TAHOE FOREST HOSPITAL DISTRICT

2019-03-28 Regular Meeting of the Board of Directors

Thursday, March 28, 2019 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2019-03-28 Regular Meeting of the Board of Directors

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17. ITEMS FOR BOARD DISCUSSION

17.1. Board Education

17.1.1. Definitions of Healthcare Models
No related materials at this time.

17.2. Bill Rose Park update
No related materials. Verbal update.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

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TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, March 28, 2019 at 4:00 p.m.

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

1. **CALL TO ORDER**

2. **ROLL CALL**

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

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

5. **CLOSED SESSION**
   - **5.1. Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: 2015-2018 Risk Summary Report
     Number of items: One (1)
   - **5.2. Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: 2016-2018 Peer Review Summary Report
     Number of items: One (1)
   - **5.3. Hearing (Health & Safety Code § 32155)**
     Subject Matter: Quality Assurance Report
     Number of items: One (1)
   - **5.4. Conference with Labor Negotiator (Government Code § 54957.6)**
     Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan
     Employee Organization(s): Employees Association and Employees Association of Professionals
   - **5.5. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**
     Number of Potential Cases: One (1)
   - **5.6. Approval of Closed Session Minutes◈**
     02/28/2019
   - **5.7. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. **DINNER BREAK**

7. **OPEN SESSION – CALL TO ORDER**

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

◈ Denotes Action Item

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. March Safety First Topic

13. ACKNOWLEDGMENTS

13.1. March 2019 Employee of the Month

14. MEDICAL STAFF EXECUTIVE COMMITTEE ◈

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

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

Review and approval of policies, procedures and privilege forms: Annual Review of 2019 IVCH Emergency Department Policies and 2019 Emergency Department Policies TFH IVCH Spreadsheet.

15. CONSENT CALENDAR ◈

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

15.1. Approval of Minutes of Meetings

15.1.1. 02/28/2019 .....ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – February 2019 .....ATTACHMENT

15.3. Staff Reports

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

15.4. Approve Updated Policies

15.4.1. ABD-03 Board Compensation and Reimbursement .....ATTACHMENT
15.4.2. ABD-10 Emergency On-Call.....ATTACHMENT
15.4.3. ABD-14 Inspection and Copying of Public Records.....ATTACHMENT
15.4.4. ABD-16 Malpractice Policy.....ATTACHMENT

15.5. Retire Board Policy

15.5.1. ABD-17 Manner of Governance for the TFHD Board of Directors.....ATTACHMENT

◈ Denotes Action Item

16. ITEMS FOR BOARD ACTION ◈

16.1. Retirement Plan Options ◈ ..... ATTACHMENT
The Board of Directors will review and consider approval of moving forward with two new supplemental retirement plan options.

16.2. Resolution 2019-03 ◈ ..... ATTACHMENT
The Board of Directors will review and consider approval of a resolution recognizing Doctor's Day on March 30, 2019.

17. ITEMS FOR BOARD DISCUSSION

17.1. Board Education

17.1.1. Definitions of Healthcare Models
The Board of Directors will receive education on healthcare models.

17.2. Bill Rose Park update
The Board of Directors will receive an update on Bill Rose Park.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

19.1. Governance Committee Meeting – 03/21/2019 ..... ATTACHMENT

19.2. Executive Compensation Committee Meeting – No meeting in February.

19.3. Quality Committee Meeting – No meeting held in February.

19.4. Finance Committee Meeting – No meeting held in February.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

21. ITEMS FOR NEXT MEETING

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

23. CLOSED SESSION CONTINUED, IF NECESSARY

24. OPEN SESSION

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

26. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 25, 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) 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.

◈ Denotes Action Item

MEDICAL EXECUTIVE COMMITTEE
CONSENT AGENDA
Thursday, March 21, 2019

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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:	Recommend approval
	Review and approval of policies, procedures, and privilege forms.	
A. Annual Plan and Policy Approval	Annual Review: 1. 2019 IVCH ED Policies #2 2. 2019 ED Policies TFH IVCH Spreadsheet #3	

Title	Department	Applicability	Owner	Last Approved	Next Revie	Has Attachments	Changes
Duties of the Lakeview RN in the ED, DEDI-210	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
ED Staffing Levels, DEDI-217	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
IVCH Structure Standards, DEDI-251	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
Legal Blood Evaluations and Testing, DEDI-203	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
Nitrous Oxide Use, DEDI-229	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
Psychiatric/Suicidal Patients, DEDI-236	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
Respiratory Services Scope, ED, DEDI-237	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no
Volunteers in the ED, DEDI-248	Incline Village Emergency Department - DEDI	Tahoe Forest Hospital District	Iida, Jan: Director of Emergency Se	2/4/2019	2/4/2020	No	no

Title	D A	Owner	Last Approved	Last Revised	Next Review	Has Attach	Applies To	
"Time-Out" for Invasive Procedures, DED-36	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Admission - Management When Physician Not on Staff, DED-4	E T	Kennon, Shana: ED Manager	1/22/2019	7/1/2015	1/22/2020	No	Tahoe Forest Hospital, Incline Village Community Hospital	*Reviewed*
Admission of Emergency Department Patient, DED-2	E T	Kennon, Shana: ED Manager	4/12/2018	4/12/2018	4/12/2019	No	"Tahoe Forest Hospital"	
Admission of Obstetrical Patient, DED-3	E T	Kennon, Shana: ED Manager	5/9/2018	5/9/2018	5/9/2019	No	"Tahoe Forest Hospital"	
Air Ambulance Transfers, DED-5	E T	Kennon, Shana: ED Manager	3/5/2019	1/16/2018	3/4/2020	No	"Tahoe Forest Hospital"	*Reviewed*
Blood Alcohol, Evaluations and Testing Requested by Law Enforcement, DI	E T	Kennon, Shana: ED Manager	3/19/2018	3/19/2018	3/19/2019	No	"Tahoe Forest Hospital"	*Reviewed*
Care of the Mental Health Patient, DED-1701	E T	Kennon, Shana: ED Manager	7/30/2018	7/30/2018	7/30/2019	No	"Tahoe Forest Hospital"	
Charting Standards, DED-7	E T	Kennon, Shana: ED Manager	2/13/2018	2/13/2018	2/13/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Diagnostic Imaging Department, DED-10	E T	Kennon, Shana: ED Manager	3/5/2019	1/26/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*In-process will need updates with Radiology*
EPIC Downtime, DED-46	E T	Kennon, Shana: ED Manager	4/12/2018	4/12/2018	4/12/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Fall Prevention, DED-11	E T	Kennon, Shana: ED Manager	3/5/2019	7/1/2015	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Family Presence During Invasive Procedures, DED-12	E T	Kennon, Shana: ED Manager	1/22/2019	1/30/2018	1/22/2020	No	Tahoe Forest Hospital, Incline Village Community Hospital	*Reviewed*
Laboratory Results Culture Screening, DED-13	E T	Kennon, Shana: ED Manager	6/19/2018	6/19/2018	6/19/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Laboratory Tests, DED-14	E T	Kennon, Shana: ED Manager	2/13/2018	2/13/2018	2/13/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Law Enforcement Medical Clearances, DED-15	E T	Kennon, Shana: ED Manager	3/5/2019	2/2/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Left Before Triage (LBT) or Medical Screening Exam (MSE), DED-45	E T	Kennon, Shana: ED Manager	2/2/2018	2/2/2018	2/2/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Minor Edits*
Level 3 Trauma Activation, DED-1901	E T	Lukasiewich, Natasha: Trauma C	3/5/2019	3/5/2019	3/4/2020	Yes	"Tahoe Forest Hospital"	*Updated New Policy*
MD Change of Shift Patient Hand-off, DED-17	E T	Kennon, Shana: ED Manager	3/5/2019	1/30/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Medical Staff ED Structure Standards, DED-18	E T	Kennon, Shana: ED Manager	3/5/2019	1/30/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Multi-Casualty Incidents, DED-19	E T	Kennon, Shana: ED Manager	3/5/2019	1/30/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Notification of On-Call Physicians, DED-20	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Patient Ratio Compliance, DED-21	E T	Kennon, Shana: ED Manager	2/2/2018	2/2/2018	2/2/2019	Yes	"Tahoe Forest Hospital"	*Reviewed*
Patient Records for Follow-up Care, DED-22	E T	Kennon, Shana: ED Manager	3/5/2019	1/30/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Pediatric Patients/Emergencies, DED-23	E T	Kennon, Shana: ED Manager	1/30/2018	1/30/2018	1/30/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*In-process will need updated information*
Pressure Injury Risk, DED-24	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Minor Edits*
Rabies Series Vaccinations, DED-25	E T	Kennon, Shana: ED Manager	4/12/2018	4/12/2018	4/12/2019	Yes	Incline Village Community Hospital, Tahoe Forest Hospital	
Referral of ED Patients, DED-26	E T	Kennon, Shana: ED Manager	1/22/2019	7/1/2015	1/22/2020	No	Tahoe Forest Hospital, Incline Village Community Hospital	*Reviewed*
Reportable Events, DED-27	E T	Kennon, Shana: ED Manager	8/8/2018	8/8/2018	8/8/2019	Yes	"Tahoe Forest Hospital"	
Scribes, Use of in the Emergency Department, DED-1610	E T	Kennon, Shana: ED Manager	1/22/2019	1/22/2019	1/22/2020	No	System	*Reviewed*
Sexual Assault Victim, DED-30	E T	Kennon, Shana: ED Manager	1/30/2018	1/30/2018	1/30/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Staff Safety Guidelines, DED-29	E T	Kennon, Shana: ED Manager	2/2/2018	7/1/2015	2/2/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Standardized Procedure - Ordering and Performing Guideline for EKG in E	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Standardized Procedure - Ordering CT Guideline for Emergency Departme	E T	Kennon, Shana: ED Manager	8/27/2018	8/27/2018	8/27/2019	Yes	"Tahoe Forest Hospital"	
Standardized Procedure - Preparation of the Patient in Need of Hematom	E T	Kennon, Shana: ED Manager	5/23/2018	5/23/2018	5/23/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Standardized Procedure - Preparation of the Patient in Need of Laceration	E T	Kennon, Shana: ED Manager	8/27/2018	8/27/2018	8/27/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Standardized Procedure - Preparation of the patient in the Emergency De	E T	Kennon, Shana: ED Manager	4/4/2018	4/4/2018	4/4/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Standardized Procedure - Preparation of the patient presenting with Susp	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Standardized Procedure for Administration of Acetaminophen / Ibuprofen	E T	Kennon, Shana: ED Manager	5/23/2018	5/23/2018	5/23/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	
Standards of Care, DED-31	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Structure Standards, DED-32	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	"Tahoe Forest Hospital"	*Reviewed*
Student Guidelines EMT 1, DED-33	E T	Kennon, Shana: ED Manager	1/22/2019	1/30/2018	1/22/2020	No	"Tahoe Forest Hospital"	*Reviewed*
Students: Paramedic Guidelines, DED-34	E T	Kennon, Shana: ED Manager	2/12/2018	2/12/2018	2/12/2019	No	"Tahoe Forest Hospital"	*Reviewed*
Telephone Advice, DED-35	E T	Kennon, Shana: ED Manager	1/31/2018	1/31/2018	1/31/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Tourniquets: Use of Pneumatic, DED-37	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	"Tahoe Forest Hospital"	*Moderate Edits*
Transfer Criteria, DED-38	E T	Kennon, Shana: ED Manager	3/5/2019	3/5/2019	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Transfer for Diagnostic Services, DED-39	E T	Kennon, Shana: ED Manager	1/22/2019	1/31/2018	1/22/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Transfers: Scope of Practice: Ambulance Personnel, DED-40	E T	Kennon, Shana: ED Manager	3/5/2019	7/1/2015	3/4/2020	No	"Tahoe Forest Hospital"	*Reviewed*
Trauma Team Activation, DED-41	E T	Kennon, Shana: ED Manager	4/12/2018	4/12/2018	4/12/2019	No	"Tahoe Forest Hospital"	
Triage: General, DED-42	E T	Kennon, Shana: ED Manager	2/2/2018	2/2/2018	2/2/2019	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*
Video Surveillance, DED-1807	E T	Kennon, Shana: ED Manager	8/10/2018	8/10/2018	8/10/2019	No	"Tahoe Forest Hospital"	
Visitors in Emergency Department, DED-44	E T	Kennon, Shana: ED Manager	1/22/2019	1/31/2018	1/22/2020	No	Tahoe Forest Hospital, Incline Village Community Hospital	*Reviewed*
Vital Signs, DED-43	E T	Kennon, Shana: ED Manager	3/5/2019	1/30/2018	3/4/2020	No	Incline Village Community Hospital, Tahoe Forest Hospital	*Reviewed*

TAHOE FOREST HOSPITAL DISTRICT
Department of Emergency Medicine
Delineated Privilege Request

SPECIALTY: EMERGENCY MEDICINE **NAME:** _____
Please print

Check which applies: □ **Tahoe Forest Hospital (TFH)** □ **Incline Village Community Hospital**
Check one: □ **Initial** □ **Change in Privileges** □ **Renewal of Privileges**

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

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Emergency Medicine; Internal Medicine, or Family Medicine.
Board Certification:	Board certification or qualified in Emergency Medicine or applicable ABMS Boards in Internal Medicine, or Family Medicine required. If not Board certified by an ABMS member board, must become board certified within five (5) years of residency of fellowship training.
Required Previous Experience: (required for new applicants)	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 applicant has maintained active staff privileges attesting to competency in the privileges requested.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over the last 24 months and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. References must include emergency medicine physicians and other specialists whose patients were seen in the emergency department.
Proctoring Requirements:	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.
Other:	• Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of $1m/$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the State of NV. Ability to participate in federally funded programs (Medicare or Medicaid). • Current certification in Advanced Trauma Life Support (ATLS) is required.

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

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**
It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.
Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
☐	☐	**Core** History and Physical examinations. 24 Hour Admitting privileges to include overnight stay and admitting orders. Arrange appropriate follow-up or referral as required. Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians. Core privileges in Emergency Medicine include being able to assess, work up, and provide initial treatment to patients who present with illness or injury, condition, or symptom in the ED. The following treatments and procedures are expected to be treated by any physicians with privileges in emergency medicine: • Abdominal paracentesis/lavage • Abdominal and GI disorders • Acute abdominal medical and surgical conditions and abdominal trauma • Acute airway obstruction • Administration of thrombolytics • Arterial puncture • Arterial catheter insertion • Arthrocentesis • Burns – preliminary evaluation and treatment • Cardiac injuries, including hemopericardium • Cauterization, intranasal • Chest injuries including fracture, flail chest, pneumo, hemopneumo and tension • Closed chest cardiac compression • Coma of any etiology • Convulsive states • CVA's and other neurologic emergencies • Cut-down venipuncture • Defibrillation and emergency cardioversion • Dysrhythmias without M.I • EKG interpretation (dysrhythmias, ischemia, injury and infarctions) • ENT trauma, infections, F.B., nasal hemorrhage – anterior and posterior • Emergency stabilization of all fractures • Eye injuries including burns, embedded foreign body, hyphemia, orbital fracture and infections • Esophagogastric tamponade • Fracture/dislocations/sprains • Gastric lavage • G. I. Bleeding • Head, ear, eye, nose and throat disorders • Head injuries with or without coma • Immune system disorders • Ingestions, poisonings and overdoses • Interosseous Line Placement • Lacerations • Laryngoscopy, direct and indirect	Emergency Department Limited In-Patient as defined	Representative case chart review and observation during one or more shifts. Documentation of at least 10 represent-active cases observed	Demonstration of on-going work in the Emergency Department/s, seeing a minimum of 100 patients annually 25 Hours annually of continuing medical education (CME) in Emergency Medicine (submit with reapplication form)

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**
It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.
Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
		• Lumbar puncture (adult and pediatric) • Maintenance of airway (Endotracheal intubation, tracheostomy or cricothyroidotomy) • M.I. with dysrhythmia, shock and/or CHF/pulmonary edema • Multiple trauma – head, spine, chest, abdominal, pelvis extremities, neuro • Nasogastric tube • Ob/Gyn emergencies (e.g. initial tubal pregnancy stabilization, placenta previa, abruption, threatened or incomplete abortion, emergency vaginal delivery) • Packing, intranasal, anterior and posterior • Paracentesis • Partial tendon repair • Pediatric airway management – Epiglottitis, croup, foreign body • Pericardiocentesis • Placement IV needle/catheter • Placement C.V. P. catheter (subclavian, internal jugular) • Placement temporary transvenous pacemaker • Psychiatric emergencies (e.g. acute neuroses/anxiety states, acute psychosis, depression including suicidal patients) • Pulmonary ventilation via mechanical means • Rapid sequence intubation • Removal (simple) foreign body embedded corneal, conjunctival, ear canal, nose, pharynx, vagina, urethra, rectum, sub cut and muscle • Renal and urogenital disorders • Respiratory disorders • Severe infections including sepsis and meningitis • Shock (Cardiogenic, hypovolemic, septic, neurogenic and anaphylactic) • Slit lamp examination • Spinal injuries including unstable injuries • Suprapubic bladder catheterization • Testicular detorsion • Thoracentesis • Tooth stabilization • Transtracheal needle jet insufflation • Tube thoracostomy • Urologic trauma, calculi, obstructions, infections and torsion. • Urethral catheterization • Vaginal delivery, emergency • X-ray interpretation, initial			
☐		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. _____ _____ _____			

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**
It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.
Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
		SELECTED PROCEDURES **These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.**			
☐	☐	**Intravenous Procedural Sedation (see attached credentialing criteria)**	Emergency Department	Successfully completing test	Successfully completing test
☐	☐	**Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.**	Emergency Department	Successfully completing attestation	Successfully complete competency or has satisfactorily performed 24 cases in previous 2 years with no adverse outcomes
☐	☐	**EZ Interosseous Line Placement**	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
☐	☐	**Limited Use of Ultrasound in the Emergency Department** (See attached credentialing criteria)	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
☐	☐	**Gastric Occult Testing**	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.			
		EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.			

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

_____ _____
Date Applicant's Signature

DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:
□ privileges as requested □ privileges with modifications (see modifications below) □ do not recommend (explain)

_____ _____
Date Department Chair Signature

Modifications or Other Comments:
_____

Medical Executive Committee:_____ (date of Committee review/recommendation)
□ privileges as requested □ privileges with modifications (see attached description of modifications) □ do not recommend (explain)

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**
It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.
Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT

Board of Directors:_____(date of Board review/action)
□ privileges as requested □ with modifications (see attached description of modifications) □ not approved (explain)

Department Review Date: 1/07; 6/07; 3/09; 3/8/2016
Medical Executive Committee: 2/21/07, 6/20/07; 3/09; 3/16/16
Board of Directors approval: 2/27/07, 6/26/07; 3/09; 3/24/16

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**
It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.
Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT

Credentialing Criteria for Limited Emergency Focused Ultrasound Exam
TRAINING AND EDUCATION – Level 1
8 hours of formal didactic instruction in ultrasonology from an approved course by nationally recognized expert that includes lecture, structure reading, and practice on models with demonstratable pathology as well as normal exams.

VOLUMES/PROCTORING
150 Documented (or 25 single indication credentialing) and Outcome reviewed limited Emergency Focused Ultrasound Exams for:

Presence of Intrauterine Pregnancy – 25 exams (may be combination of endovaginal and transabdominal exams

Abdominal right upper quadrant – 25 exams in evaluation of gallstones, the common bile ducts and the gallbladder wall.

Emergency Cardiac – 25 exams in assessing for pericardial effusion and determination of cardiac activity during cardiac arrest.

Abdominal aortic Aneurysm – 25 exams of aorta from subxiphoid to bifurcation

Renal – 25 exams for presence or absence or urolithiasis and hydronephrosis

Trauma – 25 FAST exams for assessment of hemoperitoneum and hemopericardeum

Procedures – Ultrasound for vascular access thoracentesis and paracentesis, abscess location and foreign body isolation. Ultrasound is used as an adjunct for guidance and risk reduction only. There is no minimum required.

OR
Board certification by the American Board of Radiology with radiology-level Ultrasound level experience

OR
Previous certification in emergency department ultrasound at an ACGMA accredited residency program.

Evidence of current privileges at another acute care hospital.

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, February 28, 2019 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 4:00 p.m.

2. ROLL CALL
Board: Alyce Wong, Board Chair; Mary Brown, Vice President; Dale Chamblin, Treasurer; Randy Hill, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operations Officer; Matt Mushet, In-house Counsel; Janet Van Gelder, Director of Quality and Regulations; Lorna Tirman, Patient Experience Specialist; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

Absent: Charles Zipkin, M.D., Secretary

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

4. INPUT AUDIENCE
No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)
Subject Matter: Quality Assurance Report July 2018-December 2018
Number of items: One (1)
Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)
Subject Matter: 4th Quarter 2018 Service Excellence Report
Number of items: One (1)
Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)
Subject Matter: Quality Assurance Report
Number of items: Two (2)
Discussion was held on a privileged item.

5.4. Approval of Closed Session Minutes
12/17/2018, 01/29/2019
Discussion was held on a privileged item.

5.5. Conference with Labor Negotiator (Government Code § 54957.6)
Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan
Employee Organization(s): Employees Association and Employees Association of Professionals
Discussion was held on a privileged item.

5.6. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))
Number of Potential Cases: One (1)
Discussion was held on a privileged item.

5.7. TIMED ITEM – 5:15PM - Hearing (Health & Safety Code § 32155)
Subject Matter: Corporate Compliance Report
Number of items: One (1)
Discussion was held on a privileged item.

5.8. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)
Subject Matter: Medical Staff Credentials
Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER
Open Session reconvened at 6:03 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION
General Counsel reported there was no reportable action on items 5.1 – 5.3. Item 5.4. were both approved on a 4-0 vote. There was no reportable action on items 5.5-5.7. Item 5.8 was approved on a 4-0 vote.

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

10. INPUT – AUDIENCE
No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS
No public comment was received.

12. SAFETY FIRST
12.1. Judy Newland, Chief Operating Officer, presented the February Safety First Topic on the District's new Level One Internal Triage process during winter storms. Board Chair congratulated staff on their dedication during these winter months.

13. ACKNOWLEDGMENTS

13.1. Lynelle Tyler was named February 2019 Employee of the Month.

13.2. CIIO Jake Dorst was recognized by Becker's Hospital Review on "100 hospital and health system CIOs to know" list.

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: *Annual Plan and Policy Approval:*

- *Orders for Outpatient Services, MSGEN-1502*
- *QA PI Plan (AQPI_05)*
- *Infection Control Plan (AIPC-64)*
- *Medication Error Reduction Plan*
- *Risk Management Plan (AQPI-04)*
- *Patient Safety Plan (AQPI-02)*
- *Environment of Care Management Program (AEOC-908)*
- *Patient/Family Complaints/Grievance, AGOV-24*
- *Peer Review Indicators*
- *Peer Review MSGEN-1401*
- *Policy & Procedure Annual Approval*

Discussion was held. No public comment received.

ACTION: **Motion made by Director Brown, seconded by Director Hill, to approve the Medical Executive Committee MEC Consent Calendar as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: Zipkin

15. CONSENT CALENDAR

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

15.1. Approval of Minutes of Meetings

15.1.1. 12/17/2018

15.1.2. 01/29/2019

15.2. Financial Reports

15.2.1. Financial Report – January 2019

15.3. Staff Reports

15.3.1. CEO Board Report

15.3.2. COO Board Report

15.3.3. CNO Board Report

15.3.4. CIIO Board Report

15.3.5. CMO Board Report

15.4. Approve Updated Policies

15.4.1. ABD-26 Awarding Public Contracts
15.4.2. AQPI-05 Quality Assurance / Performance Improvement Plan

15.5. Approval Contract and Authorize CEO to Sign
15.5.1. Sierra Nevada Oncology – Professional Services Agreement

ACTION: **Motion made by Director Chamblin, seconded by Director Hill, to approve the Consent Calendar as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: Zipkin

16. ITEMS FOR BOARD DISCUSSION

16.1. Incline Village Community Hospital (IVCH) Foundation Update

Jerry Eick, IVCH Foundation Board President and Karli Epstein, IVCH Foundation Executive Director, provided an update of the IVCH Foundation to the Board of Directors. Discussion was held. No public comment was received.

16.2. Press Ganey Employee Engagement Survey Results

Alex MacLennan, Chief Human Resources Officer, reviewed the results of a recent employee engagement survey. Discussion was held. No public comment was received.

17. ITEMS FOR BOARD ACTION

17.1. Resolution 2019-01

The Board of Directors reviewed and considered approval of a resolution allowing the Chief Financial Officer to execute a Municipal Lease Agreement. Discussion was held. No public comment was received.

ACTION: **Motion made by Director Chamblin, seconded by Director Hill, to approve Resolution 2019-01 as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: Zipkin

17.2. Resolution 2019-02◈

The Board of Directors reviewed and considered approval of a resolution authorizing the sale of the District's surplus property at fair market value except as provided by Health and Safety Code section 32121.2, and authorizing the sale of surplus networking equipment to CXtec at fair market value. Discussion was held. No public comment was received.

ACTION: **Motion made by Director Chamblin, seconded by Director Hill, to approve Resolution 2019-02 as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None

Absent: Zipkin

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

19.1. Quality Committee Meeting – 02/21/2019

Director Wong provided an update from the recent Board Quality Committee meeting.

19.2. Executive Compensation Committee Meeting – No meeting in February.

19.3. Governance Committee Meeting – No meeting held in February.

19.4. Finance Committee Meeting – No meeting held in February.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

Director Chamblin noted the Finance Committee will be tracking a reserve on the financial statement.

21. ITEMS FOR NEXT MEETING

Director Brown would like to have a board education session on Medicare for All and single payor.

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

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 6:58 p.m.

TAHOE FOREST HOSPITAL DISTRICT
FEBRUARY 2019 FINANCIAL REPORT
INDEX

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13	STATEMENT OF CASH FLOW

Board of Directors

Of Tahoe Forest Hospital District

FEBRUARY 2019 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eight months ended February 28, 2019.

Activity Statistics

- TFH acute patient days were 404 for the current month compared to budget of 317. This equates to an average daily census of 14.4 compared to budget of 11.3.

- TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Medical Oncology, Surgical services, Medical Supplies Sold to Patients, Laboratory tests, Cardiac Rehab, Diagnostic Imaging, Mammography, MRI, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Physical & Occupational Therapy, Physical Therapy, and Speech Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 50.5% in the current month compared to budget of 53.9% and to last month's 46.0%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 51.1%, compared to budget of 53.8% and prior year's 55.8%.

- EBIDA was $1,478,058 (5.5%) for the current month compared to budget of $424,957 (1.9%), or $1,053,102 (3.6%) above budget. Year-to-date EBIDA was $16,483,005 (7.1%) compared to budget of $5,816,737 (2.9%), or $10,666,268 (4.2%) above budget.

- Net Income was $1,077,138 for the current month compared to budget of $93,667 or $983,471 above budget. Year-to-date Net Income was $13,535,020 compared to budget of $3,272,712 or $10,262,308 above budget.

- Cash Collections for the current month were $12,834,572 which is 83% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $84,061,304 at the end of February compared to $83,768,988 at the end of January.

Balance Sheet

- Working Capital is at 20.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 160.9 days. Working Capital cash increased a net $1,997,000. Cash collections fell short of target by 17%. The District received additional Property Tax revenues, payments on its SNF Supplemental reimbursement and received its Medicare FY18 tentative cost report settlement.

- Net Patient Accounts Receivable increased approximately $543,000 and Cash collections were 83% of target. EPIC Days in A/R were 88.9 compared to 88.3 at the close of January, a .60 day increase.

- Prepaid Expenses & Deposits increased $706,000 after an audit of the I/T security infrastructure upgrade invoices was performed and a reclassification of expenses was made to Prepaid Expenses from Property & Equipment-Net.

- Estimated Settlements, Medi-Cal & Medicare decreased a net $550,000 after recording receipt of the District's SNF Supplemental Reimbursement funds.

- Municipal Lease 2018 decreased $669,000 after the District requested and received its second reimbursement for approved capital equipment needs.

- Accounts Payable increased $417,000 due to the timing of the final check run in the month.

- Accrued Payroll & Related Costs increased $304,000 due to additional accrued payroll days in the month.

- Estimated Settlements, Medi-Cal & Medicare increased $311,000. The District booked a reserve against the FY18 Medicare Cost Report tentative settlement until desk audit review and final settlement is secured and received an FY19 interim rate reimbursement for its Outpatient population, of which a portion of the receipts was reserved until the final rate reimbursements for FY19 are settled at year-end.

Operating Revenue

- Current month's Total Gross Revenue was $27,046,110, compared to budget of $22,865,478 or $4,180,632 above budget.
- Current month's Gross Inpatient Revenue was $7,596,781, compared to budget of $6,397,716 or $1,199,065 above budget.
- Current month's Gross Outpatient Revenue was $19,449,329 compared to budget of $16,467,762 or $2,981,567 above budget.
- Current month's Gross Revenue Mix was 32.6% Medicare, 15.9% Medi-Cal, .0% County, 3.1% Other, and 48.4% Insurance compared to budget of 36.5% Medicare, 17.4% Medi-Cal, .0% County, 3.9% Other, and 42.2% Insurance. Last month's mix was 32.6% Medicare, 16.4% Medi-Cal, .0% County, 2.5% Other, and 48.5% Insurance. Year-to-date Gross Revenue Mix was 37.8% Medicare, 16.0% Medi-Cal, .0% County, 3.1% Other, and 43.1% 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 $13,380,782 compared to budget of $10,548,142 or $2,832,640 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.90% decrease in Medicare, a 1.47% decrease to Medi-Cal, County at budget, a 0.81% decrease in Other, and Commercial was above budget 6.17%, 2) Revenues exceeded budget by 18.3%, 3) additional reserves on aging accounts receivable, 4) self pay accounts over 120 days increased by 10%, and 5) we booked an amount to Prior Period Settlements with an offsetting Balance Sheet liability as a reserve until the FY18 Medicare Cost Report desk audit is finalized.

DESCRIPTION	February 2019 Actual	February 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	4,788,912	4,728,213	(60,698)	
Employee Benefits	1,525,690	1,395,968	(129,722)	Employment related matters and employer payroll taxes created a negative variance in Employee Benefits.
Benefits – Workers Compensation	72,869	55,820	(17,049)	
Benefits – Medical Insurance	611,352	598,402	(12,950)	Increased usage of our self-insured health insurance plan created a negative variance in Benefits-Medical Insurance.
Medical Professional Fees	1,979,717	1,965,943	(13,774)	Positive variances in TFH Locums fees, Anesthesia Physician Income Guarantee, and Multi-Specialty Clinic professional fees were off set by negative variances in TFH & IVCH Therapy Services.
Other Professional Fees	179,075	187,798	8,724	We saw positive variances Financial Administration and Admisnitration fees, MSC administration fees and Marketing.
Supplies	2,113,555	1,797,711	(315,843)	Medical supplies sold to Patients and Oncology drugs sold to Patients revenue exceeded budget by 49% and 39%, creating a negative variance in Medical and Pharmacy supplies.
Purchased Services	1,145,836	1,255,550	109,714	Network maintenance project got capitalized creating positive variance in Information Technology. I/P Pharmacy excess order fees and Business Office collection agency fees created a negative variance in Purchased Services.
Other Expenses	661,440	751,862	90,423	Marketing and Dues and Subscriptions came in below the budget, creating a positive variance as Senior Leadership continues to monitor controllable costs.
Total Expenses	13,078,445	12,737,269	(341,176)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
FEBRUARY 2019

	Feb-19	Jan-19	Feb-18	
ASSETS				
CURRENT ASSETS				
* CASH	$ 9,295,540	$ 7,298,287	$ 15,404,192	1
PATIENT ACCOUNTS RECEIVABLE - NET	31,554,465	31,011,490	22,357,790	2
OTHER RECEIVABLES	6,429,839	5,767,927	6,430,584	3
GO BOND RECEIVABLES	(26,338)	(401,171)	301,576	
ASSETS LIMITED OR RESTRICTED	7,725,725	7,922,759	6,391,652	
INVENTORIES	3,128,987	3,125,062	3,027,372	
PREPAID EXPENSES & DEPOSITS	2,363,427	1,657,563	1,747,793	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	7,202,831	7,752,951	11,666,356	4
TOTAL CURRENT ASSETS	67,674,477	64,134,868	67,327,315	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	63,814,560	63,814,560	46,724,481	1
MUNICIPAL LEASE 2018	5,149,709	5,818,864	34,042	5
TOTAL BOND TRUSTEE 2017	20,117	20,084	19,831	
TOTAL BOND TRUSTEE 2015	1,237,514	1,100,417	1,369,080	
GO BOND PROJECT FUND	-	-	1	
GO BOND TAX REVENUE FUND	1,617,792	1,617,792	1,900,012	
DIAGNOSTIC IMAGING FUND	3,266	3,266	3,204	
DONOR RESTRICTED FUND	1,131,128	1,131,128	1,449,722	
WORKERS COMPENSATION FUND	19,354	16,497	3,722	
TOTAL	72,993,438	73,522,607	51,504,095	
LESS CURRENT PORTION	(7,725,725)	(7,922,759)	(6,391,652)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	65,267,714	65,599,848	45,112,443	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	601,785	601,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	904,117	904,117	836,353	
PROPERTY & EQUIPMENT NET	172,170,764	172,980,833	131,916,995	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,855,472	1,855,472	33,433,796	
TOTAL ASSETS	308,474,329	306,076,923	278,626,901	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	439,603	442,835	478,392	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,081,858	1,081,858	1,395,414	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,793,450	5,817,154	6,077,906	
GO BOND DEFERRED FINANCING COSTS	452,611	454,546	475,826	
DEFERRED FINANCING COSTS	178,928	179,968	191,411	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 7,946,449	$ 7,976,361	$ 8,618,948	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 6,961,381	$ 6,544,583	$ 4,623,084	6
ACCRUED PAYROLL & RELATED COSTS	11,093,728	10,789,730	10,548,824	7
INTEREST PAYABLE	547,048	465,360	566,152	
INTEREST PAYABLE GO BOND	392,671	74,829	716,081	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,082,689	771,628	225,030	8
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,211,751	
WORKERS COMPENSATION PLAN	1,887,747	1,887,549	1,704,017	
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	2,536,876	2,536,876	1,049,645	
TOTAL CURRENT LIABILITIES	28,480,051	27,048,466	22,362,873	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	36,871,536	36,999,345	27,337,734	
GO BOND DEBT NET OF CURRENT MATURITIES	100,883,771	100,897,192	102,659,819	
DERIVATIVE INSTRUMENT LIABILITY	1,081,858	1,081,858	1,395,414	
TOTAL LIABILITIES	167,317,215	166,026,860	153,755,840	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	147,972,434	146,895,296	132,040,287	
RESTRICTED	1,131,128	1,131,128	1,449,722	
TOTAL NET POSITION	$ 149,103,562	$ 148,026,424	$ 133,490,009	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 20.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 160.9 days. Working Capital cash increased a net $1,997,000. Accounts Payable increased $417,000 (See Note 6), Accrued Payroll & Related Costs increased $304,000 (See Note 7), cash collections fell short of target by 17%, the District received additional Property Tax revenues totaling $160,000, payments on its SNF Supplemental reimbursement in the amount of $434,000 (See Note 4) and received its Medicare FY18 tentative cost report settlement for $1,369,000.

2. Net Patient Accounts Receivable increased approximately $543,000 and Cash collections were 83% of target. EPIC Days in A/R were 88.9 compared to 88.3 at the close of January, a .60 day increase.

3. Prepaid Expenses & Deposits increased $706,000 after an audit of the I/T security infrastructure upgrade invoices was performed and a reclassification of expenses was made to Prepaid Expenses from Property & Equipment-Net.

4. Estimated Settlements, Medi-Cal & Medicare decreased a net $550,000 after recording receipt of the District's SNF Supplemental Reimbursement funds.

5. Municipal Lease 2018 decreased $669,000 after the District requested and received its second reimbursement for approved capital equipment needs.

6. Accounts Payable increased $417,000 due to the timing of the final check run in the month.

7. Accrued Payroll & Related Costs increased $304,000 due to additional accrued payroll days in the month.

8. Estimated Settlements, Medi-Cal & Medicare increased $311,000. The District booked a reserve against the FY18 Medicare Cost Report tentative settlement until desk audit review and final settlement is secured and received an FY19 interim rate reimbursement for its Outpatient population, of which a portion of the receipts was reserved until the final rate reimbursements for FY19 are settled at year-end.

Tahoe Forest Hospital District
Cash Investment
February 2019

WORKING CAPITAL				
US Bank	$ 8,233,602			
US Bank/Kings Beach Thrift Store	16,089			
US Bank/Truckee Thrift Store	36,607			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,009,242	0.40%		
Total			$	9,295,540
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -	0.03%		
Capital Equipment Fund	-			
Total			$	-
Building Fund	$ -			
Cash Reserve Fund	63,814,560	2.39%		
Local Agency Investment Fund			$	63,814,560
Municipal Lease 2018			$	5,149,709
Bonds Cash 2017			$	20,117
Bonds Cash 2015			$	1,237,514
GO Bonds Cash 2008			$	1,617,792
DX Imaging Education	$ 3,266			
Workers Comp Fund - B of A	19,354			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	22,619
TOTAL FUNDS			$	81,157,850
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,359	0.03%		
Foundation Restricted Donations	34,641			
Local Agency Investment Fund	1,088,128	2.39%		
TOTAL RESTRICTED FUNDS			$	1,131,128
TOTAL ALL FUNDS			$	82,288,978

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

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD FEB 2018
				OPERATING REVENUE						
$ 27,046,110	$ 22,865,478	$ 4,180,632	18.3%	Total Gross Revenue	$ 231,616,085	$ 199,638,669	$ 31,977,417	16.0%	1	$ 175,401,515
				Gross Revenues - Inpatient						
$ 3,019,935	$ 2,086,636	$ 933,298	44.7%	Daily Hospital Service	$ 23,071,283	$ 19,923,265	$ 3,148,017	15.8%		$ 17,925,377
4,576,846	4,311,080	265,767	6.2%	Ancillary Service - Inpatient	38,637,783	34,125,479	4,512,304	13.2%		29,774,976
7,596,781	6,397,716	1,199,065	18.7%	Total Gross Revenue - Inpatient	61,709,066	54,048,744	7,660,322	14.2%	1	47,700,352
19,449,329	16,467,762	2,981,567	18.1%	Gross Revenue - Outpatient	169,907,019	145,589,925	24,317,095	16.7%		127,701,163
19,449,329	16,467,762	2,981,567	18.1%	Total Gross Revenue - Outpatient	169,907,019	145,589,925	24,317,095	16.7%	1	127,701,163
				Deductions from Revenue:						
11,331,369	9,529,212	(1,802,157)	-18.9%	Contractual Allowances	104,452,766	83,623,849	(20,828,916)	-24.9%	2	75,319,593
-	-	-	0.0%	Managed Care Reserve	1,200,000	-	(1,200,000)	0.0%	2	
969,530	732,622	(236,909)	-32.3%	Charity Care	7,789,217	6,304,220	(1,484,997)	-23.6%	2	5,551,426
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	258,788
936,516	286,308	(650,208)	-227.1%	Bad Debt	1,810,975	2,401,880	590,905	24.6%	2	1,249,015
143,366	-	(143,366)	0.0%	Prior Period Settlements	(1,958,761)	-	1,958,761	0.0%	2	(4,793,815)
13,380,782	10,548,142	(2,832,640)	-26.9%	Total Deductions from Revenue	113,294,197	92,329,949	(20,964,247)	-22.7%		77,585,007
107,298	84,294	(23,004)	-27.3%	Property Tax Revenue- Wellness Neighborhood	729,789	700,512	29,276	4.2%		527,452
783,877	760,595	23,282	3.1%	Other Operating Revenue	7,024,732	6,132,761	891,971	14.5%	3	5,217,307
14,556,504	13,162,226	1,394,278	10.6%	TOTAL OPERATING REVENUE	126,076,409	114,141,993	11,934,416	10.5%		103,561,266
				OPERATING EXPENSES						
4,788,912	4,728,213	(60,698)	-1.3%	Salaries and Wages	38,964,769	40,875,642	1,910,873	4.7%	4	35,979,092
1,525,690	1,395,968	(129,722)	-9.3%	Benefits	12,578,255	12,155,823	(422,431)	-3.5%	4	12,153,933
72,869	55,820	(17,049)	-30.5%	Benefits Workers Compensation	484,135	446,564	(37,571)	-8.4%	4	466,505
611,352	598,402	(12,950)	-2.2%	Benefits Medical Insurance	7,104,268	4,787,212	(2,317,056)	-48.4%	4	4,451,709
1,979,717	1,965,943	(13,774)	-0.7%	Medical Professional Fees	15,975,690	16,014,487	38,797	0.2%	5	13,639,994
179,075	187,798	8,724	4.6%	Other Professional Fees	1,460,035	1,614,887	154,851	9.6%	5	1,846,992
2,113,555	1,797,711	(315,843)	-17.6%	Supplies	16,774,849	15,701,317	(1,073,532)	-6.8%	6	13,871,574
1,145,836	1,255,550	109,714	8.7%	Purchased Services	10,588,403	10,816,353	227,950	2.1%	7	9,333,364
661,440	751,862	90,423	12.0%	Other	5,663,000	5,912,970	249,970	4.2%	8	5,323,345
13,078,445	12,737,269	(341,176)	-2.7%	TOTAL OPERATING EXPENSE	109,593,404	108,325,255	(1,268,149)	-1.2%		97,066,508
1,478,058	**424,957**	**1,053,102**	**247.8%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**16,483,005**	**5,816,737**	**10,666,268**	**183.4%**		**6,494,758**
				NON-OPERATING REVENUE/(EXPENSE)						
535,661	558,664	(23,004)	-4.1%	District and County Taxes	4,455,637	4,443,154	12,483	0.3%	9	4,626,133
374,886	374,886	0	0.0%	District and County Taxes - GO Bond	2,999,086	2,999,086	0	0.0%		2,663,048
139,198	119,196	20,003	16.8%	Interest Income	1,090,423	1,024,978	65,446	6.4%	10	592,453
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
42,296	86,961	(44,665)	-51.4%	Donations	679,135	709,189	(30,054)	-4.2%	11	152,975
-	-	-	0.0%	Gain/ (Loss) on Joint Investment	5,850	-	5,850	0.0%	12	-
-	-	-	0.0%	Loss on Impairment of Asset	-	-	-	0.0%	12	-
-	-	-	0.0%	Gain/ (Loss) on Sale of Equipment	-	-	-	0.0%	13	8,594
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	-
(1,059,977)	(1,059,977)	(0)	0.0%	Depreciation	(8,738,914)	(8,479,816)	(259,098)	-3.1%	15	(7,875,323)
(102,923)	(87,091)	(15,832)	-18.2%	Interest Expense	(808,151)	(696,727)	(111,424)	-16.0%	16	(757,601)
(330,061)	(323,929)	(6,132)	-1.9%	Interest Expense-GO Bond	(2,631,051)	(2,543,889)	(87,162)	-3.4%		(2,615,393)
(400,920)	(331,290)	(69,631)	-21.0%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(2,947,985)	(2,544,026)	(403,959)	-15.9%		(3,205,114)
$ 1,077,138	**$ 93,667**	**$ 983,471**	**1050.0%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 13,535,020**	**$ 3,272,712**	**$ 10,262,308**	**313.6%**		**$ 3,289,643**
				NET POSITION - BEGINNING OF YEAR	**135,568,542**					
				NET POSITION - AS OF FEBRUARY 28, 2019	**$ 149,103,562**					
5.5%	**1.9%**	**3.6%**		**RETURN ON GROSS REVENUE EBIDA**	**7.1%**	**2.9%**	**4.2%**			**3.7%**

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

		Variance from Budget Fav / <Unfav>	
		FEB 2019	YTD 2019
1) Gross Revenues			
Acute Patient Days were above budget 27.44% or 87 days. Swing Bed days were below budget 75% or 24 days. Inpatient Ancillary revenues were above budget by 6.2% due to the higher acuity levels in our Medicare patient population.	Gross Revenue -- Inpatient	$ 1,199,065	$ 7,660,322
	Gross Revenue -- Outpatient	2,981,567	24,317,095
	Gross Revenue -- Total	$ 4,180,632	$ 31,977,417
Outpatient volumes were above budget in the following departments: Emergency Department visits, Medical Oncology, Surgical services, Medical Supplies Sold Sold to Patients, Laboratory, Pathology, Cardiac Rehab, Diagnostic Imaging, Mammography, MRI, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Physical & Occupational Therapy, and Outpatient Physical & Speech Therapy.			
2) Total Deductions from Revenue			
The payor mix for February shows a 3.90% decrease to Medicare, a 1.47% decrease to Medi-Cal, 0.81% decrease to Other, County at budget, and a 6.17% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 18.3% and reserves on aging accounts receivable.	Contractual Allowances	$ (1,802,157)	$ (20,828,916)
	Managed Care Reserve	$ -	$ (1,200,000)
	Charity Care	(236,909)	(1,484,997)
	Charity Care - Catastrophic	-	-
	Bad Debt	(650,208)	590,905
	Prior Period Settlements	(143,366)	1,958,761
Bad Debt was over budget as a result of Self-pay accounts over 120 days increasing 10% in the month of February.	Total	$ (2,832,640)	$ (20,964,247)
A reserve against the FY18 Medicare Cost Report tentative settlement was recorded creating a negative variance in Prior Period Settlements.			
3) Other Operating Revenue	Retail Pharmacy	48,775	294,099
Retail Pharmacy revenues exceeded budget by 25.04%.	Hospice Thrift Stores	(16,008)	126,013
	The Center (non-therapy)	(20,933)	3,215
Kings Beach Thrift Store is closed for renovations at its new location, creating a negative variance in Hospice Thrift Store revenues.	IVCH ER Physician Guarantee	4,376	127,494
	Children's Center	20,317	53,749
	Miscellaneous	$ (13,245)	$ 278,400
IVCH ER Physician Guarantee is tied to collections which exceeded budget in February.	Oncology Drug Replacement	-	-
	Grants	-	9,000
The Children's Center revenues exceeded budget by 27.60%.	Total	$ 23,282	$ 891,971
Rebates & Refunds fell short of budget creating a negative variance in Miscellaneous.			
4) Salaries and Wages	Total	$ (60,698)	$ 1,910,873
Employee Benefits	PL/SL	$ (29,743)	$ (30,626)
Negative variance in Nonproductive associated with employment related matters.	Nonproductive	(83,113)	(510,823)
	Pension/Deferred Comp	(606)	187,938
Negative variance in Other related to employer payroll taxes.	Standby	(7,377)	(71,430)
	Other	(8,884)	2,510
	Total	$ (129,722)	$ (422,431)
Employee Benefits - Workers Compensation	Total	$ (17,049)	$ (37,571)
Employee Benefits - Medical Insurance	Total	$ (12,950)	$ (2,317,056)
5) Professional Fees	TFH/IVCH Therapy Services	$ (68,954)	$ (201,953)
TFH/IVCH Therapy Services contract is tied to volumes. We witnessed increased volumes in our TFH IP and IVCH OP Physical, Occupational, and Speech Therapy visits in the month of February.	The Center (includes OP Therapy)	(6,340)	(181,201)
	Home Health/Hospice	(14,184)	(114,952)
	Financial Administration	6,885	(20,139)
	IVCH ER Physicians	(577)	(3,208)
Negative variance in Home Health/Hospice related to outsourced Therapist fees.	Administration	14,610	(1,701)
	Patient Accounting/Admitting	-	-
Legal services provided to Human Resources created a negative variance in this category.	Respiratory Therapy	-	-
	Sleep Clinic	9,673	1,067
	Human Resources	(16,533)	1,635
TFH Locums fees came in below budget estimations, creating a positive variance in this category.	Information Technology	(8,542)	9,834
	Multi-Specialty Clinics Administratio	2,598	11,628
	Marketing	2,167	12,942
Anesthesia Physician Guarantee came in below budget, creating a positive variance in Miscellaneous.	Corporate Compliance	1,000	19,675
	Medical Staff Services	(604)	23,749
	Oncology	11,216	58,603
	Managed Care	4,872	67,122
	TFH Locums	38,421	107,891
	Miscellaneous	14,215	188,445
	Multi-Specialty Clinics	5,027	214,211
	Total	$ (5,051)	$ 193,648

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

		Variance from Budget Fav / <Unfav> FEB 2019	YTD 2019
6) Supplies	Patient & Other Medical Supplies	$ (97,473)	$ (665,977)
Medical Supplies Sold to Patients revenues exceeded budget, creating a negative variance in Patient & Other Medical Supplies.	Pharmacy Supplies	(214,669)	(261,143)
	Minor Equipment	(1,583)	(133,345)
	Food	(7,207)	(61,031)
Oncology Drugs Sold to Patients revenues exceeded budget by 38.71%, creating a negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	(7,672)	(9,369)
	Imaging Film	58	419
	Office Supplies	12,702	56,915
	Total	$ (315,843)	$ (1,073,532)
7) Purchased Services	Laboratory	$ 4,162	$ (88,243)
Excess order volumes created a negative variance in Pharmacy IP.	Multi-Specialty Clinics	(4,206)	(55,539)
	Home Health/Hospice	1,117	(40,154)
Positive variance in Diagnostic Imaging Services - All related to outsourced radiology reads falling short of budget estimations.	Pharmacy IP	(5,492)	(35,202)
	Medical Records	(2,918)	(14,232)
	Diagnostic Imaging Services - All	27,732	(2,297)
An audit was performed on the invoices connected with our I/T Security Infrastructure upgrade resulting in a reclass of costs booked in August from Prepaids to Property & Equipment-Net. Prepaid expense write-offs were corrected creating a positive variance in Information Technology.	Community Development	(336)	(687)
	Information Technology	85,147	4,041
	The Center	5,423	34,832
	Department Repairs	11,139	36,072
	Miscellaneous	1,845	105,268
Employee Engagement survey fees created a negative variance in Human Resources	Human Resources	(6,236)	112,933
	Patient Accounting	(7,663)	171,157
Collection agency fees created a negative variance in Patient Accounting.	Total	$ 109,714	$ 227,950
8) Other Expenses	Equipment Rent	$ 422	$ (47,254)
The District purchased the Gateway Building, creating a positive variance in Multi-Specialty Clinics Building Rent.	Outside Training & Travel	12,063	(36,081)
	Other Building Rent	(2,921)	(31,886)
	Multi-Specialty Clinics Bldg Rent	10,373	(6,962)
Controllable expenses continue to be monitored by Senior Leadership. This is creating positive variances in most of the remaining Other Expense categories.	Physician Services	-	-
	Human Resources Recruitment	-	-
	Multi-Specialty Clinics Equip Rent	52	38
	Insurance	(916)	3,076
	Dues and Subscriptions	11,473	22,084
	Marketing	51,584	86,434
	Miscellaneous	8,445	115,636
	Utilities	(154)	144,885
	Total	$ 90,423	$ 249,970
9) District and County Taxes	Total	$ (23,004)	$ 12,483
10) Interest Income	Total	$ 20,003	$ 65,446
11) Donations	IVCH	$ (36,961)	$ (292,519)
	Operational	(7,704)	262,465
	Capital Campaign		
	Total	$ (44,665)	$ (30,054)
12) Gain/(Loss) on Joint Investment	Total	$ -	$ 5,850
13) Gain/(Loss) on Sale	Total	$ -	$ -
15) Depreciation Expense	Total	$ -	$ (259,098)
16) Interest Expense	Total	$ (15,832)	$ (111,424)
The addition of the new, unbudgeted Municipal Lease is creating a negative variance in Interest Expense.			

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2019

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD FEB 18
				OPERATING REVENUE						
$ 1,920,898	$ 1,780,524	$ 140,375	7.9%	Total Gross Revenue	$ 16,207,060	$ 15,288,819	$ 918,241	6.0%	1	$ 12,481,809
				Gross Revenues - Inpatient						
$ 14,686	$ 12,670	$ 2,016	15.9%	Daily Hospital Service	$ 73,173	$ 68,224	$ 4,949	7.3%		$ 92,688
(12,098)	14,218	(26,316)	-185.1%	Ancillary Service - Inpatient	57,966	63,624	(5,658)	-8.9%		86,839
2,588	26,887	(24,299)	-90.4%	Total Gross Revenue - Inpatient	131,139	131,848	(709)	-0.5%	1	179,527
1,918,310	1,753,636	164,674	9.4%	Gross Revenue - Outpatient	16,075,921	15,156,972	918,950	6.1%		12,302,282
1,918,310	1,753,636	164,674	9.4%	Total Gross Revenue - Outpatient	16,075,921	15,156,972	918,950	6.1%	1	12,302,282
				Deductions from Revenue:						
832,843	681,304	(151,539)	-22.2%	Contractual Allowances	6,483,361	5,994,864	(488,497)	-8.1%	2	5,116,158
90,060	78,988	(11,072)	-14.0%	Charity Care	660,924	589,375	(71,549)	-12.1%	2	434,012
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	41,996
102,213	75,459	(26,754)	-35.5%	Bad Debt	417,428	558,381	140,953	25.2%	2	359,716
-	-	-	0.0%	Prior Period Settlements	74,873	-	(74,873)	0.0%	2	(106,438)
1,025,116	835,751	(189,365)	-22.7%	Total Deductions from Revenue	7,636,586	7,142,620	(493,966)	-6.9%	2	5,845,444
105,552	101,647	3,905	3.8%	Other Operating Revenue	749,295	621,861	127,433	20.5%	3	683,229
1,001,335	1,046,421	(45,086)	-4.3%	TOTAL OPERATING REVENUE	9,319,769	8,768,061	551,708	6.3%		7,319,595
				OPERATING EXPENSES						
273,930	345,540	71,609	20.7%	Salaries and Wages	2,422,087	2,697,120	275,033	10.2%	4	2,351,036
101,475	94,075	(7,399)	-7.9%	Benefits	841,824	764,716	(77,107)	-10.1%	4	762,682
3,052	4,912	1,860	37.9%	Benefits Workers Compensation	30,306	39,299	8,992	22.9%	4	19,690
36,009	35,246	(763)	-2.2%	Benefits Medical Insurance	418,447	281,970	(136,477)	-48.4%	4	276,536
247,580	259,329	11,750	4.5%	Medical Professional Fees	2,155,121	2,169,013	13,891	0.6%	5	1,850,063
2,129	2,104	(25)	-1.2%	Other Professional Fees	17,057	16,833	(224)	-1.3%	5	17,679
35,512	61,097	25,585	41.9%	Supplies	406,980	571,992	165,012	28.8%	6	362,213
49,283	46,237	(3,046)	-6.6%	Purchased Services	392,410	363,827	(28,583)	-7.9%	7	325,152
61,374	64,905	3,532	5.4%	Other	579,516	532,485	(47,031)	-8.8%	8	446,765
810,344	913,447	103,103	11.3%	TOTAL OPERATING EXPENSE	7,263,749	7,437,255	173,507	2.3%		6,411,815
190,991	**132,974**	**58,017**	**43.6%**	**NET OPERATING REV(EXP) EBIDA**	**2,056,020**	**1,330,806**	**725,215**	**54.5%**		**907,780**
				NON-OPERATING REVENUE/(EXPENSE)						
-	36,961	(36,961)	-100.0%	Donations-IVCH	16,670	309,189	(292,519)	-94.6%	9	13,500
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	
(59,302)	(59,302)	-	0.0%	Depreciation	(475,745)	(474,417)	(1,328)	-0.3%	11	(477,113)
(59,302)	(22,341)	(36,961)	-165.4%	TOTAL NON-OPERATING REVENUE/(EXP)	(459,075)	(165,228)	(293,847)	-177.8%		(463,613)
$ 131,689	**$ 110,633**	**$ 21,056**	**19.0%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,596,945**	**$ 1,165,578**	**$ 431,367**	**37.0%**		**$ 444,167**
9.9%	**7.5%**	**2.5%**		**RETURN ON GROSS REVENUE EBIDA**	**12.7%**	**8.7%**	**4.0%**			**7.3%**

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

		Variance from Budget Fav<Unfav> FEB 2019	YTD 2019
1) Gross Revenues			
Acute Patient Days were above budget by 1 at 3 and Observation Days were at budget at 0. An adjustment to a prior period Inpatient claim created the negative variance in Gross Revenue-Inpatient.	Gross Revenue -- Inpatient	$ (24,299)	$ (709)
	Gross Revenue -- Outpatient	164,674	918,950
		$ 140,375	$ 918,241
Outpatient volumes exceeded budget in Emergency Department visits, Surgery cases, Anesthesia, EKG, Diagnostic Imaging, Respiratory Therapy, and Physical Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 9.62% increase in Commercial Insurance, a 4.53% decrease in Medicare, a 2.65% decrease in Medicaid, a 2.44% decrease in Other, and County was at budget. We saw a negative variance in Contractual Allowances as revenue exceeded budget by 7.9% and reserves on aging accounts receivable.	Contractual Allowances	$ (151,539)	$ (488,497)
	Charity Care	(11,072)	(71,549)
	Charity Care-Catastrophic Event		
	Bad Debt	(26,754)	140,953
	Prior Period Settlement		(74,873)
	Total	$ (189,365)	$ (493,966)
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in February.	IVCH ER Physician Guarantee	$ 4,376	$ 127,494
	Miscellaneous	(471)	(61)
	Total	$ 3,905	$ 127,433
4) Salaries and Wages	Total	$ 71,609	$ 275,033
Employee Benefits	PL/SL	$ (7,381)	$ (57,324)
	Standby	(4,176)	(8,995)
	Other	4,158	2,016
	Nonproductive	-	(2,650)
	Pension/Deferred Comp		(10,154)
	Total	$ (7,399)	$ (77,107)
Employee Benefits - Workers Compensation	Total	$ 1,860	$ 8,992
Employee Benefits - Medical Insurance	Total	$ (763)	$ (136,477)
5) Professional Fees	Therapy Services	$ (22,180)	$ (91,839)
Physical Therapy revenues exceeded budget by 8.21%, creating a negative variance in Therapy Services.	IVCH ER Physicians	(577)	(3,208)
	Foundation	(25)	(224)
	Administration	-	-
Sleep Clinic professional fees are tied to collections which fell short of budget in February.	Sleep Clinic	9,673	1,067
	Miscellaneous		2,410
	Multi-Specialty Clinics	24,834	105,461
Clinic volumes were below budget, creating a positive variance in Multi-Specialty Clinics professional fees.	Total	$ 11,725	$ 13,667
6) Supplies	Minor Equipment	$ (598)	$ (6,843)
Medical Supplies Sold to Patients revenues fell short of budget by 20.34%, creating a positive variance in Patient & Other Medical Supplies.	Non-Medical Supplies	40	(6,079)
	Imaging Film	-	-
	Office Supplies	655	3,186
Drugs Sold to Patients revenues exceeded budget by 15.34%, however the mix of drugs administered were lower in cost than expected budget, creating a positive variance in Pharmacy Supplies.	Food	1,228	7,048
	Patient & Other Medical Supplies	8,004	76,230
	Pharmacy Supplies	16,256	91,469
	Total	$ 25,585	$ 165,012

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

		Variance from Budget Fav<Unfav>	
		FEB 2019	**YTD 2019**
7) Purchased Services	Department Repairs	$ (624)	$ (18,185)
Snow removal at the facility created a negative variance in the Engineering/ Plant/Communications department.	Multi-Specialty Clinics	(1,708)	(14,445)
	Engineering/Plant/Communications	(3,584)	(7,521)
	EVS/Laundry	(918)	(5,685)
A full and deep clinical clean in MSC Primary Care created a negative variance in Multi-Specialty Clinics.	Surgical Services	-	-
	Pharmacy	-	-
	Diagnostic Imaging Services - All	2,493	2,326
	Foundation	1,155	2,983
	Miscellaneous	(3,594)	4,427
	Laboratory	3,733	7,515
	Total	$ (3,046)	$ (28,583)
8) Other Expenses	Miscellaneous	$ (3,416)	$ (49,366)
Transfer of Laboratory labor costs for IVCH tests performed in the TFH Lab created a negative variance in Miscellaneous.	Outside Training & Travel	827	(17,847)
	Equipment Rent	2,849	(4,134)
	Insurance	(78)	(543)
	Other Building Rent	(273)	(273)
	Physician Services	-	-
	Marketing	2,189	704
	Multi-Specialty Clinics Bldg Rent	-	3,493
	Dues and Subscriptions	1,440	5,203
	Utilities	(7)	15,730
	Total	$ 3,532	$ (47,031)
9) Donations	Total	$ (36,961)	$ (292,519)
Capital Campaign donations fell short of budget estimations, creating a negative variance in Donations.			
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ -	$ (1,328)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL FEB 2019	PROJECTED FEB 2019	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 9,897,289		$ 8,876,838	$ 19,544,053	$ 1,478,058	$ 424,957	$ 1,053,101	$ 7,158,158	$ 5,194,676	$ 5,045,755	$ 2,145,464
Interest Income	667,478		1,232,724	1,248,034	-	-	-	231,207	334,416	357,861	324,550
Property Tax Revenue	6,938,847		6,965,000	7,035,195	160,064	160,000	64	442,497	91,633	4,001,065	2,500,000
Donations	1,449,325		800,000	567,535	2,888	-	2,888	-	101,348	266,187	200,000
Debt Service Payments	(2,078,463)		(3,058,371)	(4,529,698)	(281,133)	(348,829)	67,695	(1,012,051)	(885,417)	(915,286)	(1,716,945)
Property Purchase Agreement	-		-	(270,644)	-	(67,661)	67,661	-	-	(67,661)	(202,983)
2018 Municipal Lease	(103,515)		-	(1,148,645)	(143,111)	(143,111)	-	-	(289,982)	(429,332)	(429,332)
Copier	(11,482)		(11,520)	(28,488)	(925)	(960)	35	(2,714)	(2,633)	(7,001)	(16,140)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,436,754)	-	-	-	(598,045)	(181,510)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,645,167)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,292)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(165,863)	-	-	-	(145,863)	-	-	(20,000)
Investment in Capital						-					
Equipment	(2,766,680)		(2,911,369)	(2,911,369)	(19,866)	(100,000)	80,134	(936,378)	(630,052)	(174,530)	(1,170,409)
Municipal Lease Reimbursement	219,363		-	3,580,292	669,155	700,000	(30,845)	-	2,181,136	699,155	700,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,986,507)	777,137	(228,081)	1,005,218	(844,873)	(320,860)	(1,373,232)	(1,447,542)
Building Projects/Properties	(4,415,940)		(15,438,772)	(15,438,772)	(1,006,139)	(2,369,233)	1,363,094	(1,819,774)	(3,259,281)	(4,961,532)	(5,398,185)
Capital Investments	(475,000)		(452,000)	(917,217)	-	(452,000)	452,000	-	-	(917,217)	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	246,028	(542,975)	1,390,612	(1,933,587)	(8,013,339)	(21,877)	1,784,950	6,496,294
Change in Settlement Accounts	6,898,578	N2	1,609,698	3,096,707	861,182	(858,333)	1,719,515	853,760	(1,592,487)	(1,743,720)	5,579,154
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(2,036,147)	(903,600)	(250,000)	(653,600)	(1,651,139)	(931,178)	781,170	(235,000)
Change in Other Liabilities	(857,461)	N4	375,000	354,834	802,483	(750,000)	1,552,483	694,254	(1,008,230)	(231,190)	900,000
Change in Cash Balance	(2,106,197)		(5,884,628)	5,687,103	1,997,253	(2,680,907)	4,678,160	(5,043,542)	(746,172)	2,619,435	8,857,382
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	71,112,847	71,112,847	-	70,805,546	65,762,004	65,015,832	67,635,267
Ending Unrestricted Cash	70,805,546		64,920,918	76,492,649	73,110,100	68,431,940	4,678,160	65,762,004	65,015,832	67,635,267	76,492,649
Expense Per Day	414,300		448,115	455,927	454,327	447,765	6,562	432,620	454,586	454,473	455,927
Days Cash On Hand	171		145	168	161	153	8	152	143	149	168

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.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Harry Weis
CEO

DATE: 3/18/19

Finance:

As we have shared in previous months, we continue to experience very strong patient volumes, much higher than budget and the prior year. For example, revenues are higher than budget by 18% for February, 16% YTD, and 32% over the prior year. The Health System has seen an overall volume increase of approximately 27% year over year.

Our clinical care footprint is very focused on the full time residents who live in both of our primary service areas. Each year we continue to focus on developing comprehensive plans on how best to serve their healthcare needs. This is a core issue that is driving increased year over year positive volume changes. A strong snow season is simply additive to this core focus.

All indications are that we will very strongly exceed the first year of the 10-year financial forecast that was included in the FY2019 budget package.

People:

We really appreciate the tremendous dedication of our entire team during February, which was challenging due to the high amounts of snowfall. We did activate an internal emergency status on several occasions where we provided housing to key personnel. This ensured critical healthcare would not be disrupted even when major roads or highways were closed.

We want to honor and thank all of our physicians for their very dedicated patient care services throughout the year on National Doctors Day, which is March 30!

Our Annual Town Hall meetings will begin in late May. We will be focusing on furthering employee education on customer service and critical interactions skills. Last year our focus was on being the very best “true team of one” across all departments in our Health System.

We have relaunched our annual Team Member Giving Campaign. The goal is for 100% team member participation. Staff can let their heart be their guide as to the amount or frequency of their giving.

We are also leading the State and the region, on the future, thoughtful employment of physicians in a Critical Access Health System.

Service:

We have shared in the past a list of five critical components of a forward looking health system that can be nimble, efficient and stable when massive external market force or regulatory changes occur. These critical elements will remain a strong focus over the next several years to ensure we have sustainability, offer the highest quality care, coupled with the highest customer and team member satisfaction. These elements will be discussed often.

Again, our patients always come first and are the central focus of all we do!

Our Master Plan is of vital importance as well. We are focusing on critical patient care space, parking, and workforce housing and moving slowly on overhead department building space at this time.

Quality:

We continue to focus on new systematic approaches to deliver ever-improving quality in all of the clinical and other services we offer. An important new tool for this improvement journey is the whole topic of becoming a High Reliability Organization.

We have a multidisciplinary team that is focused on High Reliability. We have begun sharing this journey with the Medical Staff and in many other sectors of our Health System.

We will also add a focus on how can report in an ever more succinct way our quality improvements year over year.

Growth:

We continue with major construction in the 3-story Medical Office Building and on the second floor of the Cancer Center to create new clinical space. This will allow us to treat a much higher volume of patients in efficient and friendly spaces. We look forward to being able to occupy these new spaces in the Fall.

Our Health System is celebrating its 70th year in 2019. We will be looking for special ways to commemorate this occasion.

We have had a 7 day a week primary care services available for many weeks here on Donner Pass Rd in the Old Gateway Center. We hope to activate this same service later this year on the second floor at Incline Village Community Hospital.

We have physicians arriving in the following specialties to help fill unmet medical needs in our community: General Surgery/Colorectal Surgery, Pediatrics and Family Practice.

We also remain very focused on Nevada, California and other regional or federal healthcare legislative changes that could harm or help our Health System, coupled with how we can improve both healthcare in America and the quality of life for all Americans.

Keeping you informed,
Harry

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

By: Judith B. Newland **DATE: March 2019**

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

The Reliability Management Team had a one-day training in March to continue their knowledge on this program. The team had their first session to provide recommendations for the Level 1 Alert Internal Triage process. The purpose of the program is to advance safety through implementation of processes and procedures.

The second annual SCORE survey began March 18th, 2019. The SCORE Culture of Safety Survey is a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area.

People: Strengthen a Highly Engaged Culture that Inspires Teamwork

Attract, develop and retain strong talent and promote great careers

I am excited to announce that Dylan Crosby is now the Director of Facilities and Construction Management. Dylan has been both a Supervisor and a Manager in the Facilities Department. We are fortunate to have Dylan as the Director as he has extensive knowledge and experience of the Health System. Dylan has a Bachelor's Degree in Civil Engineering and will be completing his Master's in Finance this spring. Please congratulate Dylan and welcome him to his new position as Director.

I am pleased to announce that Karli Epstein has expanded her role in the organization and is now the Executive Director of TFHS and IVCH Foundations. Karli has been the Executive Director of Incline Village Community Hospital Foundation for over two years. Karli has her Bachelor's degree in Political Science, a Master's in International Development and Complex Emergencies, and will be completing her MBA next year. Karli's extensive knowledge, experience and enthusiasm in philanthropy is an asset to the Health System and we are fortunate she will be able to support both IVCH and TFHS Foundations.

Todd Johnson, BSN, JD, MBA has joined the Quality and Regulations staff as our new Risk Manager/Privacy Officer. Todd has his Bachelor of Science in Nursing (MBA), a Juris Doctorate (JD), and a Master's in Business Administration (MBA). Todd has health care experience in Risk Management, Compliance, a Privacy Officer and Environment of Care Safety Officer. Please join me in welcoming Todd to our Health System.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Develop integrated, standardized and innovative processes across all services

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Moves:

- No current moves at this time.

Projects in Progress:

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00
Estimated Start of Construction: 4/30/2018
Estimated Completion: 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: The Temporary room is in use. Demo is 90% completed, rough framing is scheduled to start the week of 3/25/19.

Project: 3rd Floor MOB Phase 1
Estimated Start of Construction: 11/19/2018
Estimated Completion: Fall 2019
Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms.
Update Summary: Framing is 90% completed, drywall and insulation are in progress.

Project: Cancer Center 2nd Floor
Estimated Start of Construction: 10/18/2018
Estimated Completion: Fall 2019
Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.
Update Summary: Dry wall, tape and texture are in progress.

Project: Tahoe City Physical Therapy Expansion
Estimated Start of Construction: TBD
Estimated Completion: TBD
Summary of Work: Lease and renovate the remainder of the second floor of existing building.
Update Summary: Project on Hold

Project: Center for Health and Sports Performance Renovation
Estimated Start of Construction: TBD
Estimated Completion: TBD
Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.
Update Summary: Project on Hold

Projects in Permitting:

Project: Campus Water Improvements
Estimated Start of Construction: June 2019
Estimated Completion: August 2019
Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.
Update Summary: Development permits are in progress, expect to send this project out to bid the wee of the 25th.

Project: ECC Interior Upgrades
Estimated Start of Construction: June 2019
Estimated Completion: TBD
Summary of Work: Remodel all patient rooms and dining area of the 1985 building of the ECC
Update Summary: Project has been returned from OSHPD with first round comments, revisions are underway for resubmittal.

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: 2nd Floor MOB
Estimated Start of Construction: TBD
Estimated Completion: TBD
Summary of Work: Remodel 3 suites of the 2nd floor of the MOB.
Update Summary: Project is in the process of being designed.

Project: Site Improvements Phase 2
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Create additional parking to support the occupancy of the 2nd floor Cancer Center clinic.
Update Summary: Project is in the process of being designed.

Project: Gateway Temporary Parking
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Create additional parking to MOB and Gateway parking demands.
Update Summary: Project is on hold until land survey can take place.

Project: Pat and Ollies Demo/Parking Improvements
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Create additional parking to support the occupancy of the 2nd floor Cancer Center clinic.
Update Summary: Project is on hold until land survey can take place.

TAHOE FOREST HOSPITAL DISTRICT

Board CNO Report

By: Karen Baffone, RN, MS **DATE: March 2019**
Chief Nursing Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Preparatory education is being completed currently for the Epic 2018 update that will occur on April 10, 2019.
- Work between providers and appropriate staff on correction of accommodation codes that drive reimbursement (Currently there are staff that are unaware of how the accommodation codes affect.)
- The clinical analyst has ongoing education for the overall improvement of EPIC downtime process for staff.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- Level III Trauma
  - SSVEMS discussion regarding our letter of intent was very favorable by its Board of Directors. This is what was needed to proceed to scheduling an ACS consultative visit.
  - Trauma Nurse Core Course have now been completed by all Emergency Department Nurses.
  - 3 physicians have completed or renewed their Advance Trauma Life Support (ATLS) Course.
  - Trauma Registry Course to be completed in early March.
  - Next Steps: Attend TraumaOne (Registry) and coding training that will prepare for access the SSVEMS trauma registry.
  - Continue to identify training opportunities within this process.
- Behavioral Health
  - Implementation of the ED Bridge Program at Tahoe Forest
  - Expanded space into Levon Building.
  - Space planning for upcoming RHC completed for Behavioral Health.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Completing plans for room renovations in the Extended Care Center. Work to begin in June.
- Finalizing plans to add a Pediatric Care Coordinator to the Pediatric Office.

TAHOE FOREST HOSPITAL DISTRICT

Board CIIO Report

By: Jake Dorst, MBA **DATE: March 2019**
Chief Information and Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Epic Cancer Center/Beacon project.
- Epic Version 2018 training underway including HealthStream's, class trainings, lunch and learns, one on one training, WebEx trainings, tip sheets and PowerPoints. – Downtime timeline planning underway - executing phase
- Physician Informatics Coordinator position training for two months almost complete – Executing Phase
- EHR Applications/Charge Analyst positions interviews started
- Varian Upgrade to 15.6 kick off this week includes Server Virtualization Project – Planning phase
- NextGen Mirth interface engineer resource contract signed for build of 7 new interfaces for Epic Cancer Center to Varian integration. Planning Phase
- Haiku Epic Web app will be available in April with Version 2018 for expanded use including orders. Plan for roll out to providers getting started. Planning phase
- Reports to automate MERP (Medication Error Reduction Plan) data and metric calculation.
- California Parkinson's Disease Registry Data File almost complete.
- NV Health Information Exchange Interfaces in progress. Involves Mercy, TFH and NV State. Includes Admit Discharge Transfers, Results reporting for both Lab and DI, Documents and CCD.
- New Order Sets custom built for Anesthesia including Labor Epidural and C Section post op go live 3/20/19.
- Epic build for Trauma in ED. Jen Ingalls. PMO planning formal team kickoff with ED leadership.
- Imprivata SSO planning for District Wide Clinical Rollout – Executing phase
- HH&H Epic Implementation
- Xcelera upgrade.
- CancerLinQ/EPIC integration – Planning Phase
- Billing PI Team – Closed
- Ortho Process PI – closed
- Fortified HIPAA Privacy audit – Closed >action planning in progress
- HPE Network Uplift, Executing & Monitoring Phase.

TAHOE FOREST HOSPITAL DISTRICT

Board CMO Report

By: Shawni Coll, D.O., FACOG **DATE: March 19, 2019**
Chief Medical Officer

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- Meeting with Dr. Tirdel, Dr. Coll, Judy Newland and Harry Weis to brainstorm areas to help improve trust along with discussing at Quarterly Staff meeting with follow up email. Continue to work on closed loop communication with providers and staff.

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

- Our physicians are currently voting on employment of physicians. This will improve ways to bring on physicians, giving them an alternative to the independent contractor model.
- We are currently working with Dr. Marshall Clyde, who plans to start in August in Incline Village, opening our 7 days a week clinic.

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Working with IT staff regarding educating to the EPIC 2018 upgrade that is coming in April 2019. There will be a PowerPoint education sent to providers, presentations with updates for surgeons and inpatient providers along with at the elbow support of our providers. We will also be decreasing a few schedules for the providers that might need additional support that first week or two during the transition.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- We have sent out our SCORE survey to evaluate our culture of safety. We educated approximately 23 providers on High Reliability Organizations and the next step that we will be taking. The engagement from providers was impressive and we look forward to delving into this further.

Identify and promote best practice and evidence-based medicine

- OB RN and Physicians are working on a Maternal Sepsis Project with Beta Healthcare, benchmarking strategies and programs to make our the most robust for our organization.

Continue to improve revenue cycle efficiency and effectiveness

- Working with Financial Team to ensure a secure transition with RHC and moving to Physician Billing in 2020.

Growth: Meets the needs of the community

Define opportunities for growth and recapture outmigration

- Dr. Hunt will be starting screening colonoscopies this next month to help decrease the waiting time for these procedures.

AGENDA ITEM COVER SHEET

ITEM	ABD-03 Board Compensation and Reimbursement
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-03 Board Compensation and Reimbursement was last approved in October 2017. The policy was reviewed by General Counsel. Board Governance Committee reviewed the redline version at their March 21, 2019 meeting and provided additional edits.

SUMMARY/OBJECTIVES:

Board Governance Committee is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-03 Board Compensation and Reimbursement Policy

ABD-03 Board Compensation and Reimbursement

PURPOSE:

To provide reimbursement to the Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

POLICY:

A. Each member of the Board of Directors shall be paid ~~As allowed by California Health & Safety Code, Section 32103, and Local Health Care District Law, and required by the Political Reform Act (as amended by AB 1234, 2005), the payment of~~ one hundred dollars ($100.00) per meeting~~,~~ as permitted by Health and Safety Code section 32103. Compensation shall ~~not~~ be paid for more than ~~t to exceed~~ five (5) meetings a month~~,~~ as ~~further~~ defined below~~, is authorized as compensation to each member of the Board of Directors.~~. Each member of the Board of Directors shall ~~further~~ also be ~~allowed~~ provided~~his/her~~ actual necessary traveling and incidental expenses incurred in the performance of official business of the District. This policy describes costs that qualify for reimbursement, as required by Government Code section 53232.2. ~~.~~

B. For the purpose of compensation, a meeting is defined as:
    1. Regular and ~~Special~~ special Board ~~Meetings~~meetings;
    2. Board ~~Committee~~ committee meetings;
    3. ~~Hospital~~ District meetings at which the Board ~~member M~~member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, IVCH Foundation, TFHS Foundation, TIRHR Board); and
    ~~4.~~ Meetings of governmental agencies and community organizations, etc. where the Board ~~member M~~member is representing the ~~TFHD~~ District (i.e., Rotary, Tahoe City Breakfast Club, Truckee Daybreak Club). To be compensated, the Board ~~member M~~member must be on the program or speaking to an item on the agenda related to the ~~Hospital~~ District at the request of the Board ~~President~~ Chair or Chief Executive Officer.

    ~~5.~~4. Conferences, seminars and other educational meetings do not qualify for meeting compensation.

C. Members of the Board of Directors of the ~~Tahoe Forest Hospital~~ District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of ~~Tahoe Forest Hospital~~the District in a manner, including appropriate discounts, comparable to that offered to the Management Staff of the District.

PROCEDURE:

A. ~~Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month~~All meetings will be documented by the Clerk of the Board within a month of attendance. Board ~~M~~members must provide the ~~, noting the~~ day and purpose of each meeting ~~prior to the last business day of each month~~.

B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.

C. Board of Directors travel costs ~~will~~ include~~Travel Allowance :~~
    1. Meals ~~will be reimbursed~~ up to a daily per diem rate based on the location of the conference subject to IRS per diem guidelines.
    2. Air f~~F~~are for Board ~~M~~members only.
    3. Parking and/or taxi fees and other transportation expenses ~~will be reimbursed~~.
    4. ~~If driving, m~~Mileage~~, will be reimbursed~~ at current IRS rates.
    5. Hotel room~~s will be covered in full~~ for Board ~~Member~~members.
        a. If, however, the lodging is in connection with a conference or organized educational activity that does not qualify as a meeting and is conducted in compliance with ~~California~~ Government Code~~, Section~~ section 54952.2(c), including ethics training required by ~~California~~ Government Code~~, Section~~ section 53234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board

member at the time of booking. If the group rate is not available, then the Board member shall use comparable lodging.

6. ~~Tuition~~ Education registration fees for Board ~~Members~~ members~~will be paid in full~~.
7. Conference educational materials (books, audio tapes, etc.) not to exceed $50.

D. Board ~~M~~members must ~~have~~provide receipts to be reimbursed for expenses.~~Receipts are required for all reimbursable expenses.~~

~~8.~~

~~9.~~ Board members shall use government and group rates offered by a ~~provider of~~ transportation provider or lodging services for travel and lodging when available.

E.

~~10.~~F. All expenses that do not fall within the adopted travel reimbursement policy ~~of the IRS reimbursable rates shall~~ must be approved by the Board, in a public meeting, before the expense is incurred.

~~D.~~G. Upon election or appointment to a seat on the Board of Directors of the ~~Tahoe Forest Hospital~~ District, the Board member is responsible to provide the Human Resources Department the ~~the appropriate~~ paperwork ~~which is~~ necessary to ~~complete for enrollment~~enroll in the District's health, dental, vision and life insurance programs~~ will be given to the Board Member by the Human Resources Department~~. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

Related Policies/Forms:

References: California Government Code, §§ 53232.2(d), (e), 53232.3(a), 53235(a), (b) (d). §§54950 - 54963 ; California Health & Safety Code, Section 32103

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

AGENDA ITEM COVER SHEET

ITEM	ABD-10 Emergency On Call Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-10 Emergency On Call Policy requires an annual approval by the Board of Directors.

Policy was reviewed by the Director of Quality and the District's Risk Manager with no suggested changes.

SUMMARY/OBJECTIVES:

Administration is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-10 Emergency On Call Policy

TAHOE FOREST HEALTH SYSTEM

Origination Date:	*04/2001*
Last Approved:	*03/2018*
Last Revised:	*03/2018*
Next Review:	*03/2019*
Department:	*Board - ABD*
Applies To:	*System*

ABD-10 Emergency On-Call

PURPOSE:

Tahoe Forest Hospital District has an ethical, moral, social, and legal responsibility to provide screening examination and care to patients presenting to its facilities with emergency conditions. The Board understands the Emergency Medical Treatment and Active Labor Act ("EMTALA" or "Act"), and federal and state regulations, require hospitals with a dedicated emergency department to maintain a list of physicians who are on call to come to the hospital and provide treatment as necessary to stabilize an individual with an emergency medical condition, within the capabilities of the District.

POLICY:

A. Patients who present to the Tahoe Forest Hospital District facilities requesting emergency care are entitled to a "Medical Screening Examination" as described in the Act, regardless of their ability to pay.

B. The District's Board of Directors, Administration and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.

C. Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.

1. Tahoe Forest Hospital (TFH), a Critical Access Hospital has been licensed by the State of California to provide Basic Emergency Services. TFH will provide on-call physician coverage in the Emergency Department for the basic services and supplemental services listed on the hospital license:
    a. Emergency Medicine
    b. General Medicine
    c. General Surgery
    d. Radiology
    e. Anesthesia
    f. Pathology
    g. OB/Gyn
    h. Pediatrics
    i. Orthopedics
2. Incline Village Community Hospital, in Incline Village, Nevada will provide 24-hour physician coverage for Emergency and Medicine Services.
3. TFH may provide specialty activation coverage for emergency consultations and services according

to the capabilities of members of the medical staff who have privileges in that specialty.

D. The Chief Executive Officer will work with the Medical Staff to provide emergency consultative coverage that meets federal and state laws, licensing requirements and the needs of the community. To achieve these goals, the Chief Executive Officer may utilize, but not be limited to:
   1. Stipends for call coverage
   2. Contracts for professional services
   3. Locum tenens privileges
   4. Transfer agreements with other healthcare facilities

E. At least annually, Tahoe Forest Hospital District Board of Directors will review and approve the level of emergency on-call services available. We will utilize the hospital's quality assurance system to monitor emergency on-call practices.

F. In order to provide this coverage, effort will be made to create a system that is voluntary, fair and equitable without imposing an undue burden on physicians or on the Tahoe Forest Hospital District. Collaboration with members of the Tahoe Forest Hospital District's Medical Staff will be the method for providing these services, with recruitment of new physicians as needed.

G. Physicians who seek charity care fund reimbursement at Medicare rates for emergency services provided in the hospital to indigent patients, should refer to *Financial Assistance Program Full Charity Care And Discount partial Charity Care (ABD-09)* for guidance and distribution criteria. Tahoe Forest Hospital District will keep abreast of other funds, state or otherwise, that might be available for the purpose of providing payment to physicians who treat the under/uninsured population.

H. A roster and procedure are in place to address the provision of specialty medical care when services are needed which are outside the capabilities of the Tahoe Forest Hospital District and its Medical Staff.

Related Policies/Forms:

Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907

References:

EMTALA-California Hospital Association manual

All revision dates:	03/2018, 03/2017, 11/2015, 01/2014, 01/2012, 02/2010
Attachments:	No Attachments

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	03/2018
	Martina Rochefort: Clerk of the Board	03/2018

AGENDA ITEM COVER SHEET

ITEM	ABD-14 Inspection and Copying of Public Records
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-14 Inspection and Copying of Public Records policy was last approved in March 2017. The policy was reviewed by General Counsel. Board Governance Committee reviewed the redline version at their March 21, 2019 meeting and provided additional edits.

SUMMARY/OBJECTIVES:

Board Governance Committee is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:
None.

SUGGESTED MOTION/ALTERNATIVES:
Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-14 Inspection and Copying of Public Records Policy

ABD-14 Inspection and Copying of Public Records

PURPOSE:

RESOLUTION NO. 95-07

RESOLUTION ESTABLISHING PROCEDURES CONCERNING INSPECTION AND COPYING OF THE PUBLIC RECORDS OF THE TAHOE FOREST HOSPITAL DISTRICT AND FOR THE SETTING OF GUIDELINES FOR THE ACCESSIBILITY OF SUCH RECORDS

WHEREAS, the Legislature of the State of California has enacted Chapter 3.5 of Division 7 of Title 1 (Section section 6250 et seq.) of the Government Code of the State of California , titled the Public Records Act; and

WHEREAS, said the Public Records Act applies to the Tahoe Forest Hospital District, which is bound tomust comply with its mandatory provisions; and

WHEREAS, Government Code Section section 6253, as amended, provides that every agency (which includes Tahoe Forest Hospital District)agencies may adopt regulations stating thegoverning procedures to be followed when making its records available in accordance with said Sectionfor responding to Public Records Act requests; and

WHEREAS, the Board of Directors of this District believesLegislature has declared that access to information concerning the conduct of the people''s business, including the business of the District, is a fundamental and necessary right of every person; and

WHEREAS, the Board of Directors of this District is aware of the right of individuals toindividual right to privacy, and in particular is aware that the disclosure of personnel, medical or similar information relative related to individuals (except where required by law) would constitute an unwarranted invasion of such personal privacy unless required by law; and

WHEREAS, the Board of Directors of this District is aware of its obligation under the lawobligation and its duty to individuals concerned with District records toto determine whether the public interest served by not making the records in question public, clearly outweighs the public interest served by disclosure of the records; and

WHEREAS, the Board of Directors of this District desires to comply with Health and Safety Code Sections sections 443128675, et seq. , known as the Health Data and Advisory Council Consolidation Act and to make timely and confidential submissions to the Office of Statewide Health Planning and Development; and

WHEREAS, the Board of Directors of this District desires to set guidelines for the accessibility of its records and procedures for inspection and copying of such records which are determined to be accessible to the public.;

NOW, THEREFORE, BE IT RESOLVED that the following procedures and guidelines are hereby enacted by the Board of Directors of the Tahoe Forest Hospital District:

- **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** as set forth in Exhibit ""A"" attached hereto and by this reference incorporated herein.

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

Commented [RM1]: Counsel advised this resolution can be omitted from the policy.

as set forth in Exhibit ""B"" attached hereto and by this reference incorporated herein.

Passed and adopted at a meeting of the Board of Directors of the Tahoe Forest Hospital District duly held on the 19th day of December 1995.

AYES:	Shaheen, Boone, Nahser Martin, Falk, Eskridge
NOES:	None
ABSENT:	None

/s/ Laurie N. Martin

Secretary

APPROVED:

/s/ Rob Eskridge

President

/s/ Larry Long, CEO

PROCEDURE:

~~Exhibit A:~~ Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District ~~PROCEDURE (EXHIBIT A of RESOLUTION):~~

A. The following Procedures govern the inspection and copying of all ~~of the public records of the~~ Tahoe Forest Hospital District public records. These Procedures have been set by the District Board of Directors ~~of the District~~ and are administered by the District ~~Administrator~~ Chief Executive Officer ~~of the District~~ under the Guidelines adopted by the Board of Directors.

B. Definitions

1. ~~"~~"Person~~"~~" includes any natural person, corporation, partnership, limited liability company, firm or association.
2. ~~"~~"Public records~~"~~" includes any writing containing information relating to the conduct of the business of the Tahoe Forest Hospital District prepared, owned, used or retained by the District regardless of physical form or characteristics.

C. **Time of Inspection**

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

D. **Place of Inspection**

The public records of the District may be inspected at the administrative office of ~~the administrator~~ of ~~the~~ Tahoe Forest Hospital, Truckee, California.

E. **Application For Inspection**

Every person desiring to inspect the public records will be requested to fill out an Application ~~For~~ for Inspection ~~Or~~ or Copying ~~Of~~ of Records ~~form~~, which may be obtained at the place of inspection. The ~~, and which~~ form shall state:

1. The name of the applicant. (The application may also ask applicant for the purpose of the request, but response to such question is optional and will be disclosed as optional on the Application. The purpose is not required, but would make it easier to weigh the public interest in disclosure versus nondisclosure cases.)
2. Date of the application.
3. The address of the applicant.
4. The telephone number of the applicant.
5. The date that inspection is requested.
6. An exact as possible description of the records which the applicant desires to inspect.
7. Whether the applicant desires a copy of such records, with ~~the~~ disclosure of costs to be borne by the applicant given.
8. ~~Whether the applicant has specific authorization to inspect the records (when such authorization is required pursuant to District Guidelines or other law).~~
8. When specific written authorization is required to inspect the subject records, a copy of such authorization must accompany the application and shall be permanently affixed thereto.

F. District~~'~~'s Response to Application For Inspection

1. Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date that it receives the application and determine within ten (10) days after the receipt of such application whether ~~to comply with the request~~the request seeks copies of disclosable public records. The District shall immediately thereafter notify the person making the application of the District~~'~~'s determination and the reasons therefore.
2. ~~In case of Under~~In unusual circumstances, ~~the ten (10) day time limit may be extended by written notice from the~~the District Chief Executive Officer, or his or her designee, can extend the ten (10) day period by written notice to the ~~person making the application~~applicant. Such notice shall set forth the reasons for the extension and the date on which a determination is expected to be made. Any such extension ~~shall~~ will not exceed

fourteen (14) days. As used in this paragraph, "~~"~~unusual circumstances~~"~~" means:

a. The need to search for and collect the requested records from field facilities;
b. The need to search for, collect and appropriately examine a voluminous amount of separate and distinct records demanded in a single request;
c. The need for consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application.
d. The need to determine whether ~~no~~ disclosure is ~~acceptable~~authorized under the~~violation of the~~ Health Insurance Portability and Accountability Act (HIPAA) of 1996.

G. Fee for Copying and Certifying Records

1. When the applicant ~~desires~~ requests a copy of an identifiable public record, ~~or information produced therefrom,~~ the writing shall be copied (if it can be done so with equipment then available at the place of inspection) by the District for a charge of 10 cents ($.10) per page. The District shall request ~~the~~a deposit before copying any public records~~, which shall be deposited prior to such copying~~. If ~~such~~ copying cannot be done by the District, for technical reasons, the District will obtain an estimate of the cost of copying ~~the same shall be obtained by the District~~ from any available source and the applicant ~~shall~~ will be required to deposit the ~~amount of such estimate~~estimated amount with the District prior to ~~such~~ copying.
2. The copying of ~~such~~ records shall be accomplished by the District as soon as possible after the request ~~therefore~~ without disruption of the normal business of the District. The applicant shall be ~~informed of the time necessary to accomplish such copying.~~given an estimate of the time needed to make the copies.
3. When the applicant desires a certification of such copy(ies) of such records, a fee of $1.75 shall be paid for such certification.
4. When the applicant requests a copy of identifiable public records stored in electronic format, the District will charge the direct cost to produce the record. Costs for electronic records will include any CD, flash drive or other storage device necessary to provide documents to the applicant. The District shall not charge per page of the record requested or include such time spent searching for, compiling, and retrieving electronic records. The applicant shall be provided with an estimate of the total charge for a records request before any costs are incurred under this subdivision.
5. Under Government Code section 6253.9, the District can require the applicant to bear the actual cost of producing the record, including staff time and any specialized programming and computer services necessary to produce the record, if either:
    a. the record is one that is produced only at otherwise regularly scheduled intervals; or
    b. the request requires data compilation, extraction or programming.

    Extraction is defined to include document redaction. The District will provide the applicant with an estimate of the total charge for a records request before any costs are incurred under this subdivision. Such charges shall not include costs associated with:
    a. The initial gathering of the information;
    b. The initial conversion into electronic format; or
    ~~3.~~c. Maintaining and storing the information.

~~H.~~B. **Records Not to Be Removed**

~~No records of any kind may be removed by an inspecting party~~Inspecting parties cannot remove any records from the place of inspection ~~for any purpose~~ whatsoever without an order of a court of competent jurisdiction.

~~I.~~C. **Guidelines Available**

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

POLICY:

~~Exhibit B:~~ Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District

~~**SPECIAL INSTRUCTIONS/DEFINITIONS ((EXHIBIT B of RESOLUTION):**~~

~~GUIDELINES FOR THE ACCESSIBILITY OF THE PUBLIC RECORDS OF THE TAHOE FOREST HOSPITAL DISTRICT~~

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

A. Purpose of Guidelines

~~The purpose of these Guidelines is to serve~~ The Guidelines are~~as~~ general rules to be followed by those ~~persons~~ charged with administration of the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** ~~heretofore~~ adopted by the Board of Directors. Certain ~~requirements of the law~~legal requirements must be ~~observed~~ followed relating to the disclosure of records and ~~to~~ the protection of the confidentiality of records. These Guidelines set forth the general rules contained in ~~such~~ those laws.

B. Definitions

1. ~~"~~"Person~~"~~" and ~~"~~"public records~~"~~" are defined in the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District**. ~~**Procedures Concerning Inspection** , etc., of the District and such~~Those definitions apply ~~herein~~here.

2. ~~"~~"Writing~~"~~" means any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored."~~means handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums, and other documents~~.

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

C. Questions of Interpretation

1. ~~In case of any question as to the accessibility of~~If there is any question whether District records ~~the records of the District~~ should be disclosed under these Guidelines, the records should not be made accessible to the public until the Chief Executive Officer has ~~rendered~~ reviewed and made a decision. ~~Such~~ The decision may be reviewed by the Board of Directors upon its own initiative, or the applicant may petition the Board for review, which the Board may grant or reject. If the Board of Directors reviews the question, its decision is final. If ~~no~~ the Board of Directors does not review the decision, either on its own initiative or by petition within ten (10) days of Chief Executive Officer's decision, ~~appeal is initiated or granted by the Board,~~ the Chief Executive Officer~~'~~s decision ~~shall be~~is final.~~, until such question has been determined by the Chief Executive Officer of the District. The decision~~

~~of the Chief Executive Officer is final. However, prior to the applicant being timely notified of the decision, the Board of Directors may, at its option, review decisions of the Chief Executive Officer. In such case, the decision of the Board of Directors will be the final decision.~~

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

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

D. Following Procedures for Inspection and Copying

The Procedures referred to ~~hereinabove~~ herein shall be followed ~~in all of their specifics~~ at all times. Records of inspections shall be accurately maintained.

E. Records Subject to Inspection

All public records of the District are subject to inspection pursuant to these Guidelines except as follows:

1. Records set forth hereinafter as records subject to inspection only with authorization;

2. Records **NOT SUBJECT** to inspection (unless by Court Order); or

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

F. Records Subject to Inspection Only with Authorization

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

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

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

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

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

    b. The name and signature of the requestor.

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

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

e. The date of the request.

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

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

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

G. Records Not Subject to Inspection (Unless by Court Order)

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

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

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

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

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

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

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

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

8. Library circulation records kept for the purpose of identifying the borrower of items available in any District libraries.

9. Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the

District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.

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

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

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

13. Records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates pursuant to Sections 10133 ~~or 11512~~ of the Insurance Code. However, the record shall be open to inspection within one year after the contract is fully executed.

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

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

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

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

~~17.~~**18.** Any other records the disclosure of which is prohibited or restricted by law.

H. Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals

In addition to the limitations upon disclosure of public records otherwise set forth in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization

data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant to Health and Safety Code Sections 128675, et seq., known as the Health Data and Advisory Council Consolidation Act~~Division 1, Part 1.8 of the California Health and Safety Code~~. In case of doubt, consult the District legal counsel.

I. Discretionary Withholding of Records

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

J. Compliance with Subpoena Duces Tecum

While a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is **not** an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

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

2. **Subpoena in other actions**~~.~~:

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

   b. If the records sought to be discovered are those which can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "~~"~~testimony"~~"~~ or "~~"~~examination upon such records"~~"~~ will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Exhibit "~~"~~1A"~~"~~ attached hereto.

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

HOW TO COMPLY WITH SUBPOENA DUCES TECUM:

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

B. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness, and date of subpoena clearly inscribed

thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed and directed as follows:

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

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

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

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

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

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

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

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

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

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

F. In addition to copying costs, if any, pursuant to Section ~~F~~ G of **Procedures Concerning Inspection**~~-~~, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such subpoena is ~~0 dollars ($0~~provided by Evidence Code section 1563).

G. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District~~'~~s facilities with their own copy equipment, the sole fee for complying with the subpoena is ~~0 dollars ($0)~~provided by Evidence Code section 1563.

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

See also *Subpoenas AGOV-36* .

Related Policies/Forms: *Subpoenas AGOV-36* ; *Release of Protected Health Information DHIM-3* ; *TFHD Application Inspection and Copying of Records*

Commented [2]: "Reasonable costs incurred by a witness who is not a party with respect to the production of all or any part of business records requested pursuant to a subpoena duces tecum shall be charged…" (Ev. Code, section 1563(a).

The section currently defines those costs as $.10 cents per page and up to $24 per hour per person working on the issue. This section can also just incorporate Evidence Code section 1563 by reference in case those standards change.

Commented [3]: Currently $15.00 under Evidence Code section 1563.

References: TFHD BOD Resolution 12/19/1995

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

AGENDA ITEM COVER SHEET

ITEM	ABD-16 Malpractice Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-16 Malpractice Policy was last reviewed and approved by the Board of Directors in December 2015.

Policy was reviewed by the Director of Medical Staff Services with no suggested changes.

SUMMARY/OBJECTIVES:

Administration is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-16 Malpractice Policy

ABD-16 Malpractice Policy

~~**PROCEDURE**~~**POLICY:**

It is a mandate of the Tahoe Forest Hospital District Board of Directors that all Medical Staff members carry malpractice insurance in the minimum amount of $1,000,000 per occurrence and $3,000,000 annual aggregate.

Related Policies/Forms:

References:

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

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AGENDA ITEM COVER SHEET

ITEM	ABD-17 Manner of Governance for the TFHD Board of Directors
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-17 Manner of Governance for the TFHD Board of Directors policy was last revised and approved in January 2016.

The policy was reviewed and discussed at the March 21, 2019 Board Governance Committee meeting. The content in the policy is covered within the board bylaws, other board policies and order and decorum.

SUMMARY/OBJECTIVES:

Board Governance Committee is recommending retirement of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval of retirement via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-17 Manner of Governance for the TFHD Board of Directors

TAHOE FOREST HEALTH SYSTEM

Origination Date:	*11/1994*
Last Approved:	*01/2016*
Last Revised:	*01/2016*
Next Review:	*12/2018*
Department:	*Board - ABD*
Applies To:	*System*

Manner of Governance for the Tahoe Forest Hospital District Board of Directors, ABD-17

PURPOSE:

A. To provide the framework within which the members of the Board of Directors of Tahoe Forest Hospital District will be guided in the execution of their fiduciary duties on behalf of the District.

B. To help assure awareness by the members of the Board of Directors of their basic fiduciary duties under state law, and that the actions, decisions and conduct of the members of the Board of Directors of the District are at all times consistent with their duties and obligations.

C. To assist the Board of Directors in the Board's exercise of oversight, by establishing confidentiality obligations of Board Members to protect and preserve the confidentiality of District information.

D. To create an environment of open and honest communication, mutual respect and clearly defined responsibilities among Board Members, administration, all employees, physicians, affiliates, customers and the community we serve.

E. To incorporate into the governance process the tenets of the Tahoe Forest Hospital District's Mission Statement:

We exist to make a difference in the health of our communities

through excellence and compassion in all we do.

A. To incorporate into the governance process the tenets of the Tahoe Forest Hospital District's Vision Statement:

To serve our region by striving to be the best

mountain health system in the nation.

POLICY:

Members of the Board are expected to act in accordance with the highest standards of personal integrity, avoiding any conflict of interest, all the while maintaining the letter, as well as the spirit, of California's Open Meeting Law, with due deference to information of a privileged or confidential nature.

PROCEDURE:

A. **General Principals of Governance**:

1. **The Directors' Role.** The Directors are those persons responsible for the policy-making and

oversight of the District; all District authority and affairs are to be managed by or under the direction of the Board of Directors. The Directors do not manage the day-to-day affairs of the District, but must exercise reasonable and prudent oversight with respect to District Chiefs, agents, and employees. In the performance of its duties, members of the Board of Directors may act in reliance on information and reports received from senior management as well as professional advisors and consultants whom the Board of Directors regard as reliable and competent with respect to the subject matter at issue.

2. **Governance Commitment.** The Board of Directors, on behalf of the beneficiaries of the mission of the District, will govern the District with a strategic perspective through a continuously improving commitment to the vision and values set forth in that mission.

3. **Core Fiduciary Duties.** The Board of Directors will effect its prescribed role and commitment in a manner consistent with all relevant law, and with the following core fiduciary duties:

    a. **Duty of Care.** Each Director is obligated to exercise the proper level of care in the decision-making process, by acting (a) in "good faith" (i.e., in the absence of any personal benefit or self-dealing); (b) with that level of care that an ordinary prudent person would exercise in like circumstances (e.g., the obligations to be informed and to exercise reasonable inquiry); and (c) in a manner the Director reasonably believes is in the best interests of the District.

    b. **Duty of Loyalty.** Each Director is obligated to exercise his/her obligations and powers in the best interests of the District and its mission, not in his/her own interest or in the interest of another entity or person. Each Director is obligated to affirmatively protect the interests of the District committed to his/her charge, and to refrain from doing anything that would work injury to the District, or to deprive it of profit or advantage which the Director's skill or ability might bring to it, or enable it to make in the reasonable and lawful exercise of its powers. Each Director is obligated to exercise an undivided and unselfish loyalty to the District and in doing so not to allow any conflict between duty and self-interest.

    c. **Duty of Obedience.** Each Director is charged with the obligation to further the mission of the District as set forth in its Bylaws, to be faithful to its articulated purposes and goals, and to act in conformity with all laws affecting the District.

B. **Governing Style, Focus.** The Board will govern with an emphasis on outward vision rather than internal preoccupation; encouragement to express diversity in viewpoints; and a proactive style. The Board will exercise its governance obligations in a manner that emphasizes candor; transparency; fairness; good citizenship; a commitment to compliance; and dedication to the mission of the District. In so doing, the Board of Directors shall foster a governance culture stressing constructive scrutiny and an active, independent oversight role.

1. The Board, with educated leadership, shall direct and inspire the organization through careful establishment of broadly written policies. The Board's major policy focus will be on the intended long-term impacts of policy decisions on the organization, not on the administrative functions. Policies will be statements of organizational values incorporating the Five Foundations of Excellence:
   Quality – Provide excellence in clinical outcomes
   Service – Best place to be cared for
   People – Best place to work and practice
   Finance –- Provide superior financial performance
   Growth – Meet the needs of the community

2. The Board will enforce upon itself whatever discipline is needed to govern with excellence. Self-

discipline will apply to matters such as attendance, preparation for meetings, respect of individual and organizational roles, and ensuring continuance of governance capability. Any hospital employee, physician, affiliate, customer or community member may approach the Chief Executive Officer or President of the Board to express concerns related to an individual Board Member's conduct as it relates to this policy without fear of reprisal.

C. **Board of Directors' Duties.** In addition to the core duties set forth above, and in accordance with standards of California State law applicable to the Directors of a public agency, including districts, the Directors collectively shall perform and fulfill the following acts and duties in view of the manner in which persons of ordinary prudence, diligence, discretion, and judgment would act in the management of their own affairs. The Directors shall:

1. Oversee the implementation of the District's policies and procedures and take all steps necessary to ensure that the District is being managed in a manner consistent with its mission, that its assets are being managed prudently and only for the District's stated purpose, and that those policies are administered so as to provide quality health care in a safe environment.
2. Establish, review, and monitor the implementation of substantive strategic policies affecting the administration of the District such as its healthcare and financial objectives and other major plans and actions.
3. Oversee and monitor the management of the District's finances as described in the Bylaws, periodically reviewing financial projections, establishing and implementing fiscal controls, and evaluating the performance of the District and the degree of achievement of Board-approved objectives and plans. Particular oversight shall be made with respect to the integrity and clarity of the District's financial statements and financial reporting.
4. Acting as prudent fiduciaries of an institution requiring a professional and managerial expertise, exercise reasonable care, skill, and caution in selecting the CEO; and in accordance with the Bylaws, establishing, the scope and terms of CEO's duties; periodically reviewing CEO's actions in order to monitor his/her performance and compliance with Board directives, and fix the compensation of, and where appropriate, hire or replace the CEO.
5. Review and approve significant District actions.
6. Advise management on significant financial, operational, and mission-based issues facing the District.
7. Set limits on the means with which the CEO and District staff operate by establishing principles of prudence and ethics, forming the parameters for all management and staff practices, activities, circumstances, and methods.
8. Monitor Board directives to the CEO and professional consultants retained by the Board to ensure implementation in accordance with such directives.
9. Hold the CEO accountable for ensuring compliance with applicable federal and state laws and regulations and court orders regarding the administration of the District, and for minimizing exposure to legal action.
10. Uphold and act in accordance with the provisions of the California Health and Safety Code §§32000 et seq, (the "Local Health Care District Law), under which the District was established, with Government Code §§54950 et seq. (the "Ralph M. Brown Act") regarding open meetings, and with any and all other laws and regulations relating thereto.
11. The Directors do not have day-to-day responsibility for the management of the District and shall not

interfere with the CEO's management of the District. Directors shall not give direction to District employees and shall limit interactions with them to obtaining information. Individual boardmembers may take no action on behalf of the District unless authorized by the Board, in writing, to do so. Rather, Directors exercise authority only as a Board meeting as a body consistently with the Ralph M. Brown Act.

12. **Chairperson's Role.** The Chairperson will be selected by the Board of Directors by majority vote. The Chairperson's primary role is the management of the Board's meetings and, secondarily, occasional representation of the Board to outside parties. The Chairperson is generally the Director authorized to speak for the Board (beyond simply reporting Board decisions). The job of the Chairperson is to ensure the Board behaves consistently with its own policies and rules.

D. **Board Composition, Commitment.**

1. **Structure.** The size, election, term and vacancy guidelines for the Board of Directors is defined in the Bylaws, and as prescribed by The Local Health Care District Law (CA Health & Safety Code Section 32100) and Vacancies of Public Officers (CA Govt Code Section 1780).
2. **Officers.** The officers of the District are members of the Board and are chosen as defined in the Bylaws, although the Secretary may be the CEO. An officer may resign at any time or be removed by the majority vote at any regular or special meeting of the Board of Directors. Reason for action shall be given to the Board members ten (10) days prior to that action.
3. **Director Removal.**
   a. A Board member may be removed by recall vote as set forth in CA Elections Code Section 2700, or as provided in The Local Health Care District Law (CA Health & Safety Code Section 32100.2) regarding meeting absences (See Section 4.4.2 below).
   b. In accordance with CA Govt Code Sections 3000-3001, a Director forfeits his/her office upon conviction of designated crimes as specified in the Constitution and laws of the State.
   c. An accusation in writing against a Director for willful or corrupt misconduct in office, may be presented by the grand jury of the county in which the accused Director is selected or appointed. Prior to removal, the Director shall be entitled to due process in accordance with the provisions of CA Govt Sections 3060-3075. Removal shall occur only upon a conviction and court pronounced judgment.
4. **Expectations of Commitment.**
   a. Directors of the District shall be expected to expend such amounts of time and energy in support of the oversight of the District's affairs as may be necessary for them to fully satisfy their fiduciary obligations as set forth above. Directors shall be entitled to maintain outside business and volunteer activities in a manner consistent with the District's policies on conflicts of interest and outside business opportunities.
   b. Directors shall adhere to board and/or committee meeting attendance requirements. In accordance with The Local Health Care District Law, the term of any Director shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the Board *and* the Board by resolution declares that a vacancy exists on the Board.
   c. In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Executive Assistant as described in the *Guidelines For the Conduct of Business By the TFHD Board of Directors*.
5. **Director Orientation and Continuing Education.** Refer to *Orientation and Continuing Education* .

6. **Self-Evaluation.** Refer to *Board, Chief Executive Officer, & Employee Performance Evaluation*.
7. **Compensation.** Refer to *Board Compensation and Reimbursement Policy*.

E. **Committee Principles.** Notwithstanding the basic obligations of the Directors as set forth in this Policy, it is an appropriate exercise of the Board's fiduciary duty to delegate responsibility for certain matters to committees designated by the Board of Directors for such purposes.

1. The Bylaws define and establish the Standing Committees, including composition, appointment term, and purpose, as well as the procedure for establishing Special Committees, formed to perform a specific or limited function.
2. A committee is a Board committee only if its existence and charge come from the Board, regardless of whether Directors sit on the committee. The only Board committees are those which are set forth in the bylaws of the District or as appointed by the President of the Board.
3. Board committees are to assist the Board of Directors in the performance of its duties, not to help the staff perform its duties. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. Board committees are not to be created by the Board to advise staff.
4. Board committees may not speak or act for the Board except when formally given such authority by the Board in writing for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the CEO.
5. Board committees cannot exercise authority over staff. Because the CEO works for the full Board, he or she will not be required to obtain approval of a Board committee before taking an executive action. In keeping with the Board's broader focus, Board committees will not normally have direct dealings with current staff operations, although Board committees may include staff members.

F. **Board Operations.**

1. **Refer to *Guidelines for the Conduct of Business by the TFHD Board of Directors*.**
2. **Agenda for Board Meetings.** It shall be the responsibility of the Chairman of the Board of Directors to set forth and distribute (and, to the extent practical, in advance) the agenda established for each meeting of the Board of Directors. The agenda shall set forth with sufficient clarity the topics and issues to be addressed at the meeting, those non-board members who will be in attendance, and specific action which may be requested to be taken by the Board of Directors.
3. **Board Materials**. It shall be the responsibility of senior executive management of the District to ensure distribution of all materials, information, and data relevant for consideration by the Board of Directors at its next meeting, with sufficient advance notice and with a degree of clarity as to enable each Director to be informed with respect to all items scheduled to come before the Board. In the event that a meeting of the Board of Directors is called in exigent circumstances (e.g., a special meeting), such as to preclude advance distribution, the President of the Board of Directors shall allot such time as necessary during the course of the meeting to the review and discuss all materials, information, and data.
4. **Disclose Matters**. Members of the Board of Directors shall recognize and fulfill an obligation to disclose to the Board of Directors information and analysis of which they become aware which relates to the decision-making and oversight functions of the Board. Similarly, members of the senior executive management of the District shall also recognize and fulfill an obligation to disclose, to a supervising officer, the general counsel or to the Board of Directors or Committee thereof, information and analysis relevant to the decision making and oversight functions of the Board.

5. **Media.** Board Members are expected to maintain positive media and public relations through professional responses with all contacts, the following procedure will be followed in Board Member communications with the public and media:

    a. When a member of the Board of Directors is addressing any audience, either through community involvement or media contact, it is essential that the Board Member clarify whether they are speaking as an individual or a spokesperson for the entire Board of Directors and shall not speak for the Board unless the Board has specifically authorized them to do so in a meeting of the Board conducted consistently with the Ralph M. Brown Act..

    b. Any media/community interaction addressed to the Board of Directors as a whole should be directed to the President of the Board of Directors or Chief Executive Officer and Director of Marketing/Media Relations.

    c. If a member of the media approaches an individual member of the Board of Directors he or she is free to interact with the media, but the media contact also should be referred to the President of the Board of Directors or Chief Executive Officer and Director of Marketing/Media Relations. The Chief Executive Officer or their designee can address the media in reference to standing policies of the Board of Directors.

    d. As a courtesy, the Chief Executive Officer or their designee in the Chief Executive Officer's absence, should be informed by Board Members of contact from, or discussion with, the media or members of the community on District issues.

    e. All proactive media contact should be reviewed with the Chief Executive Officer and Director of Marketing/Media Relations prior to contact with the media**.**

6. **Complaints Addressed to the Board.** Written comments or complaints addressed to any or all members of the Board that are received by Board members or any Health System staff member must be forwarded *immediately* to the Clerk of the Board. The Clerk of the Board will deliver copies of complaints to the Health System Patient Advocate, the Risk Manager and each member of the Board of Directors in a timely manner. The Clerk of the Board will coordinate with the Chair of the Board an appropriate response. Complaints shall be addressed in accordance with the Health System Patient and Family Complaints/Grievances policy and procedure by either the Patient Advocate or the Risk Manager, as appropriate. Each member of the Board must be copied on complaint resolution correspondence to the complaining party.

G. **Board Powers and Authority.** The powers and authority of the Board are as defined in the Bylaws and the Local Health Care District Law (CA Health and Safety Code Sections 32121-32137)

H. **Delegation To The Chief Executive Officer**:

1. The Board delegates professional and administrative responsibility to the Chief Executive Officer for overall management of the organization, its licensed facilities, and its personnel. The Board will instruct the Chief Executive Officer through written policies which prescribe the organizational goals to be achieved, and describe organizational situations and actions to be avoided, allowing the Chief Executive Officer to use any reasonable interpretation of these policies.

    a. The Board will develop policies instructing the Chief Executive Officer to achieve certain results. These policies will be developed systematically from the broadest, most general level, to more defined levels.

    b. As long as the Chief Executive Officer uses a reasonable interpretation of the Board's policies, the Chief Executive Officer is authorized to establish organizational policies, make decisions,

take actions, establish practices and develop activities. The Chief Executive Officer has responsibility for oversight of the established policies and procedures.

c. The Chief Executive Officer shall be the principal or administrator responsible to fulfill State licensing and certification disclosure and reporting obligations for changes in dissolution and ownership, management, and medical staff leadership. (See Appendix A)

d. The Board may review and change the boundary between Board and Chief Executive Officer domains; and by doing so the Board changes the latitude of choice given to the Chief Executive Officer. But, as long as a particular delegation is in place, the Board will respect and support the Chief Executive Officer's choices.

2. To ensure that the Board's vision and goals are being carried out, and to identify discrepancies between policy and implementation, the Board will be provided all appropriate information by staff to ensure adequate implementation of Board policies and strategic plans. Such information can be utilized to promote the distinction between Board and staff roles. Simply, the Board expects full information, from which it develops policies, and based upon which staff will carry out the goals and policies of the Board.

I. **Indemnification**. To the fullest extent permissible under California law, the District shall indemnify and provide a defense to its current and former Board members with respect to any civil action or proceeding brought against him or her on account of an act or omission in the scope of employment or other duties with the District, provided that the District need not provide a defense when it determines that the member acted or failed to act because of actual fraud or corruption.

J. **Confidentiality**. District information includes, but is not limited to, protected health information, proprietary, trade secret, personal, privileged, closed session or otherwise sensitive data and information (collectively "Confidential Information").

1. Board Members shall be given access to Confidential Information for District purposes only and may not use or disclose Confidential Information for any purpose other than to conduct the business of the District in a manner consistent with its mission and corporate compliance plan.

2. Board Members shall be responsible for maintaining privacy of health information as specified in the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and any subsequent statutes, regulations, and amendments thereto.

3. Board Members shall not disclose, share, copy, or transmit Confidential Information to those not authorized to receive it.

4. At all times, Board Members shall protect the integrity, security, and confidentiality of Confidential Information which they may have access to or come into contact with which could be used in any reasonable way to negatively impact the District, its reputation, strategic position, or operations.

5. Information shall not be considered Confidential Information if it:

a. is publicly known other than through acts or omissions attributable to the disclosing party;

b. as demonstrated by prior written records, is already known to the disclosing party at the time of the disclosure;

c. is disclosed in good faith to a recipient party by a third party other than a Director having a lawful right to do so;

d. is subject of written consent to the District authorizing disclosure; or

e. was independently developed by the disclosing party without reference to the District's

Confidential Information.

6. Any action by a Board Member in violation of this policy may subject such individual to criminal and civil liability.
7. Board Members should be referred to Legal Counsel of the District for any questions they may have with respect to the application of this Policy in general or whether a particular item is Confidential Information.
8. Each Board Member shall sign a Pledge of Confidentiality (Appendix B) as acknowledgement and confirmation of the obligations contained herein.

Related Policies/Forms: *Guidelines For the Conduct of Business By the TFHD Board of Directors ABD-12*; *Board, Chief Executive Officer, & Employee Performance Evaluation ABD-01*; *Board Compensation and Reimbursement ABD-03*; *Orientation and Continuing Education ABD-19*

References: Governance Institute;
42 CFR 485.627 - Condition of Participation: Organizational Structure
Local Health Care District Law (CA Health and Safety Code §§32121-32137); Ralph M. Brown Act (CA Govt Code §§54950 et seq): Resignations and Vacancies (CA Govt Code §§1750-1782); Removal From Office (CA Government §§3000-3075); Uniform District Election Law (CA Elections Code §§10500-10556); Recall of Local Officers (CA Elections Code §§11200-11227); Liability of Public Employees (CA Govt Code §§820-825.6)
Cal. Code. Regs. Title 22 Division 5 §70125; §70127; NRS 449.001Nevada Administrative Code (NAC) Chapter 449.0114

Policy Owner: Clerk of the Board

Approved by: CEO

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
DEFINITIONS:		"Governing body" means the person, persons, board of trustees, directors or other body in whom the final authority and responsibility is vested for conduct of the hospital. (22 CA ADC § 70035) "Principal officer" means the officer designated by an organization who has legal authority and responsibility to act for and in behalf of that organization. (22 CA ADC § 70057) *Skilled Nursing Facility*: "Administrator" means a person licensed as a nursing home administrator by the California Board of Examiners of Nursing Home	"Administrator" means the person responsible for the day-to-day management of a facility. (NAC 449.0022) *Hospice*: "Governing body" means the person or group of persons responsible for carrying out and monitoring the administration of a program of hospice care or for the operation of a facility for hospice care. (NAC 449.0173)

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
		Administrators or a person who has a state civil service classification or a state career executive appointment to perform that function in a state facility (Cal. Admin. Code tit. 22, § 72007). *Home Health Agency*: "Administrator" means a person who is appointed in writing by the governing body of the home health agency to organize and direct the services and functions of the home health agency (Cal. Admin. Code tit. 22, § 74613). Primary Care Clinic: No "administrator" definition provided, but content of original application must contain name of the administrator and a description of the administrator's experience and background and, where the same person is the administrator of more than one licensed clinic, the name of, and the number of hours spent in, each licensed clinic per week, and such other necessary information as may be required by CDPH. (Cal. Admin. Code tit. 22, § 75022)	
GENERAL ACUTE CARE HOSPITAL (CAH)	Change in Ownership, Services, and Location	Notify CDPH in writing 30 days prior to change of ownership any time a *dissolution or transfer of ownership* occurs. (Cal Code of Reg §70125) Notify CDPH in writing any time a change of stockholder owning ten percent or more of the non-public corporate stock occurs. Such notice shall include the name and principal mailing address of the new stockholder. The notice must include the name and principal mailing address of a new owner. (Cal Code of Reg §70127) Notify CDPH in writing within ten (10) days prior to any change of the mailing address. (Cal Code of Reg §70127)	Notify the Health Division immediately of any change in the ownership of, the location of, or the services provided at, the facility. (NAC 449.0114(5))

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
	Change in Administrative Leadership	Notify CDPH in writing within ten (10) days of any change in the *principal officer*. Include the name and principal business address. (Cal Code of Reg §70127)	Notify the Bureau in writing within ten (10) days a change of administrator occurs. (NAC 449.0114(4)) (The notification must provide evidence that the new administrator is currently licensed pursuant to chapter 654 of NRS and the related regulations. For failure to notify the Health Division and submit an application for a new license within 10 days after the change, must pay to the Health Division a fee in an amount equal to 150 percent of the fee required for a new application.)
SKILLED NURSING FACILITY	Change in Administrative Leadership	*Report of Changes*: a. Notify CDPH in writing of any changes in the information provided pursuant to Sections 1265 and 1267.5, Health and Safety Code, within 10 days of such changes. This notification shall include information and documentation regarding such changes. b. When a change of *administrator* occurs, notify CDPH in writing within 10 days. Include the name and license number of the new administrator. c. Notify CDPH within 10 days in writing of any change of the *mailing address*. Include the new mailing.	N/A

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
		d. Notify CDPH in writing within ten (10) days when a *change in the principal officer* of a corporate licensee (chairman, president or general manager) occurs. Include the name and business address of such officer. e. Notify CDPH in writing of any *decrease in licensed bed capacity* of the facility (result: in the issuance of a corrected license). (22 CA Cal Code of Reg § 72211)	
HOME HEALTH	Change in Ownership and/or Administrative Leadership: Disclosure and Report of Changes	*Disclosure*: Disclose the following information to CDPH at the time of the home health agency's initial request for licensure, *at the time of each survey*, **and** *at the time of any change in ownership or management*: a. The name and address of each person with an ownership or control interest of five percent or greater in the home health agency. b. The name and address of each person who is an officer, a director, an agent, or a managing employee of the home health agency. c. The name and address of the person, corporation, association, or other company that is responsible for the management of the home health agency, and the name and address of the chief executive officer and the chairman of the board of directors of the corporation, association or other company responsible for the management of the home health agency. d. If any person described in (a), (b), or (c) has served as or currently serves	Same as for Hospital

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
		as an administrator, general partner, trustee or trust applicant, sole proprietor or any applicant or licensee who is a sole proprietorship, executor, or corporate officer or director of, or has held a beneficial ownership interest of 5 percent or more in any other home health agency, health facility, clinic, hospice, Pediatric Day Health and Respite Care Facility, Adult Day Health Care Center, or any facility licensed by the Department of Social Services, the applicant shall disclose the relationship to the Department, including the name and current or last address of the facility and the date such relationship commenced and, if applicable, the date it was terminated. (22 CA Cal Code of Reg § 74665) *Report of Changes*: a. Changes Requiring New Application. An application shall be submitted to the Department within 10 working days whenever a *change of ownership* occurs. A change of ownership shall be deemed to have occurred where, among other things, when compared with the information contained in the last approved license application of the licensee, there has occurred a transfer of 50 percent or more of the issued stock of a corporate licensee, a transfer of 50 percent or more of the assets of the licensee, a change in partners or partnership interests of 50 percent or greater in terms of capital or share of profits, or a relinquishment by the licensee of the management of the	

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
		agency. b. Changes Requiring Written Notice. The licensee shall, within 10 days, notify the Department in writing of the following: 1. Change of name of home health agency. 2. Change of location and/or address of home health agency. 3. Change in the licensing information required by subsection (a) of Section 74661. 4. Change of the mailing address of the licensee. 5. Change in the principal officer (chairman, president, general manager) of the governing board. Such written notice shall include the name and principal business address of each new principal officer. 6. Change of the administrator including the name and mailing address of the administrator, the date the administrator assumed office and a brief description of qualifications and background of the administrator. 7. Change of Director of Patient Care Services including the name and mailing address of the Director of Patient Care Services, the date the Director of Patient Care Services assumed office and a brief description of qualifications and background of the Director of Patient Care Services.	

	Type of Change	CALIFORNIA: Required Notifications/ Disclosures submitted to the California Department of Public Health (CDPH) Licensing and Certification local office	NEVADA: Required Notifications/Disclosures submitted to the Nevada Division of Public Health Bureau of Health Care Quality and Compliance.
		8. Addition or deletion of services. (22 CA Cal Code of Reg § 74667)	
HOSPICE	Change in Ownership/ Administrative Leadership: Disclose/ Changes	Same as for Home Health	Immediately advise/notify the Health Division of any change in the ownership of the program and the address of the principal office of the program. NAC 449.0183
PRIMARY CARE CLINICS	Change in Administrative Leadership	*Report of Changes*: a. Any *change in the principal officer* such as chairperson, president, or general manager of the governing board shall be reported to CDPH in writing immediately, but in no case later than 10 days following such change. The notice shall include the name and principal business address of each new principal officer. b. When a *change of administrator* occurs, notify CDPH in writing immediately, but in no case later than five (5) days following such change. The notification shall include the name of the new administrator, the mailing address, the date of assuming office and a brief description of his or her background and qualifications. (Cal. Admin. Code tit. 22, § 75025)	Same as for Hospital
MEDICAL STAFF	Change in Med Staff Leadership	N/A	N/A

All revision dates: 01/2016, 06/2014, 01/2014, 01/2012, 01/2010

Attachments:

B: Pledge of Confidentiality

AGENDA ITEM COVER SHEET

ITEM	Supplemental Retirement Plan Options
RESPONSIBLE PARTY	Alex MacLennan, Chief Human Resources Officer
ACTION REQUESTED?	For Board Action

BACKGROUND:

Tahoe Forest Hospital District (TFHD) engaged BFB Gallagher to explore supplemental retirement plan options that would help align TFHD policies with broader highly compensated employees and physician employment objectives.

SUMMARY/OBJECTIVES:

In order for TFHD to offer employed physicians supplement retirement plans above its current 401(a), 457(b) and other qualified retirement plans, the TFHD management team has completed due diligence surrounding two additional options, which include: Section 162 Bonus [after-tax option] and Participant Split Dollar [pre-tax option].

TFHD management team members agree that the two plan options need to meet the following key desired plan features:
a. Potential to reduce current taxable income to the physicians and other highly compensated employees [Participant Split Dollar]
b. Potential for tax favorability of distributions at retirement [Section 162 Bonus and Participant Split Dollar]
c. Reduction of institution insolvency risk, which would jeopardize employee deferrals [Section 162 Bonus and Participant Split Dollar]
d. Compliance with all laws, rules, and regulations [Section 162 Bonus and Participant Split Dollar]

BFB Gallagher recommends that TFHD provide participants with two plan options that they can choose from or potentially blend together. The plan options include: Section 162 Bonus and Participant Split Dollar.

Section 162 Bonus allows those who wish to contribute to a plan on an after-tax basis to access non-taxable distributions at retirement. The contributions are premiums for a life insurance policy, which is owned by the Participant.

AGENDA ITEM COVER SHEET

In retirement, the Participant determines when and how to access policy values and may take tax-free loans from the policy. There may also be an additional tax-free death benefit for the Participant's beneficiaries.

Participant Split Dollar allows for significantly greater contributions into a plan on a pre-tax basis and for non-taxable distributions at retirement. This plan has a more complex structure with a key legal agreement between TFHD and the Participant, involving negotiation of base compensation.

Participant and TFHD agree on a base compensation adjustment in the amount they wish to allocate to the Participant Split Dollar plan. Compensation adjustments are made on a pretax basis for a designated period and is based on the philosophy of total compensation (salary, bonus, benefits and perquisites).

SUGGESTED DISCUSSION POINTS:

Can *all* Employees utilize these plans? No, plans such as these will be available for *Highly Compensated* Employees. The majority of other employees do not need further options as the two current plan options are sufficient.

Physicians currently have many options available to put monies aside for retirement as they are independent contractors. As we move into the employment model, physicians will have less flexibility. Creating plans such as these will allow physicians more flexibility than what is currently available.

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the District proceed with the creation and adoption of two additional retirement plan options (Section 162 Bonus and Participant Split Dollar).

LIST OF ATTACHMENTS:

- none

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2019-03

RESOLUTION RECOGNIZING MARCH 30, 2019 AS NATIONAL DOCTOR'S DAY

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

WHEREAS, March 30th marks the annual observation of National Doctor's Day; and

WHEREAS, March 30, 1933 was the first observation of Doctor's Day in Winder, Georgia where Dr. Charles B. Almond's wife, Eudora wanted to have a day to honor physicians by mailing greeting cards and placing flowers on the graves of deceased doctors; and

WHEREAS, this day was officially nationally established by federal law in 1990 to recognize physicians, their work, and their contributions to society and the community; and

WHEREAS, all physicians who practice in the North Lake Tahoe and Truckee communities shall be recognized for performing critical diagnosis, treatment and care 365 days per year to countless people in need; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby observes March 30, 2019 as National Doctor's Day and dedicates that day to the recognition of the diverse and valuable work Doctors perform in the service of the North Lake Tahoe and Truckee region.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 28th day of March, 2019 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

_____	_____
Alyce Wong	Charles Zipkin, M.D.
Chair, Board of Directors	Secretary, Board of Directors
Tahoe Forest Hospital District	Tahoe Forest Hospital District

TAHOE FOREST HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
AGENDA

Thursday, March 21, 2019 at 9:30 a.m.
Pine Street Cafe Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL
Alyce Wong, Chair; Randy Hill, Board Member

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

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

5. APPROVAL OF MINUTES OF: 09/28/2018

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Charter Review ..... ATTACHMENT
Governance Committee will review its committee charter.

6.2. Policy Review
Governance Committee will review and discuss the following policies:

6.2.1. ABD-03 Board Compensation and Reimbursement ..... ATTACHMENT
6.2.2. ABD-14 Inspection and Copying of Public Records ..... ATTACHMENT
6.2.3. ABD-17 Manner of Governance for the TFHD Board of Directors ..... ATTACHMENT
6.2.4. Board Self-Assessment Policy
Committee will discuss whether or not a policy for the Board Self-Assessment is needed.

6.3. Board Governance

6.3.1. Follow up on Overall Meeting Effectiveness
Governance Committee will discuss overall meeting effectiveness, including the schedule of board presentations, review the agenda item cover sheet and review potential presentation templates.

6.3.2. Board Education Plan for 2019
Governance Committee will develop a Board Education Plan for the 2019 calendar year.

6.3.3. Annual Board Goal Setting ..... ATTACHMENT
Governance Committee will review and discuss development of board goals for 2019.

6.3.4. 2018 Board Self-Assessment ..... ATTACHMENT*
Governance Committee will review the results of the 2018 Board Self-Assessment.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

9. ADJOURN

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.