



TAHOE FOREST HOSPITAL DISTRICT

2020-09-24 Regular Meeting of the Board of Directors

Thursday, September 24, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for September 24, 2020 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/91764570716>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 917 6457 0716

Meeting Book - 2020-09-24 Regular Meeting of the Board of Directors

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12. SAFETY FIRST

No related materials.

13. ACKNOWLEDGMENTS

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13.2. National Physician Assistant (PA) Week is October 6-12

13.3. Quest for Zero 2020 090120.pdf Page 8

13.4. September is Suicide Prevention Month

14. MEDICAL STAFF EXECUTIVE COMMITTEE

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15. CONSENT CALENDAR

15.1. Approval of Meeting Minutes

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15.2. Financial Report

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16. ITEMS FOR BOARD DISCUSSION

16.1. Fiscal Year 2020 Annual Accomplishments
Materials will be distributed at a later time.

17. ITEMS FOR BOARD ACTION

17.1. DRAFT FY21 CEO Incentive Compensation Criteria.pdf Page 40

ITEMS 18 - 23: See Agenda

24. ADJOURN



TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 24, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for September 24, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 917 6457 0716

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

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

Subject Matter: Fourth Quarter Fiscal Year 2020 Quality Dashboard

Number of items: One (1)

5.2. Approval of Closed Session Minutes◆

08/27/2020

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

Discussion will concern: Proposed new or additional services and facilities

Estimated Date of Disclosure: December 2020

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

13. ACKNOWLEDGMENTS

- 13.1. September 2020 Employee of the Month..... ATTACHMENT
- 13.2. National Physician Assistant (PA) Week is October 6-12
- 13.3. Quest for Zero Emergency Department Initiative ATTACHMENT
- 13.4. September is Suicide Prevention Month

14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 14.1. Medical Executive Committee (MEC) Meeting Consent Agenda ATTACHMENT
MEC recommends the following for approval by the Board of Directors:
Privilege Form with content changes
 - *Emergency Medicine Privilege Form Addendum*

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. 08/27/2020..... ATTACHMENT

15.2. **Financial Reports**

- 15.2.1. Financial Report – August 2020..... ATTACHMENT

15.3. **Informational Staff Reports**

- 15.3.1. President & CEO Board Report..... ATTACHMENT
- 15.3.2. Chief Operating Officer Board Report ATTACHMENT
- 15.3.3. Chief Nursing Officer Board Report..... ATTACHMENT
- 15.3.4. Chief Information & Innovation Officer Board Report..... ATTACHMENT
- 15.3.5. Chief Medical Officer Board Report ATTACHMENT
- 15.3.6. Chief Human Resources Officer Board Report ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

- 16.1. Fiscal Year 2020 Annual Accomplishments**..... ATTACHMENT
The Board of Directors will receive a presentation on fiscal year 2020 accomplishments.

17. ITEMS FOR BOARD ACTION ♦

- 17.1. Approval of Fiscal Year 2021 President & CEO Incentive Criteria** ♦ATTACHMENT
The Board of Directors will consider approval of the President & CEO’s Fiscal Year 2021 Incentive Compensation Criteria.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

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

24. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is October 22, 2020 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



SEPTEMBER 2020 EMPLOYEE OF THE MONTH

SONIA HENRY

STAFF NURSE – WOMEN & FAMILY

We are honored to announce Sonia Henry as our September 2020 Employee of the Month! Here are a few of the great things Sonia’s colleagues have to say about her: “Sonia arrives to work daily with a can-do attitude. She is always willing to tackle the difficult assignments or jump in to help a teammate with theirs. Sonia does not waste a moment of productive time and is always finding projects to work on within the department to ensure we are always ready for the what-if that may roll through our door or the unannounced survey. Sonia is respectful of those around her while holding her peers to the same high standard, working hard to resolve conflicts as they arise.”

Please join us in congratulating all of our Terrific Nominees!

Margartia de Herrera

Leah Hulsey

Gail Lieberman

Felicia Tenorio

Lorna Tirman

Alicia Valles

QUEST FOR ZERO: Excellence in ED

It is my distinct privilege to congratulate

Tahoe Forest Health System - Tahoe Forest Hospital

for your commitment to constant improvement as, together,
we strive to eliminate preventable harm to those in need of emergent care.

I would like to recognize your team's commendable achievement
for having met Tier 1 and Tier 2 requirements of

BETA Healthcare Group's Quest for Zero: ED Initiative in 2020.

In your ninth year of participation, a significant impact
is being made to the lives of those entrusted to your care.

Congratulations for making quality of care a priority!



R. COREY GROVE
CHIEF EXECUTIVE OFFICER
BETA HEALTHCARE GROUP

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 September 17, 2020 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the September 24, 2020 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Privilege Form With Changes</u> <ul style="list-style-type: none"> • Emergency Medicine Privilege Form Addendum 	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee consent agenda as presented.	
LIST OF ATTACHMENTS: <ul style="list-style-type: none"> • Emergency Medicine Privilege Form Addendum 	

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 demonstrable 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 evaluation for presence of right heart strain, systolic function (depressed, normal, hyperdynamic), pericardial effusion (with or without tamponade), for evaluation of Inferior Vena Cava for fluid responsiveness, and for 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 of urolithiasis and hydronephrosis

Bladder – 25 exams in evaluation for enlarged bladder (urinary retention), hyperechoic debris, and presence of Foley catheter balloon.

Trauma / eFAST (extended FAST) – 25 exams in evaluation for presence of hemoperitoneum, hemopericardium, hemothorax, pneumothorax.

Lung – 25 exams in evaluation for presence of pneumothorax, interstitial fluid, and/or pleural effusion.

Ocular – 25 exams in evaluation for presence of vitreous hemorrhage, vitreous detachment, and/or retinal detachment (macula on versus macula off).

DVT – 25 exams in evaluation for lower extremity deep venous thrombosis using multilevel compression

Procedures – Ultrasound for vascular access (peripheral and central line), thoracentesis, paracentesis, abscess location/drainage, foreign body isolation, and regional nerve blocks.

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.

OR

Evidence of current privileges at another acute care hospital.



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

Thursday, August 27, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for August 27, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:02 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Art King, Secretary; Dale Chamblin, Treasurer

Staff in attendance: Harry Weis, Chief Executive Officer; Jake Dorst, Chief Information & Innovation Officer; 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.

Director McGarry joined the meeting at 4:03 p.m.

General Counsel read the Board of Directors into Closed Session.

Open Session recessed at 4:05 p.m.

5. CLOSED SESSION

5.1. Conference with Real Property Negotiator (Gov. Code § 54956.8)

Property Parcel Number: 018-622-002 & 018-622-003

Agency Negotiator: Judith Newland

Negotiating Parties: Dennis Chez

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.2. 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

The following facts and circumstances known to plaintiff or plaintiffs regarding: Other – Anthem Chargemaster Audit (Gov. Code § 54956.9(e)(2))

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. Hearing (Health & Safety Code § 32155)

Subject Matter: Fiscal Year 2019-2020 Complaint, Grievance & Compliment Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Fiscal Year 2019-2020 Service Recovery Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter Calendar Year 2020 Service Excellence Report

Number of items: One (1)

Discussion was held on a privileged item.

5.7. Approval of Closed Session Minutes

07/23/2020

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:01 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported the Board of Directors considered eight items in closed session. There was no reportable action on items 5.1.-5.6. Item 5.7. and 5.8. were both approved on 5-0 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

Judy Newland, Chief Operating Officer, provided Safety First on wildfire preparedness.

13. ACKNOWLEDGMENTS

13.1. Sarah Popov was named August 2020 Employee of the Month.

13.2. Healthcare Facilities Accreditation Program triennial survey occurred at Tahoe Forest Hospital on August and Incline Village Community Hospital.

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:

Privilege Form with content changes

- Family Medicine Privilege Form

Policies With Changes

- Moderate and Deep Sedation, ANS – 1301
- Labor – Second Stage Management, DWFC – 1484

Medical Staff Bylaw Change

- Medical Staff Bylaws

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

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings

15.1.1. 07/23/2020

15.1.2. 08/05/2020

15.2. Financial Reports

15.2.1. Financial Report – July 2020

15.3. Informational Staff Reports

- 15.3.1. President & CEO Board Report
- 15.3.2. Chief Operating Officer Board Report
- 15.3.3. Chief Nursing Officer Board Report
- 15.3.4. Chief Information & Innovation Officer Board Report
- 15.3.5. Chief Medical Officer Board Report

15.4. Approve Infection Prevention & Control and Antibiotic Stewardship Representatives

- 15.4.1. Infection Prevention & Control and Antibiotic Stewardship Representatives

Director Wong pulled item 15.3.3.

No public comment was received.

ACTION: Motion made by Director Chamblin, to approve the Consent Calendar except item 15.3.3. as presented, seconded by Director McGarry. Roll call vote taken.
McGarry – AYE
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Retirement Plan Update

Brian Montanez of The Multnomah Group provided an update on the District’s retirement plans.

No public comment was received.

16.2. Patient & Family Advisory Council Update

Lorna Tirman, Patient Experience Specialist, provided an annual update from the Patient & Family Advisory Council.

17. ITEMS FOR BOARD ACTION

17.1. Second Reading of Proposed Revisions to TFHD Board of Directors Bylaws

The Board of Directors considered approval of the TFHD Board of Directors Bylaws.

No public comment was received.

ACTION: Motion made by Director King, to approve the Board of Directors Bylaws as presented, seconded by Director Brown. Roll call vote taken.
McGarry – AYE
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Discussion was held on item 15.3.3.

ACTION: Motion made by Director Chamblin, to accept the Chief Nursing Officer Board Report as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

19. BOARD COMMITTEE REPORTS

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

Director Chamblin provided an update from the recent Board Finance Committee meeting.

Director McGarry provided an update from the recent Tahoe Forest Health System Foundation meeting.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

Directors Wong, King and McGarry filed in the upcoming election and each will be unopposed for their respective seats.

21. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

22. OPEN SESSION

Not applicable.

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

Not applicable.

24. ADJOURN

Meeting adjourned at 7:10 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
AUGUST 2020 FINANCIAL REPORT - PRE-AUDIT
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10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW*

* Due to the Fiscal Year 2021 Budget being delayed, the Statement of Cash Flow has not been included in the August 2020 Financial Report.

Board of Directors
Of Tahoe Forest Hospital District
AUGUST 2020 FINANCIAL NARRATIVE – PRE-AUDIT

The following is the financial narrative analyzing financial and statistical trends for the two months ended August 31, 2020.

Activity Statistics

- ❑ TFH acute patient days were 392 for the current month compared to budget of 503. This equates to an average daily census of 12.6 compared to budget of 16.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Hospice visits, Surgical cases, Pain consults, Oncology Lab, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, MRI, Ultrasounds, Cat Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patient, Tahoe City Physical Therapy, Physical Therapy, and Speech Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 50.87% in the current month compared to August 2019 budget of 49.76% and to last month's 56.20%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 53.58% compared to budget of 49.90% and prior year's 50.28%.
- ❑ EBIDA was \$3,644,705 (10.1%) for the current month compared to August 2019 budget of \$1,914,107 (5.7%), or \$1,730,598 (4.3%) above budget.
- ❑ Net Income was \$3,207,571 for the current month compared to August 2019 budget of \$1,509,260 or \$1,698,311 above budget. Without the COVID-19 Emergency Funding received from HHS, August's Net Income would have been \$3,143,921 and year-to-date Net income would have been \$7,854,846.
- ❑ Cash Collections for the current month were \$14,711,894, which is 76% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$80,623,696 at the end of August compared to \$77,907,958 at the end of July.

Balance Sheet

- ❑ Working Capital is at 123.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 263.7 days. Working Capital cash increased a net \$1,351,000. Accounts Payable decreased \$763,000 and Accrued Payroll & Related Costs increased \$943,000. The District received \$372,000 in property tax revenues from Placer County and remitted funds due to the Medicare program from the fourth quarter interim rate review. Cash collections were 24% below budget.
- ❑ Net Patient Accounts Receivable increased approximately \$1,104,000 and Cash collections were 76% of target. EPIC Days in A/R were 70.1 compared to 74.9 at the close of July, a 4.80 days decrease.
- ❑ GO Bond Tax Revenue Fund increased \$275,000 after receiving property tax revenues from Nevada and Placer counties.
- ❑ Accounts Payable decreased \$763,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased a net \$943,000 due to three additional accrued payroll days in August over July.
- ❑ Estimated Settlements, Medi-Cal and Medicare decreased \$830,000 after remitting monies due to the Medicare program based on the outcomes of the fourth quarter interim rate review performed for FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$36,255,501 compared to August 2019 budget of \$33,554,433 or \$2,701,068 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,726,683, compared to August 2019 budget of \$8,766,291 or \$2,039,608 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$29,528,818 compared to August 2019 budget of \$24,788,142 or \$4,740,676 above budget.
- ❑ Current month’s Gross Revenue Mix was 38.1% Medicare, 14.4% Medi-Cal, .0% County, 3.6% Other, and 43.9% Insurance compared to budget of 38.3% Medicare, 15.8% Medi-Cal, .0% County, 3.1% Other, and 42.8% Insurance. Last month’s mix was 39.5% Medicare, 16.1% Medi-Cal, .0% County, 1.1% Other, and 43.3% Insurance.
- ❑ Current month’s Deductions from Revenue were \$17,811,531 compared to budget of \$16,856,726 or \$954,805 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .24% decrease in Medicare, a 1.47% decrease to Medi-Cal, County at budget, a .58% increase in Other, and Commercial was above budget 1.13% and 2) Revenues exceeded budget by 8.0%.

DESCRIPTION	August 2020 Actual	August 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,369,539	6,225,360	(144,179)	Negative variance in Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the August 2019 budget.
Employee Benefits	2,054,527	1,835,590	(218,937)	Greater use of Paid Leave for summer holidays and Sick Leave being used for mandatory quarantines and family leaves created a negative variance in Employee Benefits.
Benefits – Workers Compensation	61,364	78,105	16,741	
Benefits – Medical Insurance	1,383,347	1,177,057	(206,290)	
Medical Professional Fees	964,122	1,573,177	609,055	We saw positive variances in Therapy fees, Anesthesia & Radiology Physician Guarantee fees, and Multi-Specialty physician fees due to transitioning to the employment model.
Other Professional Fees	134,814	216,662	81,848	Positive variance in Other Professional Fees related to legal and professional fees for Human Resources and consulting services provided to the I/T department for software conversion support coming in below budget.
Supplies	2,890,045	2,321,271	(568,774)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above August 2019 budget by 20.47% creating a negative variance in Pharmaceuticals.
Purchased Services	1,171,976	1,569,096	397,120	Outsourced agencies working key areas of our aged accounts receivable came in below budget.
Other Expenses	780,575	850,938	70,363	We witnessed positive variances in Marketing and Outside Training & Travel due to COVID-19 social distancing requirements.
Total Expenses	15,810,310	15,847,256	36,946	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
AUGUST 2020 - PRE-AUDIT

ASSETS	PRE-AUDIT Aug-20	PRE-AUDIT Jul-20	Aug-19	
CURRENT ASSETS				
* CASH	\$ 65,944,700	\$ 64,593,560	\$ 23,886,313	1
PATIENT ACCOUNTS RECEIVABLE - NET	20,877,278	19,773,059	27,056,959	2
OTHER RECEIVABLES	7,746,607	7,102,242	7,826,410	
GO BOND RECEIVABLES	825,839	412,919	825,839	
ASSETS LIMITED OR RESTRICTED	7,962,231	7,919,107	8,261,752	
INVENTORIES	3,821,491	3,820,678	3,475,622	
PREPAID EXPENSES & DEPOSITS	3,239,355	3,176,537	3,062,550	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	9,675,332	9,640,806	10,128,087	
TOTAL CURRENT ASSETS	120,092,832	116,438,909	84,523,532	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	64,390,780	1
MUNICIPAL LEASE 2018	2,354,714	2,354,714	3,501,824	
TOTAL BOND TRUSTEE 2017	20,530	20,530	20,353	
TOTAL BOND TRUSTEE 2015	278,641	141,543	274,428	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	899,680	624,861	561,821	3
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,307	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,138,731	
WORKERS COMPENSATION FUND	(3,181)	(3,296)	16,855	
TOTAL	79,081,395	78,669,363	69,908,100	
LESS CURRENT PORTION	(7,962,231)	(7,919,107)	(8,261,752)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	71,119,164	70,750,256	61,646,348	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,140,359)	(1,140,359)	451,785	
PROPERTY HELD FOR FUTURE EXPANSION	907,183	905,568	865,197	
PROPERTY & EQUIPMENT NET	175,742,630	176,628,176	176,126,527	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,791,406	1,813,726	
TOTAL ASSETS	368,512,856	365,373,954	325,427,116	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	381,420	384,653	420,209	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,847,362	1,847,362	1,370,780	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,366,765	5,390,470	5,651,221	
GO BOND DEFERRED FINANCING COSTS	523,638	525,959	441,004	
DEFERRED FINANCING COSTS	160,203	161,243	172,686	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,279,388	\$ 8,309,686	\$ 8,055,900	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,452,293	\$ 7,214,825	\$ 6,689,261	4
ACCRUED PAYROLL & RELATED COSTS	15,953,337	15,010,057	19,032,871	5
INTEREST PAYABLE	188,870	106,493	188,870	
INTEREST PAYABLE GO BOND	283,303	-	301,788	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	22,214,179	23,044,385	161,103	6
HEALTH INSURANCE PLAN	2,171,369	2,171,369	2,042,670	
WORKERS COMPENSATION PLAN	2,173,244	2,173,244	2,396,860	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,362,793	1,362,793	1,172,232	
CURRENT MATURITIES OF GO BOND DEBT	1,715,000	1,715,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,828,809	3,828,809	2,547,744	
TOTAL CURRENT LIABILITIES	56,343,196	56,626,976	35,863,398	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	29,685,602	29,875,894	34,686,233	
GO BOND DEBT NET OF CURRENT MATURITIES	97,704,767	97,722,723	99,473,247	
DERIVATIVE INSTRUMENT LIABILITY	1,847,362	1,847,362	1,370,780	
TOTAL LIABILITIES	185,580,927	186,072,954	171,393,658	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	190,073,434	186,472,804	160,950,627	
RESTRICTED	1,137,882	1,137,882	1,138,731	
TOTAL NET POSITION	\$ 191,211,316	\$ 187,610,686	\$ 162,089,358	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
AUGUST 2020 – PRE-AUDIT

1. Working Capital is at 123.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 263.7 days. Working Capital cash increased a net \$1,351,000. Accounts Payable decreased \$763,000 (See Note 4) and Accrued Payroll & Related Costs increased \$943,000 (See Note 5). The District received \$372,000 in property tax revenues from Placer County and remitted funds due to the Medicare program from the fourth quarter interim rate review (See Note 6). Cash collections were below budget by 24%.
2. Net Patient Accounts Receivable increased approximately \$1,104,000. Cash collections were 76% of target. EPIC Days in A/R were 70.1 compared to 74.9 at the close of July, a 4.80 days decrease.
3. GO Bond Tax Revenue Fund increased \$275,000 after receiving property tax revenues from Nevada and Placer counties.
4. Accounts Payable decreased \$763,000 due to the timing of the final check run in August.
5. Accrued Payroll & Related Costs increased a net \$943,000 due to three additional accrued payroll days in August over July.
6. Estimated Settlements, Medi-Cal and Medicare decreased \$830,000 after remitting monies due to the Medicare program based on the outcome of the fourth quarter interim rate review performed for FY20.

**Tahoe Forest Hospital District
Cash Investment
August 2020 - Pre-Audit**

WORKING CAPITAL			
US Bank	\$ 64,758,660	0.01%	
US Bank/Kings Beach Thrift Store	69,132		
US Bank/Truckee Thrift Store	101,819		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,089</u>	0.05%	
Total			\$ 65,944,700
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
 Building Fund			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	<u>74,384,021</u>	0.78%	
			\$ 74,384,021
 Municipal Lease 2018			
			\$ 2,354,714
Bonds Cash 2017			
			\$ 20,530
Bonds Cash 2015			
			\$ 278,641
GO Bonds Cash 2008			
			\$ 905,444
 DX Imaging Education			
Workers Comp Fund - B of A	\$ 3,343		
	(3,181)		
 Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ 162
TOTAL FUNDS			\$ 143,888,213
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.78%	
TOTAL RESTRICTED FUNDS			\$ 1,137,882
TOTAL ALL FUNDS			\$ 145,026,095

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2020 - PRE-AUDIT

CURRENT MONTH				YEAR TO DATE				PRIOR YTD
AUGUST 2019				FYTD 2020				AUGUST 2019
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE				OPERATING REVENUE				
\$ 36,255,501	\$ 33,554,433	\$ 2,701,068	8.0%	\$ 73,838,023	\$ 65,616,198	\$ 8,221,825	12.5%	1 \$ 73,595,259
Total Gross Revenue				Total Gross Revenue				
Gross Revenues - Inpatient				Gross Revenues - Inpatient				
\$ 3,082,255	\$ 2,798,153	\$ 284,102	10.2%	\$ 6,078,179	\$ 5,377,478	\$ 700,701	13.0%	\$ 6,476,211
3,644,428	5,968,138	(2,323,710)	-38.9%	7,986,696	11,807,559	(3,820,863)	-32.4%	11,473,560
6,726,683	8,766,291	(2,039,608)	-23.3%	14,064,875	17,185,037	(3,120,162)	-18.2%	17,949,771
Total Gross Revenue - Inpatient				Total Gross Revenue - Inpatient				
29,528,818	24,788,142	4,740,676	19.1%	59,773,148	48,431,161	11,341,987	23.4%	55,645,488
29,528,818	24,788,142	4,740,676	19.1%	59,773,148	48,431,161	11,341,987	23.4%	55,645,488
Total Gross Revenue - Outpatient				Total Gross Revenue - Outpatient				
Deductions from Revenue:				Deductions from Revenue:				
15,584,947	15,060,146	(524,801)	-3.5%	31,595,140	29,366,614	(2,228,526)	-7.6%	2 33,453,700
1,520,877	1,207,966	(312,911)	-25.9%	2,855,543	2,356,829	(498,714)	-21.2%	2 2,636,425
-	-	-	0.0%	-	-	-	0.0%	2 -
705,707	588,614	(117,093)	-19.9%	(179,938)	1,149,058	1,328,996	115.7%	2 512,366
-	-	-	0.0%	-	-	-	0.0%	2 (13,470)
17,811,531	16,856,726	(954,805)	-5.7%	34,270,744	32,872,501	(1,398,243)	-4.3%	36,589,021
Total Deductions from Revenue				Total Deductions from Revenue				
80,318	101,451	(21,133)	-20.8%	157,373	215,401	(58,028)	-26.9%	3 170,938
930,727	962,205	(31,478)	-3.3%	1,843,546	1,956,396	(112,850)	-5.8%	3 2,203,195
Property Tax Revenue- Wellness Neighborhood				Property Tax Revenue- Wellness Neighborhood				
Other Operating Revenue				Other Operating Revenue				
19,455,015	17,761,363	1,693,652	9.5%	41,568,198	34,915,494	9,619,158	27.5%	39,380,371
TOTAL OPERATING REVENUE				TOTAL OPERATING REVENUE				
OPERATING EXPENSES				OPERATING EXPENSES				
6,369,539	6,225,360	(144,179)	-2.3%	13,119,492	12,323,513	(795,979)	-6.5%	4 11,523,085
2,054,527	1,835,590	(218,937)	-11.9%	4,414,065	3,662,559	(751,506)	-20.5%	4 3,808,480
61,364	78,105	16,741	21.4%	163,281	156,210	(7,071)	-4.5%	4 111,799
1,383,347	1,177,057	(206,290)	-17.5%	2,611,859	2,354,114	(257,745)	-10.9%	4 3,232,207
964,122	1,573,177	609,055	38.7%	2,060,258	3,712,473	1,652,215	44.5%	5 3,666,418
134,814	216,662	81,848	37.8%	397,138	432,203	35,065	8.1%	5 403,499
2,890,045	2,321,271	(568,774)	-24.5%	5,485,660	4,574,007	(911,653)	-19.9%	6 5,102,673
1,171,976	1,569,096	397,120	25.3%	2,991,407	3,133,409	142,002	4.5%	7 3,194,807
780,575	850,938	70,363	8.3%	1,522,984	1,743,104	220,120	12.6%	8 1,349,233
15,810,310	15,847,256	36,946	0.2%	32,766,145	32,091,592	(674,553)	-2.1%	32,392,201
TOTAL OPERATING EXPENSE				TOTAL OPERATING EXPENSE				
3,644,705	1,914,107	1,730,598	90.4%	8,802,053	2,823,902	5,978,151	211.7%	6,988,170
NET OPERATING REVENUE (EXPENSE) EBIDA				NET OPERATING REVENUE (EXPENSE) EBIDA				
NON-OPERATING REVENUE/(EXPENSE)				NON-OPERATING REVENUE/(EXPENSE)				
529,265	508,132	21,133	4.2%	1,061,794	1,003,766	58,028	5.8%	9 1,048,229
412,919	412,919	0	0.0%	825,839	825,839	(0)	0.0%	825,839
91,993	160,825	(68,832)	-42.8%	171,991	321,458	(149,467)	-46.5%	10 318,273
-	-	-	0.0%	-	-	-	0.0%	-
23,640	88,155	(64,515)	-73.2%	114,459	176,310	(61,851)	-35.1%	11 29,480
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	13 5,200
63,650	-	63,650	100.0%	169,967	-	169,967	100.0%	14 -
(1,154,497)	(1,154,615)	118	0.0%	(2,308,994)	(2,309,231)	237	0.0%	15 (2,253,796)
(112,733)	(118,476)	5,743	4.8%	(225,964)	(237,438)	11,474	4.8%	16 (237,553)
(291,373)	(301,788)	10,415	3.5%	(586,333)	(607,158)	20,825	3.4%	(631,595)
(437,134)	(404,848)	(32,286)	-8.0%	(777,240)	(826,454)	49,214	6.0%	(895,923)
TOTAL NON-OPERATING REVENUE/(EXPENSE)				TOTAL NON-OPERATING REVENUE/(EXPENSE)				
\$ 3,207,571	\$ 1,509,260	\$ 1,698,311	112.5%	\$ 8,024,813	\$ 1,997,449	\$ 6,027,364	301.8%	\$ 6,092,247
INCREASE (DECREASE) IN NET POSITION				INCREASE (DECREASE) IN NET POSITION				
NET POSITION - BEGINNING OF YEAR				NET POSITION - BEGINNING OF YEAR				
NET POSITION - AS OF AUGUST 31, 2020				NET POSITION - AS OF AUGUST 31, 2020				
10.1%	5.7%	4.3%		11.9%	4.3%	7.6%		9.5%
RETURN ON GROSS REVENUE EBIDA				RETURN ON GROSS REVENUE EBIDA				

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2020 - PRE-AUDIT

		Variance from Budget	
		Fav / <Unfav>	
		AUG 2020	YTD 2021
1) Gross Revenues			
<p>Acute Patient Days were below budget 22.07% or 111 days. Swing Bed days were below budget 33.34% or 1 day. Inpatient Ancillary revenues were below budget due to the decrease in our patient days.</p> <p>Outpatient volumes were above budget in the following departments: Home Health visits, Hospice visits, Surgery cases, Pain consults, Oncology Lab, EKG, Diagnostic Imaging, Mammography, Medical Oncology and Radiation Oncology procedures, MRI, Ultrasounds, Cat Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Physical Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ (2,039,608)</p> <p>4,740,676</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 2,701,068</p>	<p>\$ (3,120,162)</p> <p>11,341,987</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 8,221,825</p>
2) Total Deductions from Revenue			
<p>The payor mix for August shows a .24% decrease to Medicare, a 1.47% decrease to Medi-Cal, .58% increase to Other, County at budget, and a 1.13% increase to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget 8.0%.</p>	<p>Contractual Allowances</p> <p>Managed Care</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (524,801)</p> <p>-</p> <p>(312,911)</p> <p>-</p> <p>(117,093)</p> <p>-</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (954,805)</p>	<p>\$ (2,228,526)</p> <p>-</p> <p>(498,714)</p> <p>-</p> <p>1,328,996</p> <p>-</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (1,398,243)</p>
3) Other Operating Revenue			
<p>Retail Pharmacy revenues exceeded budget by 9.72%.</p> <p>We witnessed negative variances in Thrift Store revenues, Fitness & Wellness classes offered at The Center, and Community Wellness classes due to retail businesses not operating at pre-COVID levels.</p> <p>Negative variance in Miscellaneous due to decrease in Cafeteria sales and fewer Rebates Refunds received in August.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ 23,760</p> <p>(5,441)</p> <p>(13,871)</p> <p>25,640</p> <p>4,670</p> <p>(58,736)</p> <p>-</p> <p>(7,500)</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (31,478)</p>	<p>\$ 43,993</p> <p>(17,285)</p> <p>(34,695)</p> <p>19,606</p> <p>(12,451)</p> <p>(98,501)</p> <p>-</p> <p>(13,517)</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (112,850)</p>
4) Salaries and Wages			
<p>Negative variance in Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the August 2019 budget.</p>	<p>Total</p>	<p>\$ (144,179)</p>	<p>\$ (795,979)</p>
Employee Benefits			
<p>Negative variance in PL/SL related to greater use of Paid Leave for summer holidays along with Sick Leave being used for mandatory quarantines and family leaves.</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ (236,182)</p> <p>23,225</p> <p>8,830</p> <p>(30,521)</p> <p>15,711</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (218,937)</p>	<p>\$ (763,763)</p> <p>58,838</p> <p>8,830</p> <p>(36,168)</p> <p>(19,242)</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (751,506)</p>
Employee Benefits - Workers Compensation			
	<p>Total</p>	<p>\$ 16,741</p>	<p>\$ (7,071)</p>
Employee Benefits - Medical Insurance			
	<p>Total</p>	<p>\$ (206,290)</p>	<p>\$ (257,745)</p>
5) Professional Fees			
<p>Therapy fees created a negative variance in Home Health/Hospice.</p> <p>Information Technology was budgeted for system conversion professional services in August 2019 and no consulting services were required in August 2020, creating a positive variance in this category.</p> <p>Legal fees and other professional fees came in below budget creating a positive variance in Human Resources.</p> <p>TFH IP Therapy and IVCH OP Therapy volumes fell short of budget, creating a positive variance in TFH/IVCH Therapy Services.</p> <p>Anesthesia and Radiology Physician Guarantee fees came in below budget, creating a positive variance in Miscellaneous.</p> <p>Positive variance in Multi-Specialty Clinics is being offset, in part, by negative variances in Salaries and Wages.</p>	<p>Home Health/Hospice</p> <p>Truckee Surgery Center</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Multi-Specialty Clinics Administration</p> <p>Financial Administration</p> <p>Corporate Compliance</p> <p>Managed Care</p> <p>Medical Staff Services</p> <p>Administration</p> <p>Information Technology</p> <p>Marketing</p> <p>IVCH ER Physicians</p> <p>Sleep Clinic</p> <p>Human Resources</p> <p>The Center (includes OP Therapy)</p> <p>Oncology</p> <p>TFH/IVCH Therapy Services</p> <p>Miscellaneous</p> <p>TFH Locums</p> <p>Multi-Specialty Clinics</p> <p>Total</p>	<p>\$ (12,414)</p> <p>-</p> <p>-</p> <p>-</p> <p>(112)</p> <p>2,328</p> <p>2,000</p> <p>4,665</p> <p>2,875</p> <p>3,345</p> <p>60,620</p> <p>5,183</p> <p>5,719</p> <p>8,603</p> <p>26,036</p> <p>40,997</p> <p>23,985</p> <p>50,335</p> <p>97,189</p> <p>65,105</p> <p>304,442</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 690,903</p>	<p>\$ (12,261)</p> <p>-</p> <p>-</p> <p>-</p> <p>1,385</p> <p>3,537</p> <p>4,000</p> <p>4,165</p> <p>5,050</p> <p>5,125</p> <p>6,575</p> <p>6,767</p> <p>9,029</p> <p>24,178</p> <p>26,706</p> <p>39,414</p> <p>47,890</p> <p>78,645</p> <p>96,631</p> <p>647,543</p> <p>692,901</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 1,687,280</p>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2020 - PRE-AUDIT

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>AUG 2020</u>	<u>YTD 2021</u>
6) <u>Supplies</u>			
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 20.47%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (737,702)	\$ (901,824)
	Patient & Other Medical Supplies	62,119	(152,242)
	Minor Equipment	29,487	10,701
	Office Supplies	13,485	29,993
	Other Non-Medical Supplies	24,114	31,065
	Food	39,722	70,654
	Total	\$ (568,774)	\$ (911,653)
7) <u>Purchased Services</u>			
Outsourced laboratory testing created a negative variance in this category.	Laboratory	\$ (39,390)	\$ (71,767)
	Miscellaneous	(47,908)	(52,451)
	Department Repairs	(36,153)	(33,154)
COVID-19 outsourced laboratory testing created a negative variance in Miscellaneous.	Home Health/Hospice	(5,284)	(2,892)
	Diagnostic Imaging Services - All	(1,566)	(2,401)
Equipment repairs in Surgical services, Multi-Specialty clinics, Diagnostic Imaging, Facilities, and Information Technology created negative variances in Department Repairs.	Community Development	730	1,460
	Pharmacy IP	4,866	4,487
	Information Technology	6,075	18,410
	The Center	9,250	20,583
Positive variance in Patient Accounting related to an over accrual of expenses in July as well as outsourced billing and collections services falling short of budget in August.	Multi-Specialty Clinics	17,079	33,112
	Patient Accounting	383,697	50,804
	Human Resources	43,601	83,265
	Medical Records	62,123	92,546
	Total	\$ 397,120	\$ 142,002
8) <u>Other Expenses</u>			
Oxygen tank rentals created a negative variance in Equipment Rent.	Insurance	\$ (14,634)	\$ (28,552)
	Equipment Rent	(11,712)	(21,396)
	Physician Services	(13,175)	(19,604)
Physician Recruitment loan forgiveness amounts came in above August 2019 budget.	Multi-Specialty Clinics Bldg Rent	(6,842)	(16,271)
	Human Resources Recruitment	(19,546)	(7,046)
Recruitment fees for the new Director of Patient Financial Services created a negative variance in Human Resources.	Multi-Specialty Clinics Equip Rent	-	(178)
	Other Building Rent	(2,646)	3,537
	Dues and Subscriptions	(4,138)	6,316
	Utilities	(3,467)	24,802
	Miscellaneous	10,558	35,937
	Marketing	41,984	49,511
	Outside Training & Travel	93,980	193,062
	Total	\$ 70,363	\$ 220,120
9) <u>District and County Taxes</u>			
	Total	\$ 21,133	\$ 58,028
10) <u>Interest Income</u>			
The impact on the country's economy due to COVID-19 has caused interest rates to increasingly fall, creating a negative variance in Interest Income.	Total	\$ (68,832)	\$ (149,467)
11) <u>Donations</u>			
	IVCH	\$ (22,416)	\$ (63,749)
	Operational	(42,099)	1,898
	Total	\$ (64,515)	\$ (61,851)
12) <u>Gain/(Loss) on Joint Investment</u>			
	Total	\$ -	\$ -
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>			
	Total	\$ -	\$ -
14) <u>COVID-19 Emergency Funding</u>			
The District received additional funds from HHS for our Skilled Nursing Facility.	Total	\$ 63,650	\$ 169,967
15) <u>Depreciation Expense</u>			
	Total	\$ 118	\$ 237
16) <u>Interest Expense</u>			
	Total	\$ 5,743	\$ 11,474

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
AUGUST 2020 - PRE-AUDIT

CURRENT MONTH				YEAR TO DATE				PRIOR YTD		
AUGUST 2019				FYTD 2020				AUGUST 2019		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%			
OPERATING REVENUE										
\$ 2,183,412	\$ 2,257,286	\$ (73,874)	-3.3%	Total Gross Revenue	\$ 4,751,105	\$ 4,530,229	\$ 220,876	4.9%	1	\$ 5,159,583
Gross Revenues - Inpatient										
\$ 4,126	\$ 18,896	\$ (14,770)	-78.2%	Daily Hospital Service	\$ 23,054	\$ 23,395	\$ (341)	-1.5%		\$ -
-	3,473	(3,473)	-100.0%	Ancillary Service - Inpatient	17,819	14,949	2,870	19.2%		-
4,126	22,369	(18,243)	-81.6%	Total Gross Revenue - Inpatient	40,873	38,344	2,529	6.6%	1	-
2,179,286	2,234,917	(55,631)	-2.5%	Gross Revenue - Outpatient	4,710,232	4,491,885	218,347	4.9%		5,159,583
2,179,286	2,234,917	(55,631)	-2.5%	Total Gross Revenue - Outpatient	4,710,232	4,491,885	218,347	4.9%	1	5,159,583
Deductions from Revenue:										
843,463	917,253	73,790	8.0%	Contractual Allowances	1,754,469	1,831,693	77,224	4.2%	2	2,065,601
109,389	111,765	2,376	2.1%	Charity Care	229,557	218,019	(11,538)	-5.3%	2	241,624
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
96,468	111,765	15,297	13.7%	Bad Debt	(17,491)	218,019	235,510	108.0%	2	116,243
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	(13,357)
1,049,320	1,140,783	91,463	8.0%	Total Deductions from Revenue	1,966,535	2,267,731	301,196	13.3%	2	2,410,111
88,141	63,437	24,704	38.9%	Other Operating Revenue	183,851	159,471	24,380	15.3%	3	263,248
1,222,234	1,179,940	42,294	3.6%	TOTAL OPERATING REVENUE	2,968,421	2,421,969	546,452	22.6%		3,012,720
OPERATING EXPENSES										
395,271	381,371	(13,900)	-3.6%	Salaries and Wages	824,299	727,948	(96,351)	-13.2%	4	677,978
111,757	110,861	(896)	-0.8%	Benefits	256,302	219,792	(36,510)	-16.6%	4	267,068
1,525	4,303	2,779	64.6%	Benefits Workers Compensation	3,049	8,606	5,557	64.6%	4	6,026
79,198	67,391	(11,807)	-17.5%	Benefits Medical Insurance	149,535	134,782	(14,753)	-10.9%	4	184,983
217,073	294,702	77,629	26.3%	Medical Professional Fees	425,786	568,695	142,909	25.1%	5	568,295
2,340	1,536	(804)	-52.3%	Other Professional Fees	4,087	3,073	(1,014)	-33.0%	5	3,039
57,332	67,866	10,534	15.5%	Supplies	103,668	150,514	46,846	31.1%	6	59,845
77,786	50,599	(27,187)	-53.7%	Purchased Services	130,428	104,921	(25,507)	-24.3%	7	100,310
84,639	80,441	(4,198)	-5.2%	Other	165,172	163,070	(2,102)	-1.3%	8	133,064
1,026,919	1,059,070	32,151	3.0%	TOTAL OPERATING EXPENSE	2,062,325	2,081,401	19,076	0.9%		2,000,608
195,314	120,870	74,444	61.6%	NET OPERATING REV(EXP) EBIDA	906,095	340,568	565,527	166.1%		1,012,112
NON-OPERATING REVENUE/(EXPENSE)										
18,918	41,334	(22,416)	-54.2%	Donations-IVCH	18,918	82,667	(63,749)	-77.1%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	-
(65,676)	(65,043)	(633)	1.0%	Depreciation	(131,352)	(130,086)	(1,266)	-1.0%	12	(130,879)
(46,758)	(23,709)	(23,049)	-97.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(109,370)	(47,419)	(61,951)	-130.6%		(130,879)
\$ 148,557	\$ 97,161	\$ 51,396	52.9%	EXCESS REVENUE(EXPENSE)	\$ 796,726	\$ 293,149	\$ 503,577	171.8%		\$ 881,233
8.9%	5.4%	3.6%		RETURN ON GROSS REVENUE EBIDA	19.1%	7.5%	11.6%			19.6%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2020 - PRE-AUDIT**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>AUG 2020</u>	<u>YTD 2021</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 4 at 0 and Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ (18,243)	\$ 2,529
	Gross Revenue -- Outpatient	(55,631)	218,347
		<u>\$ (73,874)</u>	<u>\$ 220,876</u>
Outpatient volumes were below budget in Clinic visits, Surgical cases, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, Physical Therapy, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 5.53% increase in Medicare, a 2.65% decrease in Medicaid, a .64% decrease in Commercial insurance, a 2.23% decrease in Other, and County was below budget by .01%.	Contractual Allowances	\$ 73,790	\$ 77,224
	Charity Care	2,376	(11,538)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	15,297	235,510
	Prior Period Settlement	-	-
	Total	<u>\$ 91,463</u>	<u>\$ 301,196</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections which exceeded the August 2019 budget.	IVCH ER Physician Guarantee	\$ 25,640	\$ 19,606
	Miscellaneous	(936)	4,774
	Total	<u>\$ 24,704</u>	<u>\$ 24,380</u>
4) <u>Salaries and Wages</u>			
Negative variance is Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the August 2019 budget.	Total	<u>\$ (13,900)</u>	<u>\$ (96,351)</u>
<u>Employee Benefits</u>			
	PL/SL	\$ (2,493)	\$ (27,958)
	Standby	504	(2,564)
	Other	1,267	(5,516)
	Nonproductive	(174)	(472)
	Pension/Deferred Comp	-	-
	Total	<u>\$ (896)</u>	<u>\$ (36,510)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 2,779</u>	<u>\$ 5,557</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (11,807)</u>	<u>\$ (14,753)</u>
5) <u>Professional Fees</u>			
Sleep Clinic Pro Fees are tied to collections which fell short of budget in August.	Foundation	\$ (803)	\$ (1,014)
	Administration	-	-
	Miscellaneous	26	53
	IVCH ER Physicians	5,719	9,029
	Sleep Clinic	8,603	24,178
	Therapy Services	29,091	37,870
	Multi-Specialty Clinics	34,190	71,779
	Total	<u>\$ 76,825</u>	<u>\$ 141,895</u>
Therapy volumes fell short of budget by 7.19%, creating a positive variance in Therapy Services.			
Positive variance in Multi-Specialty Clinics due to physicians joining the employment model.			
6) <u>Supplies</u>			
Pharmacy revenues exceeded the August 2019 budget by 71.17%, creating a negative variance in Pharmacy Supplies.	Food	\$ 482	\$ 526
	Office Supplies	462	1,318
	Pharmacy Supplies	(4,777)	1,365
	Minor Equipment	191	2,709
	Non-Medical Supplies	2,249	3,974
	Patient & Other Medical Supplies	11,926	36,954
	Total	<u>\$ 10,534</u>	<u>\$ 46,846</u>
Medical Supplies Sold to Patients revenues were below the August 2019 budget by 56.72%, creating a positive variance in Patient & Other Medical Supplies.			

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2020 - PRE-AUDIT**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>AUG 2020</u>	<u>YTD 2021</u>
7) <u>Purchased Services</u>	Laboratory	\$ (31,772)	\$ (32,733)
Outsourced lab testing created a negative variance in Laboratory.	Engineering/Plant/Communications	(2,692)	(5,886)
	Pharmacy	(491)	(491)
Annual testing and balancing of engineering systems created a negative variance in Engineering/Plant/Communications.	Surgical Services	-	-
	Multi-Specialty Clinics	93	186
	Department Repairs	1,426	1,450
	Diagnostic Imaging Services - All	680	1,478
	Miscellaneous	1,363	2,836
	EVS/Laundry	2,631	3,479
	Foundation	1,575	4,175
	Total	<u>\$ (27,187)</u>	<u>\$ (25,507)</u>
8) <u>Other Expenses</u>	Miscellaneous	\$ (7,612)	\$ (11,468)
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Equipment Rent	(1,368)	(6,785)
	Other Building Rent	(4,110)	(5,221)
Negative variance in Other Building Rent related to employee housing and an increase in Therapy Services building rent.	Dues and Subscriptions	651	(279)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	1,239	2,478
	Marketing	(315)	3,852
	Utilities	2,931	5,898
	Outside Training & Travel	4,387	9,423
	Total	<u>\$ (4,198)</u>	<u>\$ (2,102)</u>
9) <u>Donations</u>	Total	<u>\$ (22,416)</u>	<u>\$ (63,749)</u>
10) <u>Gain/(Loss) on Sale</u>	Total	<u>\$ -</u>	<u>\$ -</u>
11) <u>COVID-19 Emergency Funding</u>	Total	<u>\$ -</u>	<u>\$ 3,064</u>
12) <u>Depreciation Expense</u>	Total	<u>\$ (633)</u>	<u>\$ (1,266)</u>



Board Informational Report

By: Harry Weis
President and CEO

DATE: September 15, 2020

Finance Strategies:

August was a good month for the health system, based on Gross Revenues overall, but about 1.3% below our July performance and below the strong performance in August of last year, which was the peak revenue month for the health system last fiscal year.

We have admitted about 181 patients for “rule out” or confirmed COVID-19 care pandemic to date. We are happy to report that all patients went home alive.

We have really seen a big drop in COVID-19 patients with no inpatients at all for more than a week now. This is a trend we really like to see.

We’ve also seen a decline in positive COVID-19 positive lab tests in California since July 22, 2020, in Nevada since July 16, 2020 and in the US since July 24, 2020. This finding is also great to see.

It is our hope that we will continue to see a powerful decline in new COVID-19 lab tests and deaths all through the months of September and October.

We now have Abbott and BioFire rapid inhouse lab testing equipment for COVID-19, which is great for our region!

We are will making special note on where we stand on overall volumes and provider office visits as we reach December 31, 2020. We do expect to see some positive growth trends versus fiscal year 2020.

Hard work is underway on our budget for fiscal year 2021, which is much slower this year due to the massive array of external and internal changes, the pandemic has caused coupled, with our best view of the future as we can see it now.

Our multi-year to date progress on our 10-year forecast is really important to all of us as we examine our progress relative to our Balance Sheet and our Income Statement. It is exciting to date to see strong positive variances versus that first presentation of our 10 year forecast.

One major performance marker for our team is to see if we can double our Fund Balance or Net Worth at June 30, 2021 versus where it was back on June 30, 2015, when back in 2015 the organization was 66 years old. If this goal is achieved, that will truly be a great team achievement.

People Strategies:

We are awaiting to see how our team performed in 2020 relative to the “Best Place to Work in Northern Nevada and Lake Tahoe” which will be announced on September 30. The results have been much delayed due to the pandemic.

Our partnership in Workforce Housing is growing in focus and size as it examines the tough and ever changing housing needs of our team members as we seek to have new and improving, realistic housing options to recruit and retain our team members. We will have at least annual reports to this Board on the key activities of this JPA.

We continue to work on focused training and engagement with our team members consistent with our Strategic Plan.

This fiscal year, we will be conducting our Press Ganey employee survey, last fiscal year; it was the medical staff survey.

We do perform more surveys than any previous health system I’ve ever worked in.

Our PPE supplies relative to the pandemic are in good shape, for which we are grateful.

We are looking to see how we can be of help to other businesses such as the school district relative to their needs as they try to return to partial normalcy.

We will continue to have periodic virtual Town Halls for all team members to share the latest up to date information and to answer questions.

As we shared several months ago, our theme this year is on Gratitude and Thankfulness as we continue to focus on being the very best Team of One of any health system in the country.

Our last most important theme for our team and our community is “successfully living with COVID 19!”

Service Strategies:

Our team continues to deliver on year over year over year improving patient satisfaction score performance, always with the recognition that this is a never-ending journey of improvement. This is a team commitment we intensify every year. We are operating in rare positive space and we want to keep the positive progress going.

Quality Strategies:

We continue to focus on improving all results relative to our Quality of care as we examine external “report cards” and our internal reports. This size of our efforts on this topic area are increasing each year, with the expectation of steady improving results, too each year.

These efforts are in line with our Strategic Plan.

Growth Strategies:

In alignment with our Strategic Plan under Growth, we continue to actively collaborate with many area health systems to the north, south, east and west of our health system, always looking for ways we can learn from each other and to also begin to examine ways we can deliver high quality care with greater efficiency each new year. These activities are ongoing.

We have slowed our media and community group outreach discussions on COVID-19 a bit in recent weeks as the inpatient hospital volumes have really been tapering downward the last two months.

We will be working on thoughtful, focused community engagement on the critical needs we have to serve our patients timely and more safely each year in the future. This topic will involve more time in the coming weeks.

I remain active at the state level working on behalf of all California District Health Systems and that involvement will increase a bit over the next year as there are many critical issues facing California District health systems.

We are very active on state and federal regulation matters to assure that great rural healthcare can continue here and across America in sustainable ways.



Board COO Report

By: Judith B. Newland

DATE: September 2020

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

Flu shot services at both IVCH and TFH are expanding this season to meet the needs of our communities. At TFH, adult flu shots are available at the Retail Pharmacy and drive by flu shots are being scheduled three Sundays in October at the TFH Respiratory Infection Clinic. Drive by flu shots are being given at the IVCH Respiratory Illness Clinic on Tuesday and Thursday mornings.

The Incident Command Team for the COVID-19 Pandemic decreased their meetings to every other week. Our current focus continues to prepare for a potential surge this coming winter. Preparation for the winter includes an additional bay for the Adult Respiratory Clinic (RIC) in Truckee, indoor Pediatric Respiratory Clinic in Truckee, evaluate drive by Adult Respiratory Clinic in Tahoe City, Abbott ID Now COVID testing to be done at the TFH RIC, and evaluating social distancing space for office and employee break rooms.

Quality: Prioritize patient and family perspective

Strive for a continual 5-star HCAHPS status

Our Patient and Family Advisory Council (PFAC) volunteers continue to meet monthly with eleven volunteers. This year various service updates have been given to the PFAC including Home Health, Hospice, and Palliative Care, Diagnostic Imaging and Patient Safety. The engaged volunteers are focusing on how to provide patient and family centered care for patients who are unable to have family members or advocates with them.

Growth: Foster and Grow Community and Regional Relationships

Define opportunities for growth and recapture outmigration

We are expanding laboratory testing services to our communities with the purchase of BioFire Diagnostic, new laboratory equipment. BioFire Diagnostic has a 21 respiratory panel and COVID-19 test with a turnaround time of 1.5 hours for results. This testing equipment is available at TFH and IVCH. We were able to purchase two BioFire units because of donations from Incline Village and Tahoe Truckee residences.

Enhance and promote our value to the community

The Foundations at TFH and IVCH are providing monthly educational zoom sessions on various topics to all donors in the Tahoe Truckee and Incline Village communities. Topics have included COVID – 19 and Infection Prevention, TFHS Response to COVID-19, and Physical Therapy Services with education on staying healthy while sitting for zoom meetings. Thank you to the medical and hospital staff who have been presenters.

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:

- Tahoe Forest Center for Health: Wellness – Lifestyle – Nutrition – Fitness
Moving 9/21/20 from 10710 Donner Pass Road to 11012 Donner Pass Road

Projects in Progress:

Project: ECC Interior Upgrades

Estimated Start of Construction: March 2020

Estimated Completion: November 2020

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

Update Summary: Project is on hold

Project: Security Upgrades

Estimated Start of Construction: Fall 2020

Estimated Completion: Winter 2020

Summary of Work: Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments.

Update Summary: Project is in procurement and scheduled to start mid-October

Project: Central Supply

Estimated Start of Construction: September 14th, 2020

Estimated Completion: Winter 2020

Summary of Work: Renovate existing vacant space adjacent to central supply for additional storage.

Update Summary: Project has commenced. Staging area has been setup and demolition is initiating.

Projects in Permitting:

Project: Site Improvements Phase 2

Estimated Start of Construction: Summer 2020

Estimated Completion: Winter 2020

Summary of Work: Project includes three site improvements for parking; these sites include Pat and Ollies, Gateway Temporary Lot and MOB East Parking Extension.

Update Summary: Project is pending Town of Truckee approval.

Project: Campus Water Improvements

Estimated Start of Construction: TBD

Estimated Completion: TBD

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 and grading permit are under review. Project is being prepared for bid.

Project: Incline Sterile Processing Remodel

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

Summary of Work: Remodel and upgrade of equipment in SPD.

Update Summary: Project under Washoe County review.

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: Request for Proposals is in development.

Project: 2nd Floor MOB

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel three suites of the 2nd floor of the MOB.

Update Summary: Project is going thru pre-phasing study. Request for Proposals is in development.

Project: MRI Replacement

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Replace MRI with new 3T MRI.

Update Summary: Project on Hold

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: Project on Hold

Project: Incline Endoscopy

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

Summary of Work: Create a new procedure room for ENDO procedures.

Update Summary: Project is on Hold

Project: Tahoe Forest Nurse Call Replacement

Estimated Start of Construction: TBD

Estimated Completion: TBD

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

Update Summary: Project is in design phase



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: September, 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- New Patient Controlled Analgesia Pumps installed for usage
- Upgrade of EPIC took place on September 15, 2020

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- **Level IV Trauma**
 - September 22, 2020 – Schedule Level 4 Trauma Designations - ongoing
- **COVID-19**
 - Minimal Covid R/O or positive patients in the acute care hospital.
- **HFAP Plan of Correction Submitted**
- **Pre op Clinic** – Project continues to provide service to those patients that have delays in surgery related to not having a primary care physician.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Affordable Labs
 - Truckee September 11, 202
 - IVCH September 25, 2020
- Breastfeeding – Friday's by Appointment
- Prenatal Education – 9/18; 9/3
- Infant and Child CPR – March 13, 2020
- Senior Center Activities – Tuesdays and Fridays
- Self-Management Classes
 - Building Better Care Givers – Sept 17-Oct 22
 - Diabetes Management – Spanish September 9 through Oct 14
 - Diabetes Prevention Program – Virtual
 - Multiple Sclerosis – 2nd Tuesday
 - Parkinson Support Group – 3rd Friday
- Self-management classes are offered three time per year (Winter, Spring and Fall)
- Behavioral Health Advisory Group Meeting (HRSA Grant)
- Suicide Prevention Coalition Meeting September 24 - virtual
- *Breathe* - Tobacco Cessation Program - Mondays 5:30pm - virtual
- CCTT Resource Sharing Meeting - September 1 - virtual



Board Informational Report

By: **Jake Dorst**

DATE: 9/15/2020

Chief Information & Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- E-Signature for reg documents through MyChart – in production 10/15
- Pathology (aurora) claims connection for Anthem – go live Monday
- Behavior Health – scoping
- PHQ-9 Automation – scoping
- Lab Draw build for 2nd fl MOB – live 10-1
- Biofire integration – go live 11/1
- Datix integration – in security review
- Increased resilience applied to network equipment
- Epic Upgrade
- Epic Security and Update Patches Applied
- Aligning workforce in effort to reduce labor costs >\$100k (FTE/Contractors)
- Security Operations Center “Real World” evaluation in progress
- Performing enterprise wide audit to ensure log capture is taking place to “Event Tracker” to better support all operations HW/SW in the district
- Increasing Zoom security configurations to be implemented globally, Sep 27th
- Pending offer to fill Informatics programmer
- Universal Service Administrative Company (USAC) applications submitted for TFHD clinics and facilities
- Defined long-term network efforts to increase flexibility and potentially reduce cost over time
- Performed “Phishing” campaign. Results identified district to be 5% prone to open potential malicious email. Industry sits @ 49% (KnowB4)



Board CMO Report

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

DATE: September 10, 2020

People: Strengthen a highly-engaged culture that inspires teamwork

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

- We are pleased to announce that we have Dr. Sarah Fletcher, Board certified Ob/Gyn, joining the Women's Center in a few months! Dr. Doug Cragin will be joining us to partner with Dr. Mwero in neurology.

Service: Optimize delivery model to achieve operational and clinical efficiency

Implement a focused master plan

- We are in the preliminary, exploratory phase of an analysis of high quality Urgent Care models to include a financial analysis, best practices, etc.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- We are evaluating new models of care within the inpatient Med-Surg and ICU areas.

Growth: Meets the needs of the community

Define opportunities for growth and recapture outmigration

- Increasing our current neurologist's hours along with hiring another neurologist will improve wait times and capture future growth for this service line.



Board CHRO Report

By: Alex MacLennan, PHR
Chief Human Resources Officer

DATE: September 2020

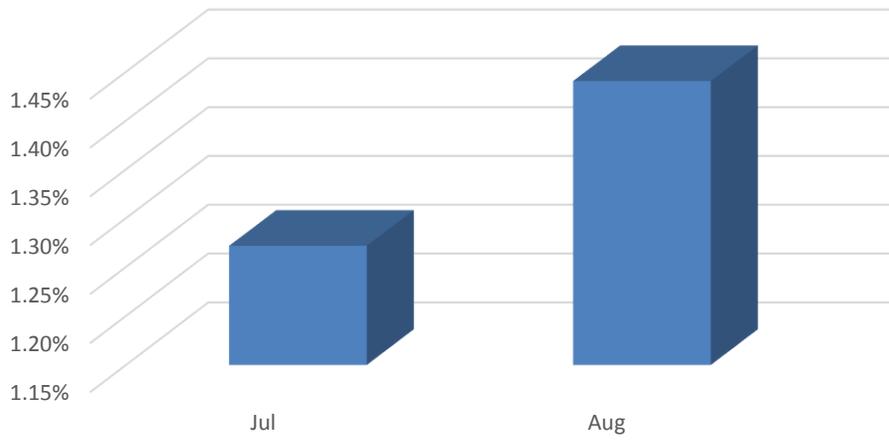
Priority One: Strengthen a highly-engaged culture that inspires teamwork

- *Goal – Build Trust*
 - We have continued actively communicating with staff utilizing different communication channels including virtual Town Halls, Weekly Bulletins, Pacesetter, and email.
 - The retirement committee chose to allow employees to activate “Student Loans” as an option for employees to take a loan from their retirement funds to pay for school.
 - We continue to strengthen our culture based around High Reliability Principles. Our Reliability Management Team meets monthly and discusses risks and systems-based risk mitigation strategies.
 - A special team has been meeting to discuss education opportunities and other safety precautions that we can implement to better prepare our staff in dealing with mentally ill patient population.
- *Goal – Build a culture based on the foundation of our Values*
 - After benchmarking with other health systems, we have adopted guidelines to allow us to begin teaching live trainings again while also keeping our employees safe. Classes such as TFHS Values Orientation, Perfect Care Experience Training, and Workplace Violence Prevention are a few classes that have started up again.
 - As you know, we have not been able to host the annual TFHS Picnic, summer barbeque, and we have confirmed now that we must canceled the annual Holiday Party. Our Values Advocates have been planning a fun event for employees with while also meeting social distancing requirements which will take place September 23rd.
- *Goal – Attract, develop and retain strong talent and promote great careers*
 - We have partnered with Strayer University and Capella University to get employees remarkable discounts and scholarships to further their education. Discounts can be as high as 51% of tuition expenses for a bachelor’s degree.

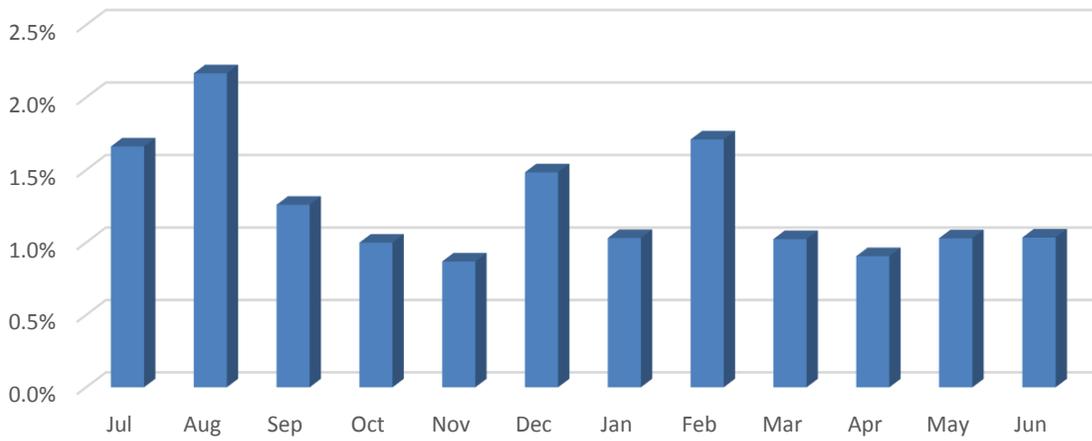
Stats for July 1 - September 1 2020:

43	New Employees
17	Terminations
1003	Total Headcount
11.45	Average Span of Control
7.4	Average Seniority Years

Turnover rate FT/PT (by month)
FY21



FY 20 Turnover rate FT/PT (by month)



DRAFT FY2021 President & CEO Incentive Compensation

Finance – 60%

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

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

***Financial metric must be achieved for payout.*

Service – 10%

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

Quality – 10%

Meet or exceed 96.25% rollup of the following quality measurements: SEP-1 (Early Management Bundle, Severe Sepsis/Septic Shock), EDTC ALL (Emergency Department Transfer Communication ALL), IMM-2 (Influenza Vaccination), PC-01 (Early Elective Delivery), CLASS I SSI (Class I Surgical Site Infection Rate), and C. DIFF. (Rate of Hospital Onset C. Diff.).

Growth – 10%

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

People – 10%

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