



TAHOE FOREST HOSPITAL DISTRICT

2020-11-19 Regular Meeting of the Board of Directors

Thursday, November 19, 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 November 19, 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/96246060606>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592
Meeting ID: 962 4606 0606



Meeting Book - 2020-11-19 Regular Meeting of the Board of Directors

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No related materials.

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TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 19, 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 November 19, 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: 962 4606 0606

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. Approval of Closed Session Minutes

10/22/2020 – Regular Meeting, 11/2/2020 – Special Meeting

5.2. 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. November 2020 Employee of the Month..... ATTACHMENT

13.2. National Medical Staff Services Awareness Week - November 1-7 ATTACHMENT

13.3. National Nurse Practitioner Week – November 8-14..... 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:

Privileges with changes

- Sports Medicine Privilege Form

New Proctoring Form

- Department of Medicine Airway Management

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. 10/22/2020 Special Meeting ATTACHMENT

15.1.2. 10/22/2020 Regular Meeting ATTACHMENT

15.1.3. 11/02/2020 Special Meeting ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – October 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

16. ITEMS FOR BOARD DISCUSSION

16.1. Trauma Program Update ATTACHMENT

The Board of Directors will receive an update on the trauma program.

16.2. Wellness Neighborhood Annual Report ATTACHMENT

The Board of Directors will receive an annual report from the Wellness Neighborhood.

16.3. COVID-19 Update

The Board of Directors will receive an update on hospital and clinic operations related to COVID-19.

17. ITEMS FOR BOARD ACTION ♦

17.1. Resolution 2020-08 ♦ ATTACHMENT

The Board of Directors will consider approving the form and execution of an amendment to master installment sale agreement between Opus Bank and the District to extend the agreement’s Termination Date for the financing of capital equipment.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

The next Regular Board Meeting will be held on Thursday, December 17, 2020.

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 December 17, 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.



NOVEMBER 2020 EMPLOYEE OF THE MONTH

TAMARA TROXEL

PRACTICE LEAD CLINICAL SERVICES – IM/CARDIOLOGY

We are honored to announce Tamara Troxel as our November 2020 Employee of the Month! Here are a few of the great things Tamara’s colleagues have to say about her:

“While Tamara certainly exemplifies all of Tahoe Forest's values, she is truly eminent through her teamwork. Tamara is our go-to problem solver in IM/CARD and regardless of the task she is occupied with, she never hesitates to provide her time and resources to keep things flowing smoothly. Tamara is the epitome of the teamwork that allows this office to provide the optimal patient care that it does.”

Another colleague stated, “Tamara has always exceeded any expectation in the categories of quality, excellence, and stewardship and is able to help us all be better in these areas because of her support. We appreciate you and notice how you truly embody our health system values. You make us feel seen, heard, and supported.”

Please join us in congratulating all of our Terrific Nominees!

**Lauren Ahrens
Desiree Andrews
Tommi Brandow
Joshua Fetbrandt
Lucy Hodges
Leilani Martin
Allie Rohe
Derek Wogsland**

National Medical Staff Services Awareness Week

November 1-7, 2020

How do you know that when you seek medical care, the practitioners you see are properly educated, licensed, and trained in their specialty?

During **National Medical Staff Services Awareness Week**, we recognize Medical Services Professionals—important members of the healthcare team who are dedicated to thoroughly investigating and verifying the credentials of healthcare practitioners. These women and men also have expertise in areas such as medical staff organization, accreditation, regulatory compliance, and provider relations.

Don't forget to stop by and say hello to your medical services professionals.

For more information about NAMSS, visit www.NAMSS.org/MSPWeek.



2001 K Street NW
Third Floor North
Washington, D.C. 20006
info@namss.org



FOR IMMEDIATE RELEASE

October 26, 2020

Contact: Paige Nebeker Thomason
Director of Marketing and Communications, TFHS
pthomason@tfhd.com
530.582.6290

Tahoe Forest Health System Celebrates National Nurse Practitioner Week

November 8 – 14, 2020

www.tfhd.com

(Tahoe/Truckee, Calif.) – Tahoe Forest Health System proudly celebrates all nurse practitioners in our community during National Nurse Practitioner Week, November 8-14.

Nurse practitioners are highly skilled medical providers who bring a comprehensive perspective and personal touch to health care, blending clinical expertise in diagnosing and treating health conditions with an added emphasis on health management and disease prevention.

Decades of research demonstrate the high quality of care that nurse practitioners provide to patients. Patients who see nurse practitioners as their primary care provider often have fewer emergency room visits, shorter hospital stays and lower medication costs. By offering high-quality, cost-effective, patient-centered health care, nurse practitioners are also a clear solution to the shortage of healthcare providers.

Tahoe Forest Health System celebrates nurse practitioners for their contribution to our health and our community.

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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, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. 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.

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD, Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the November 9, 2020 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the November 19, 2020 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Privileges With Changes</u> 3. Sports Medicine Privilege Form <u>New Proctoring Form</u> 4. Department of Medicine Airway Management	
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"> • Sports Medicine Privilege Form • Department of Medicine Airway Management 	

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Privilege Request

SPECIALTY: **SPORTS MEDICINE**

NAME: _____
Please print

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

Formatted: Strikethrough

Check one or more:

- [Tahoe Forest Hospital \(TFH\)](#)
- [Incline Village Community Hospital \(IVCH\)](#)
- [Multi-Specialty Clinics \(Tahoe Forest Health System\)](#)
- [Ski 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 Family Medicine, Internal Medicine, Physical Medicine & Rehabilitation, Pediatrics or Emergency Medicine and specialized training/education in Sports Medicine.
Board Certification:	Board qualification/certification required. Current ABMS Board Certification in Family Medicine, Internal Medicine, Physical Medicine & Rehabilitation, Pediatrics or Emergency Medicine (or AOA equivalent Board) and Sports Medicine; or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical Competency 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 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 Family Medicine practitioner.) Medical Staff Office will request information.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • 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 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.

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Privilege Request

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Privilege Request

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

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

(R)	(A)	GENERAL PRIVILEGES – SPORTS MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	CORE – SPORTS MEDICINE <ul style="list-style-type: none"> • Privileges to admit, evaluate, diagnose, provide consultation to and provide non-surgical care to patients with musculoskeletal injuries related to participating in sports and/or exercise/physical activities. Emergency assessment, management of medical problems, closed reduction of fractures, integration of medical expertise with other healthcare providers including medical specialists and orthopedic surgeons. • Wound Care • Joint and trigger joint injections • Casting 	_____	TFH MSC Ski Clinic	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients or outpatients in past two years. Office records may be requested. *
		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		Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Assisting (per Surgical Services Policy) Documentation of training/experience	_____	TFH only	None due to nature of working with primary surgeon	Current demonstrated competence and provision of care
		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.				

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

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

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)

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

- privileges as requested with modifications (see attached description of modifications) not approved (explain)

Form Approval/Revision Dates:

Medicine Department: 7/11

Medical Executive Committee: 7/11

Board of Directors: 7/11



**TAHOE
FOREST
HOSPITAL
DISTRICT
MEDICAL STAFF**

____ Concurrent Proctoring
____ Chart Review/Videotape Proctoring

**DEPARTMENT OF MEDICINE SELECTED PROCEDURES – AIRWAY MANAGEMENT
PROCTOR FORM**

Physician Name: _____ Proctor Name: _____
Patient Name: _____ Medical Record #: _____
Admission Date: _____ Discharge Date: _____ Date Case Performed: _____
Surgical Procedure Performed: _____

PLEASE CHECK APPROPRIATE ANSWER AND LIST ANY COMMENTS:

NOTE: Refer to the Delineation of Privileges for proctoring requirements for selected procedures:

- a. Obtain 35 or more intubations, along with being signed off on intubations by anesthesia providers, on initial appointment.
- b. Maintain competencies on intubations skills by having at least 10 intubations yearly (which can be done with our anesthesia providers in the OR)

PRE OPERATIVE EVALUATION

	UNSATISFACTORY	SATISFACTORY	GOOD
1. PRE-ANESTHETIC CONSENT:	()	()	()
2. PRE-ANESTHETIC HISTORY	()	()	()
3. PRE-ANESTHETIC AIRWAY EVALUATION	()	()	()
4. PROPER LAB STUDIES / EVALUATION	()	()	()

PROCEDURE EVALUATION

1. PRE INDUCTION EVALUATION	()	()	()
2. CHOICE OF MEDICATION / DOSING	()	()	()
3. MASK VENTILATION	()	()	()
4. VENTILATION ADJUNCTS	()	()	()
5. AIRWAY PLACEMENT (LARYNGOSCOPY / LMA)	()	()	()
6. POST INDUCTION EVALUATION	()	()	()

COMMENTS: _____

PROCTOR SIGNATURE: _____ REVIEW DATE: _____

APPROVED BY MEDICINE COMMITTEE: 7/1985/ 8/7/2000; 8/7/2000; 7/8/2002; 9/2003; 9/2004; 9/2005
APPROVED BY EXECUTIVE COMMITTEE: 7/2002; 11/2003; 12/2004; 12/2005



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, October 22, 2020 at 2:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for October 22, 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 2:00 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Betts, Chief Financial Officer; Alex MacLennan, Chief Human Resources; Karen Baffone, Chief Nursing Officer; Scott Baker, VP Provider Services; Ted Owens, Executive Director of Governance; Janet Van Gelder, Director of Quality; Dylan Crosby, Director of Facilities & Construction; Laura Laakso, Director of Laboratory Services; Jaye Chasseur, Controller; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

4. ITEMS FOR BOARD ACTION

4.1. TFHD Fiscal Year 2021 Budget

Crystal Betts, Chief Financial Officer, reviewed the proposed Fiscal Year 2021 Budget. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director King, to approve the TFHD Fiscal Year 2021 Budget inclusive of a 5% increase in aggregate effective August 1, 2020 as presented. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

4.2. TFHD 3 Year Capital Plan – FY2022-2024

CFO reviewed the Fiscal Year 2022-2024 Capital Plan. Discussion was held.

No public comment was received.

ACTION: Motion made by Director King, seconded by Director McGarry, to approve the TFHD Three Year Capital Plan (FY2022-2024) as presented. Roll call vote taken.
McGarry – AYE
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

5. ADJOURN

Meeting adjourned at 3:45 p.m.

DRAFT



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

Thursday, October 22, 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 October 22, 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 4:01 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Betts, Chief Financial Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Jim Hook of The Fox Group, Corporate Compliance Officer

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

General Counsel read the board into closed session.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter 2020 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged matter.

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

Property Parcel Number: 019-460-042

Agency Negotiator: Judith Newland

Negotiating Parties: Hidden Lake Properties Inc.

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged matter.

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.

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: Blake Hoffman

Discussion was held on a privileged matter.

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.

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: Julina Wiederkehr

Discussion was held on a privileged matter.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assurance Report

Number of items: One (1)

Discussion was held on a privileged matter.

5.6. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))

Case Name Unspecified: Case name would jeopardize settlement negotiations

Discussion was held on a privileged matter.

5.7. Approval of Closed Session Minutes

09/24/2020

Discussion was held on a privileged matter.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged matter.

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 considered eight items in closed session. There was no reportable action on items 5.1.-5.6. Items 5.7. and 5.8 were both approved on a 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

Dr. Shawni Coll, Chief Medical Officer, presented Safety First on the District’s Electronic Prescription for Controlled Substances System.

13. ACKNOWLEDGMENTS

13.1. Gail Lieberman was named October 2020 Employee of the Month.

13.2. IVCH received Quest for Zero Emergency Department Initiative recognition.

13.3. TFHS received Star Performer recognition in the Own the Bone quality improvement program.

13.4. TFHS received 2nd Place at Northern Nevada Human Resources Association *Best Places to Work* Award Ceremony.

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:

Policy with changes

- *Labor - Cervical Ripening with a Foley Catheter Bulb, DWFC-1498*

New Policy

- *Overlapping Surgery Policy*

Discussion was held.

No public comment was received.

**ACTION: Motion made by Director Chamblin, to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director McGarry. 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. 09/24/2020

15.2. Financial Reports

15.2.1. Financial Report – September 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. Policy Review

15.4.1. Onboarding and Continuing Education of Board Members, ABD-19

15.4.2. Order & Decorum

15.5. Approval of Corporate Compliance Report

15.5.1. Third Quarter Corporate Compliance Report

ACTION: Motion made by Director Brown, to approve the Consent Calendar as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Truckee Tahoe Workforce Housing Agency Presentation

Emily Vitas, Executive Director of the Truckee Tahoe Workforce Housing Agency, provided an update to the board. Wendy Sullivan presented results from a workforce housing survey.

17. ITEMS FOR BOARD ACTION

17.1. Initial Investment to Form New Company with Local Health Systems

The Board of Directors considered authorization of an initial investment to form a new company allowing collaboration with three other local health systems. Discussion was held.

ACTION: Motion made by Director Chamblin to approve moving forward with the collaboration and invest \$50,000.00 for startup as presented, seconded by Director McGarry. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

17.2. Resolution 2020-07

The Board of Directors considered approval of a resolution authorizing a Rural Health Clinic

application for Internal Medicine/Obstetric clinic. Discussion was held.

ACTION: Motion made by Director Brown, to approve Resolution 2020-07 as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

17.3. Extension of FY2019-2021 Strategic Plan

The Board of Directors considered extending the fiscal year 2019-2021 Strategic Plan through June 30, 2022. Discussion was held.

ACTION: Motion made by Director King, to extend the FY2019-2021 Strategic Plan through June 30, 2022, seconded by Director McGarry. Roll call vote taken.

McGarry – AYE
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

19. BOARD COMMITTEE REPORTS

Director King provided an update from a recent Governance Committee meeting.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Wong recommended board members listen to AHA podcasts.

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 7:34 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Monday, November 2, 2020 at 10:00 a.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for November 2, 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 10:01 a.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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

No changes were made to the agenda.

Clerk of the Board departed the meeting at 10:03 a.m.

Open Session recessed at 10:03 a.m.

4. CLOSED SESSION

4.1. Public Employee Performance Evaluation (Government Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged item.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No reportable action was taken in closed session.

6. ADJOURN

Meeting adjourned at 11:31 a.m.

**TAHOE FOREST HOSPITAL DISTRICT
OCTOBER 2020 FINANCIAL REPORT
INDEX**

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

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

Activity Statistics

- ❑ TFH acute patient days were 507 for the current month compared to budget of 391. This equates to an average daily census of 16.4 compared to budget of 12.6.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Hospice visits, Pain consults, Lab Sent Out tests, Mammography, Medical Oncology procedures, Nuclear Medicine, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Occupational Therapy, and Physical Therapy Aquatic.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.79% in the current month compared to budget of 50.75% and to last month's 48.48%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 51.86% compared to budget of 50.75% and prior year's 49.35%.
- ❑ EBIDA was \$3,053,352 (7.9%) for the current month compared to budget of \$1,721,965 (4.9%), or \$1,331,387 (3.0%) above budget.
- ❑ Net Income was \$2,473,787 for the current month compared to budget of \$1,176,107 or \$1,297,680 above budget. Net Income year-to-date was \$13,224,656 compared to budget of \$6,961,418 or \$6,263,238 above budget.
- ❑ Cash Collections for the current month were \$19,738,801, which is 107% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$84,295,655 at the end of October compared to \$80,042,783 at the end of September.

Balance Sheet

- ❑ Working Capital is at 124.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 260.0 days. Working Capital cash increased a net \$63,000. Accounts Payable increased \$1,776,000 and Accrued Payroll & Related Costs decreased \$3,839,000. Cash collections were 7% above budget.
- ❑ Net Patient Accounts Receivable increased approximately \$1,147,000 and Cash collections were 107% of target. EPIC Days in A/R were 69.9 compared to 67.7 at the close of September, a 2.20 days increase.
- ❑ Estimated Settlements, Medi-Cal and Medicare increased \$1,099,000 after recording the monthly estimated receivables from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and truing up the IVCH estimated receivable from the Medicare program for FY20.
- ❑ Municipal Lease 2018 decreased \$625,000 after requesting and receiving reimbursement for equipment purchases covered under the lease.
- ❑ Investment in TSC, LLC decreased \$133,000 after booking the estimated losses in Truckee Surgery Center for October.
- ❑ Accounts Payable increased \$1,776,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs decreased a net \$3,839,000 due to fewer accrued payroll days in October and funding the employer's portion of Deferred Comp.
- ❑ Estimated Settlements, Medi-Cal and Medicare increased \$532,000 after truing up the TFH estimated payable due to the Medicare program for FY20.
- ❑ Health Insurance Plan IBNR increased \$105,000 after adjusting the first quarter FY21 liability based on data received from our Third Party Administrator.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$38,445,929 compared to budget of \$35,190,424 or \$3,255,505 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,531,101, compared to budget of \$7,188,560 or \$342,541 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$30,914,827 compared to budget of \$28,001,864 or \$2,912,963 above budget.
- ❑ Current month’s Gross Revenue Mix was 39.7% Medicare, 16.5% Medi-Cal, .0% County, 2.3% Other, and 41.5% Insurance compared to budget of 39.7% Medicare, 13.4% Medi-Cal, .0% County, 2.9% Other, and 44.0% Insurance. Last month’s mix was 36.3% Medicare, 16.4% Medi-Cal, .0% County, 3.0% Other, and 44.3% Insurance.
- ❑ Current month’s Deductions from Revenue were \$18,536,810 compared to budget of \$17,334,299 or \$1,202,511 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .04% increase in Medicare, a 3.13% increase to Medi-Cal, .02% decrease in County , a .63% decrease in Other, and Commercial was below budget 2.53% and 2) Revenues exceeded budget by 9.3%.

DESCRIPTION	October 2020 Actual	October 2020 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,150,880	6,945,045	(205,835)	RN and Technical salaries exceeded budget due to the increase in patient days over budget in October.
Employee Benefits	2,311,909	2,216,762	(95,147)	
Benefits – Workers Compensation	53,666	82,503	28,837	
Benefits – Medical Insurance	1,160,534	1,240,032	79,498	
Medical Professional Fees	1,288,638	1,218,964	(69,674)	Therapy fees, Sleep Clinic Pro Fees, Anesthesia Physician Income Guarantee, and Pathology Pro Fees exceeded budget.
Other Professional Fees	186,735	195,683	8,948	Positive variances were seen in Information Technology, Home Health/Hospice, and Administration.
Supplies	2,977,829	2,650,293	(327,536)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget by 2.80% and flu vaccine purchases created a negative variance in Pharmacy Supplies.
Purchased Services	2,116,971	1,898,798	(218,173)	Outsourced agencies working key areas of our aged accounts receivable came in above budget along with support services for CancerLinq, My Chart E-Sign, and the Mercy lab billing module.
Other Expenses	958,020	846,744	(111,276)	The District helped sponsor the Emergency Warming Center, utilities came in above budget and Marketing exceeded budget for website maintenance and billboard snipes.
Total Expenses	18,205,181	17,294,824	(910,357)	

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

ASSETS	PRE-AUDIT Oct-20	PRE-AUDIT Sep-20	Oct-19	
CURRENT ASSETS				
* CASH	\$ 68,229,866	\$ 68,166,439	\$ 24,459,995	1
PATIENT ACCOUNTS RECEIVABLE - NET	21,185,467	20,038,908	26,171,791	2
OTHER RECEIVABLES	9,390,357	8,864,786	9,120,032	
GO BOND RECEIVABLES	1,623,432	1,248,935	1,648,285	
ASSETS LIMITED OR RESTRICTED	8,199,864	7,998,716	8,105,752	
INVENTORIES	3,820,739	3,820,740	3,477,748	
PREPAID EXPENSES & DEPOSITS	2,901,887	3,075,041	2,752,938	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,135,006	10,035,859	11,331,565	3
TOTAL CURRENT ASSETS	126,486,618	123,249,425	87,068,107	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	64,390,780	1
MUNICIPAL LEASE 2018	1,729,451	2,354,714	2,895,775	4
TOTAL BOND TRUSTEE 2017	20,531	20,531	20,383	
TOTAL BOND TRUSTEE 2015	552,839	415,740	548,967	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	902,799	899,680	565,214	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,307	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,138,731	
WORKERS COMPENSATION FUND	24,719	28,251	22,057	
TOTAL	78,761,349	79,249,926	69,585,215	
LESS CURRENT PORTION	(8,199,864)	(7,998,716)	(8,105,752)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	70,561,485	71,251,210	61,479,463	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,673,691)	(1,540,358)	186,704	5
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	872,747	
PROPERTY & EQUIPMENT NET	174,340,625	175,026,625	176,629,806	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,825,393	1,793,054	1,810,094	
TOTAL ASSETS	372,449,502	370,689,026	328,046,921	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	374,956	378,188	413,744	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,722,206	1,722,206	1,448,871	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,319,356	5,343,060	5,603,812	
GO BOND DEFERRED FINANCING COSTS	518,996	521,317	437,135	
DEFERRED FINANCING COSTS	158,122	159,162	170,605	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,093,636	\$ 8,123,934	\$ 8,074,168	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,017,070	\$ 4,240,579	\$ 6,049,239	6
ACCRUED PAYROLL & RELATED COSTS	12,838,953	16,678,344	18,699,647	7
INTEREST PAYABLE	360,160	277,783	353,623	
INTEREST PAYABLE GO BOND	849,908	566,605	905,363	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	22,425,422	22,956,979	161,103	8
HEALTH INSURANCE PLAN	2,275,881	2,171,369	2,042,670	9
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	2,585,948	
TOTAL CURRENT LIABILITIES	53,847,239	55,971,505	35,696,684	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	29,302,670	29,495,064	34,312,934	
GO BOND DEBT NET OF CURRENT MATURITIES	97,668,856	97,686,812	99,446,406	
DERIVATIVE INSTRUMENT LIABILITY	1,722,206	1,722,206	1,448,871	
TOTAL LIABILITIES	182,540,972	184,875,587	170,904,895	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	196,864,284	192,799,491	164,077,463	
RESTRICTED	1,137,882	1,137,882	1,138,731	
TOTAL NET POSITION	\$ 198,002,166	\$ 193,937,373	\$ 165,216,194	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 124.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 260.0 days. Working Capital cash increased a net \$63,000. Accounts Payable increased \$1,722,000 (See Note 6) and Accrued Payroll & Related Costs decreased \$3,839,000 (See Note 7). Cash collections were above budget by 7%.
2. Net Patient Accounts Receivable increased approximately \$147,000. Cash collections were 107% of target. EPIC Days in A/R were 69.9 compared to 67.7 at the close of September, a 2.20 days increase.
3. Estimated Settlements, Medi-Cal and Medicare increased \$985,000 after recording the monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and truing up the IVCH estimated receivable from the Medicare program for FY2020.
4. The District requested and received reimbursement from the Municipal Lease fund, decreasing the cash balance \$625,000.
5. Investment in TSC, LLC decreased \$133,000 after booking the estimated losses in Truckee Surgery Center, LLC for October.
6. Accounts Payable increased \$1,722,000 due to the timing of the final check run in October.
7. Accrued Payroll & Related Costs decreased a net \$3,839,000 due to fewer accrued payroll days in October along with the funding of the employer's portion of Deferred Comp.
8. Estimated Settlements, Medi-Cal and Medicare increased \$341,000 after truing up the TFH estimated payable due to the Medicare program for FY2020.
9. Health Insurance Plan IBNR increased \$105,000 after adjusting the first quarter FY2021 liability based on data received from our Third Party Administrator.

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

WORKING CAPITAL			
US Bank	\$ 66,845,555	0.01%	
US Bank/Kings Beach Thrift Store	204,126		
US Bank/Truckee Thrift Store	165,011		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,174</u>	0.05%	
Total			\$ 68,229,866
 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>	0.62%	
			\$ 74,384,021
 Municipal Lease 2018			
			\$ 1,729,451
Bonds Cash 2017			
			\$ 20,531
Bonds Cash 2015			
			\$ 552,839
GO Bonds Cash 2008			
			\$ 908,564
 DX Imaging Education			
Workers Comp Fund - B of A	\$ 3,343		
	24,719		
 Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ 28,062
TOTAL FUNDS			\$ 145,853,333
 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>	0.62%	
TOTAL RESTRICTED FUNDS			\$ 1,137,882
TOTAL ALL FUNDS			\$ 146,991,216

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

CURRENT MONTH					YEAR TO DATE				PRIOR YTD OCT 2019
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE									
\$ 38,445,929	\$ 35,190,424	\$ 3,255,505	9.3%	Total Gross Revenue	\$ 149,570,754	\$ 145,701,419	\$ 3,869,335	2.7%	1 \$ 141,069,376
Gross Revenues - Inpatient									
\$ 3,175,227	\$ 2,296,096	\$ 879,131	38.3%	Daily Hospital Service	\$ 12,780,469	\$ 10,459,798	\$ 2,320,671	22.2%	\$ 12,218,822
4,355,875	4,892,464	(536,589)	-11.0%	Ancillary Service - Inpatient	16,483,671	20,460,363	(3,976,692)	-19.4%	20,928,940
7,531,101	7,188,560	342,541	4.8%	Total Gross Revenue - Inpatient	29,264,140	30,920,161	(1,656,021)	-5.4%	1, 33,147,762
30,914,827	28,001,864	2,912,963	10.4%	Gross Revenue - Outpatient	120,306,614	114,781,258	5,525,356	4.8%	107,921,614
30,914,827	28,001,864	2,912,963	10.4%	Total Gross Revenue - Outpatient	120,306,614	114,781,258	5,525,356	4.8%	1, 107,921,614
Deductions from Revenue:									
17,074,631	15,424,578	(1,650,053)	-10.7%	Contractual Allowances	65,853,543	63,839,234	(2,014,309)	-3.2%	2 64,770,300
1,195,692	1,079,777	(115,915)	-10.7%	Charity Care	5,270,633	4,474,766	(795,867)	-17.8%	2 5,140,601
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2 -
266,487	829,944	563,457	67.9%	Bad Debt	892,266	3,450,004	2,557,738	74.1%	2 1,554,346
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2 (13,470)
18,536,810	17,334,299	(1,202,511)	-6.9%	Total Deductions from Revenue	72,016,442	71,764,004	(252,438)	-0.4%	71,451,777
94,960	157,133	62,173	39.6%	Property Tax Revenue- Wellness Neighborhood	339,454	472,223	132,768	28.1%	381,892
1,254,455	1,003,531	250,924	25.0%	Other Operating Revenue	4,195,973	4,037,653	158,320	3.9%	3 4,338,283
21,258,534	19,016,789	2,241,745	11.8%	TOTAL OPERATING REVENUE	82,089,740	78,447,291	3,642,449	4.6%	74,337,774
OPERATING EXPENSES									
7,150,880	6,945,045	(205,835)	-3.0%	Salaries and Wages	26,708,528	28,363,665	1,655,137	5.8%	4 22,783,082
2,311,909	2,216,762	(95,147)	-4.3%	Benefits	8,763,913	8,475,162	(288,751)	-3.4%	4 7,563,950
53,666	82,503	28,837	35.0%	Benefits Workers Compensation	298,194	330,014	31,820	9.6%	4 314,467
1,160,534	1,240,032	79,498	6.4%	Benefits Medical Insurance	4,832,909	4,960,129	127,220	2.6%	4 5,418,657
1,288,638	1,218,964	(69,674)	-5.7%	Medical Professional Fees	4,486,289	4,698,037	211,748	4.5%	5 6,881,499
186,735	195,683	8,948	4.6%	Other Professional Fees	799,472	796,391	(3,081)	-0.4%	5 904,955
2,977,829	2,650,293	(327,536)	-12.4%	Supplies	11,070,265	11,009,284	(60,981)	-0.6%	6 10,022,396
2,116,971	1,898,798	(218,173)	-11.5%	Purchased Services	6,937,976	7,292,982	355,006	4.9%	7 6,402,560
958,020	846,744	(111,276)	-13.1%	Other	3,148,130	3,537,351	389,221	11.0%	8 2,666,212
18,205,181	17,294,824	(910,357)	-5.3%	TOTAL OPERATING EXPENSE	67,025,676	69,463,015	2,437,339	3.5%	62,957,778
3,053,352	1,721,965	1,331,387	77.3%	NET OPERATING REVENUE (EXPENSE) EBIDA	15,064,063	8,984,276	6,079,788	67.7%	11,379,996
NON-OPERATING REVENUE/(EXPENSE)									
627,111	564,938	62,173	11.0%	District and County Taxes	2,548,829	2,416,059	132,770	5.5%	9 2,056,441
417,352	417,352	(0)	0.0%	District and County Taxes - GO Bond	1,669,406	1,669,406	0	0.0%	1,651,678
61,343	70,594	(9,251)	-13.1%	Interest Income	305,397	293,241	12,156	4.1%	10 679,445
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%	-
4,262	87,710	(83,448)	-95.1%	Donations	246,692	350,839	(104,147)	-29.7%	11 60,402
(133,333)	(133,333)	-	0.0%	Gain/(Loss) on Joint Investment	(533,332)	(533,332)	-	0.0%	12 (265,081)
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	12 -
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	13 7,200
-	-	-	100.0%	COVID-19 Emergency Funding	169,967	-	169,967	100.0%	14 -
(1,153,036)	(1,155,923)	2,887	0.2%	Depreciation	(4,620,780)	(4,623,692)	2,912	0.1%	15 (4,617,987)
(111,892)	(113,892)	2,000	1.8%	Interest Expense	(456,508)	(458,582)	2,074	0.5%	16 (473,404)
(291,373)	(283,303)	(8,070)	-2.8%	Interest Expense-GO Bond	(1,169,078)	(1,136,798)	(32,280)	-2.8%	(1,259,608)
(579,566)	(545,857)	(33,709)	-6.2%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(1,839,407)	(2,022,859)	183,452	9.1%	(2,160,914)
\$ 2,473,787	\$ 1,176,107	\$ 1,297,680	110.3%	INCREASE (DECREASE) IN NET POSITION	\$ 13,224,656	\$ 6,961,418	\$ 6,263,238	90.0%	\$ 9,219,083
NET POSITION - BEGINNING OF YEAR					184,777,510				
NET POSITION - AS OF OCTOBER 31, 2020					\$ 198,002,166				
7.9%	4.9%	3.0%		RETURN ON GROSS REVENUE EBIDA	10.1%	6.2%	3.9%		8.1%

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

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2020	YTD 2021
1) Gross Revenues			
Acute Patient Days were above budget 29.67% or 116 days. Swing Bed days were above budget 10.00% or 2 days. Inpatient Ancillary revenues were below budget due to lower acuity in our patients.	Gross Revenue -- Inpatient	\$ 342,542	\$ (1,656,021)
	Gross Revenue -- Outpatient	2,912,964	5,525,356
	Gross Revenue -- Total	\$ 3,255,505	\$ 3,869,335
Outpatient volumes were above budget in the following departments: Hospice visits, Laboratory Send Out tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Occupational Therapy and Physical Therapy Aquatic.			
2) Total Deductions from Revenue			
The payor mix for October shows a .04% increase to Medicare, a 3.13% increase to Medi-Cal, .63% decrease to Other, .02% decrease to County, and a .253% decrease to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 9.3% along with a shift to Medi-Cal from Commercial.	Contractual Allowances	\$ (1,650,053)	\$ (2,014,309)
	Managed Care	-	-
	Charity Care	(115,915)	(795,867)
	Charity Care - Catastrophic	-	-
	Bad Debt	563,457	2,557,738
	Prior Period Settlements	-	-
	Total	\$ (1,202,511)	\$ (252,438)
3) Other Operating Revenue			
Retail Pharmacy revenues exceeded budget by 17.66%.	Retail Pharmacy	\$ 47,321	\$ 51,750
Hospice Thrift Store revenues exceeded budget by 15.94%.	Hospice Thrift Stores	14,243	32,605
Children's Center revenues exceeded budget by 8.11%.	The Center (non-therapy)	(14,946)	(7,508)
Rebates and Refunds came in over budget, creating a positive variance in Miscellaneous.	IVCH ER Physician Guarantee	322	(30,109)
	Children's Center	6,976	21,218
	Miscellaneous	209,384	118,493
	Oncology Drug Replacement	-	-
	Grants	(12,377)	(28,130)
	Total	\$ 250,924	\$ 158,320
4) Salaries and Wages			
RN and Technical salaries exceeded budget due to the increase in patient days over budget in October.	Total	\$ (205,835)	\$ 1,655,137
Employee Benefits			
An adjustment to Pension/Deferred Comp liability created a negative variance in Pension/Deferred Comp.	PL/SL	\$ 44,760	\$ (206,905)
	Nonproductive	(26,004)	(80,797)
	Pension/Deferred Comp	(165,691)	(165,691)
	Standby	30,910	21,567
	Other	20,879	143,075
	Total	\$ (95,147)	\$ (288,751)
Employee Benefits - Workers Compensation	Total	\$ 28,837	\$ 31,820
Employee Benefits - Medical Insurance	Total	\$ 79,498	\$ 127,220
5) Professional Fees			
TC Occupational Therapy and Physical Therapy Aquatic volumes exceeded budget, creating a negative variance in TFH/IVCH Therapy Services.	Information Technology	\$ 5,650	\$ (68,850)
Sleep Clinic Pro Fees are tied to collections, exceeding budget in October.	TFH Locums	(17,450)	(36,377)
Anesthesia Guarantee and Pathology Pro Fees came in above budget, creating a negative variance in Miscellaneous.	TFH/IVCH Therapy Services	(22,291)	(9,056)
Positive variance in Multi-Specialty Clinics was created by Medical Oncology and Behavioral Health physician fees coming in below budget.	Sleep Clinic	(17,901)	(5,606)
	Medical Staff Services	(6,016)	(391)
	Multi-Specialty Clinics Administration	-	(312)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Corporate Compliance	-	-
	Marketing	200	3,500
	Managed Care	4,414	4,979
	Home Health/Hospice	7,217	11,451
	Miscellaneous	(99,258)	13,654
	Financial Administration	2,148	13,698
	Oncology	(700)	19,720
	Human Resources	470	22,428
	Administration	6,953	35,059
	The Center (includes OP Therapy)	18,602	56,055
	IVCH ER Physicians	16,558	72,407
	Multi-Specialty Clinics	40,678	96,308
	Total	\$ (60,726)	\$ 228,667

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>OCT 2020</u>	<u>YTD 2021</u>
6) <u>Supplies</u>			
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 2.80%, creating a negative variance in Pharmacy Supplies. Purchases of flu vaccine in anticipation of flu season also lent to the negative variance in this category.	Pharmacy Supplies	\$ (370,025)	\$ (486,292)
	Office Supplies	963	22,835
	Food	14,603	40,525
	Minor Equipment	1,455	60,230
	Other Non-Medical Supplies	2,720	94,392
	Patient & Other Medical Supplies	22,748	207,328
	Total	\$ (327,536)	\$ (60,981)
7) <u>Purchased Services</u>			
Outsourced billing and collection services created a negative variance in Patient Accounting.	Patient Accounting	\$ (271,793)	\$ (174,268)
	Home Health/Hospice	(3,085)	(8,198)
	Laboratory	(3,479)	(3,358)
	Information Technology	(60,483)	(2,160)
Support services provided by Mercy staff for CancerLinq, My Chart E-Sign, and Lab billing modules created a negative variance in Information Technology.	Human Resources	(1,506)	(1,511)
	Diagnostic Imaging Services - All	(11,975)	2,336
	Pharmacy IP	239	9,215
Radiology reads created a negative variance in Diagnostic Imaging-All.	Community Development	1,695	13,857
	The Center	10,773	48,610
	Medical Records	46,918	63,684
	Multi-Specialty Clinics	11,910	102,825
	Department Repairs	46,430	114,321
	Miscellaneous	16,183	189,653
	Total	\$ (218,173)	\$ 355,006
8) <u>Other Expenses</u>			
A donation made to the Emergency Warming Center, Dietary department transfers, and Laboratory Transfer of Labor costs created a negative variance in Miscellaneous.	Miscellaneous	\$ (65,132)	\$ (61,265)
	Utilities	(46,863)	(4,815)
	Multi-Specialty Clinics Equip Rent	21	163
	Multi-Specialty Clinics Bldg Rent	170	171
Electricity, Water/Sewer, and Communication expenses exceeded budget, creating a negative variance in Utilities.	Human Resources Recruitment	(1,253)	354
	Other Building Rent	735	6,487
	Insurance	(310)	11,003
Website Maintenance and Billboard Snipes created a negative variance in Marketing.	Dues and Subscriptions	(8,407)	21,528
	Equipment Rent	702	28,880
	Physician Services	-	40,000
	Marketing	(49,382)	95,295
	Outside Training & Travel	58,443	251,420
	Total	\$ (111,276)	\$ 389,221
9) <u>District and County Taxes</u>			
	Total	\$ 62,173	\$ 132,770
10) <u>Interest Income</u>			
	Total	\$ (9,251)	\$ 12,156
11) <u>Donations</u>			
	IVCH	\$ (32,988)	\$ (71,558)
	Operational	(50,460)	(32,589)
	Total	\$ (83,448)	\$ (104,147)
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>			
	Total	\$ -	\$ 169,967
15) <u>Depreciation Expense</u>			
	Total	\$ 2,887	\$ 2,912
16) <u>Interest Expense</u>			
	Total	\$ 2,000	\$ 2,074

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCTOBER 2019		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 2,456,346	\$ 2,044,789	\$ 411,557	20.1%	Total Gross Revenue	\$ 9,502,931	\$ 9,071,306	\$ 431,625	4.8%	1	\$ 9,709,302
Gross Revenues - Inpatient										
\$ -	\$ 4,311	\$ (4,311)	-100.0%	Daily Hospital Service	\$ 23,054	\$ 29,356	\$ (6,302)	-21.5%		\$ 392
-	1,285	(1,285)	-100.0%	Ancillary Service - Inpatient	18,269	6,388	11,881	186.0%		-
-	5,596	(5,596)	-100.0%	Total Gross Revenue - Inpatient	41,323	35,744	5,579	15.6%	1	392
2,456,346	2,039,193	417,153	20.5%	Gross Revenue - Outpatient	9,461,608	9,035,562	426,046	4.7%		9,708,910
2,456,346	2,039,193	417,153	20.5%	Total Gross Revenue - Outpatient	9,461,608	9,035,562	426,046	4.7%	1	9,708,910
Deductions from Revenue:										
822,949	808,298	(14,651)	-1.8%	Contractual Allowances	3,514,915	3,568,333	53,418	1.5%	2	4,270,751
102,489	81,792	(20,697)	-25.3%	Charity Care	423,865	362,852	(61,013)	-16.8%	2	474,141
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
(8,626)	81,792	90,418	110.5%	Bad Debt	119,503	362,852	243,349	67.1%	2	246,800
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	(13,357)
916,813	971,882	55,069	5.7%	Total Deductions from Revenue	4,058,283	4,294,037	235,754	5.5%	2	4,978,335
66,551	66,510	41	0.1%	Other Operating Revenue	343,836	368,286	(24,450)	-6.6%	3	455,499
1,606,083	1,139,417	466,666	41.0%	TOTAL OPERATING REVENUE	5,788,485	5,145,555	642,930	12.5%		5,186,466
OPERATING EXPENSES										
409,722	407,001	(2,721)	-0.7%	Salaries and Wages	1,615,373	1,717,905	102,532	6.0%	4	1,300,878
150,986	131,374	(19,612)	-14.9%	Benefits	546,927	515,008	(31,919)	-6.2%	4	497,280
1,525	5,089	3,565	70.0%	Benefits Workers Compensation	6,098	20,357	14,259	70.0%	4	12,053
66,112	71,375	5,263	7.4%	Benefits Medical Insurance	275,266	285,499	10,233	3.6%	4	310,166
191,830	187,834	(3,996)	-2.1%	Medical Professional Fees	830,785	897,908	67,123	7.5%	5	1,096,594
893	2,118	1,226	57.9%	Other Professional Fees	7,418	8,471	1,054	12.4%	5	6,078
51,629	57,870	6,241	10.8%	Supplies	227,171	255,118	27,947	11.0%	6	205,047
73,868	67,796	(6,072)	-9.0%	Purchased Services	258,917	248,007	(10,910)	-4.4%	7	221,382
80,516	81,675	1,159	1.4%	Other	322,874	337,261	14,387	4.3%	8	280,068
1,027,080	1,012,132	(14,948)	-1.5%	TOTAL OPERATING EXPENSE	4,090,829	4,285,534	194,705	4.5%		3,929,546
579,004	127,285	451,719	354.9%	NET OPERATING REV(EXP) EBIDA	1,697,656	860,021	837,635	97.4%		1,256,920
NON-OPERATING REVENUE/(EXPENSE)										
4,262	37,250	(32,988)	-88.6%	Donations-IVCH	77,442	149,000	(71,558)	-48.0%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	-
(67,653)	(67,653)	0	0.0%	Depreciation	(270,612)	(270,611)	(1)	0.0%	11	(262,703)
(63,391)	(30,403)	(32,988)	-108.5%	TOTAL NON-OPERATING REVENUE/(EXP)	(190,106)	(121,611)	(68,495)	-56.3%		(262,703)
\$ 515,613	\$ 96,882	\$ 418,731	432.2%	EXCESS REVENUE(EXPENSE)	\$ 1,507,550	\$ 738,410	\$ 769,140	104.2%		\$ 994,217
23.6%	6.2%	17.3%		RETURN ON GROSS REVENUE EBIDA	17.9%	9.5%	8.4%			12.9%

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

Variance from Budget	
Fav<Unfav>	
OCT 2020	YTD 2021

1) Gross Revenues

Acute Patient Days were below budget by 1 at 0 and Observation Days were at budget at 1.

Gross Revenue -- Inpatient
Gross Revenue -- Outpatient

\$ (5,596)	\$ 5,579
417,153	426,046
<u>\$ 411,557</u>	<u>\$ 431,625</u>

Outpatient volumes were above budget in Emergency Department visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, and Physical Therapy.

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 1.23% increase in Medicare, a .80% decrease in Medicaid, a 1.99% increase in Commercial insurance, a 2.42% decrease in Other, and County was at budget as well as witnessing a shift from Bad Debt to Charity Care.

Contractual Allowances
Charity Care
Charity Care-Catastrophic Event
Bad Debt
Prior Period Settlement
Total

\$ (14,651)	\$ 53,418
(20,698)	(61,013)
-	-
90,417	243,349
-	-
<u>\$ 55,069</u>	<u>\$ 235,754</u>

3) Other Operating Revenue

IVCH ER Physician Guarantee
Miscellaneous
Total

\$ 322	\$ (30,109)
(281)	5,659
<u>\$ 41</u>	<u>\$ (24,450)</u>

4) Salaries and Wages

Total

<u>\$ (2,721)</u>	<u>\$ 102,532</u>
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Employee Benefits

PL/SL
Pension/Deferred Comp
Standby
Other
Nonproductive
Total

\$ (12,170)	\$ (28,375)
(10,118)	(10,118)
3,395	(6,039)
(802)	1,941
83	10,671
<u>\$ (19,612)</u>	<u>\$ (31,919)</u>

Employee Benefits - Workers Compensation

Total

<u>\$ 3,565</u>	<u>\$ 14,259</u>
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Employee Benefits - Medical Insurance

Total

<u>\$ 5,263</u>	<u>\$ 10,233</u>
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5) Professional Fees

Sleep Clinic fees are tied to collections which exceeded budget in October.

Physical Therapy volumes exceeded budget by 4.23%, creating a negative variance in Therapy Services.

Sleep Clinic
Miscellaneous
Therapy Services
Administration
Foundation
Multi-Specialty Clinics
IVCH ER Physicians
Total

\$ (17,901)	\$ (5,606)
26	(1,380)
(4,157)	(1,026)
-	-
1,225	1,053
1,479	2,729
16,558	72,407
<u>\$ (2,770)</u>	<u>\$ 68,177</u>

6) Supplies

Small equipment purchases for the Emergency Department, Surgery, Physical Therapy, and Administration created a negative variance in Minor Equipment.

Medical Supplies Sold to Patients revenues were over budget 128.20%, creating a negative variance in Patient & Other Medical Supplies.

Pharmacy Supplies
Minor Equipment
Office Supplies
Food
Non-Medical Supplies
Patient & Other Medical Supplies
Total

\$ 12,561	\$ (4,484)
(3,432)	(3,170)
(389)	(255)
437	1,996
950	5,752
(3,886)	28,107
<u>\$ 6,241</u>	<u>\$ 27,947</u>

7) Purchased Services

Outsourced laboratory tests exceeded budget by 125.97%, creating a negative variance in Laboratory.

Deep office cleanings created a negative variance in Multi-Specialty Clinics.

Performance evaluations performed on the Diagnostic Imaging and Cat Scan equipment created a negative variance in Diagnostic Imaging Services - All.

Laboratory
Pharmacy
Multi-Specialty Clinics
Surgical Services
Foundation
Engineering/Plant/Communications
Diagnostic Imaging Services - All
EVS/Laundry
Miscellaneous
Department Repairs
Total

\$ (7,636)	\$ (35,626)
(491)	(982)
(2,830)	(439)
-	-
(708)	1,342
1,920	2,435
(4,798)	2,939
1,678	3,072
1,068	4,258
5,724	12,091
<u>\$ (6,072)</u>	<u>\$ (10,910)</u>

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

		Variance from Budget	
		Fav<Unfav>	
		OCT 2020	YTD 2021
8) <u>Other Expenses</u>	Miscellaneous	\$ (12,264)	\$ (40,930)
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	(2,005)	340
Controllable expenses are being monitored closely by Senior Leadership, creating positive variances in the majority of the remaining Other Expenses categories.	Marketing	(753)	1,310
	Equipment Rent	1,519	2,892
	Other Building Rent	200	3,000
	Dues and Subscriptions	3,231	6,527
	Outside Training & Travel	3,972	15,522
	Utilities	7,259	25,725
	Total	\$ 1,159	\$ 14,387
9) <u>Donations</u>	Total	\$ (32,988)	\$ (71,558)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 3,064
12) <u>Depreciation Expense</u>	Total	\$ -	\$ (1)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2020		BUDGET FYE 2021	PROJECTED FYE 2021	OCT 2020	BUDGET OCT 2020	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 18,452,465		\$ 11,554,001	\$ 24,896,101	\$ 3,053,352	\$ 1,721,965	\$ 1,331,387	\$ 12,010,711	\$ 5,308,613	\$ 4,253,010	\$ 3,323,766
Interest Income	1,554,599		877,531	814,068	159,184	222,647	(63,463)	243,422	159,184	208,904	202,558
Property Tax Revenue	7,928,820		8,147,000	8,150,960	-	-	-	520,960	100,000	4,400,000	3,130,000
Donations	1,327,474		814,000	824,627	123,458	68,000	55,458	157,169	259,458	204,000	204,000
Emergency Funds	13,521,428		-	169,967	-	-	-	169,967	-	-	-
Debt Service Payments	(4,863,882)		(5,088,979)	(4,740,193)	(353,352)	(700,918)	347,566	(1,407,361)	(1,059,450)	(1,214,235)	(1,059,147)
Property Purchase Agreement	(805,927)		(811,932)	(744,270)	(67,661)	(135,322)	67,661	(135,321)	(202,983)	(202,983)	(202,983)
2018 Municipal Lease	(1,574,216)		(1,717,332)	(1,574,220)	(143,111)	(286,222)	143,111	(286,221)	(429,333)	(429,333)	(429,333)
Copier	(62,040)		(62,160)	(61,242)	(5,482)	(5,180)	(302)	(14,320)	(15,842)	(15,540)	(15,540)
2017 VR Demand Bond	(790,555)		(852,391)	(852,391)	-	-	-	(697,303)	-	(155,088)	-
2015 Revenue Bond	(1,631,144)		(1,645,164)	(1,508,071)	(137,099)	(274,194)	137,095	(274,195)	(411,293)	(411,291)	(411,291)
Physician Recruitment	(263,670)		(287,500)	(222,500)	-	(25,000)	25,000	(22,500)	(50,000)	(75,000)	(75,000)
Investment in Capital											
Equipment	(3,603,646)		(3,509,190)	(3,509,190)	(154,746)	(432,239)	277,493	(529,968)	(1,296,718)	(961,447)	(721,057)
Municipal Lease Reimbursement	1,164,582		2,354,714	2,379,977	625,263	600,000	25,263	-	625,263	1,000,000	754,714
IT/EMR/Business Systems	(2,608,465)		(1,284,350)	(1,284,350)	(13,093)	(117,926)	104,833	(88,573)	(353,777)	(588,000)	(254,000)
Building Projects/Properties	(8,042,805)		(18,578,626)	(18,578,626)	(213,487)	(2,850,434)	2,636,947	(486,449)	(8,551,301)	(4,620,671)	(4,920,205)
Change in Accounts Receivable	7,068,523	N1	2,353,530	(329,333)	(146,560)	678,378	(824,938)	(924,092)	(629,075)	1,128,179	95,656
Change in Settlement Accounts	17,330,115	N2	(8,164,723)	(5,777,042)	(985,129)	(645,833)	(339,296)	1,300,582	(2,954,555)	(6,112,434)	1,989,366
Change in Other Assets	300,265	N3	(2,400,000)	(2,259,330)	3,629	(200,000)	203,629	(662,959)	(396,371)	(600,000)	(600,000)
Change in Other Liabilities	(3,316,939)	N4	900,000	16,889	(2,035,092)	1,000,000	(3,035,092)	(698,019)	(1,135,092)	3,050,000	(1,200,000)
Change in Cash Balance	45,948,864		(12,312,592)	382,058	63,427	(681,360)	744,787	9,582,890	(9,973,822)	72,306	870,650
Beginning Unrestricted Cash	87,018,706		132,967,570	132,967,570	142,550,460	142,550,460	-	132,967,570	142,550,460	132,576,638	132,648,944
Ending Unrestricted Cash	132,967,570		120,654,978	133,349,628	142,613,887	141,869,100	744,787	142,550,460	132,576,638	132,648,944	133,519,595
Operating Cash	112,587,033		110,464,710	123,159,359	122,233,350	121,488,563	744,787	122,169,923	112,196,101	117,363,541	123,329,326
Medicare Accelerated Payments	20,380,537		10,190,269	10,190,269	20,380,537	20,380,537	-	20,380,537	20,380,537	15,285,403	10,190,269
Expense Per Day	522,193		571,731	565,048	548,636	568,468	(19,833)	534,403	554,157	561,039	565,048
Days Cash On Hand	255		211	236	260	250	10	267	239	236	236
Days Cash On Hand - Operating Cash Only	216		193	218	223	214	9	229	202	209	218

Footnotes:

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

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

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



Board Informational Report

By: Harry Weis
President and CEO

DATE: November 12, 2020

Finance Strategies:

October is the fifth month in a row with strong volumes and revenues. July and October have been the two strongest gross revenue months in this new fiscal year so far. Overall, October revenues are at least \$1,000,000 higher than our September performance.

We have admitted about 273 patients for “rule out” or confirmed COVID-19 care to date. We are happy to report that all patients went home alive.

At the end of October, our team has been dealing with the pandemic for eight months. So far our peak COVID-19 inpatient census was eight on a single day and this occurred in late June, just around the 4th of July period. In October, the peak has generally been four with one day at five inpatients and four is also the peak IP census so far in November.

We have tested over 7600 patients with approximately a 5% positive lab test result experience to date.

We are seeing an increase in the daily new positive lab tests in our three county region.

Presently only one out of 50 states is showing a slowdown in COVID-19 positive lab test results and that is Mississippi and the peak acceleration state with COVID-19 is Maine.

Our team is very proactive on obtaining all new FDA approved medications, if possible to treat this disease.

We are working to make sure we have the best therapeutics right now to treat ill patients and we are planning for a surge, should it occur and most importantly, we are beginning to plan for distribution of the vaccine, as soon as it becomes available.

Once our December or first six months of our new fiscal year is complete, we will make a special note of the annualized new trend we are on relative to provider office visits versus earlier fiscal years. We do expect to report major growth over fiscal year 2020 and achieving a new milestone versus just six years ago.

People Strategies:

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

We are working to keep our team safe and supported as this pandemic continues. We have held eight Town Halls so far and we'll hold a second virtual Town Hall this week to provide critical updates and to respond to all questions from our team.

Our partnership in Workforce Housing JPA is continuing to move forward to develop actionable plans on the top 3 to 6 strategies so assisting in solve housing related concerns for our team. This whole topic area is very complex yet it shows just how willing this health system is to take on tough challenges to make sure we can recruit and retain the best talent possible for the longer-term future.

We continue to work on focused training and engagement with our team members consistent with our Strategic Plan. We will plan for possible increases in patient clinical complexity as well in the future.

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

Our last most important theme for our team and our community is "successfully living with COVID-19!" Today is a great day because we are one day closer to defeating COVID-19!

Service Strategies:

Our team faces new and tougher challenges this fiscal year to further elevate patient satisfaction scores as we are following CDC and CDPH requirements for visitors and our patients. Improving the patient experience is much tougher due to this long continuation of COVID-19. We are dedicated to creating the best patient experience possible with these important patient and team safety rules in place.

Quality Strategies:

We continue to focus on improving all results, year over year, 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 and act on ways we can deliver high quality care with greater efficiency each new year. These activities are ongoing. The strength and the continuation of the pandemic is slowing some of the progress in this topic area.

We will continue to engage with our communities on the latest details of the pandemic in our area and providing counsel for continuing to live successfully with this pandemic.

We will be working through multiple means on thoughtful, focused community engagement seeking to hear what type of experience our patients wish to have as they access healthcare here and challenging them to also advise us on making sure we are planning to properly take care of any growth in population that might seek healthcare in future years. We as a system have to plan years ahead for the trends we are seeing relative to the increasing demand for healthcare from residents in our region. This topic will continue for many months.

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

We are also 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: November 2020

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

The Incident Command Team for the COVID-19 Pandemic continues to meet every other week. Our current focus continues to prepare for a potential surge this coming winter. We are now operating an outpatient Laboratory Draw Station in the medical office building and COVID Abbott ID Testing at the Truckee Respiratory Illness Clinic (RIC). The testing at the RIC enables the test to be run within one hour of receiving the specimen. The Pediatric Respiratory Illness clinic in Truckee opens November 16 and the Tahoe City RIC that will open early December. We are also focusing on developing a process for administering of the COVID-19 Vaccine. Additionally we are preparing for the federal release of medication for outpatient infusion treatments for COVID. We anticipate limited availability of the medication initially.

Growth: Foster and Grow Community and Regional Relationships

Define opportunities for growth and recapture outmigration

We continue to work with a firm to assist us in reaching out to our communities, hospital and medical staff to increase our understanding of the patient and visitor experience. As we look in the future to improve our campus and services, listening to end users is important. The outreach will begin in November with surveys being sent to our health system medical and hospital staff and community members. We look forward to hearing from key stakeholders on their experience and how we can improve that through our Master Planning.

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:

- None at this time

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

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: Construction of overhead work is in progress.

Projects Pre-Construction:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

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

Update Summary: Permit is approved and project is being prepared to bid.

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.

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 released to Pre-Qualified teams

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

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: Request for Proposals is in development.

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 budget has been approved.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: November 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- 21st Century Cures Act updates completed.
 - Staff/Provider education completed for this update.
- Review of Sepsis and use of the Best Practice Applications for all clinical nursing staff.

Quality: Provide clinical excellence in clinical outcomes

- COVID-19
 - Temporary staffing recruitment ongoing for all departments to compensate for all quarantine regulations with staff and child care
 - CDPH release looser visitor policy and we will continue to allow visitors by exception to maintain our low rate of COVID within the hospital.
 - SNF mitigation plan accepted by CDPH with 100% compliance
 - No COVID positive residents despite 2 positive employees
 - Re-education of staff regarding use of PPE and influx of COVID – especially greater Reno area
- Ski Resorts
 - Temporary Staff hired
 - Review and orientation of hospital policies and procedures to ensure safe and effective first aide offsite.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Affordable Labs – Nov 13 – Truckee
- Affordable Labs- Nov 20 – IVCH
- Authentic Wellness – Nov 12 – Virtual
- Zero Suicide Leadership – Nov 5 and 19 Virtual
- Behavioral Health Advisory Group Nov – 24 Virtual
- Suicide Prevention Coalition Meeting – Nov 19
- Smoking Cessation – Mondays 5:30 – Virtual
- Community Collaborative – Nov 3 – All Virtual
- Dental Coalition
- Immunization Coalition Meeting
- Virtual Video Classes
 - Mindfulness Workshop
 - You Authentic Wellness

- Fentanyl Alert
- Know the Signs
- It's in our Nature
- Infant Nutrition
- Parkinson's Support Group
- Birthing with Confidence
- Break the Cycle Weight Management
- Virtual Exercise
- Raising Healthy Eaters
- Baby Massage
- Diabetes Risk Assessment
- Yoga Basics
- Intro to Pilates



Board Informational Report

By: Jake Dorst

DATE: 11/16/2020

Chief Information & Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

Completed

- Swing Bed Admission custom programming
- Diabetic Ketoacidosis (DKA) order set
- Improved inpatient admission and discharge navigators
- 21st Century CURES act compliance upgrade
- Transition to Capital One Lockbox
- Increase network security and awareness programs (ongoing) to defend against targeted healthcare attacks from Eastern Europe
- Pediatrics Respiratory Illness Clinic (RIC) & Lab setup
- Jayco carts setup and installed for Incline and TFHD ED (iPad) setup
- 30 Primex refrigerator temp probes replaced
- Retail pharmacy system and QS1 upgrades completed
- Network & System Hardening considering current and ongoing Cyber events
- Security Operations Center (Managed Services) SOW in review with internal counsel
- MOB Lab Draw location open on 10/19
- Completed STROKE quick is for ED and is in production
- Renegotiated ITIL based ticketing and service tool. Review with CIO
- Behavioral Health department development and reporting enhancements
- Advanced Directive workflow for Cancer Center

Active

- Move to 30-day HAR
- Pyxis Upgrade
- Enhancement build of Behavioral Health department
- Initiation of 2nd floor Cancer Center RHC Build
- Design Build for Cost Accounting AXIOM module
- Initiation of revenue cycle clearing house change
- Pricing Transparency
- Urgent Care business model
- Tahoe City Respiratory Illness Clinic (RIC)
- Initiating Incline Village Telehospitalist program

- 3-year portfolio planning
- 2nd floor MOB technology planning for rebuild of primary care RHC.



Board CMO Report

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

DATE: November 13, 2020

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- The most recent General Staff Meeting had 103 participants attending the meeting! It really shows the engaged nature of our Medical Staff.

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

- We continue to interview, vet, and hire physicians and Advance Practice Providers (APPs) for needed areas of the Health System.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- We continue to modify strategies to accommodate for the COVID-19 pandemic, where needed.

Implement a focused master plan

- Space continues to be a struggle for our MSC Clinics and the team is highly engaged on future space design.

Quality: Provide clinical excellence in clinical outcomes

Prioritize the patient and family perspective

- With the rollout of the 21st Century Cures Act, we are engaging the Patient Family Advisory Council (PFAC) to help message this transition for our patients.

Identify and promote best practice and evidence-based medicine

- We are increasing our ICU coverage with anesthesia on a part time basis.

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

- Working with multiple other hospital systems on opportunities to utilize shared medical resources and program development.

Define opportunities for growth and recapture outmigration

- New OB/GYN physician coming in January and multiple other physician/provider recruitments ongoing.



Tahoe Forest Hospital Trauma Program

DR. ELLEN COOPER

KATIE CLIFFORD, RN

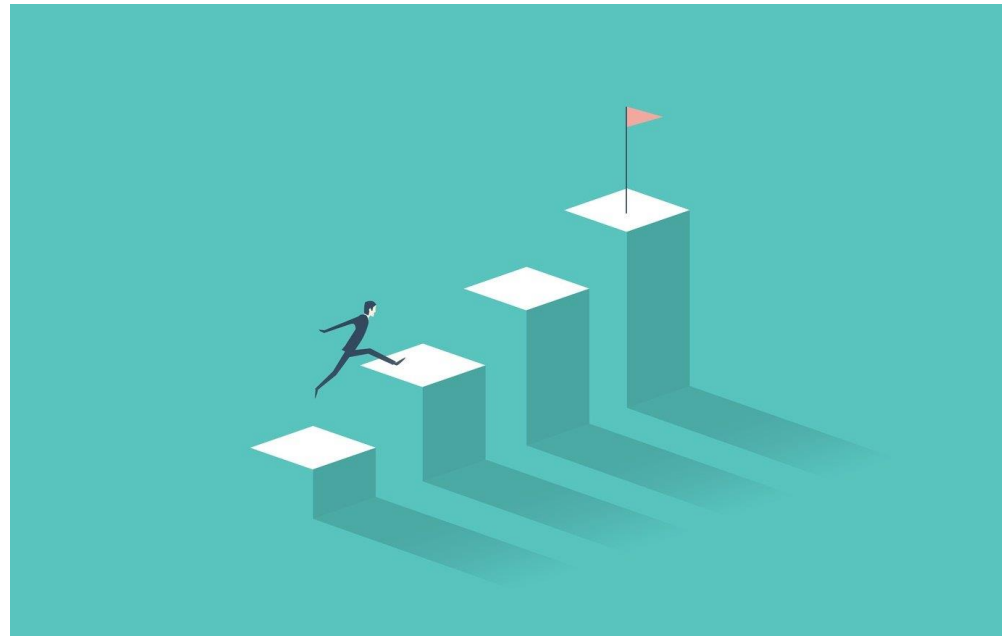
Level 4 Trauma Survey



- ▶ On October 9, 2020 S-SV completed our Level 4 trauma survey.
- ▶ S-SV acknowledged the high volumes of trauma patients that we see.
- ▶ Complimentary of our program and “team feel” of the hospital overall.
- ▶ Recommend TFH for Level 4 designation at their board meeting on November 13th.

Next steps

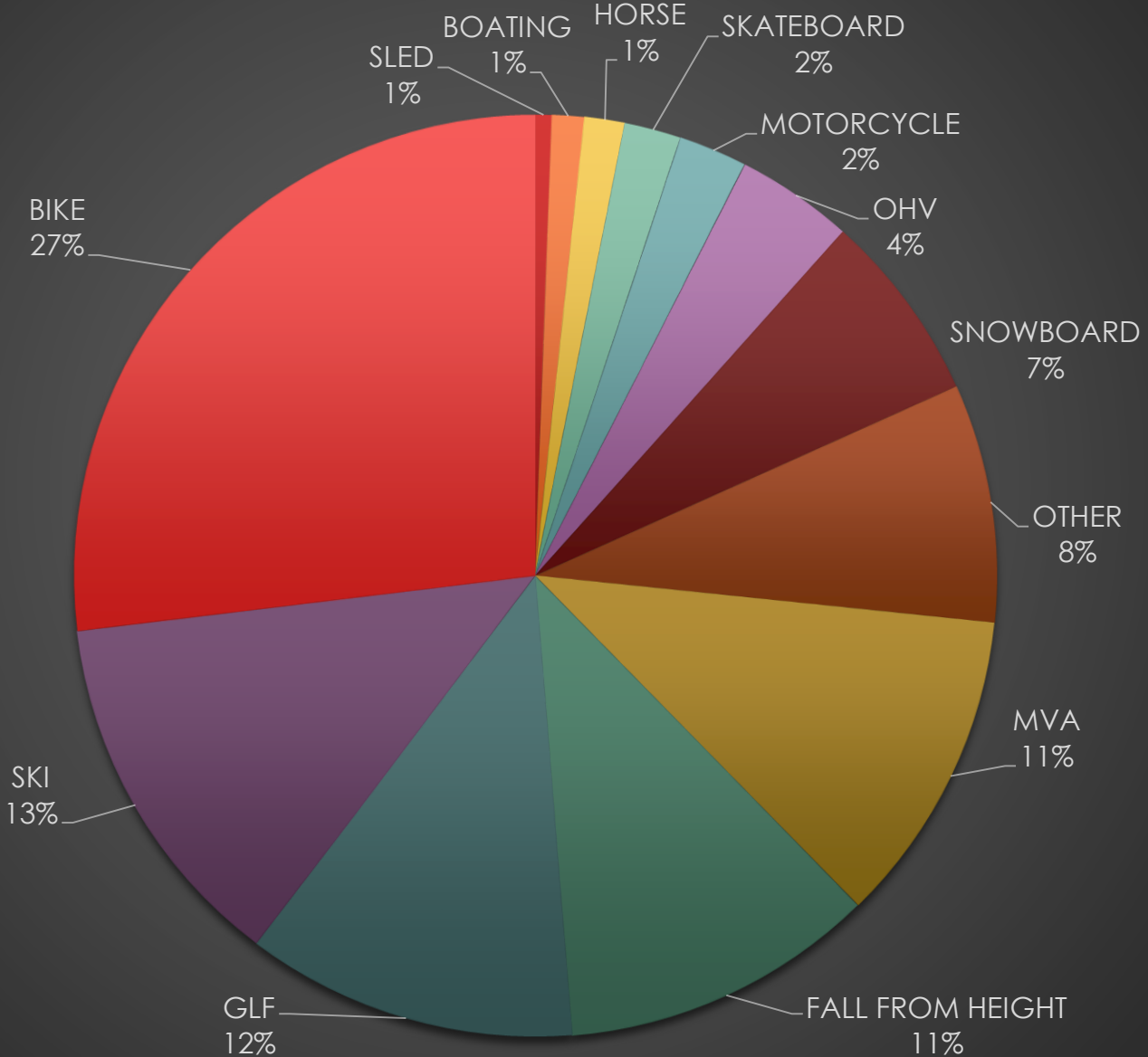
- ▶ 1 year timeline to meet new recommendations set forth by S-SV.
- ▶ Be ready for Level 3 survey when the American College of Surgeons starts surveying again.
- ▶ Get the word out!



What does this mean for patients?

- ▶ TFH offers the highest level 4 standard of care for trauma patients recognized by the American College of Surgeons
- ▶ Ongoing performance improvement program that reviews care of 100% of trauma patients seen at TFH from prehospital until discharge.
- ▶ High quality, comprehensive, and compassionate care to trauma patients in Truckee, Lake Tahoe, and neighboring Sierra Sacramento Valley counties.

MECHANISM YTD



2020 Highlights

- ▶ Initiated a monthly trauma case review offered to all Med Staff in order to discuss care of the trauma patient and improve collaboration throughout the system.
- ▶ Collaborated with CHP to provide education on improving trauma patient transports.
- ▶ Participated in simulations utilizing trauma high fidelity manikin with local EMT class.
- ▶ Created a blood task force to improve emergent blood process hospital wide.
- ▶ Facilitated trauma related educational opportunities for ER and inpatient staff.

2021 Goals



- ▶ Meet and exceed American College of Surgeons Level 3 Trauma Center recommendations.
- ▶ Collaborate with Renown neurosurgery to improve care for our head injured patients.
- ▶ Utilize trauma patient data to determine greatest needs for prevention education for the community and work within TFHS to channel education to the public.
- ▶ Further expand Winter Injury Review Sessions with EMS and ski patrol.
- ▶ Continue to raise the bar on trauma care in our community.



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A service of Tahoe Forest Health System

Wellness Neighborhood & Community Health

FY2020 Annual Report

Presented by: Maria Martin, MPH, RDN, Director



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A service of Tahoe Forest Health System

The Wellness Neighborhood provides inspiration, expertise, and advocacy in making meaningful change for individuals, our community, and our health system

- 2012-2020 - Wellness Neighborhood has increased services for the Community and the Health System
 - Mental and Behavioral Health
 - Substance Misuse
 - Chronic Disease Management
 - Prevention and Wellness
- WN supports **sustainable health care for the future** - through proactive, holistic, and wellness-oriented care
- **Collaboration and Engagement** with TFHS departments, local, county and state stakeholders to maximize impact.



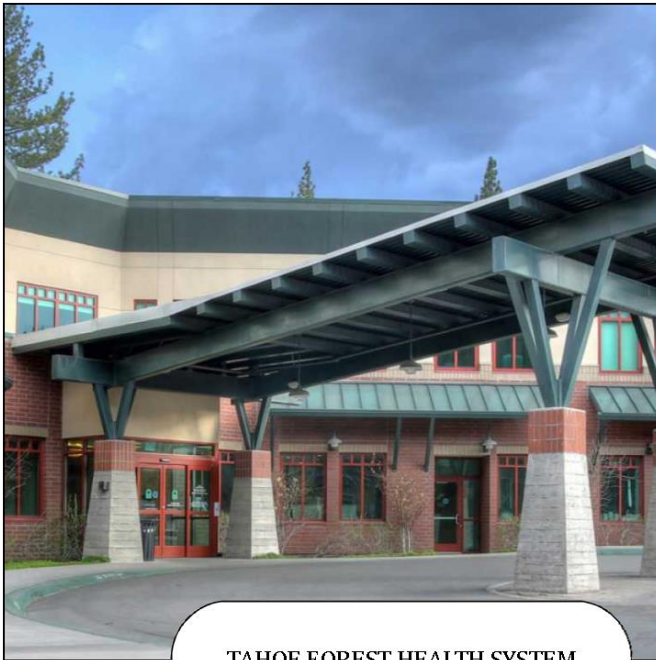


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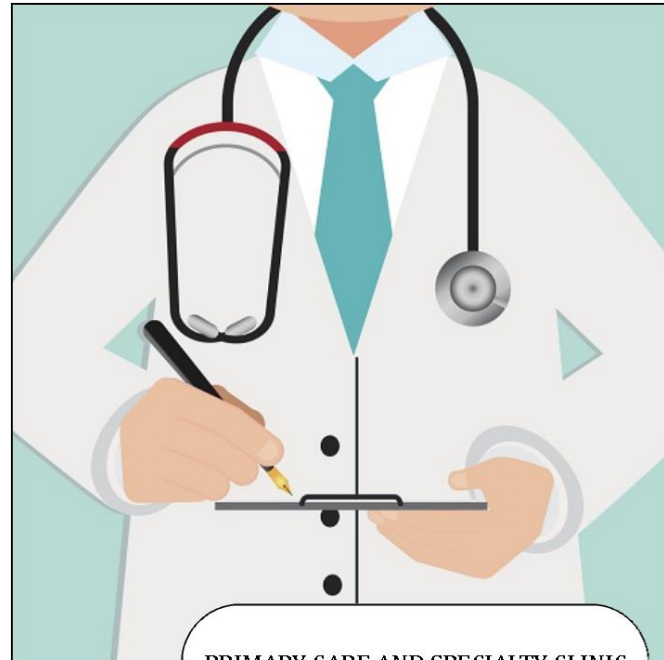
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Financial Snap Shot

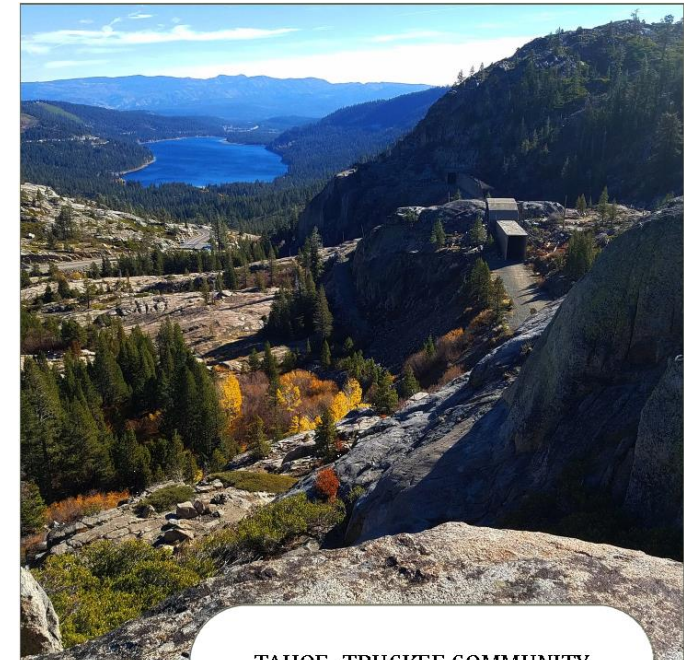
- Spending FY20: - property tax revenue and grants
 - 74% of budget – Staff salaries, benefits and interdepartmental transfers
 - 12% of budget – Community Grants to address gaps in services (\$128,000)
 - 10% of budget – Rent, marketing, supplies, and other expenses



TAHOE FOREST HEALTH SYSTEM



PRIMARY CARE AND SPECIALTY CLINIC



TAHOE -TRUCKEE COMMUNITY



Wellness Neighborhood is a Bridge between the Community and the Health System

- Ability to pivot in response to needs
- A focus on collaboration to leverage resources
- A lens of health equity

Getting the Word Out!

- Newspapers
- KTKE - radio
- TFH Facebook
- TFH Instagram
- TFHD.com
- Fliers
- Clinic Video Monitors
- Community Partners
- Email newsletters
 - Truckee Chamber
 - NLTRA
 - CCTT Bulletin/Slack
 - TF Center for Health

Innovative **HEALTH, WELLNESS**
& *LIFESTYLE Programs*

COVID-19 UPDATE: Due to our commitment to keep our community as healthy as possible, the following events will be offered with appropriate distancing or on a virtual platform.

Affordable Lab Draw - Truckee
To better serve our uninsured patients, we offer a variety of discounted lab tests at the Tahoe Forest Center for Health in Truckee. No appointment is necessary. Payment is collected at time of service.
Friday, January 8, 7:00 am - 9:00 am
10710 Donner Pass Rd, Truckee
For more information, call (530) 587-3769 or go to www.tfhd.com/affordable-health-screenings

Virtual Infant Nutrition: When & How to Introduce Solid Foods to Your Baby
Learn how to introduce solids to your baby in a way that allows him/her to be a part of family meals and intuitively choose what and how much to eat using a Baby-Led style. Skip pureed "baby foods" and go straight to finger foods with the understanding that babies can feed themselves right from the start. Appropriate for parents of babies 3-8 months old and caregivers of infants.
Saturday, December 19, 10:00 am - 12:00 pm
\$45; pre-registration required. Call (530) 587-3769 to register.

Mindfulness Workshop: Practicing Self-Care During the Holidays
Learn mindfulness techniques to build self-care practices during the holidays to help keep your cup full as you serve and celebrate with others. Taught by Justine Nelson, Certified Integrative Wellness Coach.
Tuesday, December 15, 5:30 pm - 6:30 pm, 905 N. Lake Blvd, Suite C203, Tahoe City
\$20, pre-registration required; in-person class limited to 8 participants

Services Now Offered in Tahoe City!
You asked, and we listened! To better serve our residents of North Lake Tahoe, we now offer services in Tahoe City! Services include: Biofeedback, Pilates, Nutrition, and Mindfulness.
905 N. Lake Blvd, Suite C203, Tahoe City
To schedule, call the Tahoe Forest Center for Health at (530) 587-3769 or email wellness@tfhd.com.

All programs are open to the public.
For more information or to register for any of these programs, please call 530-587-3769.

TAHOE FOREST CENTER FOR HEALTH
A Service of Tahoe Forest Health System

New Location!
11012 Donner Pass Rd
Truckee, CA
530.587.3769 • tfhd.com

YOUR AUTHENTIC WELLNESS

EXPLORE. PLAN. APPLY.

Life feeling out of balance? Taking care of everyone but yourself? Ready for change, but don't know where to start? **Make 2020 the year of purpose, power, and possibilities!**

Learn tools to cope with life's daily challenges from experts in their fields. Whether its stress, insomnia, nutrition, lack of energy, feeling overwhelmed, or general habit change, we have you covered!

Each session consists of education, discussion, and goal setting to help you apply what you have learned to your daily life. New topics each month - attend any or all!

Upcoming Topics

07/23/20: **Transitioning to Our New Normal with Jonathan Lowe, NP**

Join Jonathan for a discussion on learning to adapt, finding acceptance, and moving forward while living with COVID-19. Anytime life changes - and it sure has with COVID-19 - we need to transition as individuals, families and as community. Whether it's creating new routines, keeping up with your health habits, communicating with friends and loved ones, or developing healthy coping skills, you can learn to thrive in the face of challenge!

This FREE program is supported by the Wellness Neighborhood and Vail Resorts Epic Promise Grant.



WHEN: 2nd and 4th Thursday
5:15 pm - 6:30 pm

WHERE: Virtual! Please call or email Tahoe Forest Center for Health for the Zoom ID.

530-587-3769; wellness@tfhd.com

For more information, including schedule and additional resources, go to: <https://www.tfhd.com/wellness-neighborhood/wellness-events>



For more information or to register, please call (530) 587-3769 or email wellness@tfhd.com
Follow Tahoe Forest Health System!   

TAHOE FOREST CENTER FOR HEALTH
A Service of Tahoe Forest Health System
10710 Donner Pass Road | Truckee CA 96161



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Supports the Health System

- Identifying and addressing community health needs and disparities
- Seeking and managing grant funding
- Leading, collaborating and engaging with the community
- Developing sustainable programming



TAHOE FOREST HEALTH SYSTEM

ZERO SUICIDE ROADMAP

2020-2023
3 Year Plan






Everyone can help prevent suicide and save lives.

Suicide is not inevitable.

You can make a difference.

 The goals of the TFHS Zero Suicide initiative are to:

- Increase your **awareness** about suicide
- Increase your comfort and ability to **work** with at-risk patients
- Decrease **stigma** about suicide

GET HELP NOW
click here



 Community Resources

[Tahoe Truckee Suicide Prevention Coalition](#)
[Let's Talk Nevada County](#)
[National Suicide Prevention Lifeline](#)
[Sierra Community House](#)
[Placer County Health and Human Services](#)

 Employee Resources

[Mental Health Provider Directory](#)
[Free Confidential Counseling](#)
[TFHS Peer Support](#)

 Community Training and Events

[Tahoe Truckee Suicide Prevention Coalition](#)
[Mental Health in the Mountains Speaker Series](#)
[Mental Health in the Mountains Flyer](#)
[View More](#)



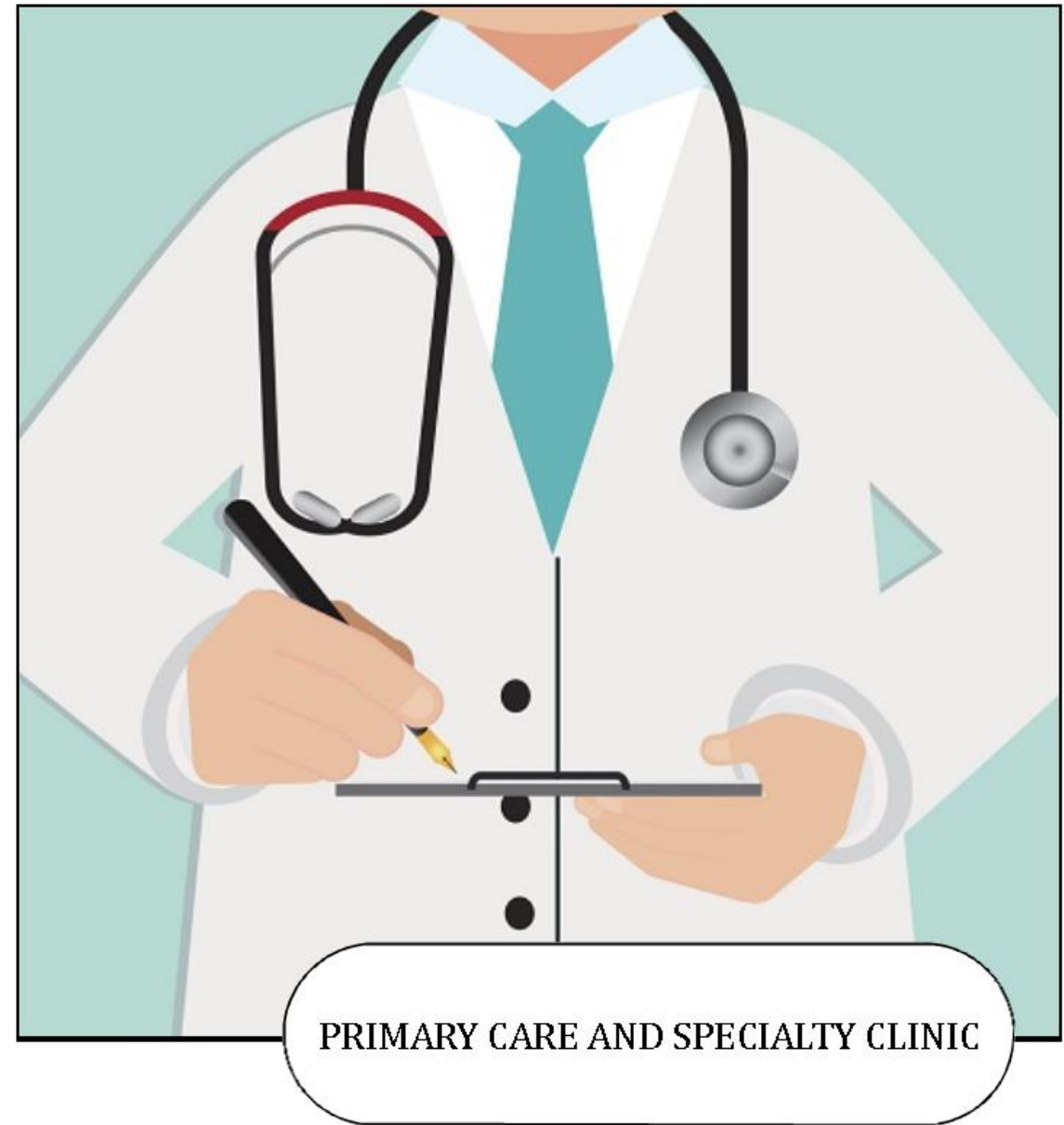
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A Service of Tahoe Forest Health System

Supports Primary and Specialty Care

Improving patient health outcomes and increasing provider productivity by:

- Serving as a referral resource
- Developing and implementing sustainable programs
- Utilizing quality metrics to ensure meaningful change and improved population health





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EPIC Referrals Through Customer Care Navigators

Tahoe Forest Center for Health

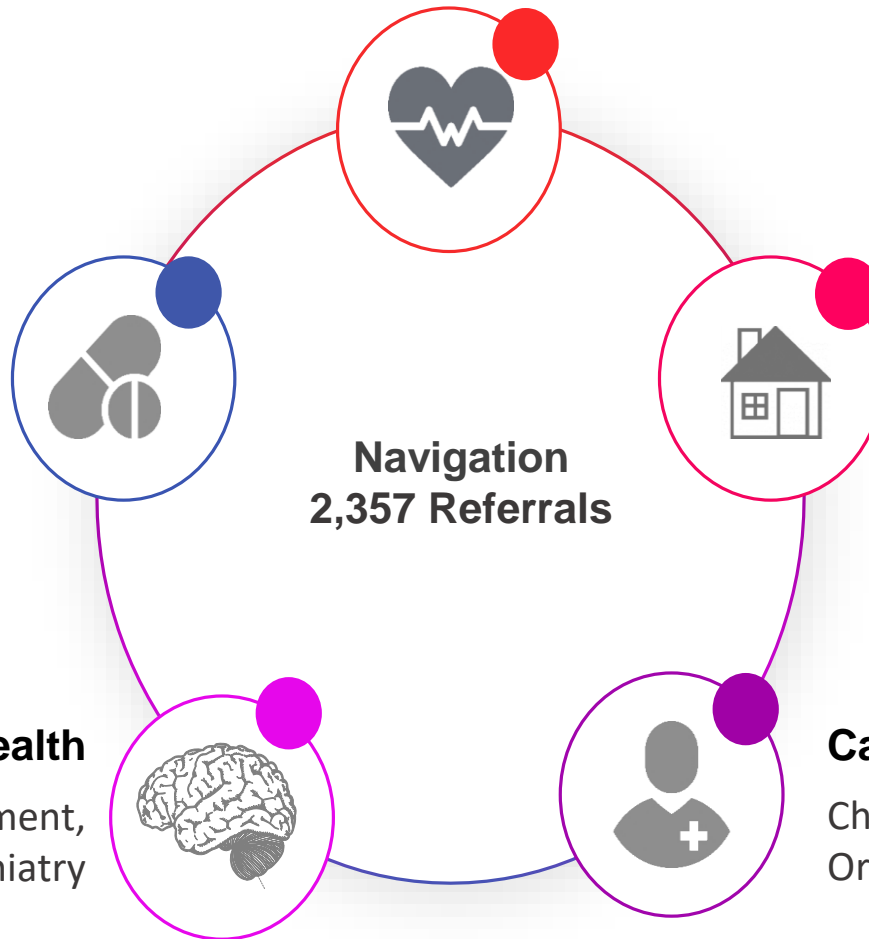
Nutrition, Weight Mgmt., Fitness, Biofeedback,
Health Coaching, Massage, Mindfulness

PRIME

Million Hearts
Chronic Pain
Behavioral Health
Diabetes
Perinatal Depression
Substance Misuse
Tobacco Cessation

Behavioral Health

Medication Assisted Treatment,
Anxiety, Depression, Psychiatry



Wellness Neighborhood and Community Health

Self Mgmt. Programs
- Diabetes
- Pain
- Chronic Disease
- Caregiver Support
Prevent T2 (DPP)
Community Education
Perinatal
Support Groups

Care Coordination

Chronic Care Mgmt., Pediatric, Perinatal,
Orthopedic, Youth Health Navigation

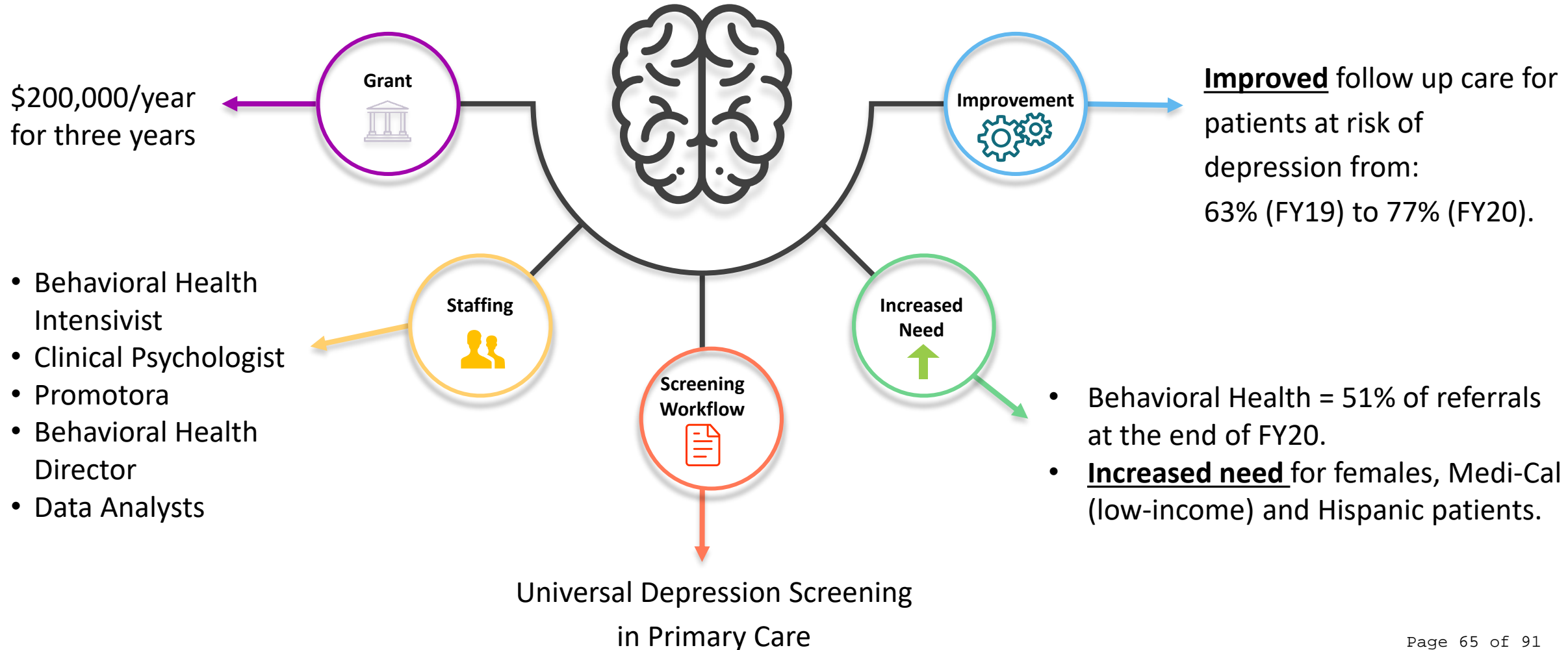


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Developing & Implementing Sustainable Programming

- Integration of Behavioral Health into Primary Care



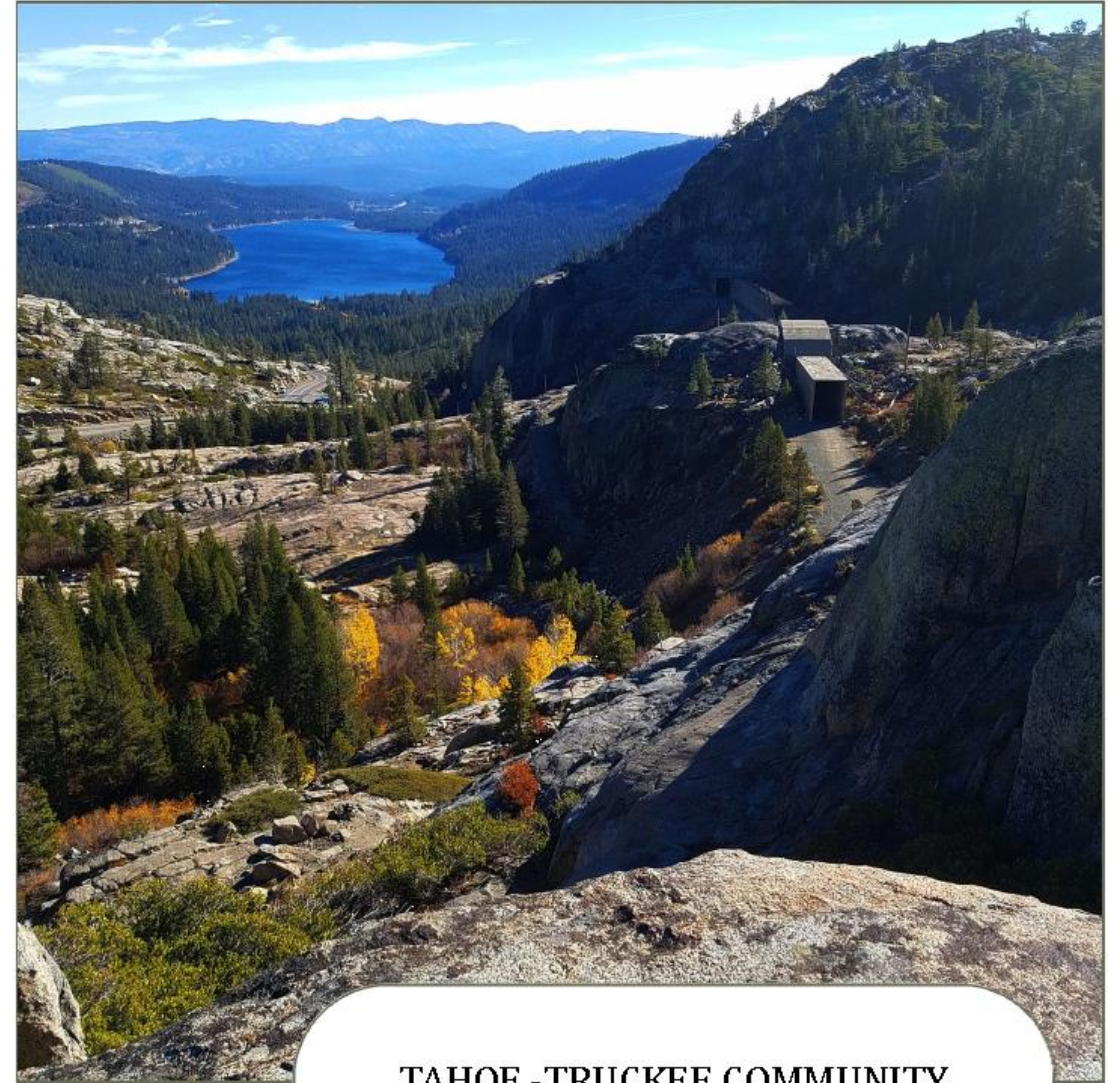


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Supports the Community

- Providing **education and outreach** to maintain health and improve the quality of life for those with chronic disease.
- Ensuring **health equity** through Community Health Advocates/Promotoras.
- Providing **culturally-appropriate** education and **advocacy** for our Latinx patients.



TAHOE - TRUCKEE COMMUNITY



Achieving Wellbeing & Optimal Health



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Perinatal and Family

1,781 Parents Supported

- Breastfeeding Support
- PMAD Counseling
- Baby's Breakfast Club
- Perinatal Education
- Infant CPR
- Infant/Toddler Nutrition
- Prenatal Nutrition
- Truckee Thursday Baby Station
- Baby Massage



Chronic Disease

566 Patients Empowered

- Self Management Programs for Diabetes, Pain, and Chronic Disease
- Building Better Caregivers
- Prevent T2
- Parkinsons Support Group



Community Health Outreach

6,416 Community Contacts

- Rethink Healthy Talks
- Vaping Education
- Cooking Club
- Senior Appreciation Nights
- Senior Chair Yoga
- Nicotine Cessation
- Air Show, Block Party, Big Truck Day, Junior Career Fair etc.



Community Screenings

2,102 Community Members Screened

- Blood Pressure Screens
- Blood Glucose Screens
- Health Fairs
- Affordable Labs
- Flu Clinic
- Dental Screenings



19,023
Community Contacts
2,672 Events

Authentic Wellness

18 Talks Reaching 134 People

"Learn tools to cope with life's daily challenges"



Harvest of the Month and BFit

3,650 (x2) Students reached each month in 146 Classrooms
School-based wellness, nutrition and physical activity education



Wellness Challenges

565 Participants

- Walktober
- 10,000 Steps a Day in May
- Project Zero
- Alcohol Awareness
- Gratitude



Employee Produce

29 weeks of Produce Boxes nourishing 159 Employees

Making the healthy choice the easy choice





COVID Intensified Disparities

Region	Population	COVID Cases
CA	39%	61%
Placer County	15%	35%

- Ethnic Disparities

- Equitable Health Programming

- Advocated for Spanish-language COVID messaging via social media
 - How to take care of yourself, how to stay safe, how to get tested
- Advocated for consistent, multilingual signage within TFHS
- Promotoras worked to dispel COVID rumors
 - How to quarantine appropriately; it is safe to come into the health system
- Began conversations with Nevada County to support Spanish-language contact tracing efforts



Culturally-Appropriate Education

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- Prevent T2 – Diabetes Prevention Program
 - Started first Spanish-language cohort
- Perinatal Services
 - Bilingual Care Coordination
 - Clinical Care
 - Social Services – housing, food security, safety
 - Bilingual Lactation Counseling
 - Virtual and In-Person Access to Breastfeeding Support
- Bilingual Self Management Classes
- Simultaneous translation for community talks
- Bilingual Video Monitor Slides in Waiting Rooms



Baby's Breakfast Club



A warm and fun environment for mothers & newborns to socialize and learn about how to get a healthy start to life, and hands-on breastfeeding support

Currently Held Virtually Every Monday, 10:00-11:00am
ZOOM ID: 177975401

Offered in both English and Spanish

Fee: No Charge



For more information, please call (530) 582-3297.




Looking Forward to FY 2021

- Community Health Needs Assessment (Spring 2021)
- Zero Suicide Training and Policy Implementation
- Quality
 - Universal Depression Screening in Primary Care (PHQ)
 - Prevent T2/Diabetes Prevention Program
- Health Equity
 - Support with COVID Contact Tracking for Nevada County Public Health
 - Promotora Support for Cancer Center
- Engagement and education with video content

Questions?



A stylized, light green leaf graphic with a white outline, positioned in the top-left quadrant of the page.

Wellness Neighborhood

A Service of Tahoe Forest Health System

**Annual Report
FY2020**

Wellness Neighborhood & Community Health

Since its inception in 2012, the Wellness Neighborhood has cultivated an integrated network of outreach, education, and multi-tiered programming to support the health system, primary and specialty care, and the community. We excel in problem solving and adapting to changing circumstances while bringing compassion, expertise, and action to all we do. We ensure collective impact by working collaboratively with multiple health system departments, local non-profits, and government agencies.

During fiscal year 2020 we demonstrated continued growth and refinement of our services with an enhanced focus on health inequities. This meant launching the system-wide Zero Suicide Initiative, supporting Primary Care and Specialty Clinics with streamlined Navigation services, providing **2,672** community health and education events reaching **19,023** people, and expanding services for our Spanish-speaking population through the Promotoras and culturally-relevant social media outreach.



We responded to the impact of the COVID-19 pandemic with rapid evolution by transitioning to virtual platforms for counseling and education within a week of shelter-in-place requirements. To support our technologically-challenged community members, we developed tip sheets and provided support telephonically on how to access and navigate these now ubiquitous online platforms while advocating for multilingual outreach on all possible avenues.

We were able to maintain core programming while beginning new initiatives to support patient safety and we continue to experiment with patient engagement strategies as we enter FY2021.

The Wellness Neighborhood provides inspiration, expertise and advocacy in making meaningful change for individuals, our community and our health system.

Community Health Needs Assessment

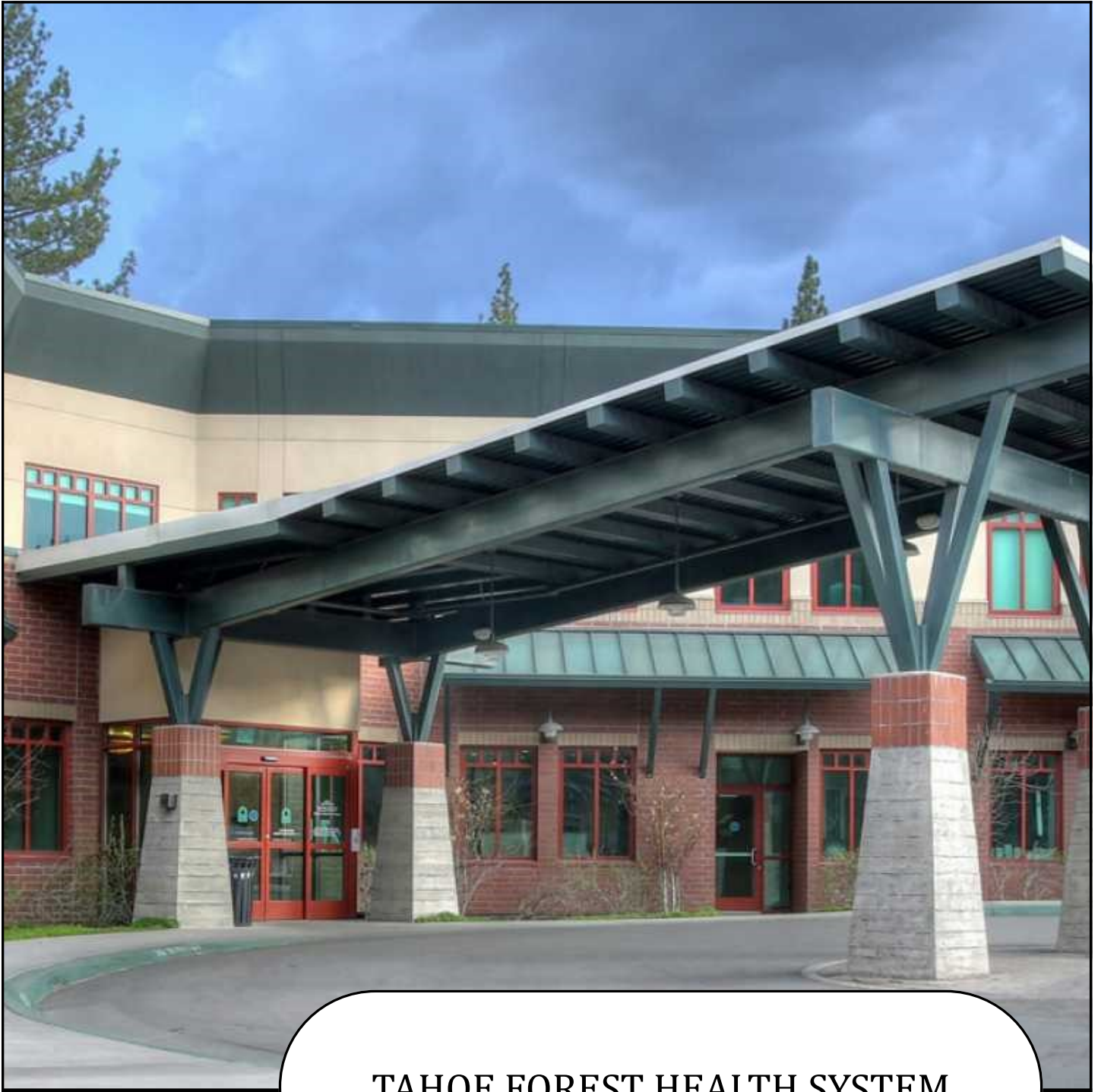
The Wellness Neighborhood conducts a triennial Community Health Needs Assessment (CHNA) and develops collaborative strategies and targeted programming based on these identified needs. The 2017 CHNA identified the most significant health risks, in terms of the number of people affected and the amount of death and disability each creates, to be related to substance use, mental health, and being obese/overweight, including behaviors such as diet and exercise. On par with these findings, health conditions such as high cholesterol, high blood pressure, and poor heart health were found to affect more people in 2017 than in previous CHNA surveys. The 2020 CHNA was postponed due to COVID and is scheduled to be conducted in 2021.

The 2017 CHNA (and previous surveys) support interventions to address the following key focus areas:

[2018 Community Health Improvement Plan](#)

· **Mental/Behavioral Health** · **Chronic Disease** · **Substance Misuse** · **Prevention and Wellness**

The initiatives and outcomes presented in this document are intended to highlight programming for population health management. This is not an exhaustive list of all Wellness Neighborhood & Community Health programs.



TAHOE FOREST HEALTH SYSTEM

The **Wellness Neighborhood** supports the **Health System** by identifying and addressing community health needs and disparities, seeking and managing grant funding, and responding to needs through community engagement, collaboration, leadership, and program development.

ZERO Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE



Everyone can help prevent suicide and save lives.
 Suicide is not inevitable.
 You can make a difference.

Zero Suicide is:

- A system-wide approach to safer suicide care through comprehensive **policies and procedures**, **training** a competent, confident and caring workforce, and **universal screenings** to identify risk
- The awareness that everyone can help prevent suicide and safe lives
- Stigma reduction to improve access to care

In September 2019, the Wellness Neighborhood began a collaboration with the state of Nevada to implement Zero Suicide throughout TFHS. A survey conducted in November 2019 gathered baseline data on knowledge and beliefs around suicide prevention. We identified that **74%** of TFHS providers and staff believe suicide prevention is important, however only **29%** agreed that TFHS had clear policies and procedures in place around system-wide suicide prevention, and only **19%** had received training at TFHS related to suicide prevention.

Zero Suicide milestones for FY20, included convening a multi-departmental Zero Suicide Leadership Team (including Education, Human Resources, Wellness, Primary Care, Behavioral Health, Emergency, and Change Management representatives) to participate in the Zero Suicide Academy, developing and refining policies and procedures, and identifying training options to reach 100% of providers and staff in 2021.





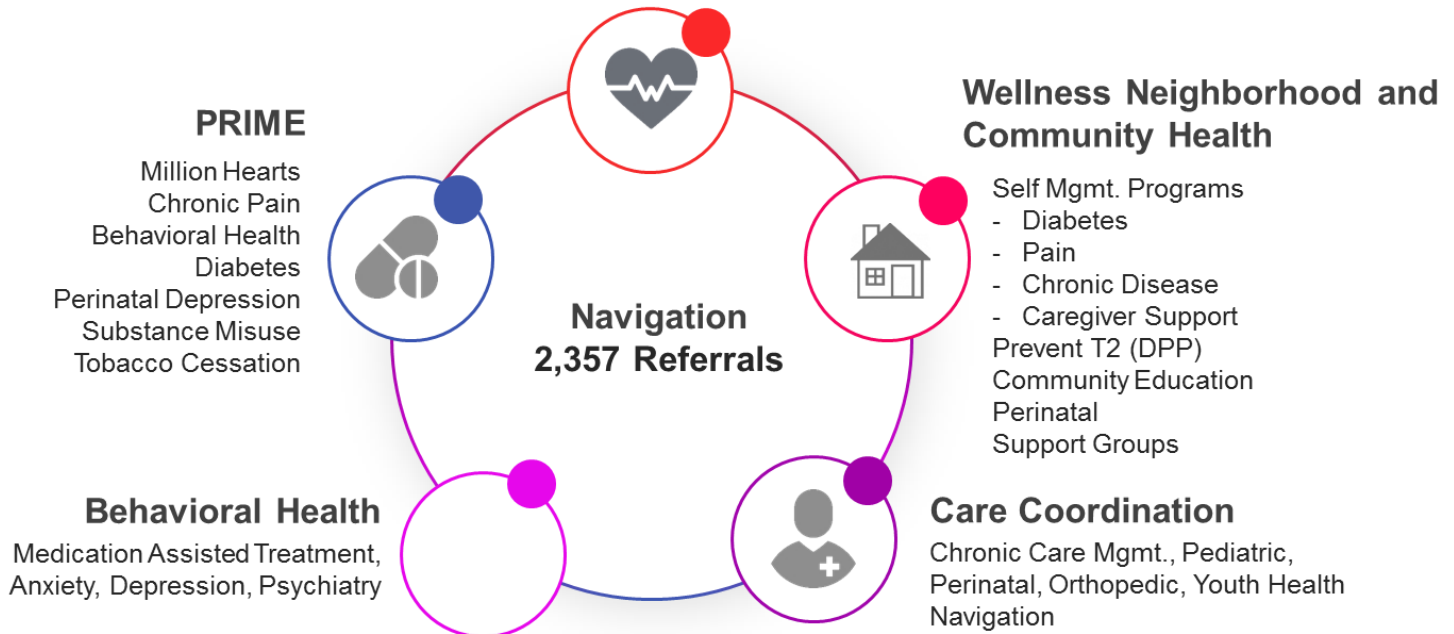
Wellness Neighborhood supports Primary Care and Specialty Care in improving patient health outcomes and increasing provider productivity by serving as a referral resource, developing sustainable programming, and utilizing quality metrics to ensure meaningful change and improved population health.

Referral Resources

Customer Care Navigators manage all EPIC Referrals to Wellness. They navigate referrals to

Tahoe Forest Center for Health

Nutrition, Weight Mgmt., Fitness, Biofeedback,
Health Coaching, Massage, Mindfulness



Quality improvement

Quality Metrics Redesign: PRIME (Public Hospital Redesign and Incentives in Medi-Cal)

TFHS has been participating in the PRIME Program since 2016. The quality improvements achieved through PRIME have returned approximately **\$4M** to the health system. The ambitious design of the PRIME program is attainable through multi-departmental collaboration and synergy with the Wellness Neighborhood, whose key focus areas complement PRIME metrics.



PRIME supports Primary Care through:

- The development and implementation of consistent screening methodologies for heart health, chronic pain, diabetes and behavioral health/substance use
- Identifying gaps in care and increasing awareness and utilization of Wellness programming
- Providing training and education to primary care teams
- Supporting a sustainable collaborative team model with the expansion of resources including Mental and Behavioral Health Therapists, Care Coordinators, Health Coaches, Health Promotoras/Community Health Advocates, and Patient Navigators
- The development and implementation of a comprehensive Medication Assisted Treatment program

The initiatives and outcomes presented in this document are intended to highlight programming for population health management. This is not an exhaustive list of all Wellness Neighborhood & Community Health programs.

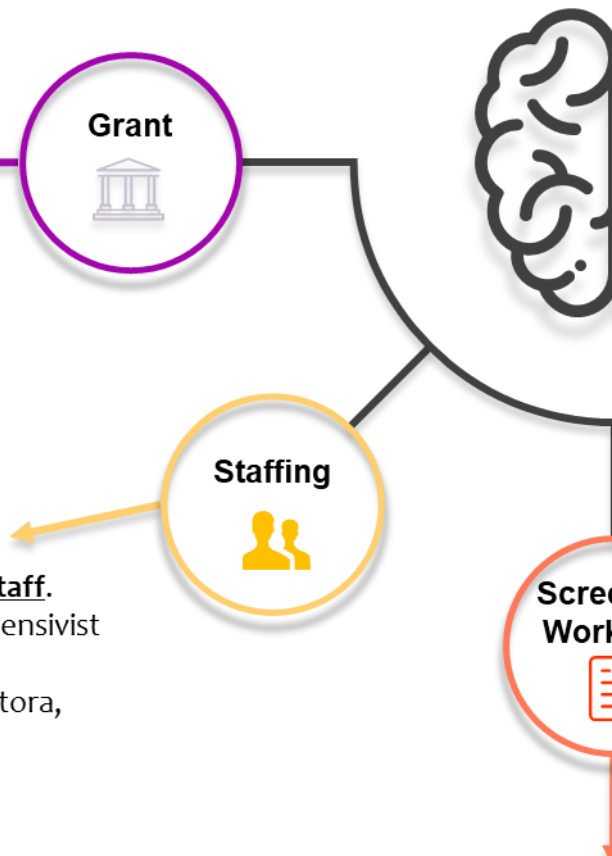
Developing Sustainable Programming

Integration of Behavioral Health into Primary Care

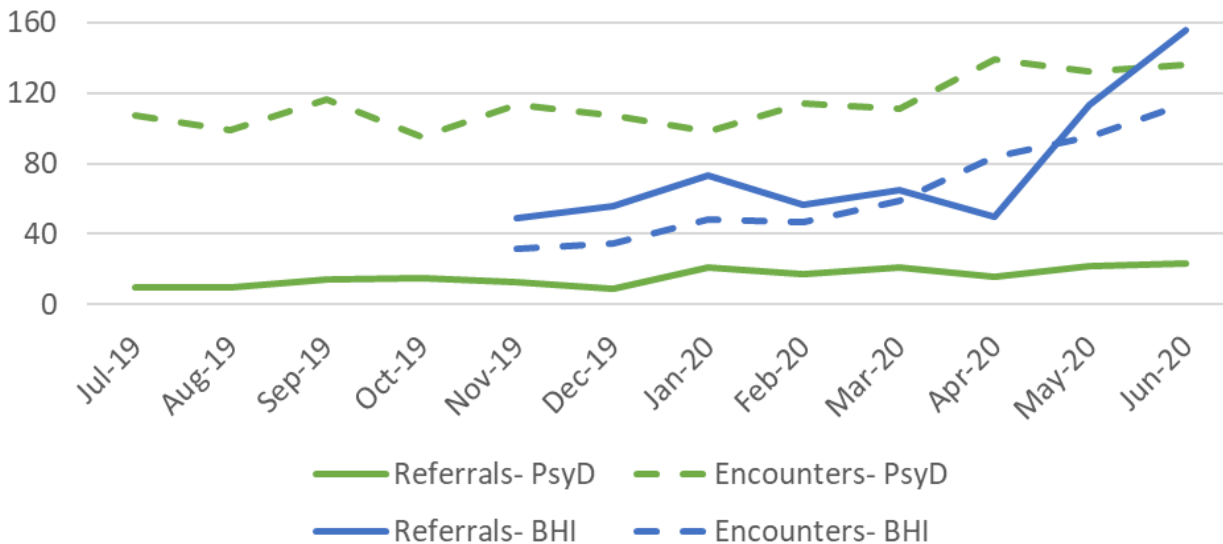
Depression goes undetected in more than 50% of primary care patients. Evidence shows co-located behavioral health services increases access, supports early identification, and reduces barriers of stigma and transportation.

In August 2019 the Wellness Neighborhood and Behavioral Health Departments were awarded a Health Resource and Services Administration (HRSA) Quality Improvement **grant** of \$200,000/year for the next three years to integrate behavioral health into primary care (BHIPC).

Grant funding along with Wellness resources were used to hire BHIPC **staff**. This included a Behavioral Health Intensivist (BHI), Clinical Psychologist (PsyD), Community Health Advocate/Promotora, Behavioral Health Director and Data Analysts.

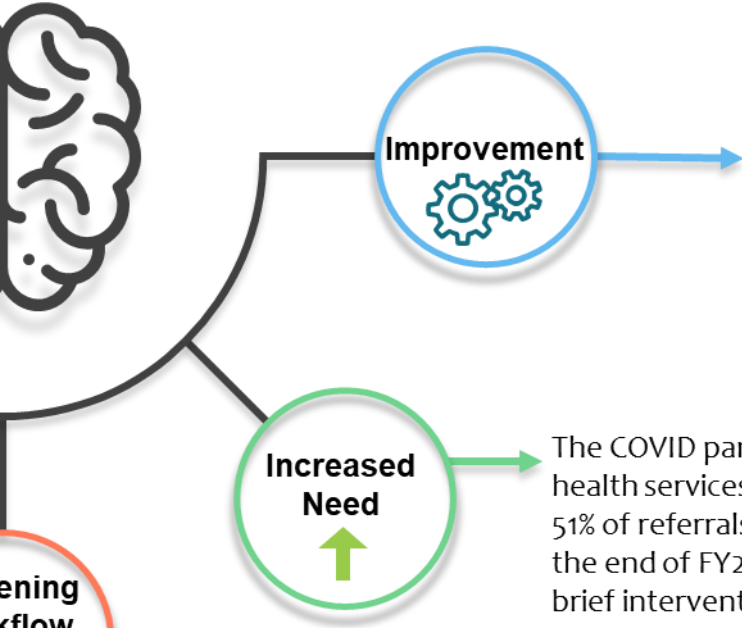


Graph 1: Behavioral Health Supports



Year 1 of the quality focused on identify **screening workflow** depression screening care. The Wellness facilitated the prob working with those and building consen involved.

Behavioral Health



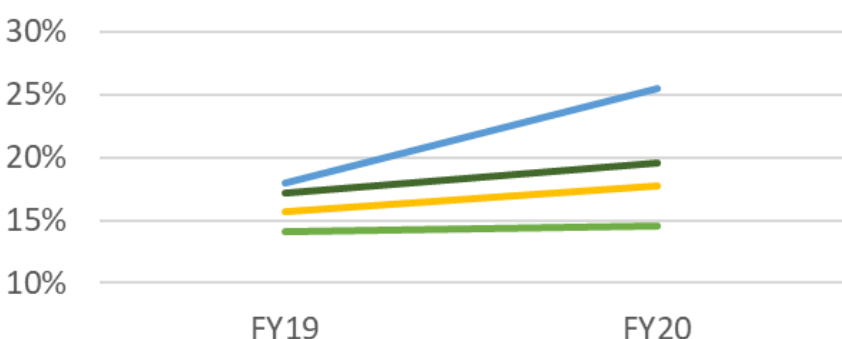
Although depression screening rates remained steady at 12% from FY19 (baseline) to FY20, the additional behavioral health resources resulted in **improved** follow up care for patients at risk of depression from 63% (FY19) to 77% (FY20).

Increased Need
 The COVID pandemic reinforced the need for behavioral health services. Behavioral health referrals accounted for 51% of referrals managed by Customer Care Navigation at the end of FY20. **Graph 1** shows the **increased need** for brief intervention and counseling services as the pandemic wore on.

Certain populations were impacted by the pandemic disproportionately. **Graph 2** shows the **increased need** for specific populations. The risk of depression was higher for females, Medi-Cal (low-income) and Hispanic patients. We were positioned to meet this increase in demand while working to secure additional resources.

...y improvement grant
 ...ing the most efficient
 ...w process for universal
 ...ng of patients in primary
 ... Neighborhood
 ...blem-solving process by
 ...e using the workflows
 ...nsus among all parties

Graph 2: Elevated Depression Risk by Population



- PHQ9>9 Everyone Screened
- PHQ9>9 Medi-Cal Popn
- PHQ9>9 Females
- PHQ9>9 Hispanic



TAHOE -TRUCKEE COMMUNITY

Wellness Neighborhood supports the Tahoe Truckee Community in achieving Wellbeing and Optimal Health. We provide education and outreach to maintain health and improve the quality of life for those with chronic disease. Community Health Advocates/Promotoras provide culturally appropriate education, advocacy and support for our Latinx patients.

PREVENT T2

A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

Diabetes Prevention Program (DPP)

Prevent T2 is a CDC-recognized, year-long lifestyle change program for people at risk of developing diabetes. Dedicated participants are rewarded with a 58-71% reduction in risk of developing diabetes. Participants report improved quality of life both during and after the program.

Wellness Neighborhood has been offering this program since 2017. This fiscal year was the first year we facilitated concurrent groups with 4 cohorts staggered throughout the year including our first Spanish-language group.

Our participants are successful because they establish relationships, with both the facilitator and members of their cohort, supportive to making long-term lifestyle changes. They use Prevent T2 tools and knowledge as a starting point to take care of themselves and their family's overall health (i.e. identifying a PCP, starting Cardiac Rehab etc.).

Throughout FY20, average retention rate was **89%**, which is a higher retention rate than most other DPP providers. Our participants saw such great success with weight loss and tracking their healthy lifestyle measures that Tahoe Forest achieved **Full Recognition** from the CDC. This designation is reserved for programs that have effectively delivered a quality, evidence-based program that meets all of the standards for CDC recognition.

Prevent T2 Spanish Cohort Graduation Ceremony



Testimonials

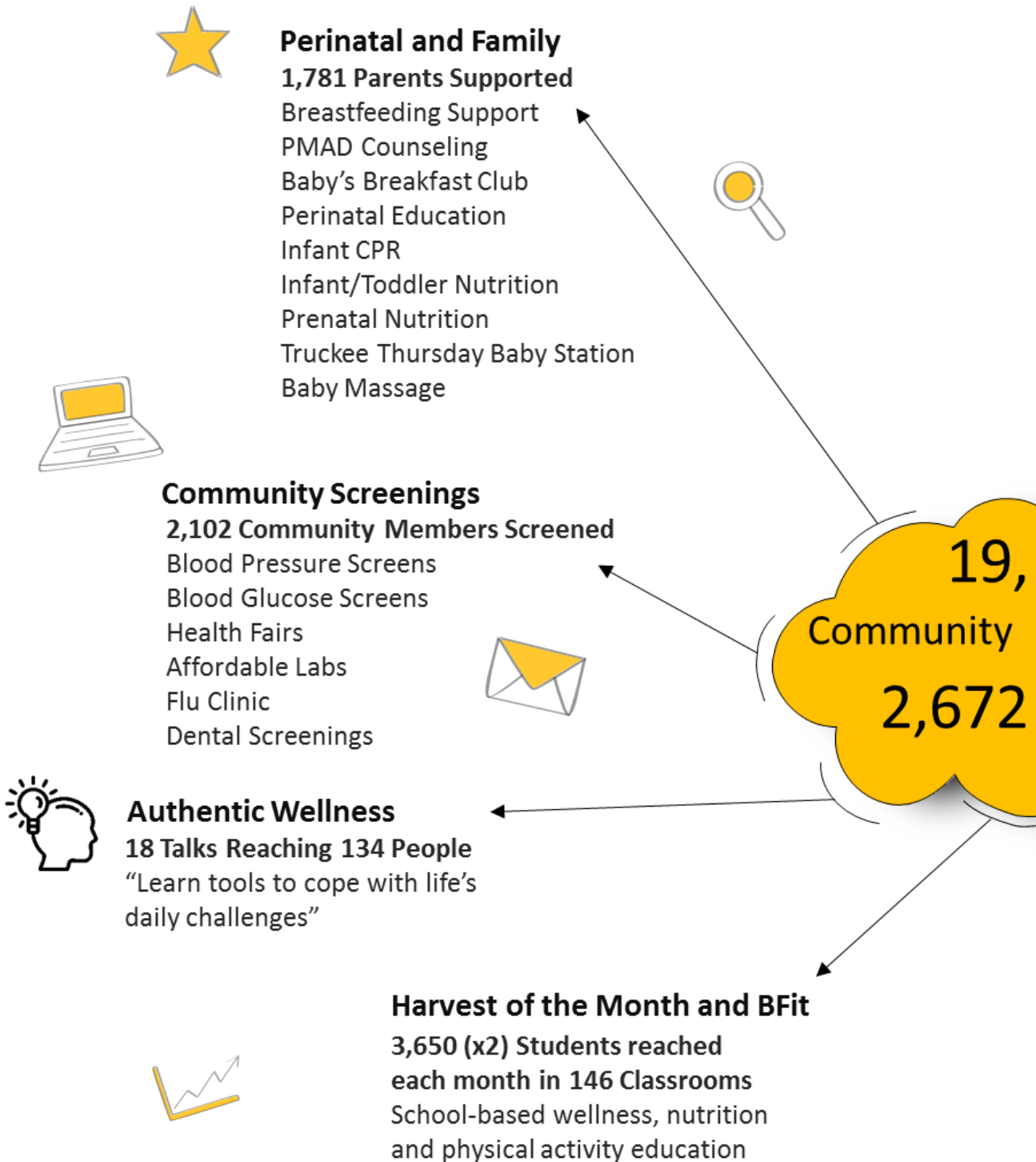
"I have participated in two years of this program. It has been wildly successful for me. Over the two years on the program I have lowered my A1C numbers and have lost and kept off a total of 20 pounds. I have changed my lifestyle including eating healthy and exercising. It has not been easy, but the alternative is not thinkable. The program gave a life-line of information and guidelines to a new and healthy life. The program also offered invaluable group support and motivation to change. I am incredibly thankful that this program existed to help me out in a difficult time in my life."

"The Prevent Type 2 Diabetes course was absolutely life changing for me. Knowledge of good diet and exercise can be acquired anywhere but for that knowledge to be applied and beneficial one has to commit to a long term lifestyle change. And for that people need repetition, constant reminders, and coping tools that will help make better long term choices. This course is structured in a way that is not only informational but it's also practiced based where we were accountable for the decisions we made, whether good or bad. This course is casual, fun, and definitely helpful in preventing Type 2 Diabetes."

Wellbeing & Optimal Health

Wellness is defined as a state complete of physical, mental, and social wellbeing. (World Health Org.)
Achieving wellness is an active process of becoming aware of and making choices towards a healthy and fulfilling life. The Wellness Neighborhood supports this process through a variety of education and outreach activities addressing our four key focus areas:

- Mental/Behavioral Health
- Chronic Disease
- Substance Misuse
- Prevention and Wellness





Chronic Disease
566 Patients Empowered
Self Management Programs for
Diabetes, Pain, and Chronic Disease
Building Better Caregivers
Prevent T2
Parkinsons Support Group



Community Health Outreach
6,416 Community Contacts
Rethink Healthy Talks
Vaping Education
Cooking Club
Senior Appreciation Nights
Senior Chair Yoga
Nicotine Cessation
Air Show, Block Party, Big Truck Day,
Junior Career Fair etc.

Wellness Challenges
565 Participants
Walktober
10,000 Steps a Day in May
Project Zero
Alcohol Awareness
Gratitude



Employee Produce
29 weeks of Produce Boxes
nourishing 159 Employees
Making the healthy choice the easy choice
with community supported agriculture



Supporting Women and Families

Working with Vulnerable Populations

- It Takes a Village

Pregnancy is a beautiful experience and also a challenging time as women are presented with new stressors both mentally and physically. There is a reason the phrase “It takes a village” universally resonates, and the Perinatal Care Coordination team at Tahoe Forest is striving to expand this village.



The Perinatal Care Coordinator, RN and Bilingual Community Health Advocate/Promotora act as a bridge between the patient and medical perinatal services including obstetric care, care coordination, perinatal mood and anxiety disorder counseling, gestational diabetes nutrition counseling, lactation support, and affordable prenatal and infant CPR education.

The Perinatal Team also helps women and families with access to non-clinical comprehensive services necessary for a healthy pregnancy such as housing, food security, and other factors related to socioeconomic status which impact health outcomes far more than access to clinical care.


Normalizing Breastfeeding

The Perinatal Team strives to normalize breastfeeding by facilitating multiple avenues for women to receive breastfeeding support. Truckee Thursdays Baby Friendly Station provided services throughout the summer of 2019, Baby’s Breakfast Club launched in person in the winter of 2020 and pivoted to virtual during COVID, and Breastfeeding Support Group—Truckee has a steady stream of new moms. Combined, these community support services had **796** encounters with breastfeeding moms.

Prevention and Early Education

The Perinatal Team collaborates with County Public Health Nurses, Teen Parenting Program (STEPP), Truckee Healthy Babies, and the Truckee Tahoe Perinatal Outreach Team in ensuring all babies are off to a healthy start. They serve as a resource for early education around maternal and infant oral health hygiene, immunizations, nutrition, and child abuse prevention and safety.

Baby’s Breakfast Club






A warm and fun environment for mothers & newborns to socialize and learn about how to get a healthy start to life, and hands-on breastfeeding support

**Currently Held Virtually Every
Monday, 10:00-11:00am**
ZOOM ID: 177975401

Offered in both
English and Spanish

Fee: No Charge

For more information, please call (530) 582-3297.

Team Members - Drivers of Change

The Wellness Neighborhood is a team of health professionals on a mission to educate, inspire, and empower the Truckee/Tahoe community to improve health through meaningful change. We are successful because of the collaborative work of multiple departments and individual and community stakeholders.

We thank you for your commitment.

Wellness Neighborhood & Community Health

Maria Martin, MPH, RDN - Director
Chris Arth, MD - Medical Director
Lizzy Henasey, MPH - Population Health Analyst
Gwen Van Natta - Wellness Program Coordinator
Maison Powers, MS - Community Health Coordinator
Dana Dose RDN, CDE, LD - Wellness Dietitian (Prevent T2, Pediatrics, Perinatal)
Jill Whisler, MS, RDN - Wellness Dietitian (Schools)
Betsy Taylor, RDN - Wellness Dietitian
Reyna Sanchez, MA - Promotora (Chronic Disease, PRIME), Master Trainer Self Management programs
Victoria Ferris - Promotora (Chronic Disease, Behavioral Health)
Amelia Espinoza, MA - Promotora (Perinatal)
Lisa Stekert, LCSW - Youth Behavioral Health Navigator
Mary Hoffmann, RN, LCCE, ASPO - Prenatal and Infant CPR Educator

Zero Suicide Leadership Team

Maria Martin, MPH, RDN - Director
Lizzy Henasey, MPH - Population Health Analyst
Eileen Knudson, RN - Director PRIME and Behavioral Health
Natasha Lukasiewich, DNP - Manager Emergency Services
Stephen Hicks - Non-clinical Education
Ashley Davis, RN - Clinical Practice Coordinator
Brian Parrish, MPH - Manager Primary Care Clinics
Estela Iñiguez, MA - Manager Primary Care Clinics
Sarah Redgrave, LCSW - Behavioral Health Intensivist
Kelley Downs - Change Management Coordinator
Chris Arth, MD - Medical Director
Megan Cooper - Internal Communications Coordinator

PRIME

Eileen Knudson, RN - Director PRIME and Behavioral Health
Sunee Zrno, LMFT - Care Coordinator Chronic Pain, PMAD Counselor
Lorna Fichter, RN - Care Coordinator Million Hearts
Liz Schenk, NBC-HWC, MBA - Health Coach

Tahoe Forest Center for Health

Wendy Buchanan, MS - Director
Brandy Willoughby - Customer Care Navigator
Gloria Acevedo-Klenk - Customer Care Navigator
Tracy Chaney - Customer Care Navigator

Integrated Care Management & Lactation

Jackie Griffin, RN - Care Coordinator, Master Trainer Self-Management Programs
Sue Train, MPH, RN, IBCLC - Perinatal Care Coordinator, Lactation Consultant
Tamaro Margraf, RN, IBCLC - Lactation Consultant
Fernando Campos-Taylor, RN, IBCLC - Lac. Consultant

Provider Champions

Liana Bailey, PA - Primary Care Mental Health
Mathew Gustafsson, DDS - Dental Director
Tim Lombard, MD - PRIME Million Hearts
Katy Schousen, MD - PRIME Chronic Pain





For more information, please visit our website at:

<https://www.tfhd.com/wellness-neighborhood>

Or contact us at: 530-550-6719



AGENDA ITEM COVER SHEET

ITEM	Resolution 2020-08
RESPONSIBLE PARTY	Matt Mushet, In-House Counsel
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>In 2018, the District entered into an installment purchase agreement of capital equipment, which required financing by Opus Bank. A Board resolution was approved granting signing authority to management. However, that resolution was only valid for two years. Since then, Opus was acquired by Pacific Premier Bank which is now requesting that a new current resolution for signing authority be approved.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>In order to execute an amendment for the financed equipment, a current resolution is needed granting the CEO and CFO signing authority. The amendment will extend the schedule of the purchase. This new resolution will be valid through June 2021.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p><i>Is there something the board should consider?</i></p> <p>Will the amendment affect any other terms of the transaction?</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Move to approve Resolution 2020-08 as presented.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> RESOLUTION APPROVING THE FORM AND AUTHORIZING THE EXECUTION AND DELIVERY OF AN AMENDEMENT TO THAT CERTAIN MASTER INSTALLMENT SALE AGREEMENT BY AND BETWEEN OPUS BANK AND THE DISTRICT AND APPROVING CERTAIN OTHER ACTIONS 	

AGENDA ITEM COVER SHEET

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TAHOE FOREST HOSPITAL DISTRICT

RESOLUTION NO. 2020-08

RESOLUTION APPROVING THE FORM AND AUTHORIZING THE EXECUTION AND DELIVERY OF AN AMENDMENT TO THAT CERTAIN MASTER INSTALLMENT SALE AGREEMENT BY AND BETWEEN OPUS BANK AND THE DISTRICT AND APPROVING CERTAIN OTHER ACTIONS

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

WHEREAS, the District has heretofore entered into a master installment purchase agreement, dated as of October 1, 2018 (the "Agreement"), by and between Opus Bank, since succeeded by Pacific Premier Bank (the "Bank"), for the purpose of financing the acquisition and installation of certain capital equipment for use at the health facilities owned and operated by the District (the "Equipment");

WHEREAS, the Agreement provides that if all of the funds allocated under the Agreement are not used by October 25, 2020 (the "Termination Date"), the remaining amounts are to be applied to the prepayment of the District's obligations under the Agreement;

WHEREAS, for various reasons, all funds were not used by the Termination Date but the District still wishes to apply all funds to the Equipment;

WHEREAS, the District has requested, and the Bank has agreed, that the Termination Date be extended to June 30, 2021; and

WHEREAS, the Bank has prepared and has provided to the District an amendment to the Agreement to extend the Termination Date as described above;

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

Section 1. The form of the amendment to the Agreement, extending the Termination Date to June 30, 2021 (the "Amendment"), is hereby approved. The President of the Board of Directors (the "Board") of the District, the Vice President of the Board, the Secretary of the Board, the Assistant Secretary of the Board, the Chief Executive Officer of the District, the Chief Financial Officer of the District, or any other person authorized by this Resolution or other resolution of the Board to act on behalf of the District (the "Designated Officers"), acting alone, is hereby authorized and directed, for and in the name of the District, to execute and deliver the Amendment in the form presented to this

meeting, with such changes therein as the officer executing the same may approve, such approval to be conclusively evidenced by the execution and delivery of the Amendment.

Section 2. Each Designated Officer is hereby authorized and directed, for and in the name of the District, to execute and deliver any other documents as may be deemed necessary or appropriate to implement the Amendment.

Section 3. This resolution shall take effect immediately upon its passage.

* * * * *

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 19th day of November, 2020, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

ATTEST:

W. Arthur King
Secretary, Board of Directors
Tahoe Forest Hospital District