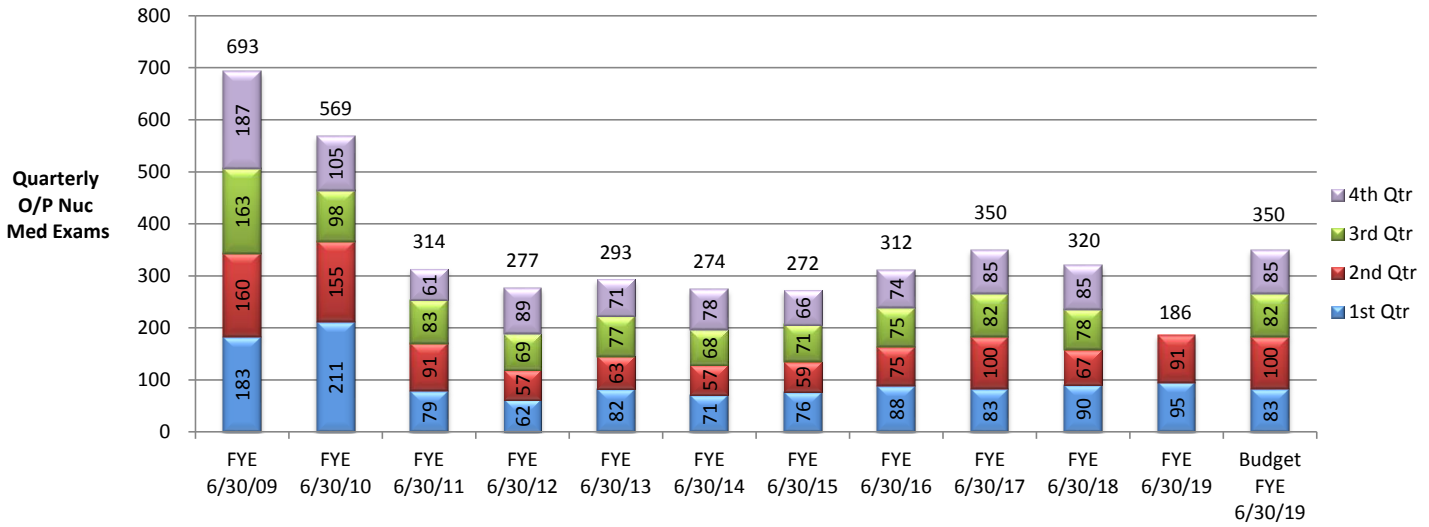




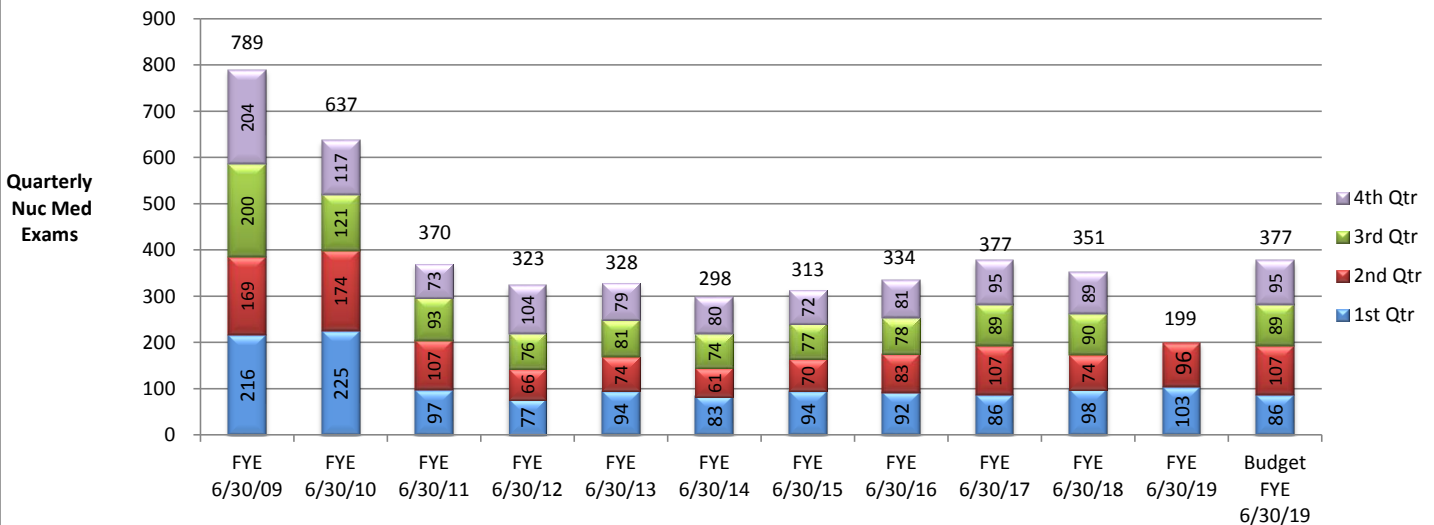
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



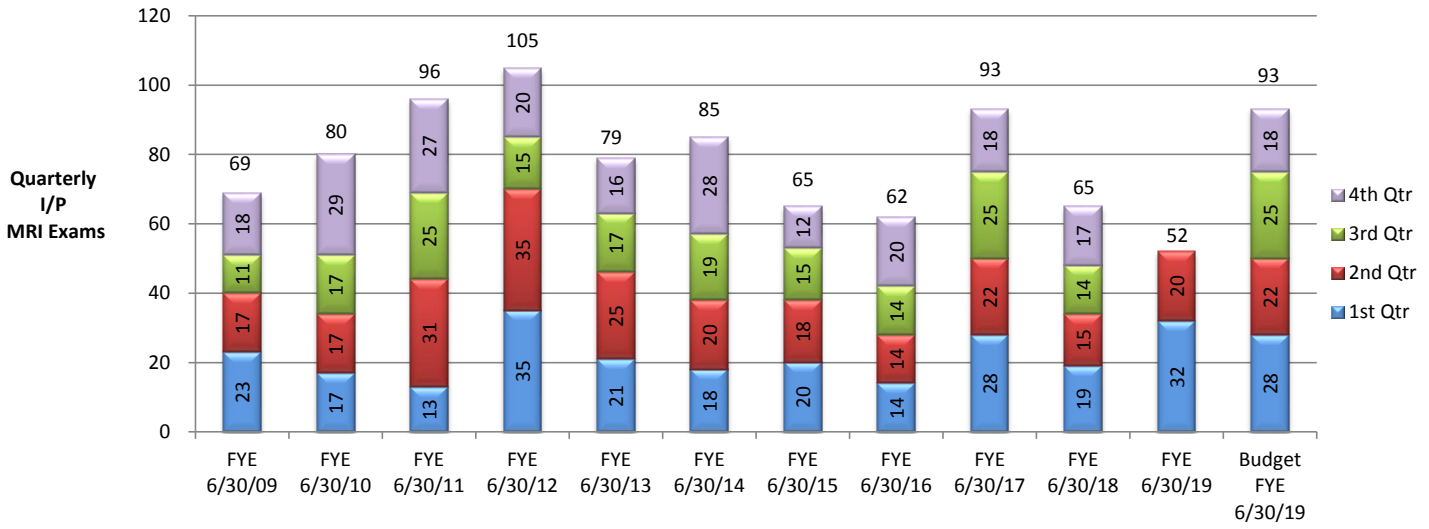
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



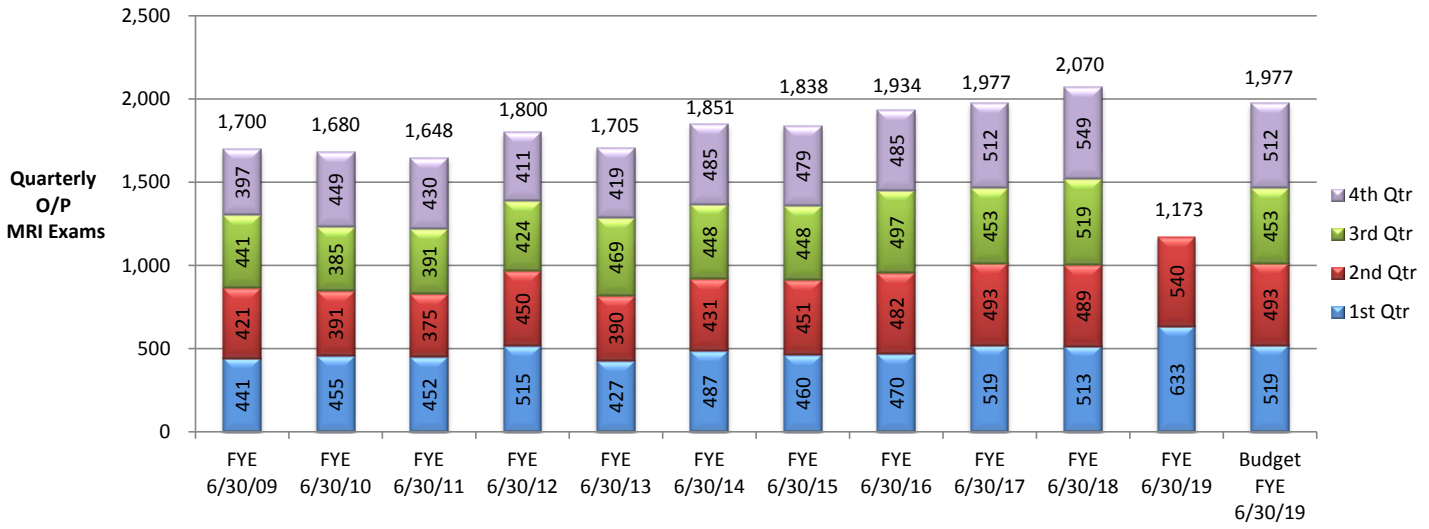
### TOTAL TFH NUCLEAR MEDICINE EXAMS



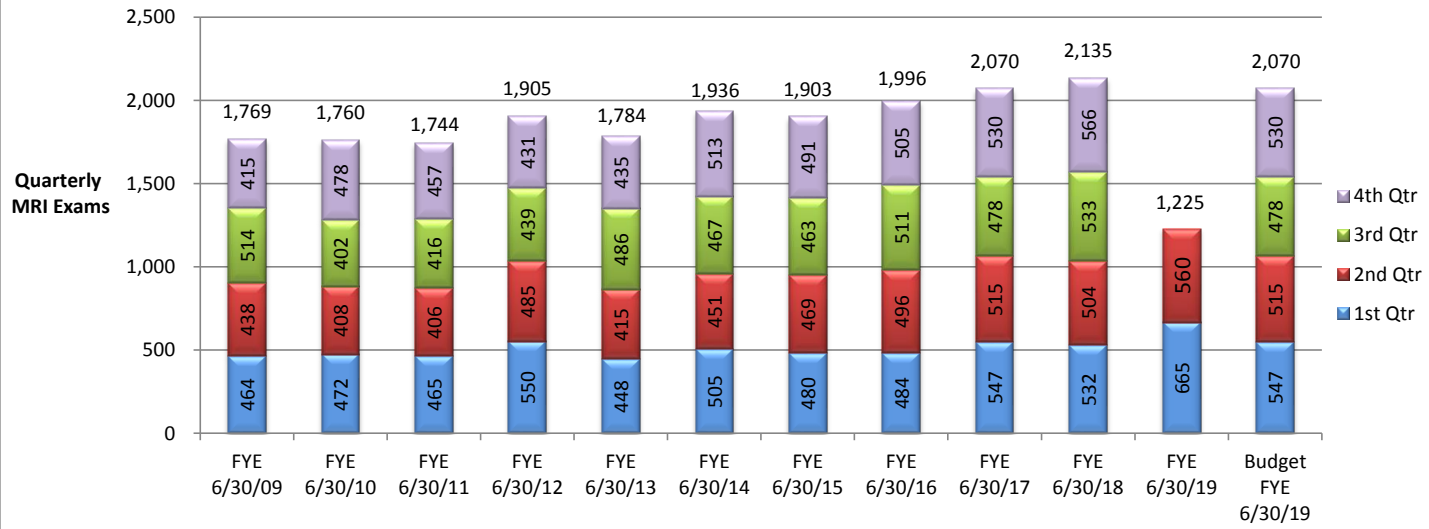
### TOTAL TFH MRI INPATIENT EXAMS



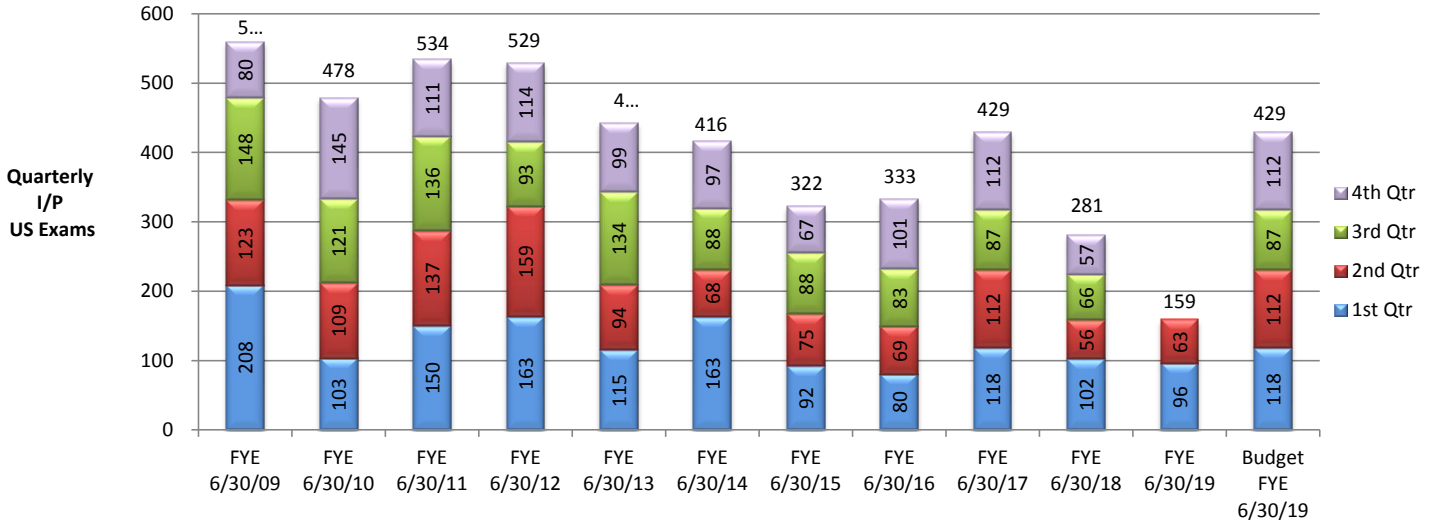
### TOTAL TFH MRI OUTPATIENT EXAMS



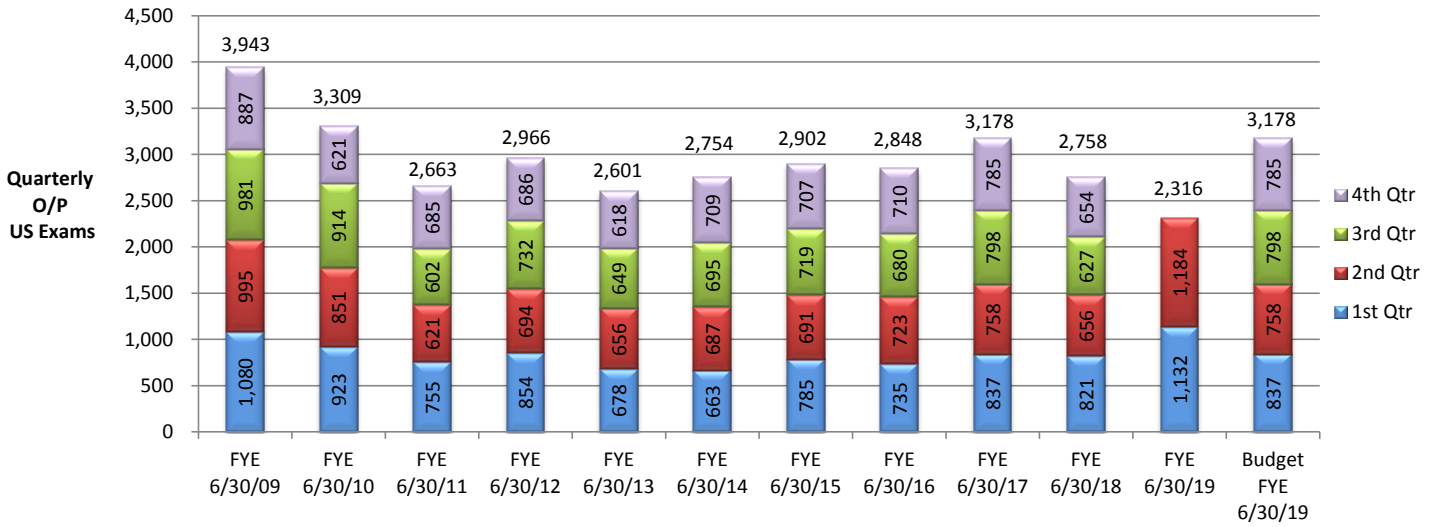
### TOTAL TFH MRI EXAMS



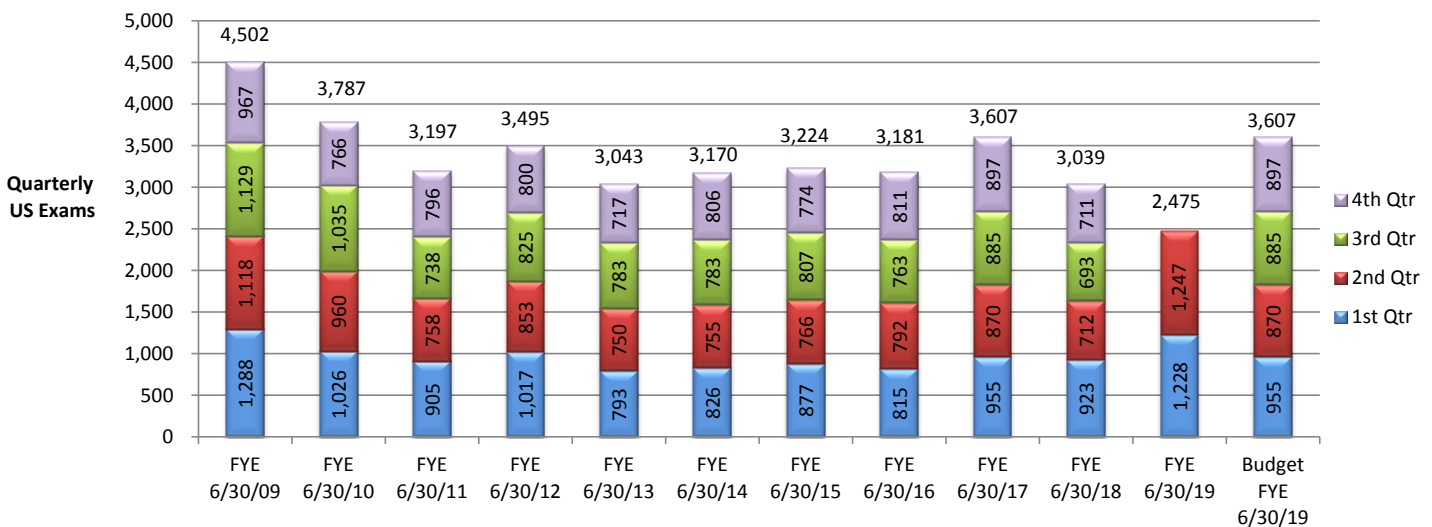
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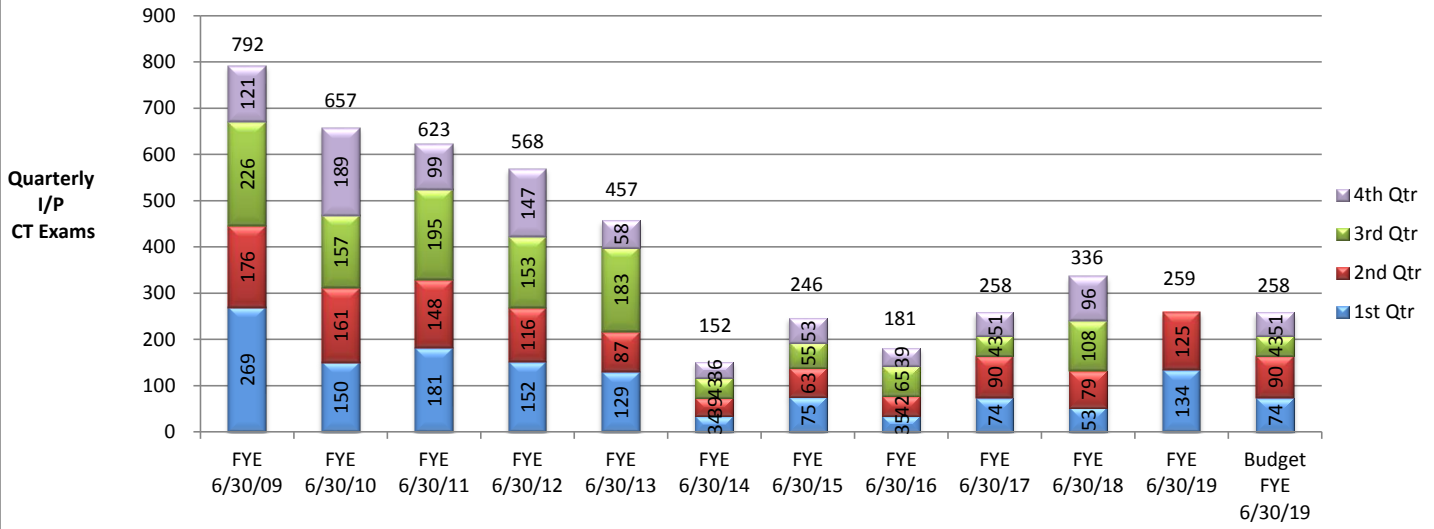
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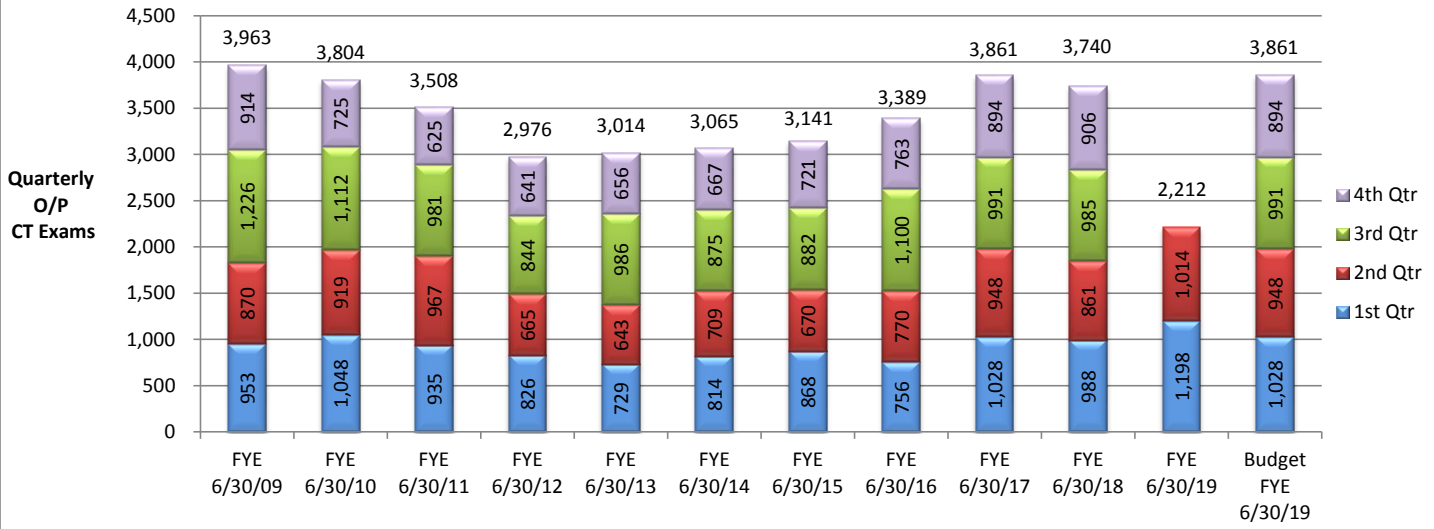
### TOTAL TFH ULTRASOUND EXAMS



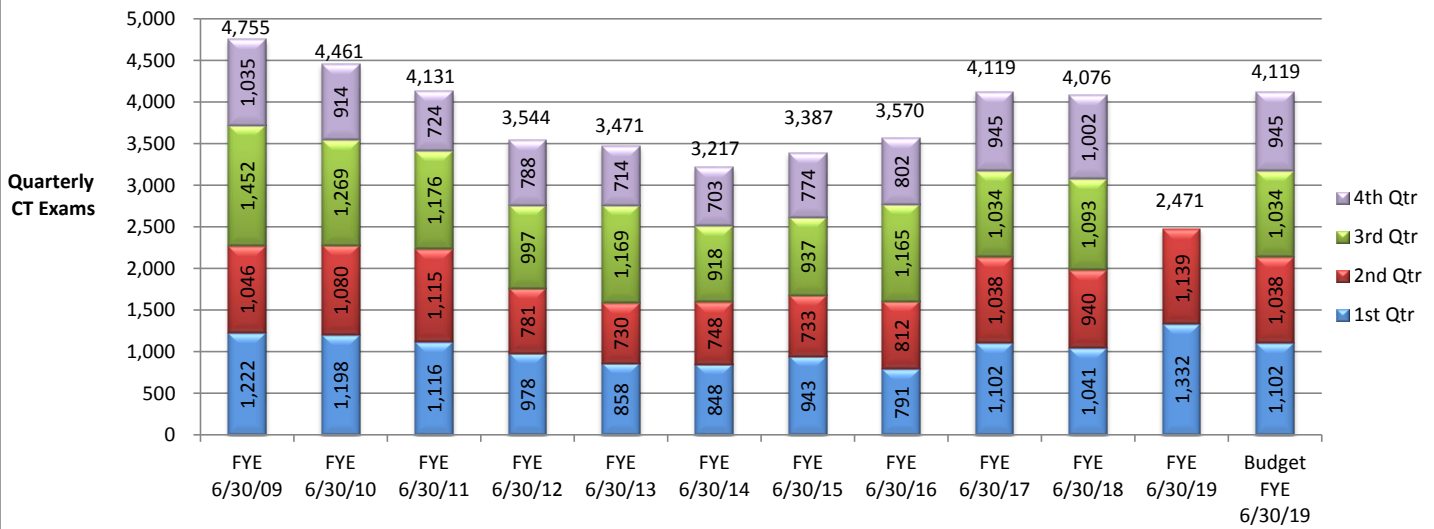
### TOTAL TFH CT INPATIENT EXAMS



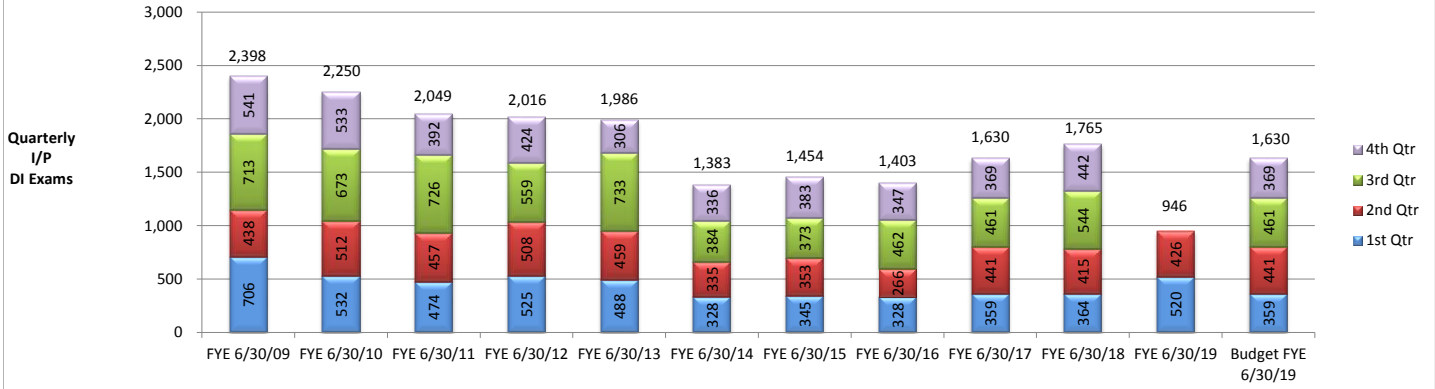
### TOTAL TFH CT OUTPATIENT EXAMS



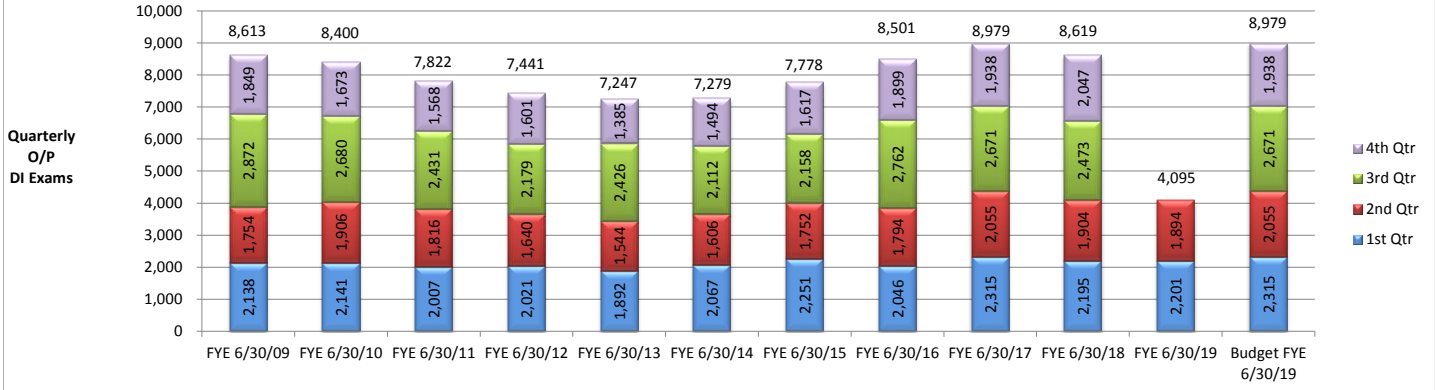
### TOTAL TFH CT EXAMS



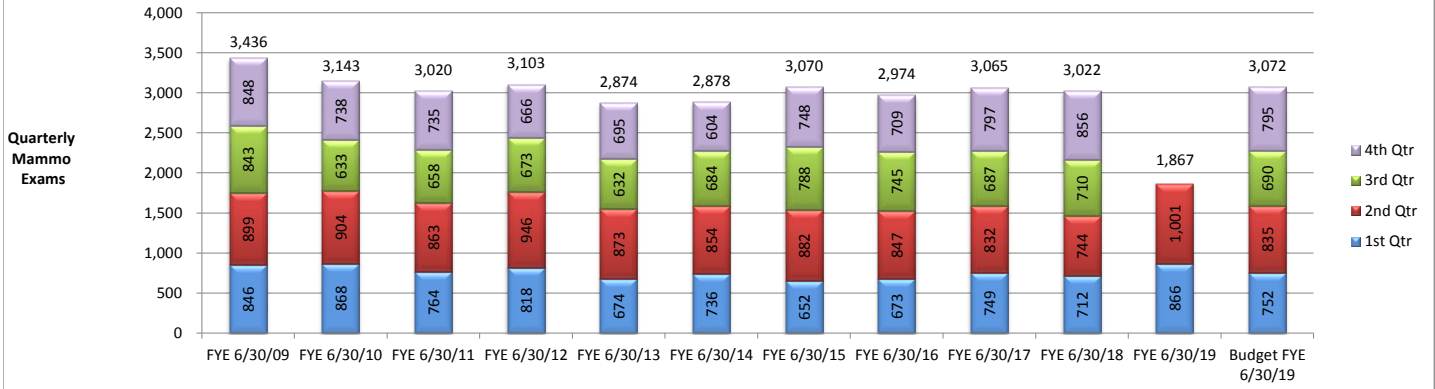
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



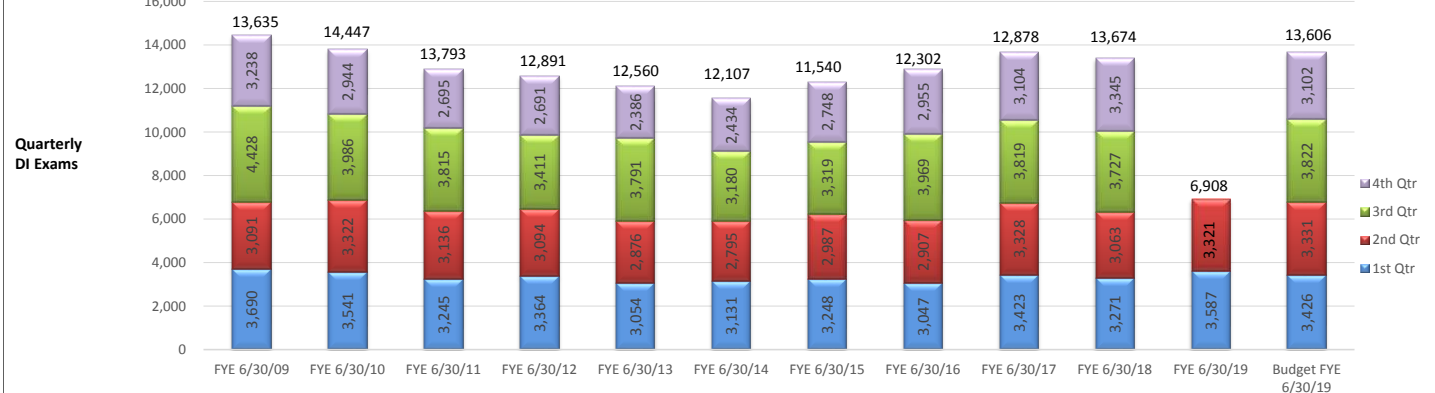
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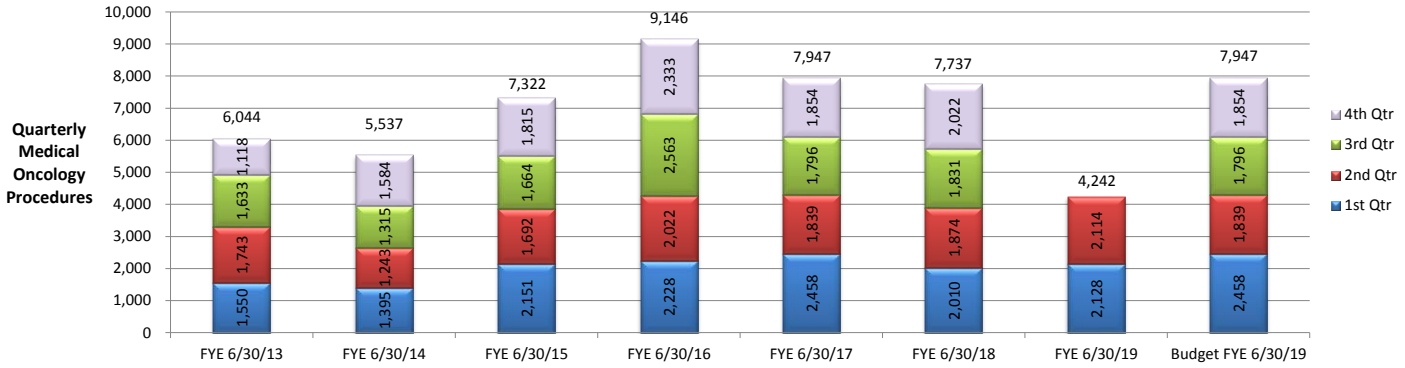
### TOTAL TFH MAMMOGRAPHY EXAMS



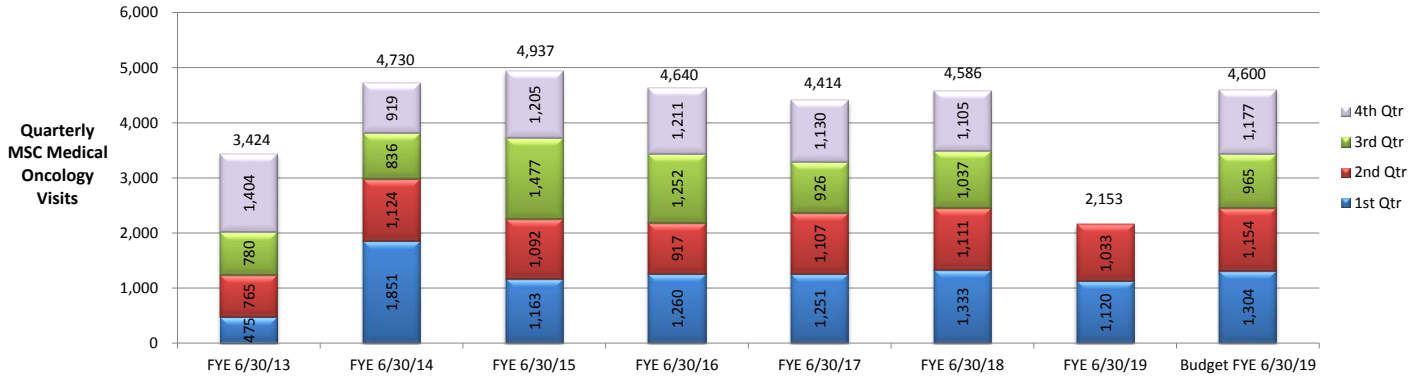
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



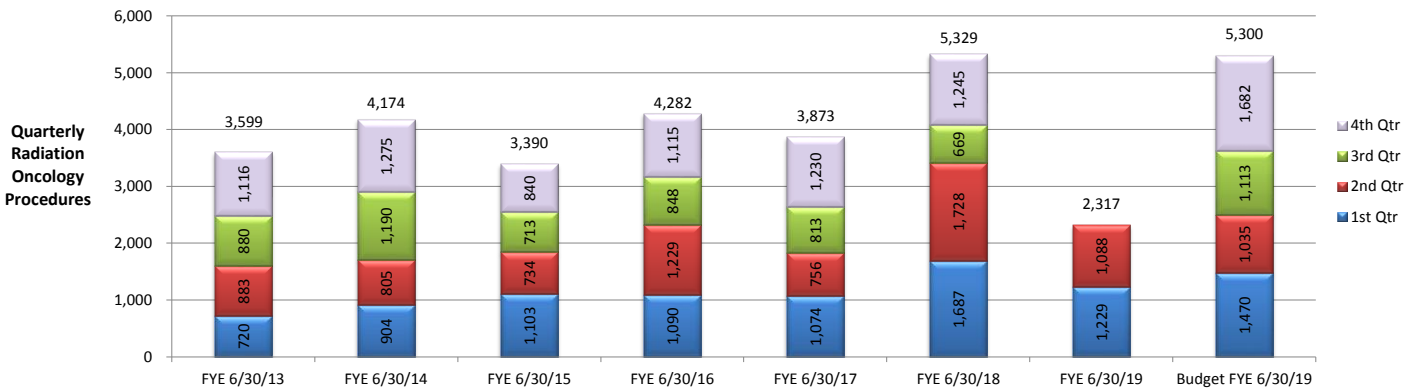
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



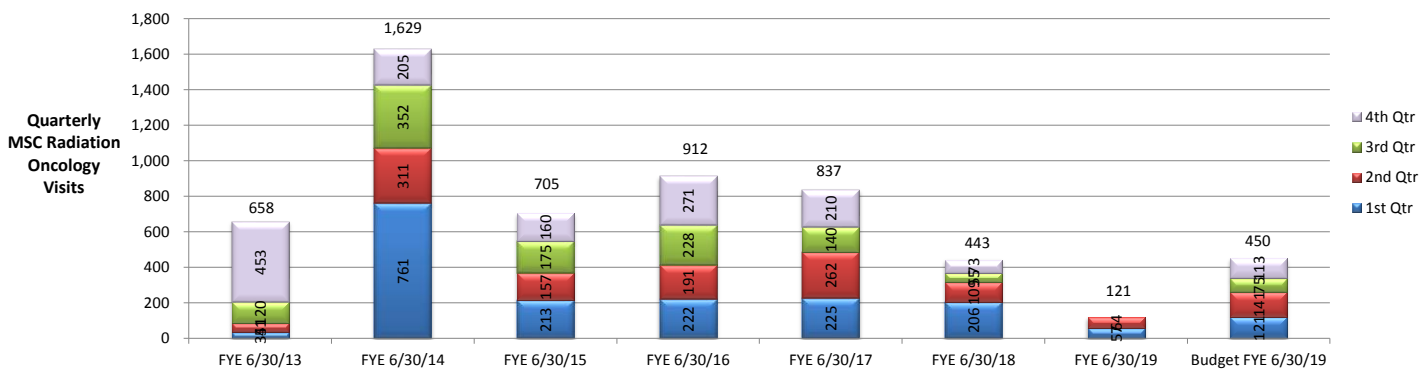
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



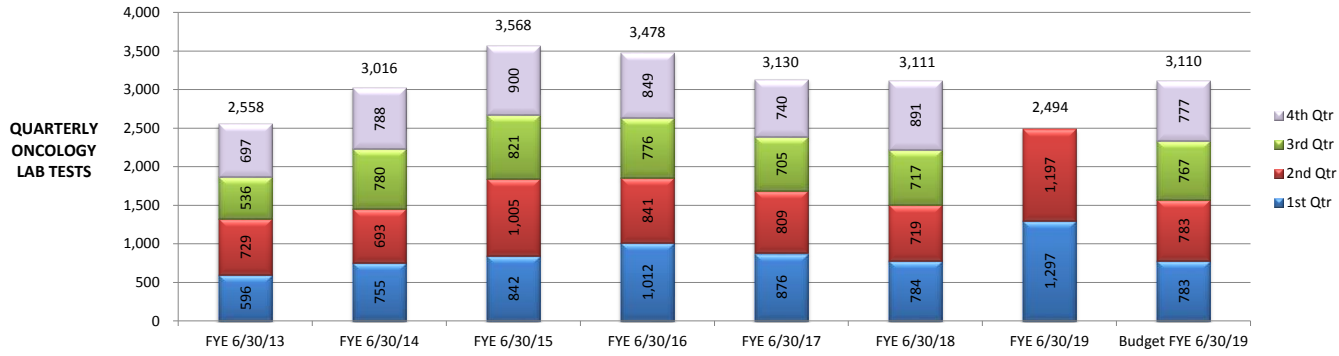
### TOTAL TFH RADIATION ONCOLOGY PROCEDURES



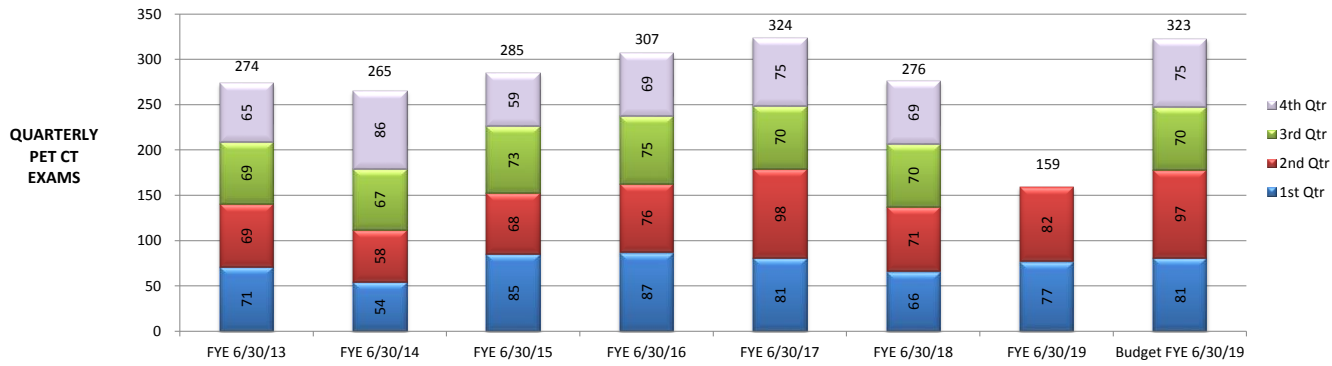
### TOTAL TFH MSC RADIATION ONCOLOGY VISITS



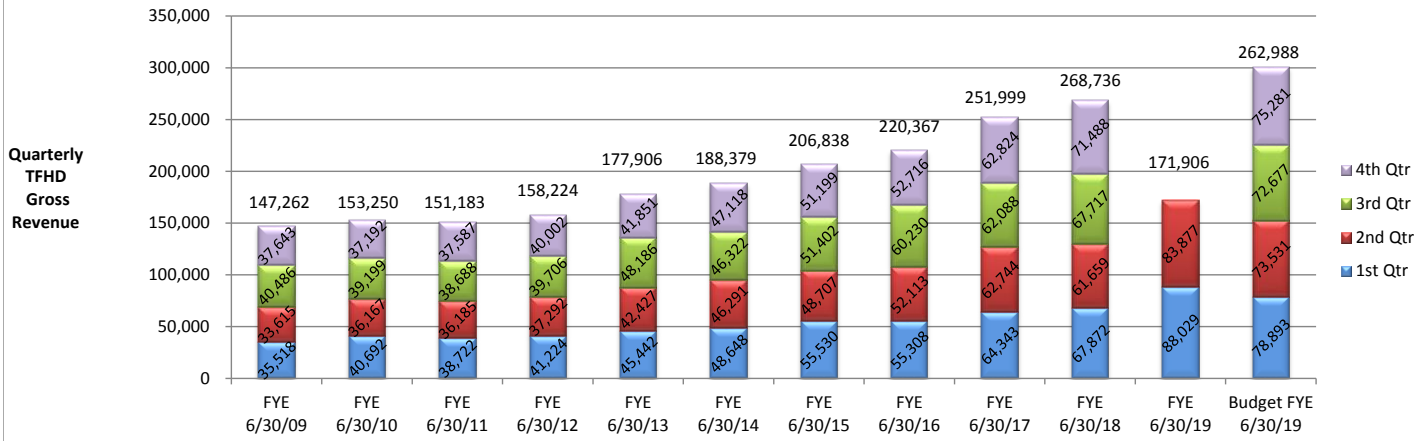
### TOTAL TFH ONCOLOGY LABORATORY TESTS



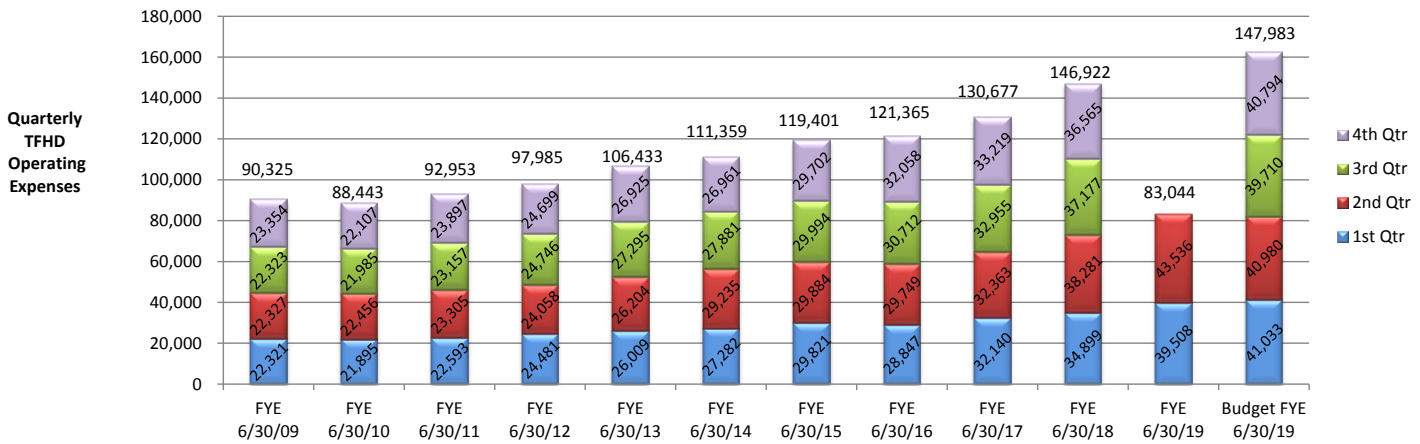
### TOTAL TFH PET CT EXAMS



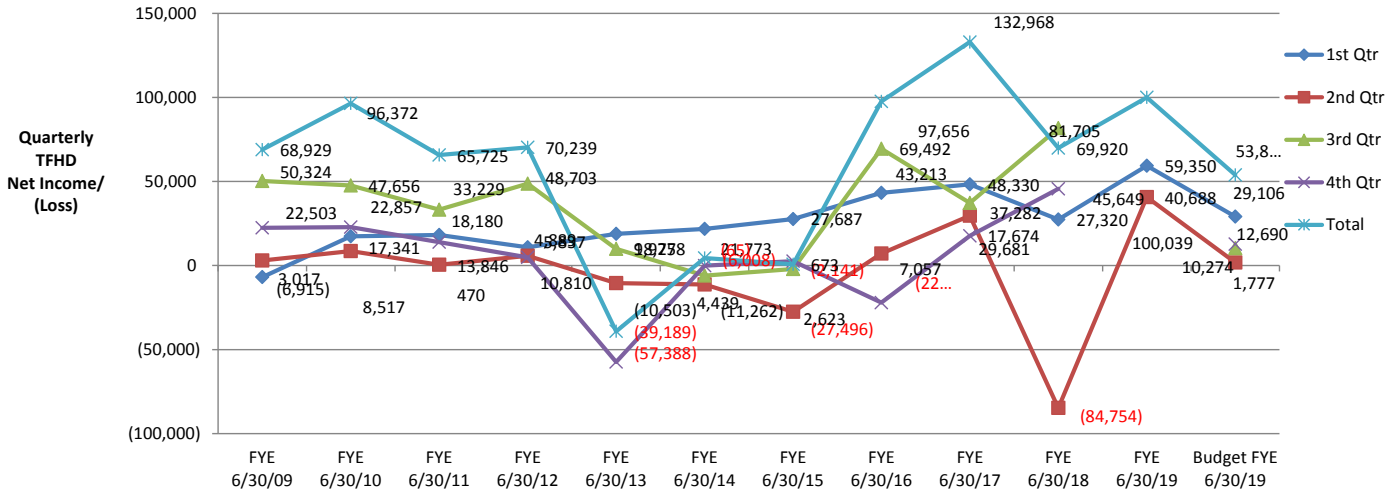
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL NET INCOME/(LOSS) (In Hundreds)







## Board Informational Report

**By: Harry Weis**  
CEO

**DATE: 1/15/19**

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As we have shared earlier, we experienced very strong patient volumes during the first six months of this fiscal year. A few of the months had patient volumes 20% higher than budget. Our budget did forecast growth over the prior fiscal year.

We have very strong financial performance through the first six months versus budget. Please see the financial reports in the board packet for more details on this topic. This higher, steady level of financial performance is important for our Health System to be able to make critical investments, which are past due, to serve our primary service areas better and to properly plan for high quality, sustainable healthcare 10, 20 or 30 years into the future.

We are focused on a thoughtful assimilation of new provider team members into our health system. There are many details that have to be completed over time for full optimization.

We continue to look for critical gaps in how we can serve our year round population better relative to high quality, local healthcare. In the coming months, the Health System will announce the addition of another specialty practice; one our health system has never had and that it is important to our region.

Our administrative team is very energized on making sure we stay focused on a long list of critical improvement items for our Health System that need to be completed during calendar year 2019. A few of these major improvement topics include:

- a) bringing our accounts receivables to a normal level by 6/30/19;
- b) completing construction on the 2<sup>nd</sup> floor of the Cancer Center and on the 3<sup>rd</sup> floor of the Medical Office Building by the fall of 2019;
- c) completing the EPIC install for our Cancer Center and installing the EPIC physician billing module by the end of this calendar year;
- d) bringing to life many critical new management reports covering labor productivity, statistics, and various important financial reports critical to health systems;
- e) completion of the RHC status for Peds, IM/Cardiology, and Incline Village asap this calendar year, and many more important projects.

We have a strong interest in the growing “consumerism” that is permeating healthcare. We have greatly increased our face time with our patients during the last three plus years with case management, care coordination, patient navigation, access center and our new financial customer service team. We will continue to be very focused on the desire by many residents to self-select how they touch our health system or any health system for that matter.

As we have shared in the past we are staying very focused over the next few years on building a model of a health system that can be nimble and easily withstand a continuation of the status

quo, single payor, capitation, block payments or other changes that might illustrate new ways healthcare systems are paid for healthcare.

As we continue to focus on keeping residents healthy and out of our Emergency Department and Inpatient Units to the maximum degree possible, we strongly believe we will continue to see modest to strong volume growth in the outpatient sectors of our health system over each of the next 10 years.

California's new Governor is poised to attempt major changes in healthcare coverage available for all Californians and how that new payment model might work. No one can predict when this state strategy might occur, but it is very probable that major change will occur by 2025. National healthcare costs are expected to total 4 trillion dollars in 2019 and reach 5 trillion by 2023, so this single topic will be at least one of the driving forces creating change by 2025.

Keeping you informed.

Harry



## Board COO Report

**By: Judith B. Newland**

**DATE: January 2019**

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

#### Focus on our culture of safety

TFH Lab has recently moved to an automated blood bank instrument. With this change standard blood bank testing has been reduced from a 30 step manual process to 3 steps. Automation decreases the chance of errors and allows the scientist to perform other critical duties that frequently coincide with a STAT crossmatch order. This new technology has decreased the turnaround time for crossmatching blood units and increasing scientist efficiency in the department.

Tahoe Forest Hospital District obtained a 5 Star recognition the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) the past quarter. Center for Medicare and Medicaid Services' (CMS) summary star rating scores hospitals on a one-to-five-star scale based on the 11 publicly reported measures in HCAHPS survey, which assesses patient experiences. Thank you to the hospital and medical staff who strive to provide the perfect care experience for our patients and families.

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

#### Implement a focused master plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

#### **Moves:**

- No current moves at this time.

#### **Projects in Progress:**

**Project:** TFH Fire Alarm Replacement Project

**Start of Construction:** 3/12/2018

**Estimated Completion:** 7/12/2019

**Summary of Work:** Remove and replace existing Fire Alarm System.

**Update Summary:** All work and inspections are completed; we are completing OSHPD closeout.

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

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

**Estimated Completion:** Spring 2019

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

**Update Summary:** OSHPD has granted occupancy of the temporary room, Board of Pharmacy and CDPH approval is in progress.

**Project:** IM Cardiology Expansion

**Estimated Start of Construction:** 6/11/2018

TAHOE FOREST HOSPITAL DISTRICT • 10121 PINE AVENUE • TRUCKEE, CA 96161 • 530/587-6011  
INCLINE VILLAGE COMMUNITY HOSPITAL • 880 ALDER AVENUE • INCLINE VILLAGE, NEVADA 89451-8215 • 775/833-4100

**Estimated Completion:** 2/1/2019

**Summary of Work:** Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.

**Update Summary:** Project has been given occupancy and providers are working in the area. There is one punch list item remaining which is in progress.

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

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

**Estimated Completion:** Fall 2019

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

**Update Summary:** Rough framing and mechanical/electrical main line is in progress.

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

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

**Estimated Completion:** Fall 2019

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

**Update Summary:** Framing is nearing completion; fire sprinklers, mechanical and plumbing are in progress.

**Project:** Tahoe City Physical Therapy Expansion

**Estimated Start of Construction:** February 2019

**Estimated Completion:** May 2019

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

**Update Summary:** Bids have been received.

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

**Estimated Start of Construction:** February 2019

**Estimated Completion:** May 2019

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

**Update Summary:** Bids have been received.

#### **Projects in Permitting:**

**Project:** Campus Water Improvements

**Estimated Start of Construction:** June 2019

**Estimated Completion:** August 2019

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

**Update Summary:** Permit has yet to be approved by PUD. We have withdrawn the project from public bidding and will send out bids late winter for spring construction.

#### **Projects in Design:**

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

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

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

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

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

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

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

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

**Project:** ECC Interior Upgrades

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

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

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

**Project:** Site Improvements Phase 2

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

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

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

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

**DATE: January 2019**

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

*Use technology to improve efficiencies*

- IT assessment at the Surgery Center to be completed once the Fiber Optic cable has been pulled from the street. This is scheduled to happen the week of January 14th. All IT needs will be completed prior the budget process.
- Surgery Center transition continues: Block scheduling reviewed as well as payroll to transition scheduling for optimal efficiency and financial accountability.

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

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

- Level III Trauma
  - Subcommittee of the Surgery/Anesthesia approved - this subcommittee will coordinate all of the departments with Trauma and regulations, staff needs, education, etc.
  - Physicians have begun to obtain their Advanced Trauma Life Support (ATLS).
  - Last group of nurses will complete the Trauma Nurse Core Course (TNCC) Certification.
  - Working with Barton – Collaborative Effort
  - Application of Intent to be submitted in the next 30 days.
- Dr. Stoll has agreed to work with the Medication Assisted Treatment program in Tuesdays block time specific to the ED Bridge Program.
- Surgery Center conversion to a hospital outpatient department had its project kick off. All inventory and expenses have been reviewed as well as the overall operations of the Center.
- Performance Improvement project in nursing to address ongoing noise issues.

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

*Enhance and promote our value to the community*

- Eileen Knudson is going to lead the efforts of the Behavioral Health program. Her duties will be similar to those of the PRIME program. She will work with the clinics to integrate these services into the Rural Health Clinic.
- Further role delineation completed for Nursing Departments – Kerry Milligan will absorb the OB department into her scope of leadership, and Jan Iida will take on the Director responsibilities of the Emergency Department. The OB/ED Director position will be eliminated with the OB/ED Director resignation.



## Board Informational Report

**By: Jake Dorst**

**DATE:** 1/13/2019

CIIO

- 
- Epic Cancer Center/Beacon project resource Amber Munson started.
  - Cassy Kiehn hired for Physician Informatics Coordinator position.
  - EHR Applications/Charge Analyst positions x2 for MSC posted.
    - Projects:
      - Beacon/Epic Cancer Center Project
      - Kaufmann Hall Project
      - Rash Curtis Associates (replacing Med Assist) Project
      - Imprivata-Single sign on/tap card/rapid access to Epic
      - Varian Upgrade and Server Virtualization Project
      - Dietary Software project underway. Interfacing to Epic ADT and Orders.
      - Epic Version 2018 training planning
      - Epic EMR Optimization
      - Cancer LinQ
      - Truckee Surgery Center
  - HPE/Aruba network infrastructure uplift is moving towards completion of execution phase, planned to make firewall change 2/5
  - MSC Clinic Naming project kicking off
  - Patient Naming Convention team kicking off
  - MyChart optimization and community marketing initiative to be rolled into Epic EMR Optimization project
  - EPIC EMR Optimization Kicking off on 1.23
  - Imprivata Single Sign On (badge tap and go access to our software)
    - 88 providers currently enrolled
    - Trial period in Clinics, Inpatient, and Surgery areas expected to roll out by end of month.
    - Enterprise go live expected around end of Q1
  - Billing Performance Improvement (PI) team expected to complete improvement phase and move into control phase this month
  - Ortho PI Team expected enter improvement phase this month
  - Fortified Electronic Security Review completed at end of December
  - HR Employee Digital file conversion project has completing planning and moving into execution phase
  - Genesys access center phone system PI project moving into Improvement phase
  - US Bank Lockbox project in execution phase
  - Tahoe Forest Endocrinology clinic in EMR execution phase
  - Truckee Surgery Center project in planning phase
  - Ultipro optimization project in execution phase



## Board Informational Report

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

**DATE:** January 10, 2019

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**1. PEOPLE: Strengthen a highly-engaged culture that inspires teamwork**

We have been interviewing with a General Surgeon who is colorectal fellowship trained and Pediatrician for possible upcoming permanent positions, more to come on this front.

**2. SERVICE: Optimize delivery model to achieve operational and clinical efficiency**

We have started the process of preparing for the 'Go-Live' for Imprivata's single sign on. The providers have had their badges logged into the system and we will roll out a test group before the roll out to the entire Medical Staff.

**3. QUALITY: Pursue excellence in quality, safety, and patient experience**

We have set up a High Reliability Organization CME for the Medical Staff in March. We continue to work on the culture of safety.

**4. FINANCE: Ensure a highly sustainable financial future**

**5. GROWTH: Foster and grow community and regional relationships**

We have a new Chief of Staff, Dr. Greg Tirdel. This will be Dr. Tirdel's second time as Chief of Staff and we welcome him and his solid leadership style to the MEC. Dr. Tirdel comes with a positive attitude to bring us many new ideas for areas of opportunity.



## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Retirement of ABD-05 Bond Fiscal Policy
<b>RESPONSIBLE PARTY</b>	Board Finance Committee / Crystal Betts, CFO
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>ABD-05 Bond Fiscal Policy was created during the District’s Measure C projects. Measure C has been completed and the policy is no longer relevant.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>The Board Finance Committee reviewed ABD-05 Bond Fiscal Policy and recommended to retire the policy.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>The board should consider whether or not this policy is still needed.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Move to retire ABD-05 Bond Fiscal Policy.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• ABD-05 Bond Fiscal Policy</li> </ul>	



**TAHOE  
FOREST  
HEALTH  
SYSTEM**

<b>Origination Date:</b>	08/2008
<b>Last Approved:</b>	11/2015
<b>Last Revised:</b>	11/2015
<b>Next Review:</b>	10/2018
<b>Department:</b>	Board - ABD
<b>Applies To:</b>	System

## Bond Fiscal Policy, ABD-5

### PURPOSE:

The purpose is to communicate the District's policy as it relates to costs associated with projects within the scope of the Tahoe Forest Hospital District General Obligation Bonds, Election of 2007, herein referred to as the GO Bond.

### POLICY:

Our Policy is to ensure that all costs incurred related to projects within the scope of the General Obligation Bonds are properly reviewed, approved, tracked and reimbursed in an appropriate manner. It is the responsibility of the District's Chief Financial Officer (CFO) to implement policies and procedures consistent with the Bond Fiscal Policy.

### PROCEDURE:

- A. During the development of the District's Annual and Capital Budget, the Chief Facilities Development Officer will work with the construction management team to develop a three year (minimum) Cash Flow Summary detailing by quarter the expected costs to be incurred related to the approved projects identified under the GO Bond. This Cash Flow Summary will be reviewed and approved by the CFO.
- B. The Cash Flow Summary will be submitted as part of the District's Annual and Capital Budget package presented to the Board of Directors for approval.
- C. As actual costs begin to be incurred, it is the responsibility of the Chief Facilities Development Officer to review and validate all invoices prior to submission to the accounting department for processing. The Review and Validation process shall consist of the following:
  1. For invoices incurred prior to the construction phase, amounts will be compared to approved contracts and validated for completion by the Chief Facilities Development Officer. Once validated he will sign, date and code the invoice with the appropriate general ledger (GL) account number and submit to the Accounting Department for processing by accounts payable. The GL account number will be established as a Construction in Progress (CIP) account number for each project identified under the GO Bond. These numbers are assigned by the Controller.
  2. For invoices incurred during construction, invoices will be compiled and summarized by the construction manager. These will then become part of the "Application and Certification for Payment" document. This document is reviewed and signed by the Contractor, the District's Chief Facilities Development Officer, and the Architect. These expenses will be coded in the same manner as referenced to in a. above.

- D. The Accounting Department, upon receipt of the "Application and Certification for Payment" and/or reviewed, approved and coded invoices, will process for payment based upon the weekly check run cycles for accounts payable. All checks will be issued from the District's primary checking account. All checks to vendors in excess of \$5,000 must be reviewed and signed by the CFO, as well as the associated check register. In the absence of the CFO, the Chief Operating Officer or the Controller may be given signing authority.
- E. At the end of each month, after the month end close of the District's financial books, a GL report will be printed for each CIP account related to the GO Bond projects. Copies of all invoices that had been processed and coded to these CIP accounts will be reviewed one final time for validation of project relation, GL coding and GO Bond fund eligibility by the CFO and Chief Facilities Development Officer.
- F. Once the monthly CIP reports and invoices have received final validation, the invoice copies will be batched with the CIP Reports. A GO Bond Reimbursement Summary will be created. This report will list the GL Account Number, Account Name, and cost incurred for the month that is eligible for reimbursement by GO Bond funds. The costs incurred by GL Account Number will be summed to derive the total reimbursement cost for the month. This GO Bond Reimbursement Summary will be reviewed and approved by the CFO and Chief Executive Officer (CEO).
- G. Upon approval of the GO Bond Reimbursement Summary, the Controller will request a funds transfer moving the requested amount of GO Bond Reimbursement from the Tahoe Forest Hospital District General Obligation Bonds, Election of 2007, Project Fund account to the District's primary checking account.
- H. The confirmation document from the funds transfer will be attached to the GO Bond Reimbursement Summary and related invoice copies.
- I. At the monthly Citizen's Oversight Committee meetings, a copy of the GO Bond Reimbursement Summary package will be provided. This allows full disclosure of how the GO Bond funds are being used.

Related Policies/Forms:
References:
Policy Owner: Clerk of the Board
Approved by: Chief Financial Officer

All revision dates: 11/2015, 01/2014, 01/2012, 03/2010

**Attachments:** No Attachments

**Applicability**

Tahoe Forest Hospital District

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	ABD-15 Investment Policy
<b>RESPONSIBLE PARTY</b>	Board Finance Committee / Crystal Betts, CFO
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>CFO reviewed ABD-15 Investment Policy with the Board Finance Committee at their last meeting. At the time, there were no proposed changes.</p> <p>General Counsel reviewed the policy and noted there had been a few changes to Government Code § 53601, including AB 1170, which took effect on January 1, 2019. AB 1770 removes the requirement that investments under Government Code section 53601(o) only be acquired from an issuer with an “A” or higher rating from an NRSRO. Further, it states that such investments must have a maximum remaining maturity of five years or less, instead of a maximum 5-year maturity requirement. The District doesn’t have to adopt these changes, as long as its policy is not more permissive than the statute.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>A redline version of the policy with Counsel’s revisions is attached.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>The board should consider whether or not this policy fulfills the District’s needs.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Move to approve ABD-15 Investment Policy as presented.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• ABD-15 Investment Policy</li> </ul>	

## **PURPOSE:**

The purpose of this policy is to establish Tahoe Forest Hospital District cash investment objectives, authority and responsibility, approval, instrument limitations (Appendix A, California Health & Safety Code Section 32127), concentrations, terms, reporting, judgment and care, and District Treasurer's, Chief Executive Officer and Chief Financial Officer (CFO) liability for all of its funds.

## **POLICY:**

### **1. OBJECTIVE**

The District's investment objective is to maximize the return on invested cash while minimizing risk of capital loss and adhering to the investment policy as allowed for herein.

### **2. AUTHORITY AND RESPONSIBILITY**

The District Treasurer shall have the authority and responsibility to purchase and invest prudently. The Chief Executive Officer is delegated the authority and responsibility by the District Treasurer to purchase and invest within the limitations defined below.

### **3. APPROVAL**

The CFO will investigate and recommend investments within the guidelines of this policy but must have approval from the District Treasurer or Chief Executive Officer to implement investments.

## **LIMITATIONS ON INSTRUMENTS**

The District shall adopt and use California Health & Safety Code Section 32127 as the limitation on instruments of investment. Refer to Appendix A.

## **PROCEDURE:**

### **A. CONCENTRATION OF INVESTMENTS**

1. Unlimited investments in the State Of California Local Agency Investment Fund.
2. Unlimited investment in the U.S. Government guaranteed investments.
3. Sufficient principal funds in any single bank or savings should comply with the regulatory collateralization requirements.  
No more than \$100,000 principal in any single bank or savings and loan association with insurance through FDIC or FSLIC, when FDIC or FSLIC is applicable.
4. Banks or savings and loan associations must also have consistently profitable operations, and must have net worth ratios which exceed their regulatory requirements.
5. No more than \$1,000,000 in any one corporation or diversified management company.

### **B. TERMS OF INVESTMENTS**

1. Limited to the terms specified in Government Code Section 53601 or if not specified:
2. Maximum terms of any investment to be one and one half (1 1/2) years.
3. Board of Directors' approval required for terms in excess of 1 and 2 above.
4. Investments must be redeemable prior to maturity, even if with a penalty, or salable in an established secondary market.

### **C. REPORTING**

The District Treasurer or CFO shall report periodically to the Board of Directors of the District showing the type of investment, institution, date purchased, date of maturity, amount of deposit and rate of interest.

### **D. JUDGEMENT AND CARE**

All persons authorized to make investment decisions on behalf of the District (investing public funds) are trustees and therefore fiduciaries subject to the prudent investor standard. When investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing funds, the trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the agency, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency. Within the limitations of this section and considering individual investments as part of an overall strategy, investments may be acquired as authorized

by law.

#### **E. DISTRICT TREASURER LIABILITY**

When the District funds are invested in accordance with this Statement Of Investment Policy, the District Treasurer shall not be liable for any loss resulting from the default or insolvency of an authorized depository in the absence of negligence, malfeasance, misfeasance or nonfeasance on the part of the Treasurer.

#### **F. CFO AND CHIEF EXECUTIVE OFFICER PERFORMANCE**

As experts in the field of finance, healthcare and hospital operations, the CFO and Chief Executive Officer are expected to guide, recommend and provide oversight to the Treasurer, Board Finance Committee and Directorship in all matters related to investment activities. It is incumbent upon these above mentioned employees to ensure that all investments suggested and/or executed are in compliance with all applicable California State law, code, regulation and procedure, all federal laws and District policy. Any and all deviation from law or policy shall be brought to the immediate attention of the Treasurer, the Board Finance Committee and brought through the Board of Directors.

### **LIMITATION ON INSTRUMENTS**

#### **APPENDIX A**

- A. The District shall adopt and use the following as the limitation on instruments of investment.
- B. California Health & Safety Code Section 32127, which outlines the duties of the Treasurer of the District, provides generally that any monies in the treasury of the District may be deposited in accordance with the provisions of the general laws of the State of California governing the deposit of public monies of cities or counties. That provision is supplemented by the provisions of Government Code Section 53600, et seq. which deals with investment of funds by local agencies.
- C. Government Code Section 53601 provides that the legislative body of a local agency having money in a sinking fund or surplus money in its treasury not required for immediate necessities of the local agency may invest in the following categories based on Government Code Section 53601 beginning in 1992 with 1995, 1996 and 2002 Amendments.
  1. Bonds issued by the District;
  2. U.S. Treasury Notes, bonds or certificates of indebtedness;
  3. Warrants, treasury notes or bonds issued by the State of California or by any department, board, agency or authority of the state;
  4. Bonds, notes, warrants or other evidences of indebtedness of any local agency in California;
  5. Obligations, participation or other instruments of, or issued by, a federal agency including Federal Home Loan Bank Board (FHLBB) and Federal National Mortgage Association (FNMA).
  6. Bankers' acceptances provided that such documents may not exceed 180 days maturity and no more than 30 percent of surplus funds may be invested in the bankers' acceptances of any one commercial bank and 40 percent of the surplus funds total in such investments;
  7. Commercial paper of prime quality or the highest rating by Moody's or Standard and Poor's, ("A" or higher) provided that issuing corporations must have total assets in excess of \$500,000,000. Purchases of eligible commercial paper may not exceed 270 days maturity or represent more than 10 percent of the outstanding paper of any issuing corporation, and purchases of commercial paper may not exceed 25 percent of the agency's surplus money.
  8. Negotiable certificates of deposit issued by nationally or state chartered banks or savings and loan associations or state license branches of a foreign bank, provided that purchases of negotiable certificates of deposit may not exceed 30 percent of the agency's surplus money (and certificates of deposit may not exceed the shareholder's equity of any depository bank or the total net worth of any depository savings and loan association);
  9. Repurchase agreements or reverse repurchase agreements of any securities authorized by Section 53601, provided the term of repurchase agreements shall be one year or less.
  10. Medium-term notes ~~of a maximum of five years maturity~~ with a maximum remaining maturity of five years issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or any state and

operating within the United States. Notes eligible for investment under this subdivision shall be rated in a rating category of "A" or its equivalent or better by a nationally recognized rating service. Purchases of medium-term notes may not exceed 30 percent of the agency's surplus money which may be invested pursuant to this section.

11. Shares of beneficial interest issued by diversified management companies, investing in the securities and obligations as authorized by subdivisions (a) to (jk) inclusive, or subdivision (m) ~~or (n) to (q), inclusive,~~ of this ~~section~~ Government Code section 53601, and which comply with the investment restriction of ~~this Article 1 (commencing with Section 53600)~~ and Article 2 (commencing with Section 53630). To be eligible for investment pursuant to this subdivision, these companies shall either: (1) Attain the highest ranking or the highest letter and numerical rating provided by not less than two of the three largest nationally recognized rating services, or (2) Have an investment advisor registered with the Securities and Exchange Commission with not less than five years' experience investing in the securities and obligations as authorized by subdivisions (a) to (jk), inclusive or subdivisions (m) ~~or (n) to (q), inclusive,~~ of Government Code section 53601 ~~this section~~ and with assets under management in excess of \$500,000,000. The purchase price of shares of beneficial interest purchased pursuant to this subdivision shall not include any commission that these companies may charge and shall not exceed 20 percent of the agency's surplus money which may be invested pursuant to this section. However no more than 10 percent of the surplus funds may be invested in shares of beneficial interest of any one mutual fund pursuant to this paragraph.
12. Notwithstanding anything to the contrary contained in this section, Section 53635 or any other provision of law, monies held by a trustee or fiscal agent and pledged to the payment or security of bonds or other indebtedness, or obligations under a lease, installment sale or other agreement of a local agency, or certificates of participation in those bonds, indebtedness or lease installment sale, or other agreements may be invested in accordance with statutory provisions governing the issuance of those bonds, indebtedness or lease installment sale, or other agreement, or to the extent not inconsistent therewith or if there are no specific statutory provisions, in accordance with the ordinance, resolution, indenture or agreement of the local agency providing for the issuance.
13. Notes, bonds or other obligations which are at all times secured by a valid first priority security interest in securities of the types listed by Section 53651 as eligible securities for the purpose of securing local agency deposits having a market value at least equal to that required by Section 53652 for the purpose of securing local agency deposits. The securities serving as collateral shall be placed by delivery or book entry into the custody of a trust company or the trust department of a bank which is not affiliated with the issuer of the secured obligation, and the security interest shall be perfected in accordance with the requirement of the Uniform Commercial Code or federal regulations applicable to the types of securities in which the security interest is granted.
14. Any mortgage passthrough security, collateralized mortgage obligation, mortgage-backed or other pay-through bond, equipment lease-backed certificate, consumer receivable passthrough certificate or consumer receivable-backed bond ~~of a maximum of five years' maturity.~~ Securities eligible for investment under this subdivision shall be ~~issued by an issuer having an "A" or higher rating for the issuer's debt as provided by a nationally recognized rating service and~~ rated in a rating category of "AA" or its equivalent or better by an NRSRO and have a maximum remaining maturity of five years or less, ~~nationally recognized rating service.~~ Purchase of securities authorized by this subdivision may not exceed 20 percent of the District's surplus money that may be invested pursuant to this section.
15. Prohibited from borrowing short-term and using these funds to invest in long-term securities.
16. The District shall not invest in inverse floaters, range notes, interest-only strips that are derived from a pool of mortgages, or any security that could result in zero interest accrual if held to maturity.
17. The District shall not invest any funds in any security that could result in zero interest accrual if held to maturity. However, a local agency may hold prohibited

instruments until their maturity dates. The limitation shall not apply to the District investments in shares of beneficial interest issued by diversified management companies registered under the Investment Company Act of 1940 (15 U.S.C. Sec. 80a-1, and following) that are authorized for investment pursuant to subdivision (k) of Section 53601.

Related  
Policies/Forms:

References:

Policy Owner:  
Clerk of the  
Board

Approved by:  
Chief  
Executive  
Officer



## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Mountain Housing Council – Advocacy Policy
<b>RESPONSIBLE PARTY</b>	Ted Owens
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b> The MHC Advocacy Tiger Team has developed a draft Advocacy Policy to provide the goals and principles MHC will follow in efforts to influence and interface with members of the federal government, the California State Legislature, Governor’s office and agencies related to housing. MHC requests that non-profit and governmental agency members seek approval from their governing boards as a demonstration of collaboration and transparency thus enabling the MHC team to begin work with the new legislature and congress.</p>	
<p><b>SUMMARY/OBJECTIVES:</b> To create and broaden relationships with state and federal decision makers.  To attract funding to the region related to the mission of the MHC.  Complete and implement local achievable housing projects.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <ul style="list-style-type: none"> <li>• Positions taken by MHC will be done by the consensus of the MHC board membership. Input from member organization is welcome.</li> </ul>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b>  Suggested Motion if Item is pulled from Consent Calendar: Move to endorse the Mountain Housing Council Advocacy Policy as presented.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• MHC Cover Letter</li> <li>• MHC Draft Advocacy Policy</li> </ul>	



December 3, 2018

To: Mountain Housing Council of Tahoe Truckee Partners and their Board of Directors, Commissioners, and Staff Leads

Re: Mountain Housing Council State and Federal Housing Policy Platform

We are writing to present to you the attached Mountain Housing Council of Tahoe Truckee's (MHC) State and Federal Housing Policy Platform (Policy Platform). The Policy Platform will guide the Mountain Housing Council Advocacy Tiger Team's (Tiger Team) efforts to advocate for state and federal policies and funding programs that increase achievable local housing solutions for the Tahoe-Truckee region. The Policy Platform was developed over three months by the Tiger Team, a subcommittee of the MHC.

The Policy Platform establishes the purpose and goals of the Tiger Team and establishes the policy priorities and actions the Tiger Team will use to address the achievable local housing problems in the Tahoe-Truckee region.

### **Requested Action**

We are seeking approval of the Policy Platform from each MHC member's governing body by **January 31st, 2019** so that the Tiger Team can begin engaging on state and federal policies at the start of the new year. Should you need support from the MHC in that discussion, please contact us directly so that we can determine the best capacity for your needs.

In addition to the attached Policy Platform, we've crafted a one-page document (following page) with sample language that your staff might consider for this future agenda item.

Sincerely,

A handwritten signature in black ink that reads "Stacy Caldwell".

Stacy Caldwell, CFRE  
CEO  
Tahoe Truckee Community Foundation

A handwritten signature in black ink that reads "Seana Doherty".

Seana Doherty  
Program Director  
Mountain Housing Council

---  
CEO/Founder  
Freshtracks Collaboration



**Sample Language for Agenda Item to Discuss Approval of:  
Mountain Housing Council of Tahoe Truckee's  
State Housing Advocacy Policy Platform**

The Mountain Housing Council (MHC) Policy Platform (Platform) establishes the purpose and goals of the MHC's Advocacy Tiger Team (Tiger Team) and the policy-related priorities and activities the team will use to address the achievable local housing problem in the Tahoe-Truckee Region. The Platform is a document approved by Mountain Housing Council members and lays out a framework for how the Tiger Team proposes to represent the region in its advocacy efforts in both broad categories and specific issues. This allows the Tiger Team to recommend formal positions on legislative and administrative proposals and act efficiently as opportunities arise.

The goal of the Tiger Team is to create and broaden relationships with state and federal decision makers and organizations outside the Tahoe-Truckee region in an effort to build influence, change policy, attract funding to the region, and ultimately result in the completion of achievable local housing projects.

Many Tiger Team representatives cannot act independently on behalf of the agencies and organizations that they represent. Therefore, official communications of MHC policy positions will also include language recognizing that the position conveyed is the general consensus of the MHC but does not necessarily reflect the official endorsement of every MHC participant. When the Tiger Team uses a vote to determine a course of action, the meeting notes will reflect the voting detail of those who approved, opposed and abstained.

**Sample language for approval of Policy Platform**

The \_\_\_\_\_ hereby authorizes the Mountain Housing Council to advocate on state and federal policies consistent with the objectives identified in the attached "Mountain Housing Council Policy Platform".

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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



## **Mountain Housing Council Policy Platform**

### **What is the Policy Platform?**

The Mountain Housing Council (MHC) Policy Platform (Platform) establishes the purpose and goals of the MHC's Advocacy Tiger Team (Tiger Team) and the policy-related priorities and interventions the team will use to address the achievable local housing problem in the Tahoe-Truckee Region (see Exhibit A for region boundaries). The Platform is a document approved by Mountain Housing Council members and lays a framework for how the Tiger Team proposes to represent the region in its advocacy efforts in both broad categories and specific issues. This allows the Tiger Team to recommend formal positions on legislative and administrative proposals and act efficiently as opportunities arise.

### **What is the Mountain Housing Council Advocacy Tiger Team?**

The MHC, a project of the Tahoe Truckee Community Foundation, brings together 28 diverse stakeholders – including businesses, local governments, community groups, special districts, and housing advocates - to take on the unique and pressing challenges of achievable local housing in the North Tahoe-Truckee region. The MHC's goal is to build on needs identified in a 2016 Regional Housing Study and accelerate solutions to housing problems of availability, variety, and affordability.

The Advocacy Tiger Team is a subcommittee of the MHC formed to advocate on state and federal policy solutions to increase achievable local housing solutions for the region. The Tiger Team monitors and lobbies on legislation, agency processes, and funding opportunities that affect the region's ability to access and implement achievable local housing solutions. Membership on the Tiger Team is voluntary and new members may join anytime.

### **What is the Tiger Team's Goal?**

The goal of the Tiger Team is to create and broaden relationships with state and federal decision makers and organizations outside the Tahoe-Truckee region in an effort to build influence, change policy, attract funding to the region, and ultimately result in the completion of achievable local housing projects.

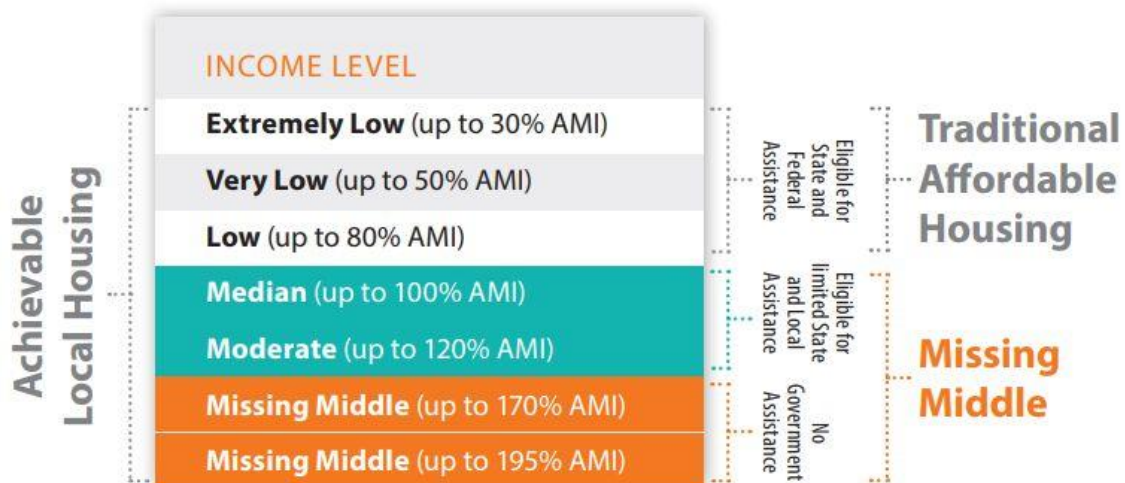
### What is the achievable local housing problem in the Tahoe-Truckee Region?

Affordable housing is a crisis facing the nation, the state, and the Tahoe-Truckee region. The North Tahoe-Truckee region has a population of roughly 30,000. On holiday weekends, those numbers swell to around 100,000. For full and part-time residents as well as vacationers, there are 33,300 housing units – mostly single family homes built before 1979. 65% of them are vacant more than half the year.

Locals are struggling to find housing in our community - with estimates showing a potential shortfall of more than 12,000 units to serve the local workforce. Teachers, firefighters, police officers, business owners, and many more can no longer afford to live in the region. They are forced to move away or live elsewhere and commute, leaving employers unable to find staff, emergency responders struggling with response times, and a rippling impact on our region's economy, environment, culture, and vitality.

To address this shortfall, the community needs to increase the number and diversity of available new and old units and help people move from renters to home-owners. The Tiger Team seeks to be proactive to maximize the ability for the Tahoe-Truckee region to capitalize on policy solutions proposed and enacted at the state and federal level.

The Tiger Team will support policies that address all income levels defined as “achievable local housing” as shown below and described in the MHC's [2016 Policy Brief](#) titled “Achievable Local Housing”.



County	2018 Area Median Income (AMI) for family of four:
Nevada	\$73,500
Placer	\$80,100
El Dorado	\$80,100

### How does the Advocacy Tiger Team achieve its goal?

The Policy Platform objectives for advocacy outside of the region will help the advocacy team complement the Mountain Housing Council's work within the region. These objectives correspond to barriers to achievable local housing that cannot be changed at the local level, but are changeable at the state or federal level. Each objective will be pursued by supporting various policy interventions in legislative and agency processes, which are enumerated below. (Objectives and interventions often overlap in that actions that achieve one intervention or objective may also achieve other interventions or objectives, like working with the Smart Growth Task Force to comment on Affordable Housing and Sustainable Communities Program guidelines for example).

This document outlines the objectives of the Tiger Team. A separate complementary document, called the "Annual Workplan", will be developed in January of each year and will identify and describe the Tiger Team's positions on specific pieces of legislation, administrative actions, and funding programs for that year. Positions on these activities will be informed by and consistent with this Policy Platform. The Annual Workplan may be updated periodically throughout the year as proposals evolve or introduced.

The Tiger Team will strive to make decisions on the Annual Workplan and any updates to it through a consensus model, facilitated and documented by the facilitator of the group (Sierra Business Council).

1. The definition of consensus spans the range of: strong support to "I can live with it." Any of these statements by a Tiger Team member constitutes consensus.
2. Many Tiger Team representatives cannot act independently on behalf of the agencies and organizations that they represent. Therefore, official communications of MHC policy positions will also include language recognizing that the position conveyed is the general consensus of the MHC but does not necessarily reflect the official endorsement of every MHC participant. When the Tiger Team uses a vote to determine a course

of action, the meeting notes will reflect the voting detail of those who approved, opposed and abstained.

3. This decision-making process will encourage the early articulation of concerns, which maximizes the chance of understanding and accommodating the views of all parties.

### **Objective 1: Build political identity and influence outside the region.**

Two overarching conditions exist with regard to our region's ability to achieve the objectives of this Policy Platform: first, the Tahoe-Truckee region's small population is a barrier to gaining political influence, and second, to date, the region has not had a unified message on housing priorities when engaging with state and federal policy makers.

To counteract these two factors, a major priority of the Tiger Team will be to build strategic partnerships with organizations outside the region and statewide organizations with similar goals to achieve our objectives. The Tiger Team, through this Policy Platform and the Annual Workplan, will develop unified messages and priorities so that efforts will be consistent among all Tiger Team and MHC partners.

As such, the Tiger Team supports activities that achieve the following:

1. Leverage members' current relationships and lobbying experience. The Tiger Team has identified existing partnerships and lobbying relationships that will be essential to collaborating with to achieve its goals.
  - *Ex: At the beginning of each legislative session and periodically during the year, the Tiger Team will distribute the Annual Workplan to all of these partners and seek help implementing each goal.*
2. Support statewide coalitions with similar priorities.
  - *Ex: Prop 1 & 2 Fundraising event and other activities in coordination with Housing California; Coordination with Rural County Representatives of California, CA Rural Housing Coalition/Rural Smart Growth Task Force, California State Association of Counties, and League of California Community Foundations.*
3. Coordinate and build relationships with legislators representing our region and those from outside our region with similar goals.
  - *Ex: Regular meetings with Assembly Member Dahle and Senator Gaines to identify shared priorities; Support efforts by housing "champions" in the legislature to build relationships and*

*understanding of Tahoe-Truckee issues; Organize annual lobby day; Find sponsor to introduce “Rural Housing Week” resolution.*

4. Build and maintain relationships with state agencies implementing funding programs and regulations impacting achievable local housing.
  - *Ex: Regular meetings and/or tours with staff at the California Department of Housing and Community Development, Strategic Growth Council, and Office of Planning and Research.*
5. Build education and awareness among MHC members of local barriers to implementing state policies that could benefit achievable local housing solutions.
  - *Ex: Creating educational briefing papers that help local governments, developers, and MHC members understand state policies and local barriers to implementation of those policies.*

## **Objective 2: Change or remove policy barriers to implementing achievable local housing in the region.**

Local governments, developers, and other organizations involved in housing development in the region face regulatory barriers that increase the difficulty, cost, and time needed to implement achievable local housing projects. This objective focuses on removing regulatory – not funding – hurdles to implementing achievable local housing projects.

As such, the Tiger Team supports policy interventions that achieve the following:

1. Streamline permitting processes for achievable local housing projects.
  - *Ex: Passage and implementation of bills and programs that create or expand streamlined permitting processes for achievable local housing projects.*
2. Create, expand, or modify technical assistance or capacity building programs for local governments and housing projects to meet regulatory requirements.
  - *Ex: Support policies and funding that build capacity at the local level to address achievable local housing needs; CEQA technical support programs;*
3. Engage on state policies affecting zoning requirements or other local government ordinance requirements to allow implementation or continued maintenance of achievable local housing.
  - *Ex: Support policies that allow local governments to adopt ordinances that require new developments to include certain*



*percentage of units that are affordable to people of various low or moderate income levels.*

4. Engage on state policies that seek to help local governments collect regionally-relevant data and utilize planning tools which support efforts to construct achievable local housing.
  - *Ex: Support policies that help local governments collect more precise data on regional communities which helps local governments better compete for state funding and helps policy-makers at the state and local levels better analyze regional needs.*
5. Support policy that provides state and/or federal funding and resources to local governments to more accurately collect data and address the needs of the homeless population in their communities.
  - *Ex: Engage on guideline development process for Proposition 2 implementation (if passed) and coordinate with Placer, Nevada, and El Dorado counties to maximize funding allocated to our region.*

### **Objective 3: Remove barriers to attracting funding for achievable local housing projects in the region.**

Local governments, developers, and other organizations involved in housing development in the region face lack of funding, regulatory barriers to access funding, lack of capacity to access funding, and capital deserts. Housing policies and funding programs are often designed for higher-density, urban parts of the state. Activities under this section will focus on ensuring that rural areas can compete fairly for funding.

As such, the Tiger Team supports policy interventions that achieve the following:

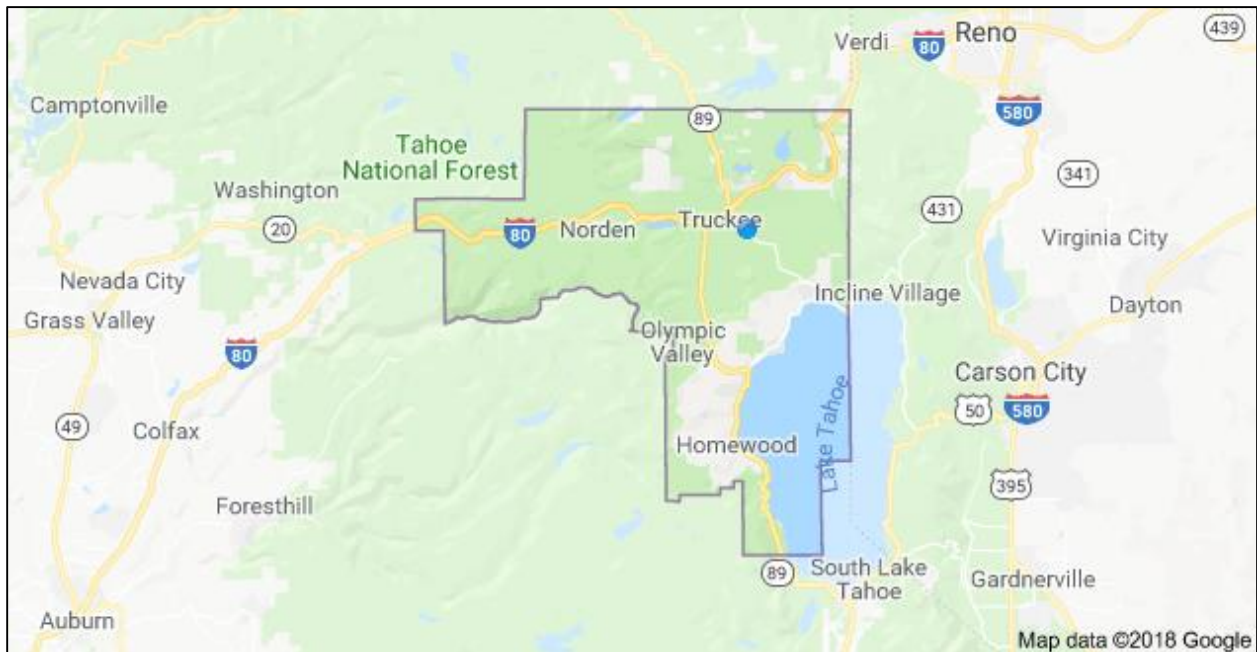
1. Streamline financing opportunities for achievable local housing development.
  - *Ex: Engage in and support legislation that streamlines permitting processes for transit-oriented or transit-corridor development; Engage on policies that create streamlined permitting processes in jurisdictions to meet Regional Housing Needs Allocation (RHNA) requirements.*
2. Maximize the ability for regional residents, developers, nonprofits, and local agencies to secure financing to purchase homes and develop and/or expand achievable local housing projects.

- *Ex: Support passage and implementation of Propositions 1 & 2 (on the November 2018 ballot); Weigh in on draft funding program guidelines for SB2 (2017) and SB 540 (2017); Weigh in on income levels for first time home buyer assistance programs to account for regional needs.*
3. Create or expand achievable local housing development incentives, tax credits, and other financing mechanisms.
    - *Ex: Weigh in on implementation of policies that allow local governments to provide financial incentives for developments that incorporate affordable units; Involvement in the feedback process related to TCAC Opportunity Areas Map and the Low Income Housing Tax Credit Program; the Federal Opportunity Zones tax credit; passage of AB2920 (2018)*
  4. Modify grant guidelines to be more inclusive and accessible to rural applicants.
    - *Ex: Providing feedback on the annual draft grant guidelines for the Affordable Housing and Sustainable Communities Program and the Transformative Climate Communities Program; Monitor CDBG (Community Development Block Grants) processes.*

## Exhibit A: Tahoe-Truckee Region Boundaries

The region represented by the Mountain Housing Council is located in the Sierra Nevada Mountains, 100 miles northeast of Sacramento, and 35 miles west of Reno, Nevada. It spans portions of Nevada, Placer, and El Dorado Counties.

The region's boundaries stretch from Hobart Mills, eight miles north of Truckee to Emerald Bay, near South Lake Tahoe; and from Cisco Grove, twenty miles to the west, to Floriston, fifteen miles to the east. The region encompasses more than 720 square miles.





# MULTNOMAH GROUP

## **Retirement Plans Oversight Presentation Tahoe Forest Hospital District Board of Directors**

January 29, 2019

# Breakdown of Plans – December 31, 2018

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none"> <li>• Plan Assets decreased from \$39.5 M to \$38.0 M due to negative equity markets</li> <li>• Active Plan Investments:               <ul style="list-style-type: none"> <li>✓ Offers 17 core investments                   <ul style="list-style-type: none"> <li>✓ 4 Index Funds</li> <li>✓ 13 actively managed funds</li> </ul> </li> <li>✓ Suite of 11 Vanguard Target Date Funds</li> <li>✓ Self-Directed Brokerage Acct</li> </ul> </li> <li>• All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.</li> <li>• All score in top half of Multnomah Group’s peer group ranking except: Oppenheimer Developing Markets (56%)               <ul style="list-style-type: none"> <li>✓ 1-Year % Ranking: Top 10%</li> <li>✓ 3-Year % Ranking: Top 32%</li> <li>✓ 5-Year % Ranking: Top 49% (2014 79%)</li> <li>✓ 10-Year % Ranking: Top 6%</li> </ul> </li> <li>➤ Style, Skill &amp; Consistency metrics are improving</li> </ul> <p>* June 30, 2018</p>	<ul style="list-style-type: none"> <li>• Plan Assets decreased from \$49.5 M to \$47.0 M due to negative equity markets</li> <li>• Investments: Same</li> <li>• Participation Rate Increased from: 75.4%* to 77.7%</li> <li>• Ave. Deferral Rate Increased from: 8.7%* to 8.6%</li> </ul>

# Q3, 2018 Activities

- Reviewed investment performance: no Watch List or Removal recommendations
- Reviewed the Fidelity Annual Plan Education calendar; discussing 2018 onsite education efforts
- Committee discussed and approved amending plans to allow greatest flexibility for distribution options allowed
- As fiduciary education, discussed proposed Securities and Exchange Commission investor Best Interest Rule and potential impact on participant education and advice efforts. Final rules are at least a year away.
- Effective September 6, 2018 one fund changes and four share class changes were made in addition to adding a Self-Directed Brokerage Account to the 457(b) menu to match the 401(a) Plan:
  1. Fidelity Government Money Market was replaced by Vanguard Federal Money Market.
    - Same investment objective, *lower fees by 74%*
  2. Fidelity Total Bond Fund move to the lower Z share class
    - *Lowered fees by 20%*
  3. Lord Abbett Short Duration Income A moved to the lower R6 share class
    - *Lowered fees by 44%*
  4. T. Rowe Price Blue Chip Growth moved to the lower I share class
    - *Lowered fees by 19%*
  5. Wells Fargo Small Company Growth Admin moved to the lower R6 share class
    - *Lowered fees by 25%*

# Q4, 2018 Activities

- Reviewed investment performance: no Watch List or Removal recommendations
- Committee reviewed the Plan's assets to ensure accuracy of reporting.
- Committee received 2018 Regulatory Update from Multnomah Group.
- Committee received Small-Sum Distribution Service Provider Review from Multnomah Group.
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Responsibility Relating to the Operation of Your Defined Contribution Plan."

# Annual Fiduciary Program



## Quarter 1

### Fiduciary Governance

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of asset class coverage
- Review of Investment Policy Statement (if applicable)
- Review of Charter for Committee (if applicable)
- Fiduciary education
- Other business



## Quarter 2

### Vendor Fees and Services

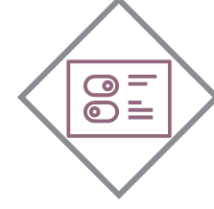
- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Annual review of insurance and bonding (as prepared by Risk Management and reported to Committee)
- Annual review of fee disclosure notices
- Annual review of costs and services to evaluate reasonableness
- Fiduciary education
- Other business



## Quarter 3

### Engagement

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of participant utilization and demographic data (as prepared by third-party service provider and report to Committee)
  - Participation
  - Contributions
  - Investment performance
  - Retirement readiness
- Review of participant education and advice offerings
- Review of required participant disclosures and notices (as prepared by Human Resources and reported to Committee)
- Fiduciary education
- Other business



## Quarter 4

### Plan Operations

- Review of minutes of previous quarterly meeting and reports on action items
- Quarterly investment review
- Review of 404(c) compliance procedures (as prepared by Human Resources)
- Regulatory update
- Review of plan testing results (if applicable)
- Review of government filings and audit (as prepared by Benefits and reported to Committee)
- Review of any year closing amendments to the Plan
- Annual review of claims and appeals, participant inquiries, issues, and complaints (as prepared by Human Resources and reported to Committee)
- Review of proposed annual report to Board on activities during the year
- Fiduciary education
- Other business



# Questions

Next meeting of the RPAC is scheduled for February 19<sup>th</sup>, 2019.

# Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.



## **Board Informational Report**

**By: Jim Hook**  
Corporate Compliance Consultant,  
The Fox Group

**DATE: January 29, 2019**

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### **2019 Compliance Program 4<sup>th</sup> Quarter and Annual Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 4<sup>th</sup> Quarter 2018 Compliance Program activities (Open Session). This report includes the annual report for 2018. It assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Corporate Compliance Program.

OPEN SESSION

Period Covered by Report: **Jan 1, 2018 – December 31, 2018**

Completed by: James Hook, Compliance Consultant, The Fox Group

**1. Written Policies and Procedures**

1.1. The Tahoe Forest Hospital District's (TFHD) Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

- 1.1.1. Corporate Compliance Program TFHD, AGOV-31 (Update Risk Areas)
- 1.1.2. Corporate Compliance Violations Suspected AGOV-13) Updated timelines for investigation and corrective action)
- 1.1.3. Not On Staff Provider Checks-DPTREG-1802 (assisted with update)
- 1.1.4. AGOV-1705 Code of Conduct

**2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee Membership as of December 31, 2018:

- 2.1.1. Jim Hook, The Fox Group – Compliance Consultants
- 2.1.2. Judy Newland, RN – Chief Operating Officer
- 2.1.3. Karen Baffone RN- Chief Nursing Officer
- 2.1.4. Harry Weis – Chief Executive Officer
- 2.1.5. Crystal Betts – Chief Financial Officer
- 2.1.6. Jake Dorst – Chief Information and Innovation Officer
- 2.1.7. Alex MacLennan – Chief Human Resources Officer
- 2.1.8. Matt Mushet – In-house Legal Counsel
- 2.1.9. Stephanie Hanson, RN – Compliance Analyst/Interim Privacy Officer
- 2.1.10. Shelley Thewlis, Interim Health Information Management Director
- 2.1.11. Scott Baker, Executive Director of Physician Services

**3. Education & Training**

- 3.1. The Compliance Department furnishes Compliance Program training to new directors, managers and supervisors every quarter.
- 3.2. All new employees now receive the Tahoe Forest Health System Code of Conduct during preplacement. Annual re-attestation was assigned as part of the annual evaluation process in the 4<sup>th</sup> quarter of 2018, Ninety-eight percent of employees re-attested to the Code of Conduct
- 3.3. All employees will be assigned new Health Insurance Portability and Accountability Act (HIPAA) and Compliance Program training via Health Stream in the 1st quarter of 2019.

OPEN SESSION

**4. Effective Lines of Communication/Reporting**

- 4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department, three reports were made during the 4<sup>th</sup> Quarter either directly to the Compliance Department or through the hot line. Twenty-five reports were made during 2018.
- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Thirteen reports were made to the Privacy Officer in the 4<sup>th</sup> Quarter of 2018, and 36 reports were made during 2018.
- 4.3. The Compliance Department published six articles in The Pacesetter in 2018.

**5. Enforcing Standards through well-publicized Disciplinary Guidelines**

- 5.1. Ninety-nine percent of the employees' of TFHD completed their corporate compliance modules for the 4<sup>th</sup> Quarter of 2018. Ninety-six percent completed the corporate compliance modules for 2018.
- 5.2. Attestation statements completed for Code of Conduct training reached 98.6% by the end of the 4<sup>th</sup> Quarter for all new employees, employees and contracted employees.
- 5.3. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the Office of Inspector General (OIG) and General Services Administration (GSA) list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing &Monitoring**

- 6.1. Five audits were completed during the 4<sup>th</sup> Quarter of 2018 as part of the 2018 corporate compliance work plan.
  - 6.1.1. Physician Payments (Hospitalists) audit for Aug-Oct 2018 was completed; no discrepancies noted.
  - 6.1.2. A Physician Credentialing audit has been completed and the results were given to Director of Medical Staff and Director of Quality. There were no actionable suggestions for improvement.
  - 6.1.3. An audit of billings for NP's and PA's for incident-to-billing GF modifier compliance was completed as part of an expanded audit of coding.
  - 6.1.4. Home Health certification probe audit: 9 out of 46 charts did not meet the Medicare requirements. The estimated refund/takeback is \$18,000.

OPEN SESSION

- 6.1.5. Hospice certification and billing probe audit: 1 out of 13 charts did not meet the Medicare requirement. Compliance department working with the Hospice billing company on the estimated refund/take back.
- 6.1.6. Nine additional audits were completed in the first three quarters of 2018, and were reported previously.

**7. Responding to Detected Offenses & Corrective Action Initiatives**

- 7.1. Investigations of suspected and actual compliance issues incidents were initiated. Some investigations revealed no violations. Remediation measures included: refunds of overpayments, additional staff training, new leases, and updated policies and procedures implemented to prevent further violations.

**TAHOE FOREST HOSPITAL SYSTEM  
CORPORATE COMPLIANCE PROGRAM  
2019 TFHS WORK PLAN**

Tahoe Forest Hospital System is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

**Objectives identified** for focus in the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG's ongoing Work Plan, and risk areas identified by the Tahoe Forest Health System.

OBJECTIVE / ACTION	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
<b>1. Policies &amp; Procedures</b>							
A. Identify, review and revise P&Ps related to Compliance 1. Exclusion Screening Review, AGOV-1607 2. Corporate Compliance Program TFHD, AGOV-31	CCO/CCA	Policy approval			X		
<b>2. High Level Oversight</b>							
A. Corporate Compliance Officer provides quarterly and annual compliance reports to the Board of Directors. Report.	CEO/CCO	Quarterly and Annual report to Board	X	X	X	X	
B. Board Evaluation of Corporate Compliance Program	CEO/CCO	Evaluation of Compliance Program				X	
C. Compliance Committee Evaluation of Compliance Program	Compliance Committee	Evaluation of Compliance Program				X	
<b>3. Education, Training, &amp; Communication</b>							
A. Education and Training to the Code of Conduct via Values training new staff only (C of C)	CCA	100% completion of C of C training	X	X	X	X	
B. Annual Attestation to the Code of Conduct Employees and Physician	CHR/CCO/CCA		X			X	
C. Health Stream training content related to compliance and HIPAA	CHR/CCO/CCA	100% completion of Compliance/ HIPAA Training	X	X	X	X	
D. BOD compliance training program	CCO	Annual training for Board of Directors		X			
E. Mandatory compliance orientation and training for new	CCA	Training competed	X	X	X	X	

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			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
Directors, Managers, and Supervisors		within three months of hire.					
<b>F.</b> Annual compliance training for Directors, Managers and Supervisors	CCO/CCA	Annual/Update training	X				
<b>G.</b> Medical staff compliance orientation	CCA/Med Staff Dir.	Meet with each new physician	X	X	X	X	
<b>H.</b> Medical Staff annual compliance update via health stream	CCO	Annual update completed		X			
<b>I.</b> Bi-monthly communication to staff using the Pacesetter/other methods (Privacy, Non-discrimination, compliance reporting, etc.)	CCO/CCA	Articles published	X	X	X	X	
<b>J.</b> Compliance Training for high-risk departments (SNF, HH, Revenue Dept, etc.)	CCO/CCA	Targeted training completed	X	X	X	X	
<b>K.</b> Supplier Code of Conduct	Mat Mgr/CCO/CCA	Distribute to all Vendors annually	X	X	X	X	
<b>4. Monitoring and Auditing</b>		<b>Audit and Monitoring Source</b>					
		<b>Internal Audit</b>	<b>External Audit</b>	<b>1<sup>ST</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>
<b>A.</b> Hospital: Patient admission Criteria/appropriate patient status (2 midnight rule)	CNO/CCA	X				X	
<b>B.</b> Skilled Nursing Facility Certification:	Director of Nurses (ECC)/CCA	X				X	
<b>C.</b> Hospital: Physician credentialing	CEO/Med Staff Dir		X				X
<b>D.</b> Physician payment audit (Medical Director/Preceptor, MSC physicians, ED on call, Hospitalist)	CCO	X		X	X	X	X
<b>E.</b> Employee Access Audit-Varian, NTT, EPIC	PRIVACY OFFICER/CCO/CCA	X			X	X	X
<b>F.</b> Anesthesia administration record vs. Pyxis entries	CNO/Dir of Surg/Dir of Pharmacy	X		X			



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			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
<b>Monitor and Audit, con't</b>		<b>Internal and External Monitoring Source Audit</b>	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
<b>G.</b> Home Health documentation for PPS, including documentation of face-to-face visits and new COPs (pending release of new COPs)	CNO/Dir of Trans Scvs.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>H.</b> Use of Code 44: Documentation of physician orders/UM Committee action	CNO/ Dir of Case Mgmt	<b>X</b>	<b>X</b>				
<b>I.</b> Physician Arrangements Audit/Timely signatures	CCO/CCA	<b>X</b>			<b>X</b>		
<b>J.</b> External Audit for Coding for ICD 10	CFO/Dir HIM		<b>X</b>		<b>X</b>		<b>X</b>
<b>K.</b> Annual MSC/Clinic/Hospitalists/Cancer Center E/M billing and medical records audit	CFO/Dir HIM		<b>X</b>				
<b>L.</b> Medical record documentation and billing for Transitional Care Management/Chronic Care Management	CNO/CCA	<b>X</b>	<b>X</b>				
<b>5. Response, Investigation, Corrective Action, Reporting</b>							
<b>A.</b> Respond, investigate, and follow up all Hotline calls/complaints within 30 days.	CCO	100% within 30 days					Ongoing
<b>B.</b> HIPAA 2018 annual report of unauthorized disclosures to HHS	CFO	Timely Submission	<b>X</b>				
<b>6. Enforcement and Discipline</b>							
<b>A.</b> Enforce Exclusion policy for employees, medical staff and vendors	CHR/CCO	Audit for compliance					Ongoing
<b>7. Responding Promptly to Detected Offenses and Undertaking Corrective Action</b>							
<b>A.</b> Respond, investigate, and report to State and Federal authorities for HIPAA and other Compliance issues	CCO/CFO	100% timely completion					Ongoing