TAHOE FOREST HOSPITAL DISTRICT

2019-06-27 Regular Meeting of the Board of Directors

Thursday, June 27, 2019 at 4:00pm

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2019-06-27 Regular Meeting of the Board of Directors

06/27/2019 Agenda Packet Contents

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 27, 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: 2018 Annual Employee Health Report
     Number of items: One (1)
   - **5.2. Hearing (Health & Safety Code § 32155**)
     Subject Matter: Third Quarter Fiscal Year 2019 Board Quality Report
     Number of items: One (1)
   - **5.3. Hearing (Health & Safety Code § 32155**)
     Subject Matter: SCORE Survey Report
     Number of items: One (1)
   - **5.4. Hearing (Health & Safety Code § 32155**)
     Subject Matter: Quality Assurance Report
     Number of items: One (1)
   - **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
   - **5.6. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**
     Number of Potential Cases: One (1)
   - **5.7. Approval of Closed Session Minutes**◈
     05/23/2019
   - **5.8. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155**)◈
     Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. **DINNER BREAK**

7. **OPEN SESSION – CALL TO ORDER**

◈ Denotes Action Item

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

12.1. June Safety First Topic

13. ACKNOWLEDGMENTS

13.1. June 2019 Employee of the Month.....ATTACHMENT
13.2. Staff completion of North Lake Tahoe-Truckee Leadership Program .....ATTACHMENT
13.3. Dan Coll named national liaison to American Academy of Orthopaedic Surgeons .....ATTACHMENT
13.4. Jake Dorst named Becker's Hospital Review Community Hospital CIOs to Know.....ATTACHMENT

14. MEDICAL STAFF EXECUTIVE COMMITTEE ◈

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

MEC recommends the following for approval by the Board of Directors:
-Privilege Form Review (no changes): Pediatric Privileges
-Privilege Form Review (with changes): Procedural Sedation Privilege Form (Requirement to complete the sedation competency was removed), Emergency Medicine Privilege Form (ATLS requirement was added)
-New Policies: Neonate – Late Preterm Newborn, DWFC-1486
-Annual Policy Review (no changes): Non-Medical Staff CME Attendance, MSGEN-1602

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. 05/23/2019 .....ATTACHMENT
15.1.2. 06/03/2019 .....ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – May 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

◈ Denotes Action Item

15.3.4. CIIO Board Report .....ATTACHMENT
15.3.5. CMO Board Report.....ATTACHMENT

15.4. Approve updated policies
15.4.1. ABD-02 Chief Executive Officer Compensation .....ATTACHMENT
15.4.2. ABD-12 Guidelines for Business by TFHD Board of Directors.....ATTACHMENT

15.5. Approve Revised Committee Charter
15.5.1. Governance Committee Charter.....ATTACHMENT

15.6. Approve Tahoe Forest Health System Foundation Board Nominees
15.6.1. Alicia Barr .....ATTACHMENT
15.6.2. Rich Molsby.....ATTACHMENT

16. ITEMS FOR BOARD ACTION◈

16.1. Resolution 2019-05◈.....ATTACHMENT
The Board of Directors will review and consider approval of Resolution 2019-05 that would allow refinancing of the District's General Obligation (GO) Bond.

16.2. Truckee Tahoe Workforce Housing Joint Powers Agency – Term Sheet◈.....ATTACHMENT
The Board of Directors will review and consider approval of a Joint Powers Agency term sheet.

16.3. Truckee Tahoe Workforce Housing Joint Powers Agency – Seed Funding◈ .....ATTACHMENT
The Board of Directors will review and consider approval of seed funding for the Truckee Tahoe Workforce Housing Joint Powers Agency.

16.4. Truckee Surgery Center Board of Managers◈ .....ATTACHMENT
The Board of Directors will review and consider approval of an additional member to the Truckee Surgery Center Board of Managers.

17. ITEMS FOR BOARD DISCUSSION◈

17.1. PRIME Update
The Board of Directors will receive an update on the PRIME program.

17.2. Board Education

17.2.1. Impact of Market Disruptors
The Board of Directors will receive board education on the impact of market disruptors and what the District will do about them.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

19.1. Governance Committee Meeting – 06/19/2019 .....ATTACHMENT
19.2. Finance Committee Meeting – No meeting in June.
19.3. Quality Committee Meeting – No meeting held in June.
19.4. Executive Compensation Committee Meeting – No meeting held in June.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

21. ITEMS FOR NEXT MEETING

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

◈ Denotes Action Item

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 July 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

Employee of the Month, June 2019
Tobriah Van Diepen, Legal Assistant, Administration

We are honored to announce Tobriah Van Diepen, Legal Assistant, as our June 2019 Employee of the Month!

Tobriah has been with Tahoe Forest for nearly 2 years.

Tobriah is an employee that typically works behind the scenes in the Healthcare System. The work that she does is invaluable to our organization. Previous to Tobriah's arrival we had a multitude of issues that made our contracting almost impossible. Just locating a contract was a challenge.

After the purchase of the Meditract system, Tobriah came on board and quickly entered all of our contracts into the system making sure that all of the "i"s were dotted and "t"s were crossed. She is always quick to resolve any issues, will go on a hunt to find information, and is professional, knowledgeable, and overall a stellar employee. These qualities were so strong that she is often asked to participate in other Health System initiatives.

Tobriah sets the bar high and is an example of a really great employee in the system.

Please join us in congratulating all of our Terrific Nominees!

Alaina Helmandollar
Amy Sisco
Andrea Berger
Angela Henry
Berenice Munoz
Cassy Kiehn
Cynthia Willson
Dolores Corona
Elise McAllister
Federico Falcon
Jenna Raber
Jessica Weaver
Kristen Nunez
Oscar Contreras
Shania Wood
Sheila Sims

AGENDA ITEM COVER SHEET

ITEM	Acknowledgement of two TFHD leaders for graduating from the North Lake Tahoe-Truckee Leadership Program
RESPONSIBLE PARTY	Ted Owens, Executive Director Governance & Business Development
ACTION REQUESTED?	Informational Item

BACKGROUND:

The North Lake Tahoe-Truckee Leadership Program was established in 2004 and today has over 350 Alumni making a difference in our community. Participants of the program experience leadership skill development, presentations on regional issues and the cultivation of business and personal relationships.

SUMMARY/OBJECTIVES:

Effective leadership is a key element in any successful community. Developing and encouraging participation of new leaders is essential in gaining fresh ideas and perspectives. This program seeks to develop our regional leaders of tomorrow.

Tahoe Forest Health System offers the opportunity to two individuals who embody leadership goals annually.

Congratulations to Crystal Jefferson, Director Patient Access and Shana Kennon, Manager Emergency Services, for their completion of the program!

SUGGESTED DISCUSSION POINTS:
None.

SUGGESTED MOTION/ALTERNATIVES:
None.

LIST OF ATTACHMENTS:
None.

June 3, 2019

Daniel Coll, MBA, PA-C, DFAAPA
[redacted]

Dear Dan,

Congratulations! I am pleased to inform you that the AAPA Board of Directors has confirmed your appointment as the AAPA liaison to the American Academy of Orthopaedic Surgeons (AAOS) for a two-year term beginning July 1, 2019, and ending June 30, 2021. We recognize that serving as a medical liaison is a significant investment of time and effort on your part, and the Board is deeply appreciative of your commitment to the position and to the profession.

Your role as a medical liaison to AAOS is critical to helping AAPA realize its vision for the profession – *PAs transforming health through patient-centered, team-based medical practice.* As an official representative and ambassador of the Academy, the relationships you forge and the knowledge you gain through your work with AAOS will help position AAPA to be the leading voice for PAs in the rapidly evolving healthcare environment.

AAPA staff will send you information in the coming weeks regarding Academy resources, the travel process and reporting on activities and accomplishments. If you have any questions in the meantime, please contact Ellen Rathfon at ellen@aapa.org or 571-319-4347.

I look forward to seeing the fruits of your labor as you grow and strengthen the relationship between AAPA and AAOS. Thank you for your service on behalf of the Academy and the PA profession. Your work is an integral part of making the PA profession the hallmark of quality medical care and moving the profession forward.

Sincerely,

Jonathan E. Sobel, DMSc, MBA, PA-C, DFAAPA, FAPACVS
AAPA President and Chair of the Board

cc: Sam Dyer, PA-C, MHS, President, PAOS
Elizabeth Darr, Executive Director, PAOS
Brian Dautch, Staff Advisor

FOR IMMEDIATE RELEASE
June 13, 2019

Contact: Paige Thomason
Tahoe Forest Health System
Director of Marketing/Communications
(530) 582-6290
pthomason@tfhd.com

Jake Dorst, Tahoe Forest Health System
Chief Information and Innovation Officer,
Named to Becker's Hospital Review Community Hospital CIOs to Know

www.tfhd.com

(Tahoe/Truckee. Calif.) – Becker's Hospital Review recently recognized 71 community hospital CIOs in 2019. Jake Dorst, Chief Information and Innovation Officer at Tahoe Forest Health System, was named with this designation.

Hospitals and health systems rely on CIOs and IT department leaders to develop long-term technology strategy and oversee EHR implementation, as well as support telehealth, data-gathering, cybersecurity and more.

Those who lead a community hospital or health system IT department and functions face unique challenges in their efforts to connect with patients, physician offices and other care settings—often across broad geographies using limited resources.

Under Mr. Dorst's leadership, Tahoe Forest Health System successfully transitioned to a single EHR platform and modernized its patient care infrastructure to become a mobile-first network.

Mr. Dorst received this designation previously in September 2018. His dedication to advancements and innovation in the industry also earned him a spot in the 2018 and 2019 Becker's Hospital Review list of *Hospital and Health System CIOs to Know*. He has been on both lists since 2015.

The professionals on the Becker's list of 71 are set apart by the outstanding recognition they've earned and exciting new projects they're piloting. Many individuals on this list are members of the Health Information Management Systems Society, and their workplace has earned CHIME'S Health Care's Most Wired designation.

The Becker's editorial team solicited nominations and conducted internal research to develop this list. Individuals and organizations represented did not pay and cannot pay for inclusion. For the complete list, go to Becker's Hospital Review.

####

About *Becker's Hospital Review*

Becker's Hospital Review is a monthly publication offering up-to-date business and legal news and analysis relating to hospitals and health systems. Content is geared toward high-level hospital leaders, and valuable content is provided, including hospital and health system news, best practices and legal guidance specifically for these decision-makers. Each issue of *Becker's Hospital Review* reaches more than 18,000 people, primarily acute-care hospital CEOs, CFOs and CIOs.

About Tahoe Forest Health System

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

High-resolution photo attached: Jake Dorst.jpg. Caption - Jake Dorst, Chief Information and Innovation Officer, Tahoe Forest Health System

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD, Chief of Staff
ACTION REQUESTED?	For Board Action

BACKGROUND:
During the June 20, 2019 Medical Executive Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.

SUMMARY/OBJECTIVES:

Approval of the following consent agenda items:

Privilege Form Review (no changes)

1. Pediatric Privileges

Privilege Form Review (with changes)

1. Procedural Sedation Privilege Form (Requirement to complete the sedation competency was removed)
2. Emergency Medicine Privilege Form (ATLS requirement was added)

New Policies

1. Neonate – Late Preterm Newborn, DWFC-1486

Annual Policy Review (no changes)

1. Non-Medical Staff CME Attendance, MSGEN-1602

SUGGESTED DISCUSSION POINTS:
None.

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

LIST OF ATTACHMENTS:

- Consent Agenda
- Pediatric Privileges
- Procedural Sedation Privileges
- Emergency Medicine Privileges
- Neonate-Late Preterm Newborn, DWFC-1486
- Non-Medical Staff CME Attendance, MSGEN-1602

TAHOE FOREST HOSPITAL DISTRICT
Department of OB/PEDS
Delineated Privilege Request

SPECIALTY: PEDIATRICS **NAME:** _____

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

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

Core Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in pediatrics.
Board Certification:	Board qualification required. Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics within five years of completion of training program.
Required Training/ Experience: (required for new applicants)	Documentation of recent clinical experience is defined as having performed at least 25 clinical consultations in the past 24 months and the performance of at least 10 pediatric procedures in the past 24 months or must demonstrate successful participation in a hospital affiliated formalized residency or special clinical fellowship within past 24 months. If training has been completed within the last 5 years; documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago; documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
Clinical References: (required for new applicants)	Training director or appropriate chair from another hospital(s) where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a pediatrician.
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 • Current certification in NRP required (submit copy of certification) • Current PALS & ACLS preferred but not required. • 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 (NV). • Ability to participate in federally funded program (Medicare or Medicaid).

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 core, specific, and threshold criteria defined above**

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

TAHOE FOREST HOSPITAL DISTRICT
Department of OB/PEDS
Delineated Privilege Request

(R)	(A)	CORE PRIVILEGES - PEDIATRICS	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
☐	☐	Telemedicine privileges			N/A	Data sent from UC Davis
☐	☐	**CORE PEDIATRICS:** Admission, diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative and post operative care of children including consultations to patients between the ages of birth and 18 years and for those older requiring special needs. The privileges also include: • Application of casts and splints • Assist at general surgery • Attendance at c-sections (TFHD) • Care of preterm birth (TFHD) • Central line placement • Circumcision (neonate) (TFHD) • EKG reading • Exchange transfusion • Incision and drainage • Intubation • Intra osseus Needle insertion • Lumbar puncture • Neonatal resuscitation (TFHD) • Pediatric resuscitation • Peripheral IV lines • Repair simple laceration • Simple fractures and dislocations • Spinal tap • Suprapubic bladder puncture • Umbilical line placement (TFHD) • Venous cut down • Lingual frenectomy	_____	INPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years
☐	☐	**CORE PEDIATRICS: OUTPATIENT** Diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative care of children including consultations to patients between the ages of birth and 21 years and for those older requiring special needs. The privileges also include: • Application of casts and splints • Bladder catheterizations • Care of preterm birth (TFHD) • Central line placement • Circumcision (neonate) (TFHD) • EKG reading • IM injections and immunizations • Incision and drainage of abscess • Intra osseus Needle insertion • Neonatal resuscitation in an emergency • Pediatric resuscitation in an emergency • Peripheral IV lines • Removal of foreign body • Removal of skin lesion/wart removal • Repair simple laceration • Suprapubic bladder puncture • Lingual frenectomy	_____	OUTPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years

TAHOE FOREST HOSPITAL DISTRICT
Department of OB/PEDS
Delineated Privilege Request

☐	☐	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. _____ _____				
☐	☐	**I attest I am currently certified as noted below and agree to provide proof of current certification with my request for privileges:** **NRP Certified**				
		SELECTED PROCEDURES **These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.**	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
☐	☐	**INTRAVENOUS PROCEDURAL SEDATION:** (IVPS) (refer to outlined criteria under separate cover)	N/A	INPATIENT OUTPATIENT	Take and pass the test	Take and pass the test
☐	☐	**EZ IO:** (Meet with Clinical Nurse Specialist to complete instruction and return demonstration)	N/A	INPATIENT OUTPATIENT	Take and pass the test	Maintain privileges requiring this procedure
☐	☐	**GASTRIC OCCULT TESTING**	_____	TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the OB/PEDS Department
☐	☐	**FLUORIDE APPLICATION** (Completion of education provided by pediatric dentist in the patient selection for and application of fluoride)		TFH OUTPATIENT	Completion of education	Maintain privileges requiring this procedure
☐	☐	**TONGUE TIE CLIPPING**	_____	TFH OUTPATIENT	1 cases observed	Maintain privileges requiring this procedure.
☐	☐	**PEDIATRIC PULMONOLOGY:** Provide consultation services to children presenting with conditions, injuries and diseases of the organ of the thorax or chest; lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system. Current certification or action participation in the certification process leading to certification in Pediatrics with special qualifications in Pediatric Pulmonology by the American Board of Pediatrics.	N/A	INPATIENT OUTPATIENT	5 cases	Physician must be able to show current demonstrated competence and adequate volume of experience in Pulmonology reflective of the scope of privileges in the last 24 months.
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medical 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.				

TAHOE FOREST HOSPITAL DISTRICT
Department of OB/PEDS
Delineated Privilege Request

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 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 attached description of modifications) □ do not recommend

_____ _____
DATE DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

_____
_____

Medical Executive Committee:_____ (date of Committee review/recommendation)

□ privileges as requested □ privileges with modifications (see modifications below) □ do not recommend (explain)

Board of Directors:_____(date of Board review/action)

□ privileges as requested □ privileges with modifications (see modifications below) □ do not recommend (explain)

Modifications or Other Comments:

_____
_____

Department Review Dates: 1/07, 1/11, 5/11, 3/12, 2013, 3/14, 5/15; 5/16
Medical Executive Committee: 2/21/07; 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16
Board of Directors: 2/27/07, 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16

TAHOE FOREST
HOSPITAL DISTRICT
MEDICAL STAFF SERVICES

CREDENTIALS PROTOCOL
TFH - IV PROCEDURAL SEDATION PRIVILEGES

PLEASE CHECK:

☐ Minimal/light Sedation (Anxiolysis) ☐ Moderate Sedation ☐ Deep Sedation

Please refer to the *Moderate and Deep Sedation Policy* for definitions. **Please note, Deep sedation can only be administered in the ED and ICU and requires additional criteria, competence review, airway/intubation review with Respiratory Therapy, and proctoring in accordance with the Propofol Credentialing Policy.**

A. Eligibility:

1. These criteria apply to all non-anesthesia providers who wish to administer Procedural sedation.
2. Practitioner must be a member of the Tahoe Forest Hospital District Medical Staff with current clinical privileges.

B. Certification:
I certify the following:

_____ 1. I understand the Pharmacology of the drugs approved for use in Procedural sedation.

_____ 2. I understand and can manage potential complications of the administration of sedation, such as airway obstruction and respiratory insufficiency.

_____ 3. I agree to treat patients for procedural sedation in accordance with the Tahoe Forest Hospital Districts Moderate and Deep Sedation Policy.

_____ 4. I have read the Tahoe Forest Hospital District's Moderate and Deep Sedation Policy.

_____ 5. I have satisfactorily performed 24 cases in the previous 2 years with no adverse outcomes.

_____ 6. For Deep Analgesia:
_____ I have read the Policy on *Propofol: Use of By Non Anesthesiologists*.
_____ Documentation of Education and Training.
_____ 5 proctored procedures will be required.

C. Peer Review/Recertification:
I agree to abide by the Tahoe Forest Hospital District Moderate and Deep Sedation Policy and agree to peer review of my procedural sedation procedures as a requirement for continued maintenance of privileges. Policy in effect regardless of clinical area (MRI, ICU, etc.).

D. Application:
I hereby formally request Procedural sedation privileges and verify that I qualify for these privileges as noted above.

_____ ADULT _____ PEDIATRICS

PRINTED NAME _____ SIGNATURE _____ DATE

APPROVED BY SURGERY DEPT: 9/15/2003; 11/2004, 1/19
APPROVED BY ANESTHESIA DEPT:2/2006, 1/19
APPROVED BY EXECUTIVE: 11/2003; 11/2004; 3/2006, 3/19

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)

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(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. _____ _____ _____			

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(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 attestation	Successfully completing attestation
☐	☐	**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**
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(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, 3/21/19
Medical Executive Committee: 2/21/07, 6/20/07; 3/09; 3/16/16, 3/21/19
Board of Directors approval: 2/27/07, 6/26/07; 3/09; 3/24/16, 3/28/19

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**
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(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 HEALTH SYSTEM

Origination Date:	*N/A*
Last Approved:	*N/A*
Last Revised:	*N/A*
Next Review:	*N/A*
Department:	*Women and Family Center - DWFC*
Applies To:	*Tahoe Forest Hospital*

Neonate – Late Preterm Newborn, DWFC-1486

PURPOSE:

To provide specific considerations for the care of the late preterm infant. Late preterm infants born at a gestational age (GA) between 34 weeks and 0 days, and 36 weeks and 6 days and have an increased risk of temperature instability, respiratory distress, hypoglycemia, hyperbilirubinemia, low APGAR scores, sepsis, feeding difficulties, and increased length of stay. To add, feeding on demand, without interventions, can be associated with progressively poor feeding and a greater than 10 percent weight loss within the first few days, warranting vigilant assessment and care. Accordingly, by providing strategies to anticipate, identify promptly, and manage breastfeeding problems in the inpatient setting, late preterm babies and mothers will yield better outcomes, preventing complications. Early term infants (37 weeks to 38 weeks and 6 days gestation) are also at greater risk for feeding problems and hyperbilirubinemia; elements of this protocol are therefore also applicable to these infants.

POLICY:

A. All observations, care and necessary treatments of the Late Preterm (LPT) Newborn as well as all Parent/ Guardian education will be completed during the hospitalization with verification of completion prior to discharge.

PROCEDURE:

A. Prior to Delivery

1. Review maternal admission history and physical assessment and labor course for any additional risk factors such as maternal diabetes (all types), known fetal anomalies, maternal substance use, abnormal fetal heart rate patterns, prolonged rupture of membranes (greater than 18 hours), intrapartum fever, positive or unknown GBS status, gestational Hypertension, anemia etc.
2. Notify all necessary delivery personnel.
    a. An NRP Certified RN and/or Respiratory Therapist (RT) shall be at the bedside at time of delivery.
    b. When possible, an additional RN will be present at delivery for newborn care.
    c. The pediatrician shall be alerted to all anticipated high risk deliveries with attendance requested at delivery, when appropriate.
3. All equipment for support and resuscitation of the infant should be prepared and checked prior to

delivery, ensuring that appropriately-sized newborn resuscitation supplies are available and functioning, including an oxygen blender and pulse oximeter.

4. Preheat the radiant warmer, blankets, and towels.
5. Increase the room temperature to 79–81 degrees F (26–27 degrees C).

B. At the Time of Delivery:

1. Initiate stabilization and immediate care of the newborn, assisting Pediatrician/RT as needed.
2. This may be completed on the mother's chest, unless resuscitative efforts are necessary, in which case neonatal resuscitation and assessment will be done on radiant warmer prior to placing infant skin to skin with mother. Basic NRP and STABLE guidelines are to be followed.
    a. If a radiant warmer is needed to assess and stabilize the late preterm infant, place a covered temperature probe on the abdomen or chest soft tissue and set the warmer to 36.5°C on Servo/ Skin mode.
    b. Assess for signs of respiratory distress (retractions, cyanosis, nasal flaring, or grunting). The respiratory rate of the late preterm infant may be irregular and/or rapid (60-80 breaths per minute, or up to 100 for a limited time) during the first 15 minutes of life.
    c. Notify Pediatrician (if not in attendance) of any signs of respiratory distress.
    d. Administer supplemental oxygen as needed based on the late preterm infant's pre-ductal SpO2 values compared to the targeted values during the first 10 minute of life.

C. Transitional Care, 0-2 hours of life:

1. Monitor respiratory rate and type, tone, heart rate, temperature, and activity every 30 minutes until stable for a minimum of 2 hours.
2. Promote newborn/maternal/family bonding, early and frequent breastfeeding.
    a. Begin breastfeeding as soon as possible when medically stable within the first hour of life without time limits.
    b. If baby does not feed well in first two hours, teach and assist mother in hand expression and collect in cup, spoon or syringe. Give to newborn.
    c. If baby is unstable and separated from mother: teach hand expression. Begin pumping or hand expression within 6 hours after birth to establish mother’s milk supply.
    d. If the mother chooses to bottle feed, provide education on formula feeding, limiting the first intake to 2-10 ml.
3. Administer eye prophylaxis and Vitamin K per Physician orders.
4. Initiate Blood Glucose Management on all preterm neonates (less than 37 weeks) and Early Term infants if indicated. Monitor the infant closely for signs of hypoglycemia.
    a. Follow the TFH Hypoglycemia Algorithm.
    b. Feeding should be initiated within 1 hour of age with initial POC glucose completed 30 minutes after initiation of feeding, (preferably within the first hour and no longer than 2 hours after birth).
5. Complete a full system assessment including: cardiovascular; respiratory; HEENT; neurological; genitourinary; gastrointestinal musculoskeletal; and integumentary systems within the first two hours. Document gestational age, weight, length, and head circumference.

6. Complete a gestational age assessment using the Ballard Score Form within 12 hours of birth or sooner (if late or no prenatal care).
7. Notify Pediatrician of birth, assessment, gestational age, presence of risk factors, and current condition (if not previously in attendance).
8. Delay the first bath until temperature, heart rate, and respiration have stabilized at least 6 to 24 hours of birth. Bathing at 24 hours after birth is recommended by the World Health organization (WHO) and AWHONN.
    a. Minimize heat loss during bath by bathing under the radiant warmer using warm towels and water warmed to 100-104 degrees F (38-40 degrees C).
    b. Place infant skin-to-skin with mother after bath to maintain warmth. Apply hat after bathing.

D. Initial 2-24 Hours:

1. Newborn should remain with the mother unless clinical condition warrants transfer to Level I nursery, higher level of care, or mother otherwise indicates.
2. Assess skin temperature, heart and respiratory rates every 4 hours.
3. Assess color, respiratory effort, cardiac, nutritional intake, urinary and bowel elimination, and neuromuscular status at least every 6 hours.
    a. Notify the Pediatrician of any signs of respiratory distress, persistent respiratory rate greater than 60, grunting, retracting, or pallor, initiating further assessment with pulse oximetry.
    b. Hold oral feeding for newborns with a respiratory rate greater than 60 breaths per minute while intervening to correct the tachypnea.
    c. Continue to follow the THF Hypoglycemia Algorithm for the first 24 hours
        i. Obtain a POC Glucose every 2-3 hours (preferably before feeding)
        ii. Routine screening may be discontinued following 3 consecutive values within normal limits with the exception of infants that are Late Preterm (LPT), Small for Gestational Age (SGA) or of Low Birth Weight <2500gm (LBW).
            a. LPT, SGA, and LBW infants require an additional POC Glucose 6-8 hours following the third normal value (prior to feeding) and again at 24 hours of age (with the newborn screen).
    d. Weigh daily. Reweigh and notify physician if weight is >3% ± previous weight or ≥ 7% total weight form birth.
    e. Encourage breastfeeding on demand. Do not allow late preterm and early term infants to go any longer than 3 hours between feeds.
        i. Sometimes it may be necessary to wake the baby if he or she does not indicate hunger cues, which is not unusual in the late preterm infant and some early term infants. Teach parents early feeding cues. Teach mother and recommend hand expression and feeding colostrum after each feed.
        ii. Encourage and teach mom to hand express and/or use breast pump within 6 hours of birth and continue at least 4 times/day.
        iii. Show the mother techniques to facilitate effective latch with careful attention to adequate support of the jaw and head. Educate the mother about breastfeeding her late preterm

infant (e.g., position, latch, duration, early feeding cues, breast compressions, etc.)

iv. If formula fed, feed on demand or at least every 3 hours gradually increasing amounts as indicated by newborn hunger and satiation cues.

f. Daily Transcutaneous Bili: use Bili tool for risk assessment. If the Bili Tool algorithm indicates the newborn is in the high Intermediate risk zone, obtain a Total Serum Bili and notify Pediatrician.

E. Feeding Plan:

1. The infant should be breastfed (or breastmilk fed) 8 to 12 times per 24-hour period. The mother will need to hand express her milk and give it to the baby using alternative feeding methods if the baby is not able to effectively breastfeed. Do not
allow late preterm and early term infants to go any longer than 3 hours between feeds.
2. Supplementation (ideally with colostrum) is to be routinely implemented in the following scenarios:
   a. Poor reserve evidenced by temperature instability or hypoglycemia
   b. Poor feeding as evidenced by LATCH score of less than 7 or less than 10 minutes actively feeding at the breast, not resolved by 12 hours of age.
   c. Weight loss more than 3% per day, or more than 7% total (to be assessed by physician and lactation consultant on a case by case basis).
3. If supplementing, the mother should pump and/or hand express milk after breastfeeding, up to six to eight times per 24 hours, until the baby is breastfeeding well to establish and maintain her milk supply.
   a. Frequency of pumping to be evaluated on a case by case basis related to milk supply.
   b. Use of a hospital-grade electric pump is recommended. Milk production may be increased by hand massage and compression of the breasts while pumping.
   c. Provide mother with the anticipatory guidance that pumping should continue until the infant is at least 38 weeks gestation and gaining weight without supplementation.
4. Feeding plan should be written in detail in the medical record with a copy provided to the family.
5. To avoid conflicting advice to mother and family about the feeding plan, a multidisciplinary approach between the patient, physicians, nursing staff and lactation consultant should be accomplished.
6. At 24 - 48 hours of age, re-evaluate need to add formula depending on criteria above: 24 hour weight loss and volume of expressed breastmilk available. Total supplemental volumes per age should fall in the below ranges:
   Time Intake (mL/feed)
   1st 24 hours 5–10
   24–48 hours 10-15
   48-96 hours 15-30
   72-96 hours 30-60
7. Re-evaluate feeding plan daily while infant is hospitalized.
8. If ineffective latch/milk transfers, after 24 hours consider the use of an ultrathin silicone nipple shield to aid the baby in attaining effective latch. If a nipple shield is used, the mother and baby should be followed closely (inpatient and outpatient) by a trained lactation consultant.

F. Normal Assessment Parameters:

1. Normal assessment parameters include:
    a. Respiratory rate of 30 to 60 breaths per minute
    b. Heart rate of 100 to 160 beats per minute
    c. Axillary temperature between 36.5 C (97.7 F) and 37.4 C (99.3 F)
    d. Pulse oximetry between 90% and 95% (after the first 10 minutes of life)
    e. Regular cardiac rhythm
    f. Absence of jitteriness, lethargy, or excessive sleeping
    g. Bowel sounds without abdominal distention or bilious vomiting
    h. Meconium stool within 48 hours after birth
    i. Voiding within 12 hours after birth
    j. Coordination of sucking, swallowing, and breathing during feeding.
2. Notify the physician if the assessment is outside of normal limits.
3. All POC Glucose readings < 35 mg/dl require lab confirmation
    a. Follow THF Hypoglycemia Algorithm
    b. Place an order for a STAT Glucose and notify lab at ext. 3401
    c. Notify Pediatrician.
    d. Do not delay treatment while awaiting confirmation result.
    e. Administer Dextrose Gel per Dosage chart
    f. Feed infant (if appropriate)
    g. Recheck POC Glucose 1 hour after Gel administration

G. Discharge Criteria:

1. Discharge of the Late Preterm Infant will not be considered prior to 48 hours of age. The LPT infant will be ready for discharge if meeting the following requirements:
    a. Thermal stability for more than 24 hours.
    b. Well established feeding plan.
    c. Confirmation that an appropriate car seat has been obtained and the parents have demonstrated to hospital personnel the ability to place the infant in the proper position.
        i. Car seat testing completed, when indicated. see policy entitled: Neonate - Car Seat Challenge Test
    d. If the infant was circumcised, there is no evidence of excessive bleeding at the circumcision site for at least two hours.
    e. The care giver has received education and demonstrated competency in the care of her infant.
    f. Follow up scheduled for the day after discharge with either the Breastfeeding Support Group or Lactation consultant when possible.
    g. Make an appointment for medical follow-up 1-2 days after discharge to recheck weight, feeding adequacy, and assess for jaundice.
    h. Confirmation that family members or other support persons, including health care professionals,

are available to the mother and her infant after discharge.

i. Family, environmental, and social risk factors have been assessed and addressed (eg, substance abuse, child abuse or neglect, domestic violence, mental illness, lack of social support, lack of reliable income). Barriers to follow-up care are assessed and addressed (eg, transportation, access to telephone communication).

j. Recommended primary care follow-up weekly until corrected gestational age of 40 weeks

Documentation:

All documentation to be completed in the Electronic Medical Record (EMR), with the exception of the Ballard Score Form (this will be scanned into the EMR at a later date).

Related Policies/Forms:

Neonate - Car Seat Challenge Test, DWFC-1436
Neonate - Neonatal Hypoglycemia Management Guideline
Labor - Delivery Nurse's Roles and Responsibilities, DWFC-1411

References:

UpToDate: Late preterm infants,
Boyle, E. M., Johnson, S., Manktelow, B., Seaton, S.E., Draper, E.S., Smith, L.K., Dorling, J., Marlow, N., Petrou, S. and Field, D.J. (2015). Neonatal outcomes and delivery of care for infants born late preterm or moderately preterm: A prospective population-based study. Arch Dis Child Fetal Neonatal Ed, 100 (6), F479-F485.
Boies, E.G., Vaucher,Y.E & Academy of Breastfeeding Medicine (2016). ABM Clinical Protocol #10: Breastfeeding the Late Preterm (34–36 6/7 Weeks of Gestation) and Early Term Infants (37–38 6/7 Weeks of Gestation), Second Revision 2016. Breastfeeding Medicine (11) 10. DOI: 10.1089/bfm.2016.29031.egb
Wight, N. & Marinelli, K.A. (2014). ABM Clinical Protocol# 1: guidelines for blood glucose monitoring and treatment of hypoglycemia in term and late-preterm neonates, revised 2014. Breastfeeding Medicine 9(4), 173-179.
Kugelman, A., Amir, A.A. (2012). Late preterm infants: Near term But still in a critical developmental time period. Pediatrics, 132(4), 741-751.
Briere, C.-E., Lucas, R., McGrath, J. M., Lussier, M. and Brownell, E. (2015), Establishing Breastfeeding with the Late Preterm Infant in the NICU. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 44(1)102–113. doi: 10.1111/1552-6909.12536
American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2007). *Guidelines for perinatal care* (6th ed.). Washington, D.C.: Author.
Association of Women's Health, Obstetric and Neonatal Nurses. (2010). *Assessment and care of the late preterm infant* (Evidence-Based Clinical Practice Guideline). Washington, D. C.: Author.

All revision dates: 09/2018, 08/2017, 07/2017, 10/2016, 12/2015

Attachments:

BallardScore_scoresheet.pdf

Current Status: *Active* **PolicyStat ID:** *2649734*

TAHOE FOREST HEALTH SYSTEM

Origination Date:	*07/2016*
Last Approved:	*07/2016*
Last Revised:	*07/2016*
Next Review:	*07/2019*
Department:	*Medical Staff - MSGEN*
Applies To:	*System*

Non Medical Staff CME Attendance, MSGEN-1602

PURPOSE:

To clarify CME community attendance to TFHD Medical Staff continuing medical education ("CME") events by non Tahoe Forest Hospital District Medical and Allied Health Staff community members.

POLICY:

No more than two (2) clinical practitioners (PA, NP, MD, DO, Chiropractor, Psychologist, etc.) that are not members of the TFHD staff will be allowed to attend TFHD Medical Staff CME events.

PROCEDURE:

A. Information regarding upcoming CME's that are eligible for attendance will be posted on the hospital's website.

B. A maximum of two (2) licensed clinical practitioners may be eligible to attend selected medical staff educational (CME) events.

C. Attendance fee is $40.00 per person and must be paid to CME Coordinator prior to meeting attendance.

D. Payment must be in the form of cash or check, checks must be payable to Tahoe Forest Health District (TFHD).

E. CME Coordinator will deliver attendee's fee to TFHD Accounting Department.

All revision dates: 07/2016

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	07/2016
	Jean Steinberg: Director, Medical Staff Svs.	07/2016

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, May 23, 2019 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
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; Jim Sturtevant, Administrative Director of Transitions; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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: Post-Acute Services Quality & Service Excellence Report
Number of items: One (1)
Discussion was held on a privileged item.

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

5.3. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))
A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

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

Name of Person Threatening Litigation: Stephanie Nichols
Discussion was held on a privileged item.

5.4. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))
A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

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

Name of Person Threatening Litigation: Robert Lynn
Discussion was held on a privileged item.

5.5. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))
A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One
Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Kathryn Reynolds
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. Approval of Closed Session Minutes
04/25/2019
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.

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER
Meeting reconvened at 6:02 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION
General Counsel reported eight items were considered in closed session. There was no reportable action on items 5.1.-5.2. Item 5.3. was denied on a 4-0 vote. There was no reportable action on item

5.4. Item 5.5. was denied on a 4-0 vote. There was no reportable action on item 5.6. Items 5.7. and 5.8. were both 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. Harry Weis, Chief Executive Officer, presented new overhead pages as the May Safety First topic.

13. ACKNOWLEDGMENTS

13.1. Tena Mather was named May 2019 Employee of the Month.
13.2. 2019 TFHS Nurses of Excellence were recognized.
13.3. TFHS named 2019 Greater Reno-Tahoe Best Places to Work Award.
13.4. Tahoe Forest Hospital named on Becker's 67 Critical Access Hospitals 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 Approvals: *2019 Home Health Annual QA/PI Plan, 2019 Hospice Annual QA/PI Plan, Annual Pharmacy Policy Review*
Privilege Form (with changes): *NP-PA Privilege Form*

Dr. Ellen Cooper, Medical Executive Committee Secretary/Treasurer presented the meeting consent agenda.

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve the Home Health Quality Assurance/Performance Improvement Plan and Hospice Quality Assurance/Performance Improvement Plan as presented.
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: None

ACTION: Motion made by Director Chamblin, seconded by Director Hill, to approve the Annual Pharmacy Policy Review as presented.
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None

NAYS: None
Absent: None

ACTION: **Motion made by Director Brown, seconded by Director Hill, to approve the NP-PA Privilege Form as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: None

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings
15.1.1. 04/22/2019-04/23/2019
15.1.2. 04/25/2019
15.2. Financial Reports
15.2.1. Financial Report – April 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. Order and Decorum
15.5. Approve Contract Amendment
15.5.1. North Tahoe Anesthesia Group – Amendment
15.6. Approve Job Description
15.6.1. President CEO Job Description
15.7. Approve Revised Committee Charter
15.7.1. Executive Compensation Committee Charter
15.8. Approve Incline Village Community Hospital Foundation Board Nominee
15.8.1. Dr. Myles Riner

No public comment was received.

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

16. ITEMS FOR BOARD ACTION

16.1. Fiscal Year 2020 CEO Incentive Compensation Criteria

Discussion was held on the proposed fiscal year 2020 CEO Incentive Compensation Criteria.

No public comment was received.

ACTION: **Motion made by Director Brown, seconded by Director Hill, to approve the Fiscal Year 2020 CEO Incentive Compensation Criteria as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: None

16.2. Amendment to CEO Employment Agreement

Discussion was held on the proposed amendment to the Chief Executive Officer Employment Agreement.

ACTION: **Motion made by Director Chamblin, seconded by Director Hill, to accept the Amendment to the Employment Agreement between Harry Weis and Tahoe Forest Hospital District as presented.**
AYES: Directors Hill, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: None

17. ITEMS FOR BOARD DISCUSSION

17.1. Board Education

17.1.1. Disruptive Innovation: Opportunities and Challenges

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

Discussion was held discuss about American Hospital Association's Disruptive Innovation: Opportunities and Challenges video on market disruptors.

Jake Dorst, TFHS Chief Information Innovation Officer, and Kevin Murphy provided public comment.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

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

Director Hill provided an update from the recent Executive Compensation Committee meeting.

19.2. Finance Committee Meeting – No meeting in May.

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

19.4. Governance Committee Meeting – No meeting held in May.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

21. ITEMS FOR NEXT MEETING

The board will vote for Board Secretary at the next meeting.

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Wong provided a report from her attendance at the Tahoe Forest Health System Foundation.

23. CLOSED SESSION CONTINUED, IF NECESSARY

24. OPEN SESSION

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

26. ADJOURN
Meeting adjourned at 7:28 p.m.

TAHOE FOREST HOSPITAL DISTRICT

SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Monday, June 3, 2019 at 1:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 1:01 p.m.

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

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Jake Dorst, Chief Information Innovation Officer; Martina Rochefort, Clerk of the Board

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

4. INPUT – AUDIENCE
No public comment was received.

5. ITEMS FOR BOARD DISCUSSION
5.1. Board Vacancy Process
The Board of Directors reviewed the interview process and determined what questions would be asked during the interview.

6. BOARD MEMBER CANDIDATE INTERVIEWS
Sarah Wolfe joined the meeting at 1:12 p.m.

Board conducted interview with candidate Sarah Wolfe.
Discussion was held.

Ms. Wolfe departed the meeting at 1:30 p.m.
Sandra Golze joined the meeting at 1:30 p.m.

Board conducted interview with candidate Sandra Golze.
Discussion was held.

Ms. Golze departed the meeting at 1:48 p.m.
Kevin Murphy joined the meeting at 1:48 p.m.

Board conducted interview with candidate Kevin Murphy.

Discussion was held.

Mr. Murphy departed the meeting at 2:09 p.m.

Board deliberated on candidates.

Public comment was received from Harry Weis, Dr. Shawni Coll, Alex MacLennan and Ted Owens.

7. ITEMS FOR BOARD ACTION

7.1. Board Vacancy Appointment

Discussion was held.

ACTION: **Motion made by Director Hill, seconded by Director Chamblin, to appoint Sarah Wolfe to the vacant board seat. Roll call vote was taken.**
Hill – AYE
Chamblin – AYE
Brown – AYE
Wong – AYE
Motion carried unanimously.

7.2. Resolution 2019-04

Discussion was held on Resolution 2019-04 which would approve a new operating agreement, appoint a Board of Managers, and approve a minority sale of the Truckee Surgery Center.

Discussion was held.

Director Brown requested the discussion with the California Department of Public Health (CDPH) about the Truckee Surgery Center is documented for transparency.

ACTION: **Motion made by Director Hill, seconded by Director Brown, to approve Resolution 2019-04 as presented. Roll call vote was taken.**
Hill – AYE
Chamblin – AYE
Brown – AYE
Wong – AYE
Motion carried unanimously.

8. ADJOURN

Meeting adjourned at 1:13 p.m.

TAHOE FOREST HOSPITAL DISTRICT
MAY 2019 FINANCIAL REPORT
INDEX

Board of Directors
Of Tahoe Forest Hospital District
MAY 2019 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2019.

Activity Statistics

- TFH acute patient days were 564 for the current month compared to budget of 384. This equates to an average daily census of 18.2 compared to budget of 12.4.

- TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Surgical Services, Medical Supplies Sold to Patients, Laboratory tests, Oncology Lab tests, Cardiac Rehab, Diagnostic & Vascular Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scan, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical & Occupational Therapy, Physical Therapy-Aquatic, and Speech Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 63.5% in the current month compared to budget of 53.8% and to last month's 51.1%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 52.4%, compared to budget of 53.8% and prior year's 54.9%.

- EBIDA was $6,856,691 (20.4%) for the current month compared to budget of $720,046 (2.9%), or $6,136,645 (17.5%) above budget. Year-to-date EBIDA was $29,179,868 (8.9%) compared to budget of $8,333,922 (3.0%), or $20,845,946 (5.9%) above budget.

- Net Income was $6,008,712 for the current month compared to budget of $402,603 or $5,606,110 above budget. Year-to-date Net Income was $24,040,126 compared to budget of $4,830,803 or $19,209,324 above budget.

- Cash Collections for the current month were $18,086,329 which is 113% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $73,756,502 at the end of May compared to $77,752,280 at the end of April.

Balance Sheet

- Working Capital is at 43.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 182.4 days. Working Capital cash increased a net $9,795,000. Cash collections exceeded target by 13%. Accounts Payable decreased $1,782,000, Accrued Payroll & Related Costs decreased $1,367,000, and the District received $10,014,000 on its FY18 Rate Range IGT and FY18 Hospital Quality Assurance Fee receivables.

- Net Patient Accounts Receivable decreased approximately $3,971,000 and Cash collections were 113% of target. EPIC Days in A/R were 72.4 compared to 79.5 at the close of April, a 7.10 days decrease.

- Other Receivables decreased a net $1,065,000 after recording the second installment of Property Tax revenues received from Nevada and Placer counties.

- GO Bond Receivables decreased $1,545,000 after recording the second installment of Property Tax revenues received.

- Estimated Settlements Medi-Cal & Medicare decreased a net $1,666,000 after recording receipt of the FY18 Rate Range IGTs and Hospital Quality Assurance Fees and additional receivables of $7,836,000 were booked to true-up the Medi-Cal PRIME, Hospital Quality Assurance Fees, Outpatient Supplemental Fee, and Rate Range IGT receivables estimated through May.

- GO Bond Tax Revenue Fund increased $1,920,000 after transferring the Property Tax revenues received in the month.

- Accounts Payable decreased $1,782,000 due to the timing of the final check run in the month.

- Accrued Payroll & Related Costs decreased a net $1,367,000 as a result of fewer accrued payroll days at the close of May.

- Estimated Settlements, Medi-Cal & Medicare decreased $388,000 after refunding amounts due to the Medicare program for IVCH Part B (outpatient) overpayments.

Operating Revenue

- Current month's Total Gross Revenue was $33,613,706, compared to budget of $25,146,235 or $8,467,471 above budget.
- Current month's Gross Inpatient Revenue was $9,174,404, compared to budget of $6,453,313 or $2,721,091 above budget.
- Current month's Gross Outpatient Revenue was $24,439,302 compared to budget of $18,692,922 or $5,746,380 above budget.
- Current month's Gross Revenue Mix was 37.6% Medicare, 16.6% Medi-Cal, .0% County, 2.4% Other, and 43.4% Insurance compared to budget of 35.9% Medicare, 17.8% Medi-Cal, .0% County, 3.6% Other, and 42.7% Insurance. Last month's mix was 37.5% Medicare, 14.4% Medi-Cal, .0% County, 2.8% Other, and 45.3% Insurance. Year-to-date Gross Revenue Mix was 37.5% Medicare, 16.1% Medi-Cal, .0% County, 3.0% Other, and 43.4% Insurance compared to budget of 36.3% Medicare, 17.6% Medi-Cal, .0% County, 3.7% Other, and 42.4% Commercial.
- Current month's Deductions from Revenue were $12,260,025 compared to budget of $11,618,182 or $641,843 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.72% increase in Medicare, a 1.19% decrease to Medi-Cal, County at budget, a 1.23% decrease in Other, and Commercial was above budget .70%, 2) Revenues exceeded budget by 33.7%, and 3) a true-up of the FY18 Hospital Quality Assurance Fees, FY17 Outpatient Supplemental Fee, and FY18 Rate Range IGT Fees created a positive variance in Prior Period Settlements.

DESCRIPTION	May 2019 Actual	May 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,401,399	5,040,581	(360,817)	Increased volumes across the District coupled with the onboarding of our first physicians as employees created a negative variance in Salaries & Wages.
Employee Benefits	2,172,633	1,678,416	(494,217)	Longevity Retention Bonuses, employer related payroll taxes on increased Salaries and Wages, and the booking of a potential tax liability from a 2014 audit created a negative variance in Employee Benefits.
Benefits – Workers Compensation	82,158	55,820	(26,337)	
Benefits – Medical Insurance	1,279,623	598,402	(681,221)	We continue to see an increase in employee medical claims processed through our Third Party Administrator.
Medical Professional Fees	2,441,755	2,114,292	(327,462)	Negative variance related to Tahoe City Physical & Occupational therapy fees, IVCH Physical & Occupational therapy fees, Outpatient Physical Therapy-Aquatic & Speech therapy fees, locums fees for Neurology, and physician fees in Diagnostic Imaging Services-All.
Other Professional Fees	245,593	182,798	(62,795)	We saw a negative variance in Human Resources legal fees and consulting services provided for the Truckee Surgery Center and for the Cancer Center's EPIC conversion.
Supplies	2,386,723	2,034,266	(352,457)	Medical Supplies Sold to Patients, Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget, creating a negative variance in Medical and Pharmacy supplies.
Purchased Services	1,373,511	1,206,514	(166,998)	Outsourced Lab testing, billing and collection services to assist with reducing the aged accounts receivable arising from our system conversion and employment job postings and workforce communication services created a negative variance in Purchased Services.
Other Expenses	649,737	731,847	82,109	BETA insurance dividend and Utilites came in below budget estimates, creating a positive variance in Other Expenses.
Total Expenses	16,033,132	13,642,937	(2,390,195)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MAY 2019

	May-19	Apr-19	May-18	
ASSETS				
CURRENT ASSETS				
* CASH	$ 20,235,458	$ 10,440,139	$ 14,350,000	1
PATIENT ACCOUNTS RECEIVABLE - NET	26,264,650	30,235,743	19,955,689	2
OTHER RECEIVABLES	7,474,277	8,539,698	5,580,376	3
GO BOND RECEIVABLES	(821,656)	723,434	(375,232)	4
ASSETS LIMITED OR RESTRICTED	5,182,439	8,031,404	6,259,047	
INVENTORIES	3,128,933	3,146,766	3,007,434	
PREPAID EXPENSES & DEPOSITS	2,320,843	2,291,552	1,508,941	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	7,412,704	9,079,043	19,392,581	5
TOTAL CURRENT ASSETS	71,197,649	72,487,779	69,678,836	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,209,805	64,209,805	46,900,135	1
MUNICIPAL LEASE 2018	5,119,709	5,149,709	-	
TOTAL BOND TRUSTEE 2017	20,251	20,182	19,882	
TOTAL BOND TRUSTEE 2015	1,161,735	1,021,676	1,643,274	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	3,537,767	1,617,792	3,575,463	6
DIAGNOSTIC IMAGING FUND	3,286	3,286	3,217	
DONOR RESTRICTED FUND	1,134,903	1,134,903	1,451,916	
WORKERS COMPENSATION FUND	23,567	17,880	18,857	
TOTAL	75,211,023	73,175,233	53,612,743	
LESS CURRENT PORTION	(5,182,439)	(8,031,404)	(6,259,047)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	70,028,583	65,143,829	47,353,697	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	701,785	701,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	837,909	927,633	841,020	
PROPERTY & EQUIPMENT NET	173,095,232	173,906,162	163,176,108	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,876,799	1,864,055	1,792,395	
TOTAL ASSETS	317,737,956	315,031,244	282,842,056	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	429,906	433,138	468,694	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,137,905	1,137,905	1,117,841	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,722,336	5,746,040	6,006,792	
GO BOND DEFERRED FINANCING COSTS	446,807	448,742	470,022	
DEFERRED FINANCING COSTS	175,807	176,847	188,290	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 7,912,761	$ 7,942,673	$ 8,251,640	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 6,095,081	$ 7,877,510	$ 3,983,632	7
ACCRUED PAYROLL & RELATED COSTS	9,957,891	11,324,427	11,902,936	8
INTEREST PAYABLE	441,259	357,198	845,034	
INTEREST PAYABLE GO BOND	1,346,198	1,028,356	1,318,969	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,126,533	1,514,689	103,511	9
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,211,751	
WORKERS COMPENSATION PLAN	1,888,341	1,888,143	1,704,611	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,184,419	1,184,419	858,290	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	860,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,545,824	2,545,824	1,049,645	
TOTAL CURRENT LIABILITIES	27,379,037	30,514,056	23,838,378	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	36,681,597	36,865,070	27,329,955	
GO BOND DEBT NET OF CURRENT MATURITIES	100,843,509	100,856,930	102,619,557	
DERIVATIVE INSTRUMENT LIABILITY	1,137,905	1,137,905	1,117,841	
TOTAL LIABILITIES	166,042,049	169,373,961	154,905,732	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	158,473,765	152,465,053	134,736,048	
RESTRICTED	1,134,903	1,134,903	1,451,916	
TOTAL NET POSITION	$ 159,608,668	$ 153,599,956	$ 136,187,964	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 43.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 182.4 days. Working Capital cash increased a net $9,795,000. Accounts Payable decreased $1,782,000 (See Note 7), Accrued Payroll & Related Costs decreased $1,367,000 (See Note 8), cash collections exceeded target by 13%, and the District received $10,014,000 on its FY18 Rate Range IGT and FY18 Hospital Quality Assurance Fee SB239 receivables (See Note 5).

2. Net Patient Accounts Receivable decreased approximately $3,971,000 and Cash collections were 113% of target. EPIC Days in A/R were 72.4 compared to 79.5 at the close of April, a 7.10 days decrease.

3. Other Receivables decreased a net $1,065,000 after recording the second installment of Property Tax revenues from Nevada and Placer counties.

4. GO Bond Receivables decreased a net $1,545,000 after recording receipt of Property Tax revenues.

5. Estimated Settlements, Medi-Cal & Medicare decreased a net $1,666,000 after recording receipt of the FY18 Rate Range IGTs and Hospital Quality Assurance Fees. Additional receivables of $7,836,000 were booked after the receipt of funds to true-up the DY14 Medi-Cal PRIME, FY 18 and FY19 Hospital Quality Assurance Fees, FY17 AB915 Outpatient Supplemental Fee, and the FY18 and FY19 Rate Range IGT receivables.

6. GO Bond Tax Revenue Fund increased $1,920,000 after transferring the Property Tax revenues received in May.

7. Accounts Payable decreased $1,782,000 due to the timing of the final check run in the month.

8. Accrued Payroll & Related Costs decreased a net $1,367,000 as a result of fewer month-end accrued payroll days.

9. Estimated Settlements, Medi-Cal & Medicare decreased $388,000 after refunding the Medicare program for FY19 Outpatient overpayments at IVCH.

Tahoe Forest Hospital District
Cash Investment
May 2019

WORKING CAPITAL				
US Bank	$ 19,037,896			
US Bank/Kings Beach Thrift Store	15,156			
US Bank/Truckee Thrift Store	171,255			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,011,151	0.40%		
Total			$	20,235,458
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -	0.03%		
Capital Equipment Fund	-			
Total			$	-
Building Fund	$ -			
Cash Reserve Fund	64,209,805	2.45%		
Local Agency Investment Fund			$	64,209,805
Municipal Lease 2018			$	5,119,709
Bonds Cash 2017			$	20,251
Bonds Cash 2015			$	1,161,735
GO Bonds Cash 2008			$	3,537,767
DX Imaging Education	$ 3,286			
Workers Comp Fund - B of A	23,567			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	26,853
TOTAL FUNDS			$	94,311,578
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,360	0.03%		
Foundation Restricted Donations	34,641			
Local Agency Investment Fund	1,091,902	2.45%		
TOTAL RESTRICTED FUNDS			$	1,134,903
TOTAL ALL FUNDS			$	95,446,481

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
MAY 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 MAY 2018
				OPERATING REVENUE						
$ 33,613,706	$ 25,146,235	$ 8,467,471	33.7%	Total Gross Revenue	$ 327,776,622	$ 274,531,091	$ 53,245,531	19.4%	1	$ 243,893,247
				Gross Revenues - Inpatient						
$ 3,388,100	$ 2,390,249	$ 997,851	41.7%	Daily Hospital Service	$ 32,742,873	$ 27,024,928	$ 5,717,945	21.2%		$ 24,843,183
5,786,304	4,063,063	1,723,240	42.4%	Ancillary Service - Inpatient	54,282,912	46,504,630	7,778,281	16.7%		40,917,051
9,174,404	6,453,313	2,721,091	42.2%	Total Gross Revenue - Inpatient	87,025,785	73,529,559	13,496,226	18.4%	1	65,760,234
24,439,302	18,692,922	5,746,380	30.7%	Gross Revenue - Outpatient	240,750,837	201,001,532	39,749,305	19.8%		178,133,013
24,439,302	18,692,922	5,746,380	30.7%	Total Gross Revenue - Outpatient	240,750,837	201,001,532	39,749,305	19.8%	1	178,133,013
				Deductions from Revenue:						
15,124,605	10,548,409	(4,576,196)	-43.4%	Contractual Allowances	145,539,337	115,051,766	(30,487,570)	-26.5%	2	106,057,146
-	-	-	0.0%	Managed Care Reserve	1,200,000	-	(1,200,000)	0.0%	2	
1,184,046	782,798	(401,247)	-51.3%	Charity Care	12,188,973	8,635,587	(3,553,386)	-41.1%	2	7,736,879
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	266,812
800,320	286,974	(513,346)	-178.9%	Bad Debt	3,821,485	3,258,716	(562,769)	-17.3%	2	1,990,028
(4,848,946)	-	4,848,946	0.0%	Prior Period Settlements	(6,852,931)	-	6,852,931	0.0%	2	(6,146,905)
12,260,025	11,618,182	(641,843)	-5.5%	Total Deductions from Revenue	155,896,864	126,946,069	(28,950,794)	-22.8%		109,903,959
94,426	88,568	(5,858)	-6.6%	Property Tax Revenue- Wellness Neighborhood	1,003,454	964,791	38,663	4.0%		755,630
1,441,717	746,363	695,354	93.2%	Other Operating Revenue	10,209,795	8,426,501	1,783,294	21.2%	3	9,732,671
22,889,823	14,362,984	8,526,840	59.4%	TOTAL OPERATING REVENUE	183,093,006	156,976,313	26,116,693	16.6%		144,477,589
				OPERATING EXPENSES						
5,401,399	5,040,581	(360,817)	-7.2%	Salaries and Wages	54,849,309	55,971,147	1,121,839	2.0%	4	49,357,908
2,172,633	1,678,416	(494,217)	-29.4%	Benefits	17,936,858	16,772,566	(1,164,292)	-6.9%	4	16,596,762
82,158	55,820	(26,337)	-47.2%	Benefits Workers Compensation	697,553	614,025	(83,528)	-13.6%	4	609,475
1,279,623	598,402	(681,221)	-113.8%	Benefits Medical Insurance	9,477,160	6,582,417	(2,894,743)	-44.0%	4	6,162,274
2,441,755	2,114,292	(327,462)	-15.5%	Medical Professional Fees	22,670,110	22,286,819	(383,291)	-1.7%	5	19,052,153
245,593	182,798	(62,795)	-34.4%	Other Professional Fees	2,088,914	2,135,282	46,368	2.2%	5	2,480,897
2,386,723	2,034,266	(352,457)	-17.3%	Supplies	23,477,653	21,621,099	(1,856,554)	-8.6%	6	19,544,578
1,373,511	1,206,514	(166,998)	-13.8%	Purchased Services	14,822,280	14,492,925	(329,356)	-2.3%	7	12,902,548
649,737	731,847	82,109	11.2%	Other	7,893,301	8,166,111	272,810	3.3%	8	7,640,267
16,033,132	13,642,937	(2,390,195)	-17.5%	TOTAL OPERATING EXPENSE	153,913,138	148,642,391	(5,270,747)	-3.5%		134,346,863
6,856,691	**720,046**	**6,136,645**	**852.3%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**29,179,868**	**8,333,922**	**20,845,946**	**250.1%**		**10,130,727**
				NON-OPERATING REVENUE/(EXPENSE)						
548,533	554,391	(5,858)	-1.1%	District and County Taxes	6,110,846	6,107,750	3,096	0.1%	9	6,318,177
374,886	374,886	0	0.0%	District and County Taxes - GO Bond	4,123,744	4,123,743	1	0.0%		3,649,612
158,486	132,138	26,349	19.9%	Interest Income	1,579,478	1,416,808	162,670	11.5%	10	866,840
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
38,702	86,961	(48,259)	-55.5%	Donations	938,785	976,822	(38,038)	-3.9%	11	532,922
-	-	-	0.0%	Gain/ (Loss) on Joint Investment	-	-	-	0.0%	12	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	(538,384)	-	(538,384)	0.0%	12	-
13,119	-	13,119	0.0%	Gain/ (Loss) on Sale of Equipment	18,969	-	18,969	0.0%	13	9,494
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	-
(1,529,978)	(1,059,977)	(470,001)	-44.3%	Depreciation	(12,597,180)	(11,659,747)	(937,433)	-8.0%	15	(10,859,317)
(121,665)	(87,091)	(34,574)	-39.7%	Interest Expense	(1,154,766)	(958,000)	(196,766)	-20.5%	16	(1,046,362)
(330,061)	(318,751)	(11,310)	-3.5%	Interest Expense-GO Bond	(3,621,234)	(3,510,497)	(110,737)	-3.2%		(3,614,494)
(847,979)	(317,444)	(530,535)	-167.1%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(5,139,742)	(3,503,120)	(1,636,623)	-46.7%		(4,143,129)
$ 6,008,712	**$ 402,603**	**$ 5,606,110**	**1392.5%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 24,040,126**	**$ 4,830,803**	**$ 19,209,324**	**397.6%**		**$ 5,987,598**
				NET POSITION - BEGINNING OF YEAR	**135,568,542**					
				NET POSITION - AS OF MAY 31, 2019	**$ 159,608,668**					
20.4%	**2.9%**	**17.5%**		**RETURN ON GROSS REVENUE EBIDA**	**8.9%**	**3.0%**	**5.9%**			**4.2%**

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

		Variance from Budget Fav / <Unfav> MAY 2019	YTD 2019
1) Gross Revenues			
Acute Patient Days were above budget 46.9% or 180 days. Swing Bed days were above budget 22.2% or 6 days. Inpatient Ancillary revenues were above budget by 42.4% as a result of increased patient days.	Gross Revenue -- Inpatient	$ 2,721,091	$ 13,496,226
	Gross Revenue -- Outpatient	5,746,380	39,749,305
	Gross Revenue -- Total	$ 8,467,471	$ 53,245,531
Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Anesthesia, Medical Supplies Sold to Patients, Laboratory, Cardiac Rehab, Diagnostic and Vascular Imaging, Mammography, Medical Oncology procedures, Radiation Oncology, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical & Occupational Therapy, Physical Therapy-Aquatic, and Speech Therapy.			
2) Total Deductions from Revenue			
The payor mix for May shows a 1.72% increase to Medicare, a 1.19% decrease to Medi-Cal, 1.23% decrease to Other, County at budget, and a 0.70% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 33.7%, and write-off's on accounts due to clean up on the accounts receivable.	Contractual Allowances	$ (4,576,196)	$ (30,487,570)
	Managed Care Reserve	-	(1,200,000)
	Charity Care	(401,247)	(3,553,386)
	Charity Care - Catastrophic	-	-
	Bad Debt	(513,346)	(562,769)
	Prior Period Settlements	4,848,946	6,852,931
A true-up of the FY18 Hospital Quality Assurance Fees, FY17 Outpatient Supplemental (AB915) Fee, and the FY18 Rate Range IGT Fees created a positive variance in Prior Period Settlements.	Total	$ (641,843)	$ (28,950,794)
3) Other Operating Revenue	Retail Pharmacy	$ 79,188	$ 481,149
Retail Pharmacy revenues exceeded budget by 38.0%.	Hospice Thrift Stores	(25,987)	59,601
	The Center (non-therapy)	(5,317)	(4,873)
Negative variance in Hospice Thrift Store revenues related to the IVCH (formerly Kings Beach) Thrift store still remaining closed until final occupancy is obtained.	IVCH ER Physician Guarantee	34,897	190,983
	Children's Center	8,488	72,723
	Miscellaneous	591,234	920,276
IVCH ER Physician Guarantee is tied to collections which exceeded budget in May.	Oncology Drug Replacement	-	-
	Grants	12,851	63,434
Medi-Cal PRIME monies and Quality Assurance Fees created a positive variance in Miscellaneous.	Total	$ 695,354	$ 1,783,293
4) Salaries and Wages	Total	$ (360,817)	$ 1,121,839
Salaries and Wages exceeded budget as a result of increased volumes and our initial physicians converting to employment in the month of May.			
Employee Benefits	PL/SL	$ (16,659)	$ (182,385)
Negative variance in Nonproductive related to Longevity Retention Bonuses exceeding budget estimates.	Nonproductive	(122,173)	(638,441)
	Pension/Deferred Comp	(606)	101,900
	Standby	(15,770)	(97,511)
Employer related payrol taxes on the increase in Salaries & Wages and the booking of a potential employment tax liability arising from a 2014 audit created a negative variance in Other.	Other	(339,010)	(347,855)
	Total	$ (494,217)	$ (1,164,292)
Employee Benefits - Workers Compensation	Total	$ (26,337)	$ (83,528)
Employee Benefits - Medical Insurance	Total	$ (681,221)	$ (2,894,743)
The District's health insurance plan is self-funded. We are witnessing an increased amount of claims being processed by our Third Party Administrator.			
5) Professional Fees	TFH/IVCH Therapy Services	$ (52,707)	$ (285,973)
IVCH Physical & Occupational Therapy and TC Physical & Occupational Therapy revenues exceeded budget, creating a negative variance in TFH/IVCH Therapy Services.	The Center (includes OP Therapy)	(30,443)	(264,025)
	Home Health/Hospice	(30,554)	(155,231)
	Multi-Specialty Clinics	(193,765)	(94,579)
	Human Resources	(35,807)	(73,643)
Physical Therapy-Aquatic & Speech Therapy revenues exceeded budget, creating a negative variance in The Center (includes OP Therapy).	Administration	(16,452)	(7,671)
	Financial Administration	8,000	(1,889)
	IVCH ER Physicians	970	(636)
Outsourced therapy services created a negative variance in Home Health/Hospice.	Sleep Clinic	(11,473)	(406)
	Patient Accounting/Admitting	-	-
Negative variance in Multi-Specialty Clinics related to the physician RVU Bonus accruals and Locums fees for Neurology.	Respiratory Therapy	-	-
	Information Technology	(18,624)	1,400
	Multi-Specialty Clinics Administration	1,680	11,322
Legal services provided to Human Resources created a negative variance in this category.	Marketing	967	17,342
	Medical Staff Services	(1,669)	29,559
	Corporate Compliance	6,000	33,620

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

		Variance from Budget Fav / <Unfav>	
		MAY 2019	**YTD 2019**
5) Professional Fees (cont.)			
Consulting services provided for Truckee Surgery Center created a negative variance in Administration.	Managed Care	2,609	60,208
	Oncology	10,680	94,226
	Miscellaneous	(52,643)	118,760
Negative variance in Information Technology is a result of consulting services provided for the Cancer Center conversion to EPIC.	TFH Locums	22,975	180,693
	Total	$ (390,257)	$ (336,923)
Radiology physician fees provided to Diagnostic Imaging Services-All created a negative variance in Miscellaneous.			
6) Supplies	Patient & Other Medical Supplies	$ (337,859)	$ (1,356,437)
Medical Supplies Sold to Patients revenues exceeded budget by 115.8%, creating a negative variance in Patient & Other Medical Supplies.	Pharmacy Supplies	(23,707)	(400,359)
	Minor Equipment	11,336	(107,245)
	Food	2,756	(65,624)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 13.9%, creating a negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	(15,579)	(19,887)
	Imaging Film	38	566
	Office Supplies	10,560	92,433
	Total	$ (352,457)	$ (1,856,554)
7) Purchased Services	Laboratory	$ (42,053)	$ (172,449)
Outsourced lab testing created a negative variance in Laboratory.	Patient Accounting	(95,910)	(110,981)
	Multi-Specialty Clinics	(8,062)	(98,626)
Outsourced billing and collection services contracted to assist in reducing the aged accounts receivable from the system conversion created a negative variance in Patient Accounting.	Miscellaneous	(29,806)	(64,337)
	Pharmacy IP	(1,472)	(44,489)
	Home Health/Hospice	(1,483)	(43,021)
	Community Development	(336)	(1,695)
Negative variance in Miscellaneous associated with employee housing related costs.	Information Technology	(2,527)	3,123
	Medical Records	12,767	7,724
Employment job postings and workforce communication services created a negative variance in Human Resouces.	Diagnostic Imaging Services - All	2,264	8,601
	The Center	1,494	37,571
	Department Repairs	16,406	53,507
	Human Resources	(18,281)	95,716
	Total	$ (166,998)	$ (329,356)
8) Other Expenses	Equipment Rent	$ (3,960)	$ (85,297)
Negative variance in Miscellaneous related to Physician Recruitment expenses.	Outside Training & Travel	(3,158)	(78,432)
	Other Building Rent	1,372	(31,921)
BETA insurance dividend received created a positive variance in Insurance.	Multi-Specialty Clinics Equip Rent	(415)	(5,586)
	Physician Services	-	-
Electricity and Diesel expenses came in below budget estimates, creating a positive variance in Utilities.	Human Resources Recruitment	-	-
	Multi-Specialty Clinics Bldg Rent	10,358	21,514
	Miscellaneous	(10,453)	35,002
	Insurance	49,254	43,010
	Dues and Subscriptions	12,102	43,830
	Marketing	(4,262)	130,002
	Utilities	31,269	200,687
	Total	$ 82,109	$ 272,810
9) District and County Taxes	Total	$ (5,858)	$ 3,096
10) Interest Income	Total	$ 26,349	$ 162,670
11) Donations	IVCH	$ (36,340)	$ (225,667)
	Operational	(11,919)	187,630
	Capital Campaign		
	Total	$ (48,259)	$ (38,038)
12) Gain/(Loss) on Joint Investment	Total	$ -	$ -
13) Gain/(Loss) on Sale or Disposal of Assets	Total	$ 13,119	$ (519,415)
15) Depreciation Expense	Total	$ (470,001)	$ (937,433)
A true-up of depreciation created a negative variance in this category.			
16) Interest Expense	Total	$ (34,574)	$ (196,766)
The addition of the new, unbudgeted Municipal Lease and acquisition of the Old Gateway Building is creating a negative variance in Interest Expense.			

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MAY 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 MAY 18
				OPERATING REVENUE						
$ 1,837,867	$ 1,697,433	$ 140,433	8.3%	Total Gross Revenue	$ 21,796,128	$ 20,458,950	$ 1,337,178	6.5%	1	$ 16,789,502
				Gross Revenues - Inpatient						
$ -	$ 4,223	$ (4,223)	-100.0%	Daily Hospital Service	$ 73,173	$ 80,894	$ (7,721)	-9.5%		$ 101,764
(3,154)	1,481	(4,635)	-313.0%	Ancillary Service - Inpatient	54,812	67,969	(13,158)	-19.4%		99,003
(3,154)	5,704	(8,858)	-155.3%	Total Gross Revenue - Inpatient	127,985	148,863	(20,878)	-14.0%	1	200,767
1,841,021	1,691,729	149,291	8.8%	Gross Revenue - Outpatient	21,668,143	20,310,087	1,358,056	6.7%		16,588,735
1,841,021	1,691,729	149,291	8.8%	Total Gross Revenue - Outpatient	21,668,143	20,310,087	1,358,056	6.7%	1	16,588,735
				Deductions from Revenue:						
305,737	658,108	352,370	53.5%	Contractual Allowances	8,439,428	8,004,183	(435,245)	-5.4%	2	7,006,578
72,801	55,886	(16,915)	-30.3%	Charity Care	982,826	759,350	(223,475)	-29.4%	2	591,216
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	50,019
507,563	52,486	(455,076)	-867.0%	Bad Debt	1,213,328	717,995	(495,334)	-69.0%	2	599,664
-	-	-	0.0%	Prior Period Settlements	74,873	-	(74,873)	0.0%	2	(106,438)
886,101	766,479	(119,621)	-15.6%	Total Deductions from Revenue	10,710,455	9,481,528	(1,228,927)	-13.0%	2	8,141,040
102,486	58,544	43,942	75.1%	Other Operating Revenue	1,047,403	847,862	199,541	23.5%	3	846,469
1,054,251	989,498	64,754	6.5%	TOTAL OPERATING REVENUE	12,133,075	11,825,283	307,791	2.6%		9,494,931
				OPERATING EXPENSES						
312,749	291,654	(21,095)	-7.2%	Salaries and Wages	3,324,357	3,570,716	246,359	6.9%	4	3,169,513
122,603	114,516	(8,087)	-7.1%	Benefits	1,179,998	1,060,792	(119,206)	-11.2%	4	1,044,204
3,052	4,912	1,860	37.9%	Benefits Workers Compensation	39,464	54,036	14,572	27.0%	4	26,760
75,371	35,246	(40,124)	-113.8%	Benefits Medical Insurance	617,113	387,709	(229,404)	-59.2%	4	384,397
313,532	269,067	(44,465)	-16.5%	Medical Professional Fees	3,022,502	3,003,675	(18,827)	-0.6%	5	2,543,377
2,104	2,104	0	0.0%	Other Professional Fees	23,369	23,146	(223)	-1.0%	5	27,923
55,752	64,200	8,448	13.2%	Supplies	602,169	774,593	172,424	22.3%	6	479,659
47,721	42,947	(4,774)	-11.1%	Purchased Services	546,843	497,008	(49,834)	-10.0%	7	451,369
60,799	69,569	8,771	12.6%	Other	780,578	742,564	(38,014)	-5.1%	8	635,915
993,683	894,217	(99,466)	-11.1%	TOTAL OPERATING EXPENSE	10,136,391	10,114,239	(22,153)	-0.2%		8,763,117
60,568	**95,280**	**(34,712)**	**-36.4%**	**NET OPERATING REV(EXP) EBIDA**	**1,996,683**	**1,711,045**	**285,639**	**16.7%**		**731,814**
				NON-OPERATING REVENUE/(EXPENSE)						
621	36,961	(36,340)	-98.3%	Donations-IVCH	201,155	426,822	(225,667)	-52.9%	9	394,361
-	-	-	0.0%	Gain/ (Loss) on Sale		-	-	0.0%	10	
(85,997)	(59,302)	(26,695)	45.0%	Depreciation	(678,510)	(652,323)	(26,187)	-4.0%	11	(647,683)
(85,376)	(22,341)	(63,035)	-282.1%	TOTAL NON-OPERATING REVENUE/(EXP)	(477,355)	(225,501)	(251,854)	-111.7%		(253,322)
$ (24,808)	**$ 72,939**	**$ (97,747)**	**-134.0%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,519,328**	**$ 1,485,544**	**$ 33,784**	**2.3%**		**$ 478,492**
3.3%	**5.6%**	**-2.3%**		**RETURN ON GROSS REVENUE EBIDA**	**9.2%**	**8.4%**	**0.8%**			**4.4%**

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

		Variance from Budget Fav<Unfav> MAY 2019	YTD 2019
1) Gross Revenues			
Acute Patient Days were at budget at 0 and Observation Days were 1 below budget at 0.	Gross Revenue -- Inpatient	$ (8,858)	$ (20,878)
	Gross Revenue -- Outpatient	149,291	1,358,056
		$ 140,433	$ 1,337,178
Outpatient volumes exceeded budget in Emergency Department visits, Laboratory tests, Cat Scans, Drugs Sold to Patients, Physical Therapy, Occupational Therapy, and Sleep Clinic visits.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 1.25% decrease in Commercial Insurance, a 1.89% increase in Medicare, a .50% increase in Medicaid, a 1.14% decrease in Other, and County was at budget. We saw a positive variance in Contractual Allowances due to a shift into Bad Debt as older claims continue to be worked in coordination with third party vendors.	Contractual Allowances	$ 352,370	$ (435,245)
	Charity Care	(16,915)	(223,475)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(455,076)	(495,334)
	Prior Period Settlement	-	(74,873)
	Total	$ (119,621)	$ (1,228,927)
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in May.	IVCH ER Physician Guarantee	$ 34,897	$ 190,983
	Miscellaneous	9,045	8,558
	Total	$ 43,942	$ 199,541
Medically Managed Fitness consults exceeded budget, creating a positive variance in Miscellaneous.			
4) Salaries and Wages	Total	$ (21,095)	$ 246,359
Employee Benefits	PL/SL	$ 10,623	$ (68,382)
Positive variance in PL/SL was offset, in part, by a negative variance in Salaries and Wages.	Standby	(518)	(19,029)
	Other	(5,168)	(5,968)
	Nonproductive	(13,023)	(15,673)
Longevity Retention bonuses issued in May exceeded budget estimates, creating a negative variance in Nonproductive.	Pension/Deferred Comp	-	(10,154)
	Total	$ (8,087)	$ (119,206)
Employee Benefits - Workers Compensation	Total	$ 1,860	$ 14,572
Employee Benefits - Medical Insurance	Total	$ (40,124)	$ (229,404)
5) Professional Fees	Therapy Services	$ (33,050)	$ (136,241)
Physical Therapy revenues were above budget by 29.17%, creating a negative variance in Therapy Services.	IVCH ER Physicians	970	(636)
	Sleep Clinic	(11,473)	(406)
	Foundation	-	(223)
Sleep Clinic professional fees are tied to collections which exceeded budget estimates in May.	Administration	-	-
	Miscellaneous	-	3,240
	Multi-Specialty Clinics	(912)	115,215
	Total	$ (44,465)	$ (19,050)
6) Supplies	Minor Equipment	$ 1,345	$ (8,205)
Drugs Sold to Patients revenues exceeded budget by 4.80%, however the mix of drugs administered were lower in cost than expected budget, creating a positive variance in Pharmacy Supplies.	Non-Medical Supplies	729	(5,263)
	Imaging Film	-	-
	Office Supplies	695	4,972
	Food	929	11,519
	Patient & Other Medical Supplies	(158)	71,822
	Pharmacy Supplies	4,908	97,579
	Total	$ 8,448	$ 172,424

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

		Variance from Budget Fav<Unfav>	
		MAY 2019	**YTD 2019**
7) Purchased Services	Multi-Specialty Clinics	$ (2,543)	$ (21,027)
Negative variance in Multi-Specialty Clinics related to office cleanings.	Department Repairs	2,120	(15,603)
	EVS/Laundry	(2,193)	(10,555)
Installation of an audio system at the Physical/Occupational Therapy buidling created a negative variance in Miscellaneous.	Engineering/Plant/Communications	1,170	(6,583)
	Miscellaneous	(2,884)	(3,468)
	Laboratory	(1,409)	(2,002)
	Surgical Services	-	-
	Pharmacy	-	-
	Foundation	395	4,368
	Diagnostic Imaging Services - All	570	5,037
	Total	$ (4,774)	$ (49,834)
8) Other Expenses	Miscellaneous	$ (3,958)	$ (54,481)
Transfer of Labor costs to IVCH for tests performed at TFH created a negative variance in Miscellaneous.	Outside Training & Travel	(1,090)	(17,228)
	Other Building Rent	(273)	(1,093)
	Insurance	7,628	(775)
Prepayment of the May monthly insurance installment in April created a positive variance in Insurance.	Physician Services	-	-
	Equipment Rent	2,906	1,624
	Multi-Specialty Clinics Bldg Rent	-	3,493
	Marketing	(825)	3,893
	Dues and Subscriptions	3,027	8,859
	Utilities	1,356	17,695
	Total	$ 8,771	$ (38,014)
9) Donations	Total	$ (36,340)	$ (225,667)
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ (26,695)	$ (26,187)
A true-up of Depreciation through May created a negative variance in Depreciation Expense.			

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL MAY 2019	PROJECTED MAY 2019	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 9,897,289		$ 8,876,838	$ 25,363,571	$ 6,856,691	$ 720,046	$ 6,136,645	$ 7,158,158	$ 5,194,676	$ 6,480,381	$ 6,530,356
Interest Income	667,478		1,232,724	1,322,573	-	-	-	231,207	334,416	357,861	399,089
Property Tax Revenue	6,938,847		6,965,000	7,428,194	2,892,999	2,500,000	392,999	442,497	91,633	4,001,065	2,892,999
Donations	1,449,325		800,000	767,431	23,650	-	23,650	-	101,348	323,398	342,684
Debt Service Payments	(2,078,463)		(3,058,371)	(4,521,184)	(353,247)	(353,249)	2	(1,012,051)	(885,417)	(906,773)	(1,716,943)
Property Purchase Agreement	-		-	(270,644)	(67,661)	(67,661)	0	-	-	(67,661)	(202,983)
2018 Municipal Lease	(103,515)		-	(1,148,646)	(143,111)	(143,111)	-	-	(289,982)	(429,333)	(429,332)
Copier	(11,482)		(11,520)	(24,166)	(5,378)	(5,380)	2	(2,714)	(2,633)	(2,680)	(16,139)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,436,754)	-	-	-	(598,045)	(181,510)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,640,974)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(407,099)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(145,863)	-	(20,000)	20,000	(145,863)	-	-	-
Investment in Capital						-					
Equipment	(2,766,680)		(2,911,369)	(2,457,043)	(16,659)	(327,164)	310,505	(936,378)	(630,052)	(103,652)	(786,961)
Municipal Lease Reimbursement	219,363		-	3,380,291	30,000	30,000	-	-	2,181,136	669,155	530,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,326,858)	(274,663)	(666,824)	392,161	(844,873)	(320,860)	(1,286,552)	(874,573)
Building Projects/Properties	(4,415,940)		(15,438,772)	(12,579,955)	(390,037)	(2,660,514)	2,270,477	(1,819,774)	(3,259,281)	(3,569,345)	(3,931,554)
Capital Investments	(475,000)		(452,000)	(916,898)	-	-	-	-	-	(916,898)	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	726,224	3,971,093	2,978,763	992,330	(8,013,339)	(21,877)	2,428,518	6,332,923
Change in Settlement Accounts	6,898,578	N2	1,609,698	121,217	1,278,183	6,364,629	(5,086,446)	853,760	(1,592,487)	(1,425,097)	2,285,041
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(2,198,743)	(1,157,787)	70,000	(1,227,787)	(1,651,139)	(931,178)	1,001,739	(618,166)
Change in Other Liabilities	(857,461)	N4	375,000	2,595,969	(3,064,903)	(1,400,000)	(1,664,903)	694,254	(1,008,230)	1,346,995	1,562,950
Change in Cash Balance	(2,106,197)		(5,884,628)	15,558,925	9,795,320	7,235,688	2,559,632	(5,043,542)	(746,172)	8,400,795	12,947,844
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	74,649,944	74,649,944	-	70,805,546	65,762,004	65,015,832	73,416,627
Ending Unrestricted Cash	70,805,546		64,920,918	86,364,471	84,445,264	81,885,632	2,559,632	65,762,004	65,015,832	73,416,627	86,364,471
Expense Per Day	414,300		448,115	463,684	462,889	445,926	16,963	432,620	454,586	456,698	463,684
Days Cash On Hand	171		145	186	182	184	(2)	152	143	161	186

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: 6/18/19

Finance Strategies:
Tahoe Forest Health System volumes continue to be very high against budget and the prior year for the month of May. May volumes exceeded budget by an estimated 33%. We reported last month that we were seeing volume increases of 29% in Truckee and 26% in Incline Village over the prior year. We expect growth percentages could continue to increase slightly as the fiscal year is finished out.

We have also talked in the past about the broad based growth year over year, which we believe creates a strong, low risk platform for a steadier volume of patient care activities throughout the year. It should lower seasonality fluctuations in distant years. We are anticipating more modest year over year growth percentages in the future.

It is possible that fiscal year 2019 will beat 2017 as the best fiscal year in our 70-year Health System history.

Based on the 10-year financial forecast provided last year, we will be significantly ahead of the forecast after year one.

People Strategies:
We have completed 14 very well received team member Town Hall meetings and have five more scheduled in the coming weeks. The questions asked and the involvement of our team members this year versus last year demonstrates what we believe is a positive improving trend each year we have held these Town Halls. The entire senior leadership team has been active in leading out in each of the Town Hall sessions. New this year, during introductions, senior leadership shares something about themselves that the Health System might not know about them. This has been well received. In addition, physicians attended Town Halls this year for the first time ever.

We had many team members volunteer for a great 20th Annual Best of Tahoe Chefs event on June 2. It was likely our largest event ever and very successful. We really appreciate the large number of local chefs who donate their time and provide the great food selections at their cost.

Service Strategies:
Managing an ever improving patient experience is a strong focus and “forever” journey our team is on. We are focusing on additional customer service training this year. I am quite proud of the year over year improvements our team is making in patient satisfaction scores. We are in a very high patient satisfaction performance zone that most hospitals in America never achieve. We do not take our present place for granted and are committed to working hard to continually improve it each year.

Quality Strategies:
We have many actions items we are managing to ever improve all aspects of Quality every year. We have added High Reliability training and actions to continue to assist in this improvement journey.

Growth Strategies:
Construction continues on schedule for the third floor of the Medical Office Building and on the 2nd floor of the Cancer Center for new patient exams rooms and provider services space.

We are actively working on finding and leasing new locations for temporary parking, as parking will be one of our biggest challenges with construction and new physician space coming on line.

We have a strong focus on workforce housing and are partnering with large community employers. We hope within three years or so that we will have something substantial to share with our team members regarding new legitimate opportunities to live and work in Truckee.

The Health System received the Rural Health Clinic designation for the Pediatric Clinic. We remain hopeful that we will have the IM/Cardiology building, which includes extensive primary care provider services also approved for Rural Health Clinic status by early July.

We continue to actively work on our first Rural Health Clinic at Incline Village Community Hospital and are awaiting a review from the State of Nevada right now.

We are very focused on federal, state and other regional 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.

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

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

Quality: Pursue Excellence in Quality, Safety and Patient Experience
Focus on our culture of safety

We have received our second annual SCORE survey results which was completed April 8th with an 83% participation rate from Health System staff. The SCORE Culture of Safety Survey was a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area. We now able to compare 2018 results with 2019. Results are currently being shared. Staff will be involved in developing action plans based on the new results.

BETA, our liability carrier, completed a validation survey for one of our five BETA HEART program Domains. The Domain, Culture of Safety, was surveyed on April 30th and had a successful survey. We will receive a 2% savings on our liability coverage. The five Domains of the program are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. A multidisciplinary team of clinical and medical staff are supporting the completion of these domains through their participation and involvement in meeting the program criteria's and attendance at BETA conferences. We are working on validating other domains for other premium deductions.

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 we have hired a new Director of Pharmacy, Chris Sullivan. Mr. Sullivan will begin July 1st and we look forward to the extensive pharmaceutical knowledge he brings to the Health System. Please join me in extending a warm welcome to Chris Sullivan in his new position in our organization.

Growth: Foster and Grow Community and Regional Relationships
Enhance and promote our value to the community

A thank you luncheon was provided to the North Lake Tahoe Community Health Care Auxiliary at Incline Village Community Hospital (IVCH) on June 10. The purpose of the luncheon was to thank the auxiliary for their ongoing support and volunteer work at IVCH. The TFHS Chef and Dietary staff produced an outstanding lunch for the auxiliary. Thank you to all who attended.

Under the support of a grant, IVCH staff have been assisting in a dental screening program for elementary students in Incline Village. This successful program not only supports dental screening but will also assist youth needing dental care.

The Tahoe Health System Foundation had a successful Best of Tahoe Chefs event located at The Ritz-Carlton on June 2nd. Donations made from this event support our Gene Upshaw Memorial Cancer Center. Thank you to the TFHS Foundation

team who worked with our local chefs and coordinated this sold out event. Dr. Larry Heifetz was recognized for his years of dedication and commitment to the success of this program.

Incline Village Community Hospital Foundation (IVCHF) staff coordinated a Tax Smart Giving presentation to donors in Incline Village. The three speakers spoke about charitable giving that included covering tax smart ways to give to the foundation. Thank you to the speakers and those who attended.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Moves:

- No current moves at this time.

Projects in Progress:

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00
Estimated Start of Construction: 4/30/2018
Estimated Completion: Summer 2019
Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.
Update Summary: The Temporary room is in use. Construction is scheduled to complete at the end of June. This project will remain open through the multiple phases of approvals

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: Project is being punch listed, all equipment and furniture has been installed.

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: Flooring and finishes are in process of being installed.

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

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

Projects in Permitting:

Project: Campus Water Improvements
Estimated Start of Construction: June 2019
Estimated Completion: August 2019
Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.
Update Summary: Electrical has been approved, water improvements are under review.

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

Project: Levon Demolition
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Create additional parking to support the Tahoe Forest Campus
Update Summary: The project is in permitting.

Project: Security Upgrades
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments.
Update Summary: The project is in permitting.

Projects in Design:

Project: Day tank and Underground Storage tank replacement.
Estimated Start of Construction: TBD
Estimated Completion: TBD
Summary of Work: Remove and replace the 30-year-old underground storage tank and existing day tank.
Update Summary: Project is in the process of being designed.

Project: 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 in the process of being designed.

Project: Pat and Ollies Demo/Parking Improvements
Estimated Start of Construction: Summer 2019
Estimated Completion: Winter 2019
Summary of Work: Create additional parking to support the occupancy of the 2nd floor Cancer Center clinic.
Update Summary: Survey has taken place; the project is in design.

Project: Levon Parking Structure
Estimated Start of Construction: Spring 2020
Estimated Completion: Winter 2020
Summary of Work: Create additional parking to support the District.
Update Summary: Predevelopment is commencing

Project: Gateway Medical Office Building
Estimated Start of Construction: Spring 2021
Estimated Completion: Winter 2024
Summary of Work: Create a new medical office building to house multiple hospital entities.
Update Summary: Procurement method is in development.

TAHOE FOREST HOSPITAL DISTRICT

Board CNO Report

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

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- All nursing education on the sepsis core measure have been completed. The past two months have demonstrated 100% compliance
- The daily morning huddle has transitioned to incorporate the high reliability model. The identified risks are receiving quick attention and resolution with improved interdepartmental issues.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- **Level III Trauma**
  - Comparison activation fees being completed ($5700-$26k)
  - Stop the Bleed training has been started for the staff
  - Ongoing Trauma Activations in the ED
- **Behavioral Health**
  - Follow up meeting held with the senior leadership as well as program managers from Placer County. Working towards a contract for a Crisis Stabilization bed in Grass Valley.
  - Full time psychologist hired to provide behavioral health services for the District along with our current physician assistant
  - Our 5150 population has remained stable over the past year which indicates success in our behavioral health services and work with the counties as evidenced by the increase in 5150 populations throughout the State of California.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- **Truckee Surgery Center**
  - Interviewing for Nurse Manager
  - Facility improvements underway
  - HFAP readiness ongoing – will plan for 2020 survey with the hospital
  - Finalizing job descriptions for staffing
  - Review of charge master
  - Review of all contracts
  - Held first board meeting
- **PRIME**
  - Update to be provided June Board Meeting. Full payment received for the March submission of initiative.

- **Wellness Neighborhood June Activities**
  - Pine Street Café – Health Hospital Partnership
  - Nutrition for a Healthy Pregnancy -1st Friday of Month – TWC
  - Affordable Labs and BP Checks - June 14th in Truckee
  - Project Mana Health checks (BP and Glucose) and education
    - June 11th (Truckee) and June 19th (Incline)
  - Infant and Child CPR - June 7th (Truckee)
  - Birthing with Confidence
    - IVCH - June 22nd-23rd
  - Breastfeeding support - Every Friday
  - Breastfeeding 101 - Ist Tuesday of the month - Labor and Delivery Conference room
  - Infant Nutrition - June 12
  - Childbirth Refresher Course - June 30th
  - RTH Cooking Demo- Quick and Healthy summer picnics - June 10th
  - RTH Talk - Got Pain? Shoulder and Knee Orthopedic Management - June 20th (Incline)
  - Baby Station at Truckee Thursdays

- **Mental/Behavioral Health**

  - Authentic Wellness Education Series - Tools to cope with Life's Daily Challenges –
    - June 13th - Science of Motivation and Habit Change
    - June 27th - Biofeedback and the Art and Science of Breath work
  - Mindful Morning Retreat - June 8th
  - NAMI Support Group - 2nd Weds of month - Tahoe Forest Pine St. Conference room

- **Community Collaboration**

  - Community Collaborative Resource Sharing meeting -June 4th - Trauma Informed Care workshop
  - Suicide Prevention Coalition Meeting -June 17th
  - Dental Coalition Meeting - June 3rd
  - Youth Health Initiative - June 10th
  - Mindfulness And Mental Health Community Resource Fair - June 11th

TAHOE FOREST HOSPITAL DISTRICT

Board CIIO Report

By: Jake Dorst, MBA
Chief Information and Innovation Officer

DATE: June 2019

Service: Optimize delivery model to achieve operational and clinical efficiency
Use technology to improve efficiencies

- Epic Secure Chat/Secure Text to go live on June 27, 2019.
- Cancer Center Epic project- Mercy is on site week of June 24, 2019 for workflows.
- Interfaces for Epic Cancer Center to Varian integration project in build phase.
- 18 Cancer LinQ Data Extract work has begun for move to Epic data.
- Dietary new software/DFM Interfaces to Epic in testing.
- NV Health Information Exchange Interfaces go live June 20, 2019. The final Continuity of Care Document (CCD) interface end of June.
- New Nihon Kohden Patient Monitors delivery scheduled.
- Philips PACs (diagnostic imaging software) upgrade project in testing.
- Credentialing for new Ambulatory IT analyst started.
- Certification for Clarity Clinical Data Model (for Beacon new Epic Cancer Center software module) started.
- Certification for HB/PB epic Clarity modules underway.
- MyChart Forms review for adoption in MSC offices underway.
- Onboarding of many new staff, providers, and Anesthesiologists.

TAHOE FOREST HOSPITAL DISTRICT

Board CMO Report

By: Shawni Coll, D.O., FACOG **DATE: June 18, 2019**
Chief Medical Officer

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- Regular meetings are being held with key physicians to communicate and respond to concerns over the employment model.

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

- As Dr. Forner retires this July, we are actively interviewing Neurologists to compliment Dr. Mwero's current neurology practice.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- The Primary Care Committee and its subgroups are making progress in standardizing our primary care service line.

Use technology to improve efficiencies

- Working with IT team to roll out a secure messaging system through Mercy Epic. This has been a desire of the TFHS Medical Staff and will be a big win for the organization and provider workflow.

Implement a focused master plan

- Two new clinics are on schedule to open later this year as part of our 10-year master plan.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- Recently received the results of the SCOR survey and will be formulating a focus group to discuss results and develop an action plan.

Prioritize the patient and family perspective

- Three physicians and numerous staff participated in the BETA HEART program in Pasadena, CA in May. The training was focused on Disclosure of Unexpected Outcomes. There was time to practice with our team members along with Dr. Shawni Coll and Karen Baffone RN who were picked to get on stage in front of 100+ people to perform a disclosure. This was an incredible learning experience.

Identify and promote best practice and evidence-based medicine

- Working diligently with Hospitalist and Emergency Physicians on sepsis order form to try and make it more user-friendly to the physicians to allow more utilization.

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

- Hoping to include coding training for the physicians this coming fiscal year in order to improve the revenue cycle efficiency.

- Working with Revenue Cycle Team, ARCR/CORe team, along with Mercy to try to find a fix to some workflow issues, that will help to improve revenue capture and result in less work on the back end to make sure the bill drops correctly the first time.

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

- The Executive Team, along with many physicians, attended (and a few TFHS Board Members) the Best of Tahoe Chefs fundraising events, connecting with community members and donors.

Define opportunities for growth and recapture outmigration

- New service lines for Endocrinology and Palliative Care are being added to provide care in our community. Additional procedure rooms have been built into the new clinic spaces to allow for increased utilization in the outpatient setting.

AGENDA ITEM COVER SHEET

ITEM	ABD-02 Chief Executive Officer Compensation Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-02 Chief Executive Officer Compensation Policy was reviewed by the Governance Committee at their June 19, 2019 meeting.

The policy was updated to reflect the change in Board President and CEO titles and the addition of "base salary" as recommended by the Executive Compensation Committee.

SUMMARY/OBJECTIVES:

Governance Committee is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-02 Chief Executive Officer Compensation Policy

ABD-02 President & Chief Executive Officer Compensation

PURPOSE

Tahoe Forest Hospital District ("TFHD") Board of Directors wants to ensure that the compensation decisions for the President & Chief Executive Officer are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices.

POLICY

It is the responsibility of the Board Executive Compensation Committee to review executive compensation and manage the President & Chief Executive Officer contract renewal process. The Board Executive Compensation Committee is composed of two board members and is appointed annually by the Board ~~President~~Chair.

PROCEDURE

A. **Total Compensation**

The Executive Compensation Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey, third party compensation expert, and other targeted data. Survey comparisons will be to like size healthcare systems. Review of standalone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

Total compensation for the President & Chief Executive Officer position with TFHD may include, but not limited to:

1. Base salary
~~1.~~2. Personal leave
~~2.~~3. Long Term Sick Leave
~~3.~~4. $1,000,000 life insurance benefit
~~4.~~5. Automobile allowance
~~5.~~6. Housing assistance
~~6.~~7. Health, dental and vision insurance
~~7.~~8. Long Term Disability policy
~~8.~~9. Participation in Money Purchase Pension Plan
~~9.~~10. Employer match into 457 Deferred Compensation Plan
~~10.~~11. Discretionary deferred compensation
~~11.~~12. Incentive Compensation Plan
~~12.~~13. Severance agreement

B. **Target**

The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above industry standards to offset base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.

The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

C. **Other factors**

Other factors such as competitive market forces, each individual's job responsibilities are also considered in TFHD compensation and benefit decisions. These may include:

1. Organizational complexity (the number and variety of services and/or organizational units).

2. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
3. The availability or lack of availability of staff experts.
4. The depth and breadth of the executive's knowledge and experience.
5. The rate of organizational growth.
6. The executive's value in the labor market as reflected, in part, by his salary history elsewhere.
7. The hospital's prior success in recruiting and retaining competent executive personnel.
8. Fees charged for comparable services by recognized hospital management companies.

AGENDA ITEM COVER SHEET

ITEM	ABD-12 Guidelines for Business by Tahoe Forest Hospital District Board of Directors Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

ABD-12 Guidelines for Business by Tahoe Forest Hospital District Board of Directors Policy was reviewed by the Governance Committee at their June 19, 2019 meeting.

Under Procedure, section H, number 4: The board agenda outline was discussed and updated to streamline the close of board meetings and reflect previous feedback.

Titles for Board President and CEO were also updated throughout the policy.

SUMMARY/OBJECTIVES:

Governance Committee is recommending approval of the attached policy.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-12 Guidelines for Business by Tahoe Forest Hospital District Board of Directors Policy

ABD-12 Guidelines for Business by the Tahoe Forest Hospital District Board of Directors

PURPOSE:

To explain the guidelines for the Board of Directors in conducting business for the District.

To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY:

In an effort to make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Tahoe Forest Hospital District, the following compendium of provisions from the Tahoe Forest Hospital District Bylaws and the Ralph M. Brown Act, hereinafter referred to as Brown Act, is hereby established.

PROCEDURE:

A. Officers Of The Board of Directors

1. The officers of the Board of Directors are: ~~President~~Chair, Vice ~~President~~Chair, Secretary and Treasurer.

2. The officers shall be chosen every year by the Board of Directors at a Board Meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of ~~President~~ Chair of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of ~~President~~Chair, Vice ~~President~~Chair, Secretary and Treasurer shall be filled by members of the Board of Directors.

B. Meetings Of The Board of Directors

1. Regular Meetings: Regular Meetings of the Board of Directors shall be held the fourth Thursday of each month at 4:00 PM at a location within the Hospital District boundaries. The regular meeting shall begin in Open Session in accordance with the Brown Act and may adjourn to closed session in compliance with law. The notice for meetings of the Board of Directors and Board standing committees ("Committee(s)") shall be posted per the requirements of the Brown Act.

2. It is the duty, obligation, and responsibility of the Board ~~President~~ Chair and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board ~~President~~ Chair or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.

3. Special Meetings: Special Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours' notice as stated in the Brown Act.

    a. The ~~President~~ Chair of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.

    b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to each local newspaper of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members

may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.

c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.

4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the board.

   a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.

   b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.

5. Closed Session Meetings: Closed Session meetings of the Board of Directors and Board Committees may be held as deemed necessary by members of the Board of Directors or the President & Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Health Care District Law.

   a. Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:

      i. The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.

      ii. The conversion of any District health care facility to any other form of ownership by the District.

      iii. The dissolution of the District.

   b. Documentation for Closed Session will be provided on the board portal at least 72 hours prior to the session for regular meetings and 24 hours before special closed session meetings. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation will be available during the actual closed session but will be returned by all board members at the completion of the closed session.

   c. As a best practice, closed session will be attended by General Counsel.

6. Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These include:

   a. All votes taken by teleconference must be taken by roll call.

b. Agendas must be posted at all teleconference locations.

c. Each teleconference location must be identified in the agenda.

d. Each teleconference location must be accessible to the public.

e. At least a quorum of the Board must participate from locations within the District boundaries.

f. The agenda must provide for public comment at each teleconference location.

7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: ~~President~~Chair, Vice ~~President~~Chair, and Secretary or in the absence of all officers, another director selected by the Board to do so at the meeting in question.

C. Activities/Meetings of Board Committees

1. Board committees will undertake the activities of the committee as outlined in the Tahoe Forest Hospital District Bylaws. In addition, each Committee will annually establish Committee goals, and such goals will be presented to the Board of Directors for approval.

D. Meetings Open to the Public

All meetings of the Board of Directors and Board Committees are open to the public with the exception of the Closed Session portion of such meetings.

E. Notices of Meetings of the Board of Directors and Board Committees Supplied to the Public

Notices of any Regular or Special meeting of the Board of Directors and Board Committees shall be mailed to any interested party who has filed a written request for such notice. The request must be renewed annually in writing.

F. Board and Board Committee Agenda Packets for Members of the Public

1. Board and Board Committee agendas and agenda materials are available for review by any interested party at the administrative offices or at the Board or Board Committee meeting itself.

2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged $.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and Board Committee meetings. Agenda packets in whole or in part may also posted to the District's website.

G. Public Input at Meetings of the Board of Directors and Board Committee Meetings

On each agenda of Regular and Special Meetings of the Board of Directors and Board Committee meetings, there shall be a provision made for input from the audience. The Board of Directors or Board Committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or

2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or

3. If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

H. Preparation Of The Agenda For Board or Board Committee Meetings

1. Placing of Items On The Agenda:

    a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.

    b. Members of the public are directed to contact the ~~President~~ Chair of the Board of Directors, a Director of the Board or the President & Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the President & Chief Executive Officer for follow up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.

    c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Health Care District or that are not relevant to hospital district governance.

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

2. The President & Chief Executive Officer and Board ~~President~~Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The President & Chief Executive Officer or his or her designee and the Board Committee chairperson shall prepare the agendas for the meetings of the Board Committees. Items to be placed on an agenda should be submitted to the President & Chief Executive Officer or the Clerk of the Board no later than 10 days prior to the Board meeting.

3. In addition to discussing with the Board ~~President~~ Chair or President & Chief Executive Officer, a Board member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board concurs. No more than two items per board member will be considered at a board meeting.

4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or President & Chief Executive Officer otherwise directs:

    a. Call to Order

    b. Roll Call

    c. Deletions/Corrections to the Posted Agenda

    d. Input – Audience

    e. Closed Session, if necessary

    f. Acknowledgments

    g. Medical Staff Executive Committee

    h. Consent Calendar

    i. Items for Board Action

    j. Items for Board Discussion ~~And/Or Action~~

    k. Discussion of Consent Calendar Items Pulled, if necessary

    ~~l. Agenda Input For Upcoming Committee Meetings~~

    ~~m. Items for Next Meeting~~

    ~~n.~~l. Board Members Reports/Closing Remarks

5. The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.

6. The Board ~~President~~ Chair and the President & Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked Consent Calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors or hospital staff requests that a consent item be removed from the list of consent items prior to the vote on the Consent Calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member do so on their behalf, or may provide public comment on a particular item before the Board votes on the consent calendar.

    a. Board members are encouraged to notify the Board ~~President~~ Chair and President & Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.

    b. Department Heads, or their designated representative, will be present during the consent calendar to answer any questions. If the Department Head is unable to attend, the President & Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.

7. If available, minutes of Board Committee meetings will be included in Board agenda packets. If not available, the agenda for the Committee meeting will be included. Recommendations from a Board Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

8. The ~~President~~ Chair of the Board of Directors will approve the agenda before its distribution.

I. Notification by Board Member of Anticipated Absences

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 Clerk of the Board with information including the dates of absence, best method of contact, applicable telephone and fax numbers, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must acknowledge that written notices will be provided to your permanent address.

J. Minutes Of Meetings Of The Board Of Directors And Board Committees

Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Clerk of the Board. The minutes shall be transcribed by the Clerk of the Board and reviewed by the President & Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

K. Special Rules/Robert's Rules Of Order

The Board of Directors has adopted Robert's Rules Of Order, Revised as the framework to guide discussion and actions within the Board of Directors' meetings and its subsidiary committee structure. With acknowledgement that the Tahoe Forest Hospital Board of Directors is somewhat different in form, membership and objective than is captured in Robert's Rules, the placement of "Special Rules" is appropriate to facilitate superior deliberation and decision making. With Robert's Rules providing the basis for debate and action, the following procedures and/or expectations shall take precedence over Robert's Rules of Order, Revised:

L. Discussion/Debate

1. As is practical, staff oral summaries shall precede motions and public comment on an agendized item.

2. Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.

3. *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.

4. Any Board committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board members to state their views on the substance of a matter.

5. Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board Committee meetings. Public input/comments regarding agendized items will be sought during the consideration of these items, before action is taken, at Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board ~~President~~ Chair for the formulation of a recommendation to the Board of Directors.

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

M. Voting/Motions

1. Any member of the Board of Directors may introduce or second a motion, including the Board ~~President~~ Chair or other currently presiding officer. All members, including the Board ~~President~~Chair, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.

2. Amendment of a motion may only be amended by the motion maker with the concurrence of the second.

3. No more than one motion can be considered at a time.

4. Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.

5. Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.

6. Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board Member on the original motion. The Board ~~President~~ Chair may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.

7. "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.

8. Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion compliant with Robert's Rules of Order, Revised as modified by this Policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) our actions.

N. Urgent Decisions

In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the ~~President~~ Chair of the Board, or a majority of the Board members, may call a special board meeting or an emergency meeting to take action.

O. Contingent Approval

1. In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the President & Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:

a. the terms are not substantively altered from those previously approved,

b. all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and

c. the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.

2. If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent board meeting.

P. 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 an 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's Patient Advocate.

Q. Board Member Request for Information

1. Individual Board Members may request data from the District by completing a Board of Directors Information Request Form indicating the specific information requested.

a. The President & CEO will review the request to determine material availability, sensitivity, necessary resources and anticipated cost (if any) of production.

b. Should the President & CEO determine that materials are not readily available, sensitive in nature or costly to produce, the President & CEO may defer to a decision of the Board of Directors to fulfill the request.

c. All approved requests by the President & CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

Related Policies/Forms: Inspection And Copying of Public Records
ABD-14 , Board of Directors Information Request Form

References: Ralph M. Brown Act (CA Govt Code §54950),
Governance Institute

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

Charter

Governance Committee
Board of Directors
Tahoe Forest Hospital District

Purpose:
The purpose of this document is to define the charter of the Governance Committee of the District's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

Responsibilities:
The Governance Committee of the Board shall function as a standing committee of the Board responsible for addressing all governance-related issues. The Committee shall develop, maintain, and implement the necessary governance-related policies and procedures that define the Hospital's governance practices.

Duties:
1. Conduct at least a biennial review of the Bylaws and Board policies.
2. Submit recommendations to the Board of Directors for changes to Bylaws and Board policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance.
5. ~~As~~Ensure~~, in conjunction with the Board Chair,~~ the annual board self-assessment is conducted no later than December 1. ~~and board goal setting process is conducted.~~
6. Ensure a board goal setting process is conducted no later than April 30 and reviewed at the October board retreat.

Composition:
The Committee shall be comprised of ~~at least~~ two (2) Board members appointed by the Board ~~President~~Chair.

Meeting Frequency:
The Committee shall meet as needed.

REVISED June 19, 2019

TAHOE FOREST HEALTH SYSTEM FOUNDATION

Date: June 19, 2019

To: Tahoe Forest Hospital District Board of Directors

From: Karli Epstein, Executive Director – Tahoe Forest Health System Foundation (TFHSF)

Re: Request to ratify new TFHSF Board Candidates

Dear Tahoe Forest Hospital District Board of Directors:

At the June 13, 2019 meeting of the TFHSF Board of Directors, the board agreed to vote on a slate of new candidates, nominations and the seating of the Foundation Board.

The Board approved these nominations on 6/13/19. These candidates will maintain the membership of the Foundation Board of no less than 6 voting members and 1 ex-officio non-voting member. Full Bio's of each attached.

1. Alicia Barr, *CEO Truckee Craft Ventures*
2. Rich Molsby, *Attorney- Managing partner of MOBO LAW*

Respectfully submitted on behalf of Karli Epstein.

Alicia Barr graduated from CSU Chico in 1996 with a BS in Mechanical Engineering in and a Minor in Organizational Communications. While attending Chico State, she served as President of the student chapter of American Society of Mechanical Engineers, garnered multiple All-Conference titles in the 400m hurdles, and was given the Chico State Outstanding Student Leader award.

After graduation, Alicia began working at Hewlett Packard in Roseville CA where she held various engineering and management positions within the company, was awarded several patents, and served as the Lead Technical Recruiter and University Outreach Liaison for CSU Chico. While at HP, Alicia concurrently pursued a Masters Degree in Mechanical Engineering at Stanford University, graduating in 2000. During this tenure, she discovered the sport of Ultimate Frisbee, winning a College National Championship with Stanford in 1999. She has continued on to play at the Club level, ultimately winning 7 National Titles and 3 World Titles, as well as coaching the UC Davis women's team to a National Championship in 2004.

After an eight-year career at Hewlett Packard, Alicia and her husband Andy decided to throw caution to the wind, and to live the dream. They quit their jobs, sold their house, and moved to Truckee. In 2007, they officially launched Truckee Craft Ventures (TCV) and FiftyFifty Brewing Co., which has since earned multiple national and international awards and accolades, including most recently "Brewery Group of the Year" at the 2018 Great American Beer Festival. In 2009, they opened a second business under TCV, Drunken Monkey Sushi, and most recently, TCV has invested in and is the managing partner of Old Trestle Distillery, a startup distillery based in Truckee.

Alicia is also very active in the community. She was elected to the Truckee Town Council in 2012, and served as Mayor in 2015. She is currently the chair of the CSU Chico College of Engineering Advisory Board, and is involved with the Truckee Tourism Committee, as well as a volunteer for the Meals on Wheels program with Sierra Senior Services. Through TCV, Alicia & Andy have also partnered with a number of local non-profits, including the Tahoe Truckee Community Foundation, Protect Our Winter, Truckee Trails Foundation, Humane Society Truckee-Tahoe, Truckee River Watershed Council, High Fives Foundation, and the Gene Upshaw Memorial Tahoe Forest Cancer Center.

In her spare time, Alicia enjoys mountain biking, trail running, snowboarding, and ultimate frisbee, as well as being the proud mom of Sofia (13), and cheering her on in whatever her latest endeavor happens to be.

Rich Molsby (Molsby) is the managing partner of MOBO LAW, LLP (MOBO), which is a 6-office law firm with 13 attorneys in California and Nevada. MOBO's attorneys handle business, estate planning, family, real estate and construction matters. Molsby's practice focus is generally on business matters. He grew up in the ski industry and then worked as a business consultant with companies to improve their efficiencies and profitability. He has also worked in restaurant, construction, and is a real estate broker. That broad base of experience enables Molsby to quickly get up to speed in complex matters. Molsby graduated from UC Santa Barbara with a B.A. in Political Science, and received his Juris Doctorate from Cal Northern School of Law, both while working full-time. He volunteers in the community and does pro bono work. Molsby is the former President of the Tahoe-Truckee Bar Association and he was the Chief Financial Officer and a professor at Cal Northern School of Law from 2008 through 2016. He currently spends his free time wakesurfing on Lake Tahoe, skiing (backcountry and inbounds), cycling (road, mountain and snowbiking), open water swimming, and hiking.

TAHOE FOREST HOSPITAL DISTRICT

RESOLUTION NO. 2019-05

RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT AUTHORIZING THE COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PROPOSED ISSUANCE OF BONDS TO REFUND THE OUTSTANDING TAHOE FOREST HOSPITAL DISTRICT (PLACER AND NEVADA COUNTIES, CALIFORNIA) GENERAL OBLIGATION BONDS, ELECTION OF 2007, SERIES C (2012), RETAINING A FINANCIAL ADVISOR AND A BOND COUNSEL AND DIRECTING CERTAIN ACTIONS WITH RESPECT THERETO

RESOLVED, by the Board of Directors (the "Board") of Tahoe Forest Hospital District (the "District"):

WHEREAS, the District has been informed that, based on prevailing interest rates in the municipal bond market, there is an opportunity to refund its outstanding Tahoe Forest Hospital District (Placer and Nevada Counties, California) General Obligation Bonds, Election of 2007, Series C (2012), by the issuance and sale of general obligation refunding bonds for debt service savings (the "Refunding Bonds");

WHEREAS, it is appropriate that the Board formally appoint a financial advisor and bond counsel in connection with the execution and delivery of the Refunding Bonds;

NOW, THEREFORE, it is hereby DECLARED and ORDERED, as follows:

Section 1. The Board authorizes appropriate officers and officials of the District to proceed with the preparation of the necessary documents in connection with the issuance and sale of the Refunding Bonds, subject to the final approval thereof by the Board at a subsequent meeting.

Section 2. G.L. Hicks Financial LLC, is hereby designated as financial advisor to the District in connection with the issuance and sale of the Refunding Bonds, the compensation for such services to be negotiated by the chief executive officer, the chief financial officer or other appropriate officer or official of the District.

Section 3. Quint & Thimmig LLP, is hereby designated as bond counsel to the District in connection with the issuance and sale of the Refunding Bonds, the compensation for such services to be negotiated by the chief executive officer, the chief financial officer or other appropriate officer or official of the District.

Section 4. All actions of the officers, agents and employees of the District that are in conformity with the purposes and intent of this resolution, whether taken before or after the adoption hereof, are hereby ratified, confirmed and adopted.

Section 5. The chief executive officer, the chief financial officer and other appropriate officers and officials of the District are hereby authorized and directed to take such action and to execute such documents as may be necessary or desirable to effectuate the intent of this resolution.

Section 6. This resolution shall be in full force and effect immediately upon its adoption.

* * * * * * * * *

I hereby certify that the foregoing resolution was duly adopted at a meeting of the Board of Directors of Tahoe Forest Hospital District held on the 27th day of June, 2019, by the following vote:

AYES, and in favor of, Board Members:

NOES, Board Members:

ABSENT, Board Members:

By _____
Board Secretary

Tahoe Forest Hospital District
Refunding of 2012 General Obligation Bonds, Series C
June 12, 2019

PURPOSE

A current refunding of the Tahoe Forest Hospital District (the "District") $26,100,000 General Obligation Bonds, Election of 2007, Series C (2012) (the "2012 GO Bonds") would (i) provide for lower debt service payments over their remaining life thus reducing the tax burden on District property owners and (ii) improve the District's credit assessment as it relates to rating agency evaluations of the District's general obligation bond credit rating. Debt service savings as a result of this refunding would directly reduce the levy of ad valorem taxes payable by District property owners over the next 23 years. Annual savings is approximately $183,000 based on current market rates.

BACKGROUND AND FINDINGS

On August 2, 2012, the District issued the 2012 GO Bonds with its proceeds used to fund improvements for radiology upgrades, the construction of a new cancer center, central plant upgrades and a renovation and expansion of the District's skilled nursing facility, among other projects, all located in Truckee, California.

In January, 2019, with interest rates declining, we began to request and receive analyses detailing the savings available through a refunding of the 2012 GO Bonds. On January 25, 2019, total net present value savings available through a refunding was just under $1.0 million and the net present value savings as a percentage of the outstanding principal amount of the 2012 GO Bonds was approximately 3.9%. This was important because an industry benchmark for an acceptable net present value savings as a percentage of the principal amount of bonds being refunded is generally between 3% and 4%. However, the District's past experience in securing savings through similar refundings of its outstanding debt have ranged from 10% to 18%. On March 22, 2019, the net present value savings had increased to just over $1.8 million and the net present value savings as a percentage of the outstanding principal amount of the 2012 GO Bonds was approximately 7.2%. By May 15, 2019, the net present value savings had increased to just over $2.8 million and the net present value savings as a percentage of the outstanding principal amount of the 2012 GO Bonds was approximately 11.1%. By June 6, 2019, the net present value savings had increased to just over $3.0 million and the net present value savings as a percentage of the outstanding principal amount of the 2012 GO Bonds was just over 12.0%. Since the June 6th refunding analysis, tax-exempt interest rates have declined slightly which would indicate a continuing increase in the savings associated with a refunding of the District's 2012 GO Bonds to today's date.

An evaluation of this proposed refunding has been ongoing for the past six months. By beginning the refinancing process now, we expect to sell refunding bonds in about 12 weeks. We will continue to evaluate the economics of this refunding until the District has made a final decision concerning a refunding but the actual savings will either decrease or increase from today's estimate depending on the movement of future interest rates either up or down.

SUMMARY AND RECOMMENDATION

In summary, the District will evaluate the issuance of publicly offered and privately placed refunding general obligation bonds to assess which alternative will produce the lowest interest rates and the greatest amount of savings associated with a refunding of the District's 2012 GO Bonds. Based on current tax-exempt interest rates available in today's market, it is our best estimate that a current refunding of the 2012 GO Bonds would produce approximately $4.2 million in total savings (approximately $183,000 per year) and approximately $3.0 million in net present values savings, representing about 12.0% of the outstanding principal amount of the 2012 GO Bonds.

It is our recommendation that the proposed refunding be pursued diligently by representatives of the District and their finance team for further review and assessment at a later District Board meeting.

TAHOE FOREST HOSPITAL DISTRICT
ANALYSIS OF UNDERWRITER/PLACEMENT AGENT PROPOSALS

Information Requested in RFP	DA Davidson	Hilltop Securities	Piper Jaffray	Raymond James
Total Capital (in millions)	$242	$351	$661	$6,370
Excess Net Capital (in millions)	$139	$233	$214	$1,050
Investment Banker - Primary	Richard Han	Mike Cavanaugh 55%	Todd Van Deventer 25%	Rob Larkins 50%
Investment Banker - Support	Dana Cojocaru-Ivoska	Todd Smith 5%	Frank Kaul 25%	John Nguyen 20%
Financial Analyst	Brian Courtney	Ryan Cunningham 20%	Mickey Mendoza 25%	Emilyn Giles 15%
Trader/Sales	Peter Bouzane	Kelly Wine 20%	Chris Bassette 25%	Leslie Bloom 15%
Tax-Exempt Debt Underwritings Nationwide:				
Number	1,484	547	1,725	2,747
Dollar Size (in millions)	$17,311	$7,577	$65,823	$66,766
Healthcare Debt Underwritings Nationwide:				
Number	18	19	61	36
Dollar Size (in millions)	$378	$587	$3,344	$1,859
Tax-Exempt Placements in California:				
Number	0	109	73	18
Dollar Size (in millions)	$0	$1,145	$836	$157
Tax-Exempt Healthcare Placements Nationwide:				
Number	3	10	117	1
Dollar Size (in millions)	$65	$170	$2,269	$35
Number of Institutional Brokers	44	47	104	22
Number of Retail Brokers	360	128	0	7,800
Number of California Retail Brokers	67	62	0	390
California Trading Desk	Yes	Yes	Yes	Yes
Litigation	See Proposal	See Proposal	See Proposal	See Proposal
Public Offering Discount: ($ / $1,000):				
Takedown	$2.500	$3.550	$4.170	$5.062
Management Fee	$2.500	$0.000	$0.400	$0.000
Expenses	$0.000	$0.900	$0.650	$0.804
Total	$5.000	$4.450	$5.220	$5.866
Underwriting Discount ($25.0M)	$125,000	$111,250	$130,500	$146,650
Public Offering All-in TIC	2.94%	2.86%	2.90%	2.97%
Assumed Bond Rating	Aa3	Aa3	Aa3	Aa3

TAHOE FOREST HOSPITAL DISTRICT
ANALYSIS OF UNDERWRITER/PLACEMENT AGENT PROPOSALS

Information Requested in RFP	DA Davidson	Hilltop Securities	Piper Jaffray	Raymond James
Public Offering NPV Savings	$3,216,473	$3,379,494	$3,377,767	$3,069,868
Public Offering NPV Savings Percentage	12.60%	13.20%	13.20%	12.00%
Private Placement NPV Savings	$1,190,909	$1,917,697	$1,300,911	$1,120,000
Private Placement Fee	$20,000	$32,500	$75,000	$26,000
Liable for Fees & Exp. if Terminated	No	No	No	No
Disclosure Counsel	$10,000	$10,000	$7,500	$10,000
Takedown Distribution	Fair	Excellent	Excellent	Very Good
Use of OID and OIP	Poor	Good	Very Good	Good
Use of Serial Bonds	Poor	Excellent	Excellent	Excellent
Marketing & Sales Plan	Good	Very Good	Very Good	Very Good
Past Pricing Performance	None	Excellent	Very Good	Very Good
Notes:	No experience with the District	Performed well on 2017 Bonds, 2016 Bonds & 2015 Bonds. High level of trading District bonds. High level of integrity.	Performed well on 2016 Bonds & 2015 Bonds. Strong knowledge with McDIM High level of integrity.	Performed well on 2016 Bonds & 2015 Bonds.
Recommendation: Underwriting or Placement Agent Role	**Co-Mgr @ 5% Liability**	**Sr-Mgr @ 50% Liability**	**Co-Mgr @ 30% Liability**	**Co-Mgr @ 15% Liability**

Basis for Recommendation:

Financing Structure. All four firms who proposed recommended against a private placement due to restrictions at McDonnell, longer 23-year term and high Aa3 rating. Significant value and no real downside to utilizing a public offering on this refunding. McDonnell has indicated they would prefer to purchase bonds with public sale. McDonnell is a preferred purchaser and should be maximized. Bank purchasers may add value in mid range maturities and retail investors should be heavily marketed. Pursue a dual approach with both a private placement & a public offering in case the market changes but focus for now on a public offering. Include retail distribution.

Placement Agent/Underwriter. Engage a firm that has strong institutional knowledge, in particular with McDonnell & who has good retail distribution & capital to commit. Hilltop has been outstanding on all prior District bond issues since 2015 either as a placement agent or as lead underwriter. They have performed well on each issue. Involve co-managers who have strong retail distribution in California who can and are willing to support the senior manager with retail orders in maturities in need. Hilltop, Piper Jaffray and Raymond James all have the experience, resources, knowledge and the bankers to serve as the lead underwriter. Any one would serve you well. From the District's experience, Hilltop has provided the greatest level of service to the District in the past. Hilltop and Piper Jaffray have provided the strongest proposals. Piper & Hilltop both have the best experience with McDonnell. Hilltop has better retail distribution than Piper. Raymond James & Davidson have strong retail capabilities.

AGENDA ITEM COVER SHEET

ITEM	Truckee Tahoe Workforce Housing Joint Powers Agency (JPA)
RESPONSIBLE PARTY	Ted Owens, Executive Director Governance & Business Development
ACTION REQUESTED?	For Board Action

BACKGROUND:

Tahoe Forest Hospital District, Tahoe Truckee Unified School District, Truckee Tahoe Airport District and the Truckee Donner Public Utility District have partnered in the development of a JPA for the purposes of solving housing needs the membership has collectively. Utilizing the JPA structure offers many benefits to the member agencies such as, shared risk and liability, flexibility and opportunities that would be more challenging as individual agencies.

Each agency board of directors authorized fund allocation for the development of the JPA. Included in that process was the development of documents or agreement by which the JPA will function.

SUMMARY/OBJECTIVES:

The attached documents have been vetted by the agencies at the staff level and is now seeking the input from each member board.

SUGGESTED DISCUSSION POINTS:

SUGGESTED MOTION/ALTERNATIVES:

Direct staff to proceed with the development of JPA formation documents for Board consideration in September 2019.

LIST OF ATTACHMENTS:

- MRG Staff Report
- JPA Term Sheet (Draft)
- RWG Legal Memorandum
- Example of First Year Work Program
- Power Point presentation by Municipal Resource Group, LLC

Truckee JPA Staff Report – 6/27/19

Recommended Action

Approve **(MOTION)** providing the following regarding the proposed Truckee Tahoe Workforce Housing Agency, a Joint Powers Authority comprised of the Tahoe Truckee Unified School District, Tahoe Forest Hospital District, Truckee Tahoe Airport District and Truckee Donner Public Utility District (JPA)**:**

1. Board input regarding the Draft JPA Term Sheet.
2. Direction to staff to proceed with the development of JPA formation documents for Board consideration in September 2019.

Background

The Tahoe Forest Hospital District has identified access to workforce housing as an important need for employee attraction and retention.

In 2018 the superintendent of the Tahoe Truckee Unified School District, CEO of Tahoe Forest Hospital District and general managers of the Truckee Tahoe Airport District and Truckee Donner Public Utility Districts began discussing opportunities to collaborate to create additional workforce housing for their employees. In January 2018 the managers engaged Municipal Resource Group (MRG) to assist in the evaluation of the feasibility of creating a Joint Powers Authority (JPA) to support workforce housing for the agencies' respective needs. In California, a JPA is one means by which public agencies collaborate on the pursuit of a common objective within the scope of each of the individual agencies' missions.

MRG met with the individual agency representatives in February 2019 to develop an understanding of the agencies' individual needs. Since the initial meetings, MRG has worked with the four agencies as a group to develop the structure of a JPA that could advance the workforce housing needs of each of the agencies. MRG also retained legal counsel to evaluate whether the proposed structure was legally viable. After concluding that the JPA is a viable model for advancing workforce housing, a draft Term Sheet was developed by MRG in collaboration with the agencies staff and legal counsel.

Draft JPA Term Sheet

The attached Draft JPA Term Sheet (Attachment A) is being presented to the board of each agency for review and input. The boards of the agencies (Member Agencies) are scheduled to review the Draft JPA Term Sheet during their public meetings on the following dates:

Truckee Tahoe Airport District – June 26, 2019
Tahoe Forest Hospital District – June 27, 2019
Tahoe Truckee Unified School District – July 10, 2019

The Draft JPA Term Sheet has been developed to provide the proposed JPA flexibility in responding to opportunities to acquire or create workforce housing for agency employees. As examples, projects could include:

- Acquiring an option to lease housing units in an existing development.
- Acquiring an option to lease or purchase housing units in project under development.
- Partnering with a developer for the development of new housing units on agency-owned property.
- Creating a financing program to assist employees in the purchase of housing.

The Draft JPA Term Sheet has been developed to include all of the sections of a JPA Agreement. Section highlights include:

1. Separate Legal Entity (Section 3). The JPA would be a separate legal entity. The debts, liabilities and obligations of the JPA would not be the debts, liabilities and obligations of the proposed Member Agencies.
2. Powers and Obligations of the JPA (Section 5). A principal authority of the JPA would be its ability to acquire, lease, construct, own, manage, maintain, dispose of or operate property for workforce housing. Additionally, the JPA could develop programs that provide Member Agency employees the ability to acquire housing or access affordable rental housing that may not be owned or operated by the JPA. This section also addresses the ability of the JPA to manage its finances, issue debt, enter contracts, and perform other functions of a California public agency.
3. Board of Directors (Section 6). The proposed structure of the JPA is a Board of Directors consisting of one voting representative and one alternate from each Member Agency. The JPA board members would be the chief executive officer or general manager of the Member Agency or that official's designee. This section also includes standard board authorities such as: the ability to create subcommittees and rules, documentation that meetings would be conducted in compliance with the Ralph M. Brown Act and that minutes would be required for all meetings, quorum requirements for Board action and documentation that conflict of interest rules apply to the JPA.
4. Powers and Duties of the Board of Directors (Section 7). Board responsibilities are described in this section. Duties include the responsibility to: appoint a Treasurer, Legal Advisor and Secretary, invest JPA funds and develop and approve an annual budget.
5. Operations and Facilities (Section 8). This section provides the authority to establish an office, establish procedures for the transfer of funds and property. The section also codifies that access to housing units by Member Agencies in future projects is developed in an equitable manner.
6. Manager of the JPA (Section 10). This section provides flexibility regarding how the board decides to manage the JPA. The Manager may be an employee of the JPA, a staff person of one of the Member Agencies, a consultant, an independent contractor or an

employee of another entity. The responsibilities of the Manager are also described in this section.

7. Addition of Member Agencies and Termination of the Agreement (Sections 12, 16 and 18). Procedures to add members, accept an agency withdrawal from the JPA and dissolve the JPA are addressed in these sections.
8. Maintenance and Operations Costs: Cost Allocation (Section 15). The initial seed funding for the JPA is discussed below. This section of the Draft JPA Term Sheet anticipates that once housing units have been acquired, the operating costs of the JPA would be allocated in proportion to the total number of JPA housing units allocated to each member agency at the beginning of the prior fiscal year.
9. Contribution of Capital Assets, Contributions and Advances (Sections 19 and 20). These sections provide the authority for the JPA to receive the transfer of property and financial resources from Member Agencies.
10. Standard Provisions (Sections 21-29). These sections are standard JPA provisions including, as examples, notice provisions, the severability of the agreement and the procedure for amendments.

Legal Review

MRG retained Richards, & Watson Gershon (RWG), a San Francisco-based law firm with significant JPA experience, to provide legal advice regarding the creation of a JPA. RWG evaluated each of the proposed Member Agencies' respective formation documents and prepared the attached memorandum (Attachment B). The memo addresses key legal questions related to the formation of the proposed JPA. RWG also reviewed and assisted in finalizing the Draft JPA Term Sheet.

Seed Funding of the JPA

Staff is not requesting funding to support the establishment of the JPA as part of tonight's action. If the proposed Member Agency boards direct staff to develop formation documents, when the formation documents are returned to the boards a request for seed funding will also be presented at that meeting.

Initial year seed funding has been discussed among the staffs of the proposed Member Agencies. A preliminary estimate of first year seed funding is $300,000. This funding would fund costs for a manager, legal/audit/accounting fees and project based analysis of workforce housing opportunities.

A proposed allocation of the first year seed funding among the Member Agencies is currently being discussed among the staffs. The proposed allocation of costs among Member Agencies would be presented to the four boards when the boards consider approval of the JPA formation documents.

Example of Draft First-Year Work Program

Once formed, the board of the JPA would establish its goals, objectives and work programs. An example of a draft first year work program is attached (Attachment C).

Next Steps

If the board directs staff to proceed to develop formation documents, staff will work with MRG, legal counsel and the other Member Agencies to incorporate input from the respective boards and develop the JPA formation documents. It is anticipated that the JPA formation documents will be presented to the Member Agency boards for consideration in September 2019.

A representative of MRG will be present at tonight's board meeting.

Attachments

A. Draft Term Sheet
B. RWG Legal Memorandum
C. Example of First-year Work Program

MRG/Truckee JPA/Staff Report/060519 DRAFT.docx

Joint Powers Agreement (JPA)
Between Tahoe Truckee Unified School District, Tahoe Forest Hospital District, Truckee Tahoe Airport District and Truckee Donner Public Utility District

Term Sheet

RECITALS

The JPA is based upon the following:

The Member Agencies, desirous of improving the quality and level of workforce housing available for their employees through the sharing of resources and expertise hereby establish a Joint Powers Authority entitled the Truckee Tahoe Workforce Housing Agency.

1. PURPOSE

The purpose of the JPA is to support and promote the development of workforce housing for Member Agencies within the boundaries of the Member Agency jurisdictions. The JPA may acquire, develop or contract for workforce housing for Member Agencies and support housing programs that provide workforce housing to Member Agency employees.

2. DEFINITIONS

A list of Defined Terms in this Agreement will be developed and included in the Final JPA Agreement.

3. ESTABLISHMENT OF THE JPA

3.1 Separate Legal Entity. The JPA, as a joint powers authority is a separate entity from the Member Agencies and is responsible for the administration of this Agreement.

3.2 Filing of Notices with Secretary of State and County Clerk. Within thirty (30) days after the effective date of this Agreement, the JPA shall cause a notice of this Agreement to be prepared and filed with the office of the California Secretary of State and the State Controller containing the information required by California Government Code Section 6503.5.

Within seventy (70) days after the effective date of this Agreement, the JPA shall cause a statement of the information concerning the JPA, required by California Government Code Section 53051, to be filed with the office of the California Secretary of State, the El Dorado County County Clerk, the El Dorado County Local Agency Formation Commission (LAFCO), the Placer County County Clerk, the Placer County LAFCO, the Nevada County County Clerk and the Nevada County LAFCO stating the facts required to be stated pursuant to subdivision (a) of Government Code Section 53051.

4. TERM

The Agreement shall become effective when all Member Agencies have executed the Agreement. The Agreement will be effective until dissolved through procedures outlined in this document.

5. POWERS AND OBLIGATIONS OF AUTHORITY

5.1 General Powers. The JPA shall have the power in its own name to exercise any and all common powers of its Member Agencies and such additional powers accorded to it by law reasonably related to the purposes of the JPA, including, but not limited to, the powers to:

a. Acquire, lease, construct, own, manage, maintain, dispose of or operate (subject to the limitations herein) any buildings, works or improvements within the boundaries of the Member Agencies deemed necessary by the Board to provide workforce housing on or off Member Agency properties;

b. Acquire, hold, manage, maintain, or dispose of any other property within the boundaries of the Member Agencies by any lawful means, including without limitation gift, purchase, lease, lease-purchase, license, eminent domain or sale to support the development of workforce housing for Member Agencies;

c. Develop programs that provide member agency employees the ability to acquire housing or access affordable rental housing that may not be owned or operated by the JPA;

d. Seek, receive and administer funding from any available public, non-profit, foundation or private source, including grants or loans under any available Federal, State and local programs for assistance in achieving the purpose of the JPA;

e. Make and enter into other contracts;

f. Employ agents, officers and employees;

g. Incur all authorized debts, liabilities, and obligations, including issuance and sale of bonds, notes, certificates of participation, bonds authorized pursuant to the MelloRoos Local Bond Pooling Act of 1985, California Government Code Sections 6584 et seq. (as it now exists or may hereafter be amended) or any other legal authority common to the Members or granted to the JPA and such other evidences of indebtedness, subject to the limitations herein to accomplish the stated purposes and objectives of the JPA;

h. Receive gifts, contributions and donations of property, funds, services and

other forms of financial or other assistance from any persons, firms, corporations or governmental entities;

i. Sue and be sued in its own name;

j. Seek the adoption or defeat of any Federal, State or local legislation or regulation necessary or desirable to accomplish the stated purposes and objectives of the JPA;

k. Adopt rules, regulations, policies, bylaws and procedures governing the operation of the JPA;

l. To invest money pursuant to California Government Code Section 6505.5 that is not required for the immediate necessities of the JPA, as the JPA determines is advisable, in the same manner and upon the same conditions as local agencies, pursuant to Section 53601 of the California Government Code as it now exists or may hereafter be amended;

m. Carry out and enforce all the provisions of this Agreement; and

n. Exercise all other powers not specifically mentioned herein, but common to Member Agencies, and authorized by California Government Code Section 6508 as it now exists or may hereafter be amended.

5.2 Specific Powers and Obligations. The JPA shall have the power in its own name to exercise the following specific powers and obligations to:

a. Conduct an audit of the records and accounts of the JPA annually by an independent certified public accountant and copies of such audit report shall be filed with the State Controller, the County Auditor, and shall be provided to the Member Agencies no later than fifteen (15) days after receipt of such audit reports by the JPA.

b. Use any statutory power available to it for issuance and sale of any revenue bonds or other evidences of indebtedness necessary or desirable to finance the exercise of any power of the JPA.

c. The debts, liabilities and obligations of the JPA shall not be the debts, liabilities and obligations of the Member Agencies but only of the JPA; and

d. Defend, hold harmless and indemnify, to the fullest extent permitted by law, each Member Agency from any liability, claims, suits or other actions.

6. BOARD OF DIRECTORS

6.1 JPA Governing Board. The JPA shall be governed by a Board of Directors consisting of one (1) voting representative and one (1) alternate from each Member Agency.

Alternate shall serve in the absence of the Board Member for the agency they represent. Alternates have no voting power other than when serving for an absent Board Member.

6.2 Qualifications. JPA Board members shall be the chief executive officer or general manager of the Member Agency or that official's designee.

6.3 Board Officers. The Board shall annually select one of its members to serve as Chair and one member as Vice Chair.

a. If the Chair is unable to continue serving on the Board, then the ViceChair shall become Chair. A new Vice Chair will then be selected from another Member Agency.

b. If the Vice Chair is unable to continue serving on the Board, a new Vice Chair will be selected.

c. The Chair shall preside over all meetings of the Board and perform such other duties as may be imposed by the Board in accordance with law and this Agreement.

d. The Vice-Chair shall preside over all meetings of the Board in the Chair's absence and perform such other duties as may be imposed by the Board in accordance with law and this Agreement when the Chair is absent.

6.4 Additional Officers and Consultants. The Board may appoint any additional officers deemed necessary or desirable. The Board may also retain such consultants or independent contractors as may be deemed necessary.

6.5 Bonding Requirements. The officers or persons designated to have charge of, handle, or have access to any funds or property of the JPA shall be so designated and empowered by the Board. Each such officer or person may be required to file an official bond with the JPA in an amount established by the Board.

6.6 Subcommittees. The Board may create permanent or ad hoc subcommittees to give advice to the Board on such matters as may be referred to such subcommittee by the Board.

6.7 Meetings. The Board shall hold publicly noticed meetings. The Board shall meet no less than two times per year. Meetings shall be conducted and noticed in accordance with the provisions of the Ralph M. Brown Act.

6.8 Quorum. Three Board Members shall constitute a quorum for transaction of JPA business.

6.9 Voting. All voting powers of the JPA shall reside in the Board.

6.10 Required Votes for Board Actions. Any action of the Board shall require an affirmative vote of a majority of the Directors on the entire Board, except the following actions shall require a unanimous vote of the Board:

a. Adding new member agencies.

b. Issuing bonds or other forms of indebtedness.

c. Approving commencement of eminent domain.

d. Termination of this Agreement and dissolution of JPA.

6.11 Approval of Annual Budget. Prior to April 1 each year, the designated Manager shall prepare and present a proposed budget to the Board for its review and approval. Prior to July 1 of each year, the Board shall approve the final budget for the following fiscal year.

6.12 Rules. The Board may adopt from time to time such bylaws, rules, and regulations for the conduct of meetings of the Board and of the affairs of the JPA.

6.13 Minutes. The Secretary shall cause minutes of all meetings of the Board to be drafted. Upon approval by the Board, such minutes shall become a part of the official records of the JPA.

6.14 Conflicts of Interest.

a. California Political Reform Act. Board members shall be considered "public officials" within the meaning of the California Political Reform Act of 1974, as amended, and its regulations, for purposes of financial disclosure, conflict of interest and other requirements of such Act.

b. Levine Act. Board members are "officials" within the meaning of California Government Code Section 84308 (the "Levine Act") and subject to the restrictions of such act on the acceptance, solicitation or direction of contributions.

6.15 Dispute Resolution. Should any dispute among the Member Agencies arise out of this Agreement and should the Member Agencies be unable to resolve the dispute, the Member Agencies shall, at the written request of any Member Agency, meet in mediation and attempt to reach a resolution with the assistance of a mutually acceptable mediator.

7. POWERS AND DUTIES OF GOVERNING BOARD

7.1 Powers and Duties. Describes the powers and duties of the Board of Directors. Examples of powers include:

a. Review and recommend an annual budget to the Member Agencies for approval;

b. Make and enter into contracts or sub-contracts;

c. Incur debt, liabilities and obligations on behalf of the JPA as authorized by law;

d. Invest JPA funds pursuant to the investment policy of the JPA;

e. Appoint the Treasurer to have custody over all JPA funds (may be Treasurer of one of member agencies);

f. Receive contributions, donations or grants of property, funds, services, or other forms of assistance from any source;

g. Coordinate JPA activities with other Joint Powers Authorities or public agencies established for similar purposes in pursuing the common purposes set forth above;

h. Appoint a Legal Advisor for the JPA;

i. Appoint, suspend and or terminate the Manager or enter into and terminate agreements for Management Services; and

j. Appoint Secretary.

8. OPERATIONS AND FACILITIES

8.1 Principal Office. The principal physical office of the JPA shall be established by Board resolution at one of the Member Agencies offices or at another suitable location.

8.2 Assumption of Responsibilities by the JPA. As soon as practicable after the effective date of this Agreement, a notice of an organizational meeting of the Board shall be published. During the first meeting the Board shall designate a Manager or engage Management Services.

8.3 Delegation of Authority; Transfer of Records, Accounts, Funds and Property. The JPA shall establish procedures by which it may receive the transfer of records, accounts, funds or property from Member Agencies or other entities.

8.4 Use of JPA Facilities. Prior to the development or acquisition of any property by the JPA a specific program designating the access to residential units by member agencies shall be established. The access to units shall be established in an equitable manner (e.g. proportional to the value of assets contributed to the development).

9. EMPLOYEE RELATIONS

9.1 Status of Employees of the JPA. If the JPA hires employees, none of the employees of the JPA shall be deemed to be employed by any Member Agency or to be subject to any of the requirements of such Member Agency by reason of their employment by the JPA.

9.2 Employee Relations. If the JPA hires employees, the Board shall maintain Employer-Employee Relations Procedures and Personnel Rules and Regulations applicable to the JPA.

10. MANAGER OF THE JPA

10.1 Powers and Duties. The JPA Board shall appoint a Manager or acquire Management Services. The Manager may be an employee of the JPA, a staff person of one of the Member Agencies, a consultant, an independent contractor, an employee of another entity who can perform the responsibilities and duties described in this section JPA. The Manager shall have the following powers, responsibilities and duties:

a. Planning, coordinating and supervising the operation of the JPA on a day-to-day basis to ensure that the policies and direction of the Board are implemented operationally and administratively.

b. Making recommendations to the Board regarding the operations of the JPA.

c. If the JPA hires employees, supervising and managing the JPA personnel.

d. If the JPA hires employees, hiring, promoting, demoting, imposing disciplinary action and/or terminating employees of the JPA.

e. If the JPA hires employees, coordinating and supervising all training of JPA employees.

f. Establishing policies and procedures for the JPA in order to implement directives from the Board.

g. Preparing the annual budget for submission to the Board.

11. INSURANCE AND LIABILITY

11.1 Insurance Coverage. The JPA shall be responsible for obtaining insurance coverage for its activities, as the Board deems appropriate.

11.2 Limitation on Liability. No debt, liability, or obligation of the JPA shall constitute a debt, liability or obligation of any Member Agency. Except as expressly authorized by the Member Agencies, no Member Agency shall be responsible for the acts and omissions of another Member Agency's officers or employees nor shall a Member Agency incur any liabilities arising out of the services and activities of another Member Agency's officers or employees.

12. ADDITION OF MEMBER AGENCIES

The addition of other agencies to the JPA shall require the unanimous consent of the Board. Recognizing the effort of the original Member Agencies to establish the JPA, the Board may require a financial contribution to become a member of the JPA.

13. ALLOCATION OF HOUSING UNITS IN JPA PROJECTS AMONG MEMBER AGENCIES

Prior to the acquisition of housing units in a Project, the Member Agencies shall determine the investment of each Member Agency into the Project. The number of housing units allocated to each Member Agency from the project shall be proportional to the Member Agency's investment in the Project. Member Agencies shall not be required to participate in every JPA project in accordance with procedures set forth in the Agreement.

14. OFFER OF HOUSING UNITS IN JPA PROJECTS TO NON-MEMBER AGENCIES

In the event a JPA Project contains more housing units than are required by Member Agencies, those additional units may be offered to non-member agencies. The agreement between JPA and non-member agencies shall attempt to fully recover costs incurred by the JPA to create the unit.

15. MAINTENANCE AND OPERATION COSTS: COST ALLOCATION

15.1 Records and Accounts. The JPA shall cause to be kept accurate and correct books of account, showing capital costs (if any), special services costs, and maintenance and operation costs of the JPA. The aforementioned described books and records shall be open to inspection at all times during normal business hours by Member Agencies. The Treasurer shall cause all financial records of the JPA to be audited by an independent public accountant or certified public accountant at least once a fiscal year and a copy of the audit to be delivered promptly to each Member Agency.

15.2 Allocation of Operating Expenses. Until changed by mutual agreement of the Member Agencies, the operating costs and expenses in the budget shall be shared equally by the Member Agencies until such time as housing units have been secured by the JPA. After housing units have been secured by the JPA, operating costs shall be distributed in proportion to the total number of JPA housing units allocated to each member agency at the beginning of the prior fiscal year.

16. WITHDRAWAL OF A MEMBER AGENCY FROM THE JOINT POWERS AUTHORITY

A Member Agency may withdraw from this Agreement by filing written notice of intention to do so with the other Member Agencies at least twenty-four (24) months in advance of the intended withdrawal date. This section may not be executed prior to July 1, 2023. The withdrawal of any Member Agency shall not terminate this Agreement provided at least two (2) Member Agencies remain. Withdrawal shall not relieve the Member Agency from any financial commitments associated with individual workforce housing projects that the withdrawing member agreed to participate in prior to the effective date of the withdrawal.

17. DISPOSITION OF ASSETS UPON WITHDRAWAL OF A MEMBER AGENCY

The withdrawal of any Member Agency shall not terminate this Agreement provided at least two (2) Member Agencies remain. No Member Agency, by withdrawing, shall, except as may be agreed to by the remaining Member Agencies, be entitled to payment or return of funds paid or

property donated, if any, by the withdrawing Member Agency to the JPA or to any distribution of its assets.

18. TERMINATION; DISSOLUTION AND DISPOSITION OF ASSETS

This Agreement may be terminated and the JPA dissolved upon the consent of all Member Agencies. Upon termination of this Agreement and dissolution of the JPA, property owned by the Member Agencies shall be disposed of by the JPA. JPA funds shall first be used to pay expenses, debts, liabilities and obligations of the JPA and then allocated based upon the funding formula then current under Section 15.2 above.

19. CAPITAL ASSETS

Capital assets of Member Agencies may be transferred to the JPA according to the disposition rules of the Member Agencies.

20. CONTRIBUTIONS AND ADVANCES

Pursuant to Government Code Section 6504, the Member Agencies may in their discretion make financial contributions, loans or advances to the JPA for the purposes of the JPA set forth in this Agreement. The repayment of such contribution, loans or advances will be on the written terms agreed to by the Member Agency making the contribution, loan or advance and the JPA.

21. LIMITATIONS ON POWERS

As required by Government Code Section 6509, the power of the JPA is subject to the restrictions upon the manner of exercising power possessed by Tahoe Truckee Airport District.

22. AMENDMENT

This Agreement may be amended by a majority vote of the entire Board provided that notice of the proposed amendment is provided to the governing bodies of each of the Member Agencies at least 30 days in advance of its consideration by the Board.

23. NOTICE

Any notice required to be given or delivered by any provision of this Agreement shall be personally delivered or deposited in the U.S. Mail, registered or certified, postage prepaid, addressed to the Member Agencies at their addresses as reflected in the records of the JPA, and shall be deemed to have been received by the Member Agencies to which the same is addressed upon the earlier of receipt or seventy-two (72) hours after mailing.

24. SEVERABILITY

If a provision of the Agreement is found to be illegal or unenforceable, the validity of the remaining portions or provisions shall not be affected.

25. SUCCESSORS

This Agreement shall be binding upon and accrue to the benefit of any successor of a Member Agency.

26. ASSIGNMENT AND DELEGATION

No Member Agency may assign any rights or delegate any duties under this Agreement without the written consent of all other Member Agencies.

27. COUNTERPARTS

This Agreement may be executed in one (1) or more counterparts.

28. INTEGRATION

This Agreement represents the full and entire Agreement among the Members.

29. EXECUTION

The legislative bodies of the Members have each authorized execution of this Agreement, as evidenced by the respective signatures attested below.

Signature Blocks shall be included in the Final JPA Agreement.

Greg Stepanicich, Inder Khalsa, and Casey Strong

T 415.421.8484 44 Montgomery Street, Suite 3800
F 415.421.8486 San Francisco, CA 94104-4811
E cstrong@rwglaw.comrwglaw.com

MEMORANDUM

TO: Tahoe Truckee Unified School District, Truckee Tahoe Airport District, Tahoe Forest Hospital District, Truckee Donner Public Utility District

CC: Mike Oliver and Craig Whittom, MRG

FROM: Greg Stepanicich, Inder Khalsa, and Casey Strong

DATE: June 4, 2019

SUBJECT: Formation of JPA for Workforce Housing

This memorandum addresses the legal authority of a proposed Joint Powers Authority ("JPA"), comprised of the Tahoe Truckee Unified School District ("TTUSD"), Truckee Tahoe Airport District ("TTAD"), Tahoe Forest Hospital District ("TFHD"), and Truckee Donner Public Utility District ("TDPUD") (together, the "Districts"), to support the development of workforce housing.

1. Do the Districts have the authority to form a JPA for the purpose of supporting workforce housing?

Member agencies can delegate to a JPA the powers that they hold in common for the purpose of achieving specific goals.[i] Therefore, whether the Districts can form a JPA for the purpose of supporting workforce housing turns on whether the Districts could individually take the contemplated actions. As the goal of supporting workforce housing could involve a range of actions, we have addressed this question in the context of four specific proposals. *A. Could a JPA composed of all four Districts study workforce housing?*

Yes. Education Code Section 35172 expressly grants to school districts the authority to conduct studies in conjunction with the present and future management, conditions, needs, and financial support of the schools. Hospital districts, airport districts, and public utility

districts ("PUDs") can study the issue of workforce housing under their general authority to take those actions that are necessary to provide the services for which they were formed, on the basis that a lack of housing for employees threatens their ability to continue to provide reliable service.

B. Could a JPA composed of all four Districts lease units in in a privately-owned development and provide them to workers of the Member Districts?

Yes. All of the Districts are granted by statute the power to lease property for the benefit of the district.[ii] The Districts are also authorized to hire employees and fix their compensation.[iii] It is not uncommon for employers, including public agencies, to provide housing assistance as part of an employee benefits package. Relying on this practice and on their express statutory powers to lease property and set employee compensation, each of the Districts has a strong argument that it has the authority to lease units for the purpose of housing their workers, and that the provision of housing (subsidized or unsubsidized) is an employee benefit.

C. Could a JPA composed of all four Districts sell surplus property and impose conditions on the development to offer housing to District workers?

Yes. Each of the Districts is authorized by statute to dispose of surplus property.[iv] In addition, the Surplus Land Act provides that cities, counties, and districts looking to dispose of surplus property must first offer to sell it to specified public agencies within whose jurisdiction the property is located and to any housing sponsors who have requested notice, for the purpose of developing low- and moderate-income housing.[v] The stated goal of the law is to make surplus land available for affordable housing.

Based on these provisions, the JPA could facilitate the sale of one District's property to a developer for the construction of housing. If sold to an affordable housing developer under the Surplus Lands Act, affordability restrictions would apply to a certain percentage of units. Whether sold to an affordable or market-rate housing developer, however, the JPA could require as part of a purchase and sale agreement (or similar agreement) that a certain number of units be reserved or a preference system be established for District workers.

D. Could a JPA composed of all four Districts construct and operate workforce housing on property owned by one District?

Although not as clear as the above examples, it appears that a JPA composed of all four

Districts could construct and operate a workforce housing program on property owned by one of the Districts. This conclusion is based on both the express and the implied powers of the Districts.

A school district is expressly authorized to establish programs to address the housing needs of teachers and other district employees, and to spend money on the construction, reconstruction, or renovation of rental housing facilities for its employees.[vi] The Teacher Housing Act of 2016 created a state policy in support of school district employee housing, in order to permit districts and developers to obtain tax credits for affordable rental housing and to restrict occupancy to district employees on district-owned land.[vii] Finally, the governing board of a school district is broadly authorized to initiate any program or activity, or act in any manner, that is not inconsistent with applicable law or the district's purpose.[viii]

For hospital districts, at least one statutory provision appears to presuppose that they are able to construct workforce housing.[ix] Additional statutory authorizations provide broad authority with respect to how to use district property and to build and operate hospital facilities and services.[x]

Airport districts may lease their property to any party, for any purpose, and may improve, construct, furnish, and maintain the property of the district.[xi] If an airport district can construct, furnish, and then lease a building on its property to any party, it would seem to be well within its authority to construct and rent housing to its own workers.

TDPUD has the most limited powers of the Districts. The Public Utility District Act makes no mention of housing, and does not extend to PUDs the same flexibility that airport districts enjoy with respect to leasing property. Further, while airport districts are authorized to exercise those powers "expressly granted or necessarily implied," the Public Utility District Act states only that PUDs may exercise expressly-granted powers, calling into question the extent of implied powers.[xii] Still, PUDs may hold, enjoy, and lease real property "of every kind" when in the best interests of the district to do so, and may do "all things necessary or convenient to the full exercise of powers" granted for the construction, operation, and control of utility works and services.[xiii] Therefore, the TDPUD board could adopt findings as to how the construction and operation of workforce housing is necessary and convenient to the continued provision of reliable water and electric services.[xiv] Further, TDPUD has the same power as the other Districts to fix the compensation and benefits of its employees. Providing housing as an employee benefit seems to be a common power shared by all four Districts.

Finally, to the extent that the ability to build and operate workforce housing is not an express power of any one of the Districts, it may well be an implied power. Implied powers include those that can be reasonably be inferred from the powers expressly granted by the Legislature. The Court of Appeal has called this criteria "uncommonly flexible," and observed that what powers are necessary for a district to fulfill its purpose might change over time.[xv] To determine what is an implied power, one test is whether the Legislature has expressed support for the exercise of the power in question. In this instance, the Legislature's recent enactments to facilitate housing suggest that it would be supportive of the Districts' efforts to construct and operate workforce housing.[xvi]

E. Could a JPA composed of all four Districts construct and operate housing on property owned by one of the Districts, and rent units to the general public?

Probably not. Apart from TTAD, which may lease property to any party, for any purpose, operating housing for the general public appears to exceed the express and implied powers of the other Districts. In contrast to the provision of workforce housing, it would be substantially more difficult for the Districts to argue that providing housing to the public is necessary to fulfill their purposes. We do believe, however, that a JPA composed of all four of the Districts could offer vacant units not required for its own workforce housing to employees of other public agencies.

That said, we understand that limiting housing to the member agencies' employees may have implications for the financing of a project. If additional market-rate units are required in order to make a project financially viable, selling surplus property to a private developer for a mix of market rate and affordable units under the scenario described in Section 1(C) above may be the JPA's preferred option.

2. What is the recommended legal structure for the collaboration between the Districts?

A JPA appears to be the most appropriate legal structure for the type of collaboration contemplated by the Districts. As discussed above, a JPA composed of all four of the Districts would have the authority to support workforce housing through a variety of different projects. A JPA requires at least two members. In the event that a District decides to not become a member of the JPA, it could work with the JPA as a separate contracting entity, and enter into contracts to secure housing for its employees on a project-by-project basis.

Regardless of how many Districts participate in the JPA, each project should be evaluated on an individual basis to ensure it is within the authority of the JPA to carry out.

While we believe that that the member Districts have the common power to pursue workforce housing generally, as described above, additional analysis will be required to ensure that the approval and implementation of specific projects do not exceed the common powers of the members.

3. Would separate agreements be necessary for District participation in the development or acquisition of workforce housing on a project-by-project basis, and what would those agreements look like?

The JPA Agreement will create and provide the structure for the legal entity that would enter into contracts for the development or acquisition of workforce housing. We would expect the JPA to enter into consulting, real estate, and construction agreements with private parties in order to implement specific projects. There also may be a need for separate stand-alone agreements on a project-by-project basis among the member agencies and the JPA. These could take various forms, but one example would be a funding agreement between the JPA and member Districts with regard to a specific project, describing the contributions of the individual members, such as land for a project or direct funding. The JPA may also choose to enter into cooperative agreements with one or more member Districts to provide staffing or operational support to the JPA on an ongoing or project by project basis.

4. Will the general funds of the member Districts in the JPA be protected from the contractual debts, liabilities and obligations of the JPA.

An advantage of local public agencies conducting regional programs pursuant to a Joint Powers Agreement is that they can form a legally separate public agency to conduct the program. Under Government Code Section 6508.1, the Joint Powers Agreement may provide that the debts, liabilities and obligations of the Joint Powers Authority or Agency shall **not** be the debts, liabilities or obligations of the member agencies. Last year, the State Legislature created an exception to this rule related to the retirement obligations of a joint powers authority that contracts with a public retirement system. This change in the law is a disincentive for any new JPA contracting with PERS or another public retirement system for retirement benefits.

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ENDNOTES

[i] GC § 6502. [ii] *See* HSC § 32121(c); EC §§ 35160, 35162; PUC § 16431; PUC § 22553(d).

[iii] *See* HSC § 32121(g), (h); EC §§ 45022, 45160; PUC §§ 16191 *et seq.*; PUC § 22439(b).

[iv] *See* HSC § 32121.2 (hospital district may dispose of surplus property at fair market value); EC § 17455 (school district may sell or lease real property not needed for classroom facilities); PUC § 16341 (PUD may dispose of real property when in the best interests of the PUD); PUC § 22553.5 (airport district may sell surplus property).

[v] GC § 54222. School district property is subject to other requirements under Education Code §§ 1745517484; however, AB 1157 (2017) waived the requirements that (1) school districts appoint an advisory committee prior to selling surplus property, if the sale is to be used for teacher or school district employee housing; and (2) property be first offered to specified entities (such as park or rec districts, childcare centers, affordable housing developers, etc.), if the proceeds from the sale are to be used for the construction, reconstruction, and renovation of rental facilities for school district employees. [vi] EC § 17456 provides that the construction, reconstruction, or renovation of rental housing facilities for school district employees is a permissible capital outlay expenditure of financing proceeds obtained by a school district. [vii] HSC §§ 53570. [viii] EC §§ 35160, 35160.1.

[ix] HSC § 32132.96 places affordability requirements on hospital districts that elect to construct housing using the design-build process set out in the Public Contract Code. Those affordability requirements do not apply where design-build is used to construct workforce housing. [x] A hospital district may "use and enjoy property of every kind and description," and control, encumber, and create a leasehold interest in its property for the benefit of the district. It may also "do any and all things that an individual might do that are necessary for, and to the advantage of, a health care facility…"; "do any and all other acts and things necessary to carry out this division"; and "purchase such real property, and erect or rent and equip such buildings or building, room or rooms as may be necessary for the hospital." HSC §§ 32121, 32123. [xi] An airport district may "[i]mprove, construct or reconstruct, lease, furnish or refurnish, use, repair, maintain, control, sell, or dispose of the property of the district," and leases may be "for any purpose and to any party," provided that they do not interfere with the purpose or operations of the district. An airport district can also "[m]ake contracts, employ labor, and do all acts necessary or convenient for the full exercise of any of the powers of the district." PUC §§ 22553(e), 22553.5(c), 22554. [xii] *Compare* PUC § 22004 and PUC § 15701. *See also Cequel III Commc'ns I, LLC v. Local Agency Formation Comm'n of Nevada Cnty.*, 149 Cal.App.4th 310 (2007). [xiii] PUC §§ 16431, 16461. *See also* PCC § 20202.2

[xiv] A 2016 study estimated that 58.6% of workers in Truckee-North Tahoe commute from outside the area. If a majority of employees are forced to commute from Reno or elsewhere in Placer County, providing reliable utility services during adverse weather becomes a serious challenge. Tahoe Truckee Community Foundation, Truckee North Tahoe Regional Workforce Housing Needs Assessment (2016).

[xv] *Zack v. Marin Emergency Radio Authority*, 118 Cal.App.4th 617, 633-34 (2004).

[xvi] *See, e.g.*, the legislative findings in SB 1413 (2016) and SB 2 (2017) (discussing employee recruitment and retention problems presented by the lack of affordable housing); GC § 50470(b)(2)(A) (allocating money to affordable workforce housing); GC § 65589.5(a) (making findings and declarations regarding the impacts of the lack of housing); GC § 65621 (authorizing local governments to establish Workforce Housing Opportunity Zones).

Truckee Tahoe Workforce Housing Joint Powers Agency (JPA)

DRAFT FIRST YEAR WORK PROGRAM

This document is an example of initial activities of the JPA

Agency Purpose

The Term Sheet indicates that the Agency will support the development of workforce housing for Member Agencies by acquiring, developing or contracting for workforce housing and could support housing programs for agency employees. As examples, the Agency may:

- Acquire rights to use of existing housing including single family, multi-family, congregate and other forms of housing owned by the private sector or other public agencies.
- Participate financially in the development of housing with the right to use all or a portion of the developed units for workforce housing.
- Dedicate agency property for use in developing workforce housing.
- Participate in the development of JPA member property through a joint project agreement.
- Encourage development of workforce housing in the Truckee-Tahoe area by other public and private agencies.
- Participate in workforce housing initiatives, studies and programs.
- Work cooperatively and in a coordinated manner with City, County and regional agencies in their efforts to foster development of workforce housing.

Agency Operations

The Term Sheet describes the various organizational structures the Agency could create to support its activities, these may include:

- The Agency will establish an office with administrative support, establish financial and accounting support and appropriate legal counsel.
- The Agency will develop a first year work plan to direct its activities through the establishment of goals and objectives. The initial year's focus will be on establishing the Agency's presence, coordinating with appropriate public and private agencies and developing a standard for review, analysis and participation in housing development opportunities.
- The Agency will avoid involvement in the public review process for projects being reviewed by cities, counties and regional agencies. The Agency will not advocate for an individual project.
- The Agency will explore various models and successful workforce housing development projects by and for public agencies throughout the state.

- The Agency will issue a position statement to potential development partners and interest groups regarding its workforce housing needs and anticipated activities as well as the processes the Agency will utilize to explore involvement in potential projects. This regimen will include such things as standardized requirements, involvement protocols and terms of potential involvement.

Project Development Process Description

The Agency could establish policies regarding its approach to soliciting and participating in potential development activities by potential partners, these policies could address:

- Minimum eligibility requirements for a potential or existing project to be considered by the Agency.
- These may include the requirement that the potential activity has been reviewed by the appropriate agency(ies) and be deemed a viable project.
- Existing projects must comply with all existing zoning, building and other codes and requirements to be considered.
- Potential development partners must meet a defined set of financial, performance, and capacity thresholds to be considered for involvement in a potential project.
- The Agency will process all interested potential projects and partners through the same set of evaluative criteria, financial and other analyses before substantive discussions regarding the project/partnership are undertaken.
- Any project under consideration must be reviewed with the various public agencies charged with reviewing and approving the project.
- The Agency will establish financial limits for participation in a partnership or project that protect the Agency and insure suitable safeguards and reserves are established prior to participation.

TRUCKEE TAHOE WORKFORCE HOUSING JPA

- Truckee Donner Utility District
- Tahoe Forest Health System
- Tahoe Truckee Unified School District
- Truckee Tahoe Airport District

Municipal Resource Group, LLC

TONIGHT'S OBJECTIVE

- Obtain Board input regarding the Draft JPA Term Sheet.
- Direct staff to proceed with the development of JPA formation documents for Board consideration in September 2019.

BACKGROUND

- Four agencies have identified workforce housing as an employee need.
- In January 2019 the agencies retained MRG to help evaluate of the feasibility of creating a Joint Powers Authority (JPA) to support workforce housing for the agencies' respective needs.
- California law allows member agencies to delegate to a JPA the powers that they hold in common for the purpose of achieving specific goals.

MRG'S WORK WITH THE FOUR AGENCIES

- Met with agency representatives individually in February 2019 to identify the specific needs of each agency.
- Developed a Draft JPA Term Sheet outline.
- Retained legal counsel to evaluate whether the proposed structure was legally viable.
- Worked with the four agencies to develop the Draft JPA Term Sheet.

REVIEW OF DRAFT JPA TERM SHEET

The Draft JPA Term Sheet is scheduled to be reviewed at the board meetings of the agencies on the following dates:

- Truckee Tahoe Airport District – June 26, 2019
- Tahoe Forest Hospital District – June 27, 2019
- Tahoe Truckee Unified School District – July 10, 2019
- Truckee Donner Public Utility District – July 17, 2019

DRAFT JPA TERM SHEET

- The JPA Draft Term Sheet provides the framework for the formation documents of the JPA.

- The JPA Draft Term Sheet is drafted to allow the JPA to take advantage of a broad range of alternate means of acquiring or building workforce housing.

DRAFT JPA TERM SHEET

The staff report describes key components of the Term Sheet including:

- Status as a separate legal entity
- Powers and obligations of the JPA
- Organization of the Board of Directors
- Description of the JPA Management
- Allocation of Operations Costs

LEGAL REVIEW OF PROPOSED JPA

- MRG retained Richards, Watson & Gershon (RWG), a San Francisco-based law firm with significant JPA experience, to provide legal advice.
- RWG evaluated each of the proposed Member Agencies' respective formation documents and concluded that the proposed JPA was a legally viable agency.
- RWG also reviewed and assisted in finalizing the Draft JPA Term Sheet.

NEXT STEPS

- If the four Boards direct their staffs to proceed to develop JPA formation documents, staff will work with MRG, legal counsel and the other Member Agencies to incorporate input from the respective boards in the JPA formation documents.

- JPA formation documents would be presented to the four Member Agency boards for consideration and approval in September 2019.

QUESTIONS?

AGENDA ITEM COVER SHEET

ITEM	Truckee Tahoe Workforce Housing Joint Powers Agency (JPA)
RESPONSIBLE PARTIES	Harry Weis, CEO, and Ted Owens, Executive Director Governance & Business Development.
ACTION REQUESTED?	For Board Action

BACKGROUND:

Tahoe Forest Hospital District, Tahoe Truckee Unified School District, Truckee Tahoe Airport District and the Truckee Donner Public Utility District have partnered in the development of a JPA for the purposes of solving housing needs the membership has collectively. Utilizing the JPA structure offers many benefits to the member agencies such as, shared risk and liability, flexibility and opportunities that would be more challenging as individual agencies.

Each agency board of directors authorized fund allocation for the development of the JPA. Included in that process was the development of documents or agreement by which the JPA will function.

Seed funding will be required for operations at launch of the JPA. Contributions will be apportioned equitably among the members. TFHD & TTUSD have greater workforce housing needs than the other members.

SUMMARY/OBJECTIVES:

Staff requests board approval of up to $250,000 in potential seed funding.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Move to authorize use of up to $250,000 for purposes of "seed funding" in addition to funding from other member agencies to operationalize the TTWH JPA.

LIST OF ATTACHMENTS:

-

AGENDA ITEM COVER SHEET

ITEM	Truckee Surgery Center Board of Managers
RESPONSIBLE PARTY	Matt Mushet, Esq.
ACTION REQUESTED?	For Board Action

BACKGROUND:

The Truckee Surgery Center, LLC ("TSC") is currently owned 100% by Tahoe Forest Hospital District. There are currently negotiations in place to sell a 1% interest of the LLC to Dr. Jeff Dodd. The current managers would like for him to also be on its board as a manager of the LLC. This Board previously approved a Restated Operating Agreement that requires approval to add him as a fourth board manager.

SUMMARY/OBJECTIVES:

It is hereby requested that this TFHD Board approve the addition of a fourth Board Manager to the TSC board. It is further requested that Dr. Jeff Dodd be appointed as that manager on condition that a purchase agreement between the parties is successfully executed by July 31, 2019. Finally, if this motion passes, TFHD administration will be granted all powers to draft and perfect all documents effecting this change, primarily within section 10 of the operating agreement.

SUGGESTED DISCUSSION POINTS:

Does this reduce TFHD's power to control the TSC?
How long will the Manager serve?
Can the Manager resign or be removed from office?

SUGGESTED MOTION/ALTERNATIVES:

Move that the Tahoe Forest Hospital District, as the sole member of the Truckee Surgery Center approve the addition of a fourth board manager, appoint Dr. Jeff Dodd to that position on condition that a purchase agreement is successfully executed, and grant Tahoe Forest Hospital District administration the power to effect this change.

PRIME

UPDATE MID YEAR

2019

What is PRIME?

- Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
  - 5 year project supported by California Department of Health Care Services (DHCS)
  - Designed to improve infrastructure to manage high cost populations
    - Triple Aim: Better care, Better Health, and Lower costs
      - Ex: early identification and intervention of behavioral health problems expected to decrease ED visits
  - Aims to improve access and improve health outcomes
- In 2016 DHCS offered 27 projects (TFHD choose 2) Million Hearts and Chronic Non-malignant Pain rational based on:
  - Community Health Needs Assessment (2011 and 2014)
  - TFHD Strategic plan
  - Based on Specific metric achievement
    - Clinical outcomes
    - Prevention
    - Patient experience

OBJECTIVES

- **Million Hearts (MH)**
  - Identify cost effective, evidenced based approaches to : support MH clinical targets, hypertension control, tobacco cessation and appropriate aspirin use
  - Reduce disparities in target population
  - Reduce variation and improve performance

- **Chronic Pain (CP)**
  - Improve assessment
  - Improve the use of multimodal management strategies
  - Develop safe prescribing practices
  - Improve effective use of non-opioid meds
  - Improve identification and treatment of opioid use disorders
  - Decrease rate of opioid prescriptions
  - Decrease rate of Emergency Department visits
  - Increase access to Naloxone

PROJECT 1.5	2016 Infrastructure Build	2017 Mid Year Infrastructure Build 1/1/16-12/31/16	2017 Year End Achievement Value Numerator/Denominator 7/1/16-6/30/17	2018 Mid-year Achievement Value Numerator/Denominator 1/1/17-12/31/17	2018 Year End Achievement Value Numerator/Denominator 7/1/17-6/30/18	2019 Mid-year Achievement Value Numerator/Denominator 1/1/18-12/31/18
Controlling High Blood Pressure	14 Measures to achieve the infrastructure build with payment	15 Measures	**73.5%** (N/A) 39/53	**76.5%** (70.4%) 91/119	**75.3%** (70%) 116/154	**71.9%** (71.69%) 87/121 **59%** (HEDIS: Healthcare Effectiveness Data Information Set) 77/130
Use of Aspirin or antiplatelet for Dx of Ischemic Vascular Disease	14 Measures to achieve the infrastructure build with payment	15 Measures	**66.6%** (N/A) 12/18	**88.5%** (70.2 %) 31/35	**81.6%** (70%) 31/38 EPIC Mercy	**83.3 %** (82.7 %) 30/36 EPIC Mercy
Screening BP & Follow-up	14 Measures to achieve the infrastructure build with payment	15 Measures	**10.3%** (N/A) 15/146	**56.7%** (28%) 147/259	**60.3%** (28%) 234/388	**73.6%** (63.3 %) 318/432
Tobacco Assessment & Counseling	14 Measures to achieve the infrastructure build with payment	15 Measures	**94%** (N/A) 1248/1320	**91.8%** (94.7%) 634/691	**94.7%** (94.7%) 526/555	**95.08%** (95.01%) 580/610

N/A = no target
Data discrepancy: EHR conversion and changes to metric requirements

Million Hearts Highlights

- Smoking cessation program revamped from Kick Nicotine to Breathe, Free Yourself from Nicotine (Medical Provider and Staff education)
  - Vaping task force developed
  - Improve TFHD **campus signage**
  - CME presentation and Lunch & Learn *(California Smokers Helpline)*
- Medical Assistant Intervention (meet monthly)
- Health Coach utilizes Motivational Interviewing Skills
- Structured patient outreach (Electronic Health Record (EHR) appointment notes)
- Care Coordination and Navigation services
- Scholarship Intervention for Nutrition, Stress Management, Physical Activity
  - Blood Pressure cuff loaner program (Stocked in clinics)
  - Incentive based outreach
  - Dietary Phone consults

Chronic Non-Malignant Pain

PROJECT 2.6	2016 24 Infrastructure	2017 Mid Year Infrastructure Build 1/1/16-12/31/16	2017 Year End Achievement Value Numerator/Denominator 7/1/16-6/30/17	2018 Mid-year Achievement Value Numerator/Denominator 1/1/17-12/31/17	2018 Year End Achievement Value Numerator/Denominator 7/1/17-6/30/18	2019 Mid-year Achievement Value Numerator/Denominator 1/1/18-12/31/18
Alcohol and Drug misuse	24 Measures to achieve the infrastructure build with payment	37 Measures	**2.5%** (N/A) 13/515	**9%** (N/A) 64/674	**20%** (N/A) 96/480	**23%** (6.32%) 48/209
Assessment and *Management* (Opioid Agreement and Urine Toxicology)	24 Measures to achieve the infrastructure build with payment	37 Measures	**5%** (N/A) 8/159	**9%** (N/A) 14/150	**27.5%** (N/A) 32/116	**34.6%** (33.83%) 28/81
Prescription Drug Monitoring Program PDMP (*CURES checked*)	24 Measures to achieve the infrastructure build with payment	37 Measures	**9%** (N/A) 8/87	**8.5%** (N/A) 7/82	**28.4%** (N/A) 33/116	**55.6%** (34.61%) 45/81
Screening for Clinical Depression (*Patient Health Questionnaire PHQ9*)	24 Measures to achieve the infrastructure build with payment	37 Measures	**5%** (N/A) 8/151	**19.2%** (18%) 24/125	**32%** (18%) 40/124	**50.7%** (38.56%) 76/150
Multi-Modal Therapy (*PT, Acupuncture, etc*)	24 Measures to achieve the infrastructure build with payment	37 Measures	**76%** (N/A) 71/93	**84%** (N/A) 114/135	**85.6%** (N/A) 167/195	**91.7%** (86.08%) 143/156

Chronic Pain Highlights

- Advisory Group engaged community partners and volunteers
- Safe Prescribe Policies and Procedures (Prescription DDMP mandate update
- Training Providers include: (EHR, CME, Project ECHO-**UCLA**)
- Chronic Pain Self Management classes (3 classes 2018-date 55 attendees)
- Clinical Psychologist Substance use disorder counseling
- Health Coach (assessment of needs, Navigation and Multi-Modal Therapy)
- Utilized appointment notes in Electronic Health Record (EHR) for metric compliance
- Medication Assisted Treatment(MAT)program for Substance Use Disorders (SUD)
- Scholarship Intervention for Multimodal Therapy
- Behavioral Health Counseling including PeriNatal Mood & Anxiety Disorder(PMAD) patients

Financial Compensation

Projects	F/Y 2017	F/Y 2018	Total
Million Hearts & Chronic Pain	$1,643,333.34	$1,581,666.67	$3,225,000

PRIME Modification FY 2020 and FY2021

- There are additional dollars available through the PRIME project that will allow us to add a project.
- The additional project will focus on an Integrated Behavioral Health project
- There will be five initiative related to the programs:
  - Alcohol and drug misuse
  - Comprehensive Diabetic Care
  - Screening for Depression and Follow up
  - Tobacco Use: Screening and Cessation intervention
  - Depression remission or response for adolescents and adults
- Additional funding available for this project will total $944,000

TAHOE FOREST HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
AGENDA

Wednesday, June 19, 2019 at 10:00 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: 03/21/2019

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-02 Chief Executive Officer Compensation ..... ATTACHMENT

6.2.2. ABD-19 Orientation and Continuing Education ..... ATTACHMENT

6.3. Board Governance

6.3.1. Board Agenda Format
Governance Committee will discuss and review previous input on the template for the board agendas.

6.3.2. Board Meeting Evaluation Surveys ..... ATTACHMENT
Governance Committee will review a comparison of results from two 2018 Board Meeting Evaluation Surveys.

6.3.3. Board Self-Assessment Comparison ..... ATTACHMENT
Governance Committee will review a comparison results of the 2018 Board Self-Assessment.

6.3.4. Board Goals
Governance Committee will review and discuss development of board goals.

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.