



TAHOE FOREST HOSPITAL DISTRICT

2021-07-22 Regular Meeting of the Board of Directors

Thursday, July 22, 2021 at 4:00 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 22, 2021 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/98714931659>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 987 1493 1659



Meeting Book - 2021-07-22 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, July 22, 2021 at 4:00 p.m.

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Meeting ID: 987 1493 1659

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

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

Agency Negotiator: Judith Newland

Negotiating Parties: Lindsay M. Nagle Trust of 2021, dated 1/28/21

Under Negotiation: Price & Terms of Payment

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

Subject Matter: Second Quarter 2021 Corporate Compliance Report

Number of items: One (1)

5.3. Hearing (Health & Safety Code § 32155)

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
July 22, 2021 AGENDA – Continued

*Subject Matter: Third & Fourth Quarter Fiscal Year 2021 Disclosure Summary Report
Number of items: One (1)*

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

*Subject Matter: Third & Fourth Quarter Fiscal Year 2021 Risk Management Report
Number of items: One (1)*

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

*Discussion will concern: Proposed new programs and facilities
Estimated Date of Disclosure: September 2021*

5.6. Approval of Closed Session Minutes◆

06/24/2021

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

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. ACKNOWLEDGMENTS

12.1. Thank you to Pastor Wayne Hoag for 30 years of service in Pastoral Care and 25 years as Director of Pastoral Care!

12.2. Tahoe Forest Hospital receives 2021 Women’s Choice Award as One of America’s 100 Best Hospitals for Patient Experience ATTACHMENT

12.3. July 2021 Employee of the Month..... ATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE◆

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
July 22, 2021 AGENDA – Continued

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

New Policy Approval

- *Incline Village MSC Ophthalmology Outpatient Surgery Policy*

Privilege Form with Changes

- *Ophthalmology Privilege Form*

14. CONSENT CALENDAR ♦

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

14.1. Approval of Minutes of Meetings

14.1.1. 06/24/2021 Special Meeting..... ATTACHMENT

14.1.2. 06/24/2021 Regular Meeting..... ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – June 2021 ATTACHMENT

14.3. Board Reports

14.3.1. President & CEO Board Report..... ATTACHMENT

14.3.2. COO Board Report ATTACHMENT

14.3.3. CNO Board Report ATTACHMENT

14.3.4. CIIO Board Report..... ATTACHMENT

14.3.5. CMO Board Report ATTACHMENT

14.4. Approve President & Chief Executive Officer Job Description

14.4.1. President & CEO Job Description ATTACHMENT

14.5. Approve Second Quarter 2021 Corporate Compliance Report

14.5.1. Q2 2021 Corporate Compliance Report ATTACHMENT

14.6. Approve updated board policies

14.6.1. Conflict of Interest, ABD-07..... ATTACHMENT

14.6.2. New Programs & Services, ABD-18 ATTACHMENT

14.7. Retire board policy

14.7.1. Board of Directors Qualifications, ABD-04 ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. Truckee Library Presentation ATTACHMENT

The Board of Directors will receive an update from the local library.

16. ITEMS FOR BOARD ACTION ♦

16.1. Measure T Support ♦ ATTACHMENT

The Board of Directors will review and consider support of Measure T, a proposed parcel tax for the Truckee Fire Protection District.

16.2. Resolution 2021-03 ♦ ATTACHMENT*

The Board of Directors will review and consider for approval a resolution regarding the General Obligation (GO) Bond Property Tax Rate Calculation.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
July 22, 2021 AGENDA – Continued

- 19. BOARD MEMBERS REPORTS/CLOSING REMARKS**
- 20. CLOSED SESSION CONTINUED, IF NECESSARY**
- 21. OPEN SESSION**
- 22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**
- 23. ADJOURN**

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is August 26, 2021 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.



FOR IMMEDIATE RELEASE

July 8, 2021

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

**Tahoe Forest Hospital Receives the 2021 Women’s Choice Award® as One of
America’s 100 Best Hospitals for Patient Experience
Tahoe Forest Hospital Ranked in the Top 3% in the Small Hospital Size Category
www.tfhd.com**

(Tahoe/Truckee, Calif.) – Tahoe Forest Hospital has been named one of America’s 100 Best Hospitals for Patient Experience by the [Women’s Choice Award®](#), America’s trusted referral source for the best in healthcare. The award signifies that Tahoe Forest Hospital has been ranked within the top 100 hospitals of similar size based on number of beds, of which there were four categories. Tahoe Forest Hospital was ranked #32 out of 1057 hospitals in the small size category.

“Our great medical and hospital staff at Tahoe Forest Hospital continually strives to provide a great experience for our patients, and their families, throughout their entire journey of care with us,” said Harry Weis, President & CEO, Tahoe Forest Health System. “This award is a testament to our staff’s excellence and dedication to a patient-centered care, and we thank our community for continuing to entrust their health care in the hands of our great team.”

Tahoe Forest Hospital is one of a total of 400 award recipients representing the hospitals that have met the highest standards for patient experience in the U.S. by the Women’s Choice Award.

The methodology used to select Tahoe Forest Hospital as one of America’s 100 Best Hospitals for Patient Experience is unique in that it evaluates specific Hospital Consumer Assessment of Healthcare Providers and Systems ([HCAHPS](#)) [survey results](#) along with primary research about women’s healthcare preferences. The Women’s Choice Award collects the data for HCAHPS survey measures, including effective communication with nurses and doctors, responsiveness to request for help and patient recommendation, and uses a weighted average to award the best hospitals for patient experience.

For more information on America’s 100 Best Hospitals for Patient Experience, please visit:
<https://womenschoiceaward.com/best-patient-experience>

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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.

About the Women's Choice Award®

The Women's Choice Award for Best Hospitals™ is a trusted referral source and coveted credential that identifies the nation's best hospitals based on robust criteria that includes relevant clinical performance, patient satisfaction and appropriate accreditations. The Best Hospitals demonstrate exceptional ratings, providing the highest level of care and commitment to their patients' health and well-being. The Women's Choice Award is the only designation that takes into consideration the preferences of women when selecting a hospital. Visit <http://www.womenschoiceaward.com/> to learn more.



EMPLOYEE OF THE MONTH

SARA WOJCIK

STAFF NURSE – ER IVCH

We are honored to announce Sara Wojcik as our July 2021 Employee of the Month!

Sara has been with the Tahoe Forest Health System since February 24th, 2020.

Here are some of the great things Sara’s colleagues have to say about her:

“Sara is incredible, intelligent, and represents the future of healthcare... she brings to the table a level of excellence and competence that is rare.”

“Sara demonstrates our systems values and goes above and beyond in customer service!”

“She has gone above and beyond putting in long hours and always being here to help all of us.”

Please join us in congratulating all of our Terrific Nominees!

Denise Stracner

Samantha Valois

Joshua Fetbrandt

Kimberly Osburn

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the July 15, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the July 22, 2021 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>New Policy Approval</u> <ul style="list-style-type: none"> • Incline Village MSC Ophthalmology Outpatient Surgery Policy <u>Privilege Form with Changes</u> <ul style="list-style-type: none"> • Ophthalmology Privilege Form 	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.	

INCLINE VILLAGE MSC Ophthalmology Outpatient Surgery,

POLICY:

The MSC will maintain a defined list of Ophthalmology surgical/operative procedures that are provided in the outpatient setting.

PURPOSE:

To delineate procedures performed and anesthetics used at each MSC location.

PROCEDURE:

- A. The operative procedures performed in the Ophthalmology clinic are as follows
 - 1. Removal of superficial cornea/scleral/conjunctival foreign body
 - 2. Punctal plug insertion and removal
 - 3. Punctal dilation and nasolacrimal irrigation
 - 4. Release of aqueous fluid from paracentesis wound if IOP elevated in post op day one cataract patient
 - 5. Repair of simple eyelid laceration
 - 6. Chalazion incision/drainage
 - 7. Eyelid lesion removal and biopsy
 - 8. Epilation
 - 9. Corneal Suture Removal
- B. The following types of anesthesia are used in the outpatient Ophthalmology clinic:
 - 1. Topical
 - a. Proparacaine
 - b. Fluorescein/Benoxinate (AltaFluor)
 - 2. Local
 - a. Lidocaine
- C. Preoperative evaluation of the patient includes (must meet same standards as apply to inpatient surgery).
 - 1. Vital signs taken
 - 2. Evaluation for presence of acute infectious process
 - 3. Ensure patient does not have allergies to any medications being used, and does not have hematologic disorder
- D. Written preoperative instructions for minor procedures given to the patient including:
 - 1. Any special preparations to be made by patient (ie recommendations for patient to have a driver to take them home after procedure)
 - 2. Any postoperative requirements (ie we often use ophthalmic ointment to affected area for 1 week)
 - 3. An understanding that hospital admission may be required in the event of an unforeseen circumstance
- E. Informed consent given and signed, retained in medical record
- F. All anatomical parts, tissue and foreign objects removed, are delivered to a pathologist designated by the hospital based on the physician's judgement, and a report of the findings filed in the patients' medical record.
- G. Written Post-Operative instructions are provided to the patient.

All revision dates:

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery
Delineated Clinical Privilege Request

SPECIALTY: OPHTHALMOLOGY

NAME: _____
 Please print

Check one:

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- TFHD Multi Specialty 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 Ophthalmology.
Board Certification:	Board qualification required. Current American Board of Ophthalmology Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility.
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed 50 patients in the past two years. 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 an ophthalmologist.) Medical Staff Office will request information
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<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 the state of (NV) if applicable. • 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 Surgery

Name: _____

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **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 – OPHTHALMOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<p>CORE PRIVILEGES for Clinic Setting History and Physical examinations.</p> <p>Core privileges, work up, diagnose and the performance of surgical procedures on patients all ages presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmology problems. Including diagnostic imaging and interpretation. Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> • Repair of simple laceration <u>eyelid</u> • Removal of foreign body, superficial foreign body removals (cornea and conjunctiva) • Repair, reconstruction of eyelids • Lid and Ocular adnexal surgery including plastic procedures, chalazion, eye lid lesion removal and biopsy • Punctal Plug Insertion and Removal • Punctal Dilatation and Nasolacrimal Irrigation • <u>Corneal Suture Removal</u> • <u>Removal of aqueous fluid through paracentesis wound if IOP elevated in post op day one cataract patient</u> • <u>Epilation</u> 	_____	MSC Clinic	5 different cases observed and evaluated	Successfully performed 50 cases during the past 2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p>CORE PRIVILEGES History and Physical examinations. Admitting privileges for patients related to ophthalmology</p> <p>Core privileges, including swing admissions in ophthalmology include the ability to admit, work up, diagnose and the performance of surgical procedures on patients all ages presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmology problems. Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> • Repair of simple laceration • Removal of foreign body • Enucleation- • <u>Insertion of IOL and reposition</u> • <u>IOL Exchange</u> • Repair, reconstruction of eyelids • Lid and Ocular adnexal surgery including plastic procedures, chalazion, ptosis, ectropion, entropion, repair of laceration, blepharoplasty, nasolacrimal duct probing, canalicular system repair, 	_____	TFH <u>only</u> & <u>IVCH</u>	5 different cases observed and evaluated	Successfully performed 50 cases during the past 2 years

TAHOE FOREST HOSPITAL DISTRICT

(R)	(A)	GENERAL PRIVILEGES – OPHTHALMOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
		insertion of tubes <ul style="list-style-type: none"> • Conjunctiva surgery including grafts, flaps, tumors, pterygium, and pingueculum • Corneal/scleral laceration repairs • Glaucoma surgery • Intra and extra capsular cataract extraction with or without lens implant or phacoemulsification (pre-case review of planned surgery if possible for non-phacoemulsification methods) • Glaucoma reoperation • Injection of intravitreal medications 				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consultation only	====	IVCH		
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____ _____ _____				

TAHOE FOREST HOSPITAL DISTRICT

		SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA	TFH	Take and pass competency	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	YAG Laser Procedures	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	1 case/2 years
<input type="checkbox"/>	<input type="checkbox"/>	YAG-SLT laser for glaucoma _____ Included in residency, or Documentation of appropriate training in use and safety of laser equipment				
<input type="checkbox"/>	<input type="checkbox"/>	Anterior and Posterior Seg Documentation of appropriate training in use and safety of laser equipment	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	
<input type="checkbox"/>	<input type="checkbox"/>	Direct Eyebrow Lift Documentation of appropriate training in residency or previous practice experience within the last 2 years.	_____	TFH	None	2 cases/5years
<input type="checkbox"/>	<input type="checkbox"/>	Canaloplasty Documentation of recent certification course completion of training by Science and/or current practice experience within the last 2 years.	_____	TFH	3 By qualified Ophthalmologist	25 cases/2 years
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

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

_____ Date

_____ Applicant's Signature

TAHOE FOREST HOSPITAL DISTRICT

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)

Department Review Dates: 5/7/07; 9/09; 11/09; 9/11; 04/09/2018

Medical Executive Committee: 5/16/07; 11/09; 9/11; 05/17/2018

Board of Directors: 5/29/07; 11/09; 9/11; 05/24/2018



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, June 24, 2021 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 June 24, 2021 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; Dale Chamblin, Treasurer;

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Betts, Chief Financial Officer; Alex MacLennan, Chief Human Resources; Karen Baffone, Chief Nursing Officer; Jake Dorst, Chief Information & Innovation Officer; Ted Owens, Executive Director of Governance; Karli Epstein, Executive Director of Foundations; Tena Mather, Director of Pharmacy; Janet Van Gelder, Director of Quality; Laura Laakso, Director of Laboratory Services; Jaye Chasseur, Controller; Sadie Wangler, Director of Diagnostic Imaging; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

Absent: Director Michael McGarry

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 2022 Budget

Crystal Betts, Chief Financial Officer, presented the Fiscal Year 2022 Budget. Discussion was held.

Director Art King joined the meeting at 2:15 p.m.

No public comment was received.

**ACTION: Motion made by Director Chamblin, seconded by Director King, to approve the TFHD Fiscal Year 2022 Budget inclusive of a 5% rate increase excluding room and board rates effective August 1, 2021 as presented. Roll call vote taken.
Chamblin – AYE**

King – AYE
Brown – AYE
Wong – AYE

4.2. TFHD 3 Year Capital Plan – FY2023-2025

CFO reviewed the Fiscal Year 2023-2025 Capital Plan. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, seconded by Director King, to approve the TFHD Three Year Capital Plan (FY2023-2025) as presented. Roll call vote taken.
Chamblin – AYE
King – AYE
Brown – AYE
Wong – AYE

5. ADJOURN

Meeting adjourned at 3:24 p.m.



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

Thursday, June 24, 2021 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 June 24, 2021 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 4:00 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; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: 2021 SCOR Survey Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Number of Potential Cases: One (1)

Discussion was held on a privileged item.

5.3. Liability Claims (Gov. Code § 54956.95)

Claimants: Matthew Cutts

Claim Against: Tahoe Forest Hospital District

Discussion was held on a privileged item.

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

The Board of Directors finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: TFHD v. Anthem Blue Cross Life and Health Insurance Company, and Blue Cross of California

Case No.: 01-20-0019-3645

Discussion was held on a privileged item.

5.5. Approval of Closed Session Minutes

05/27/2021

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted the Board considered six items in Closed Session. There was no reportable action on item 5.1.

The Board approved item 5.2. Initiation of Litigation on a 4 to 1 vote, with Director McGarry voting no, and all other Directors voting yes. The action, the defendants, and the other particulars shall, once formally commenced, be disclosed to any person upon inquiry, unless to do so would jeopardize the District's ability to effectuate service of process on one or more unserved parties.

There was no reportable action on items 5.3. and 5.4.

Item 5.5. Approval of Closed Session Minutes was approved on a 5-0 vote and item 5.6. Medical Staff Credentials was also 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. ACKNOWLEDGMENTS

12.1. Cassy Kiehn was named June 2021 Employee of the Month.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policy with No Changes Approval

- Neonate Annual Policy Approval
- CAH Services by Agreement or Arrangement

Rules and Regulation Changes

- Change in Composition of IDPC Committee

Discussion was held.

No public comment was received.

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings

14.1.1. 05/27/2021 Regular Meeting

14.1.2. 06/15/2021 Special Meeting

14.2. Financial Reports

14.2.1. Financial Report – May 2021

14.3. Board Reports

14.3.1. COO Board Report

14.3.2. CNO Board Report

14.3.3. CIO Board Report

14.3.4. CMO Board Report

No public comment was received.

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

15. ITEMS FOR BOARD DISCUSSION

15.1. Association of California Healthcare Districts (ACHD) Certified Healthcare District Program

Marina Servantez of ACHD presented on the ACHD Certified Healthcare District Program and shared details of TFHD's certification. Discussion was held.

No public comment was received.

15.2. Truckee Tahoe Workforce Housing Agency Update

Emily Vitas, Executive Director of Truckee Tahoe Workforce Housing Agency (TTWHA), provided a one year update on the efforts of TTWHA. Discussion was held.

16. ITEMS FOR BOARD ACTION

16.1. Resolution 2021-02

The Board of Directors considered action on a resolution in support of the Tahoe Forest Hospital Trauma Center. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, to approve Resolution 2021-02 as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16.2. Approval of Fiscal Year 2022 President & CEO Incentive Criteria

The Board of Directors reviewed and considered approval of the President & CEO's Fiscal Year 2022 Incentive Compensation Criteria. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, to approve the FY22 President & CEO Incentive Compensation Criteria as presented, seconded by Director McGarry. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

Director Brown provided an update from the June 23, 2021 Board Executive Committee meeting.

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

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Wong shared the Placer County Grand Jury sent a letter regarding the entity language on District's website. The District's legal name will be added to the home page and a response to the Grand Jury will be sent.

20. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 7:24 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
JUNE 2021 FINANCIAL REPORT - PRELIMINARY
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Board of Directors
Of Tahoe Forest Hospital District
JUNE 2021 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the twelve months ended June 30, 2021.

Activity Statistics

- ❑ TFH acute patient days were 423 for the current month compared to budget of 390. This equates to an average daily census of 14.1 compared to budget of 13.0.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Physical and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 80.20% in the current month compared to budget of 50.80% and to last month's 55.11%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 52.45% compared to budget of 50.86% and prior year's 54.40%.
- ❑ EBIDA was \$17,629,399 (41.3%) for the current month compared to budget of \$819,020 (2.4%), or \$16,810,379 (38.8%) above budget.
- ❑ Net Income was \$13,448,950 for the current month compared to budget of \$323,676 or \$13,125,274 above budget. Net Income year-to-date was \$36,970,121 compared to budget of \$12,768,167 or \$24,201,954 above budget.
- ❑ Cash Collections for the current month were \$22,334,169, which is 125% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$82,252,933 at the end of June compared to \$87,406,992 at the end of May.

Balance Sheet

- ❑ Working Capital is at 154.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 285.2 days. Working Capital cash increased a net \$8,564,000. Accounts Payable decreased \$665,000 and Accrued Payroll & Related Costs increased \$935,000. The District received \$4,620,000 from the Medi-Cal PRIME, Hospital Quality Assurance Fee, and Rate Range IGT programs and cash collections were above budget 25%.
- ❑ Net Patient Accounts Receivable increased approximately \$11,133,000 and Cash collections were 125% of target. EPIC Days in A/R were 64.9 compared to 69.4 at the close of May, a 4.50 days decrease. The \$5,000,000 Managed Care reserve was reversed and reserves on our Commercial, Government, and Self-Pay accounts were reduced after performing an in-depth look back of cash collection activity in the current fiscal year for prior fiscal year's Accounts Receivable.
- ❑ Inventories increased after recording adjustments to the year-end balances based on physical counts performed by our third party vendor.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$3,148,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and received \$4,620,000 from the Medi-Cal PRIME, Hospital Quality Assurance Fee, and Rate Range IGT programs.
- ❑ To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
- ❑ Accounts Payable decreased \$665,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased \$935,000. Accrued payroll days increased 4 days in June and the District booked additional amounts due at year-end for the Employer's Portion of Deferred Comp.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$3,418,000. The District continues to make repayments of FY21 overpaid Inpatient and Outpatient claims along with repayment of the Medicare Accelerated Payments received in FY20 and booked an estimated liability due back to HHS for COVID stimulus funds received in FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$42,736,809 compared to budget of \$33,696,396 or \$9,040,413 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,585,878, compared to budget of \$7,412,176 or \$826,298 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$36,150,931 compared to budget of \$26,284,220 or \$9,866,711 above budget.
- ❑ Current month’s Gross Revenue Mix was 38.7% Medicare, 14.8% Medi-Cal, .0% County, 1.8% Other, and 44.7% Commercial Insurance compared to budget of 39.8% Medicare, 13.5% Medi-Cal, .0% County, 2.9% Other, and 43.8% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.5% Medicare, 16.1% Medi-Cal, .0% County, 2.5% Other, and 44.9% Commercial Insurance compared to budget of 39.5% Medicare, 13.5% Medi-Cal, .0% County, 2.9% Other, and 44.1% Commercial Insurance. Last month’s mix was 39.1% Medicare, 15.4% Medi-Cal, .0% County, 3.6% Other, and 41.9% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$8,465,269 compared to budget of \$16,581,590 or \$8,116,321 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.02% decrease in Medicare, a 1.24% increase to Medi-Cal, .01% decrease in County, a 1.12% decrease in Other, and Commercial Insurance was above budget .91%, 2) The District reversed the \$5,000,000 Managed Care reserve it had been carrying on its books, 3) a reduction to Commercial, Government, and Self-pay reserves was made based on an analysis of prior fiscal year collections received in the current fiscal year, and 4) booked \$745,000 due from the State’s SNF Supplemental Reimbursement program.

DESCRIPTION	June 2021 Actual	June 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,657,155	6,839,459	182,304	
Employee Benefits	2,528,160	2,098,609	(429,551)	A year-end adjustment to the Employer’s Portion of Deferred Comp liability and increased use of Paid Leave created a negative variance in Employee Benefits.
Benefits – Workers Compensation	92,786	282,503	189,717	
Benefits – Medical Insurance	1,263,737	1,440,031	176,294	
Medical Professional Fees	1,504,103	1,165,818	(338,285)	We saw negative variances in Outpatient Physical and Occupational Therapy fees, IVCH Physical Therapy fees, IVCH ER Physician fees, and Oncology Quality Incentive bonuses.
Other Professional Fees	253,400	188,982	(64,418)	Professional fees for Information Technology, Medical Staff, Marketing, and Administration were above budget, creating a negative variance in Other Professional Fees.
Supplies	2,217,873	2,519,407	301,534	Positive variance in Supplies related to year-end adjustments to the Surgery/Anesthesia/Patient Chargeable Supplies and Pharmacy Supplies inventories.
Purchased Services	1,838,731	1,825,956	(12,775)	Outsourced billing and collections services for Patient Financial Services, Information Technology Software services, and Department Repairs were over budget, however, the negative variances were offset in the most part by positive variances in the other Purchased Services categories.
Other Expenses	1,357,886	1,053,946	(303,940)	Media Branding, Billboard Snipes, Marketing Campaigns and a year-end adjustment to our Comprehensive Liability Insurance IBNR created a negative variance in Other Expenses.
Total Expenses	17,713,831	17,414,711	(299,120)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
JUNE 2021 PRELIMINARY

ASSETS	Jun-21	May-21	Jun-20	
CURRENT ASSETS				
* CASH	\$ 87,293,236	\$ 78,728,938	\$ 58,583,549	1
PATIENT ACCOUNTS RECEIVABLE - NET	35,004,510	23,871,995	29,477,442	2
OTHER RECEIVABLES	7,907,070	7,284,293	7,531,818	
GO BOND RECEIVABLES	370,471	(46,288)	274,820	
ASSETS LIMITED OR RESTRICTED	8,441,297	8,538,286	8,135,165	
INVENTORIES	4,289,922	3,835,729	3,828,579	3
PREPAID EXPENSES & DEPOSITS	2,204,429	2,374,593	2,478,503	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	10,714,319	13,862,171	11,722,549	4
TOTAL CURRENT ASSETS	<u>156,225,253</u>	<u>138,449,717</u>	<u>122,032,425</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	74,384,021	1
MUNICIPAL LEASE 2018	724,425	724,306	2,354,714	
TOTAL BOND TRUSTEE 2017	20,532	20,531	20,530	
TOTAL BOND TRUSTEE 2015	1,329,189	1,192,086	1,310,438	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	3,846,113	3,845,520	3,951,201	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	30,595	18,248	22,144	
TOTAL	81,481,864	81,331,701	83,190,037	
LESS CURRENT PORTION	(8,441,297)	(8,538,286)	(8,135,165)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>73,040,567</u>	<u>72,793,415</u>	<u>75,054,872</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,757,352)	(1,687,352)	(1,140,359)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	910,968	
PROPERTY & EQUIPMENT NET	172,778,970	173,213,894	177,386,020	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>2,056,812</u>	<u>2,041,050</u>	<u>1,791,406</u>	
TOTAL ASSETS	<u>403,253,323</u>	<u>385,719,796</u>	<u>376,035,332</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	349,097	352,329	387,885	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,387,922	1,267,315	1,847,362	5
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,129,718	5,153,423	5,414,174	
GO BOND DEFERRED FINANCING COSTS	500,429	502,750	528,279	
DEFERRED FINANCING COSTS	149,800	150,840	162,283	
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 7,516,966</u>	<u>\$ 7,426,657</u>	<u>\$ 8,339,984</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,011,872	\$ 6,676,847	\$ 8,110,859	6
ACCRUED PAYROLL & RELATED COSTS	15,749,407	14,813,968	19,619,487	7
INTEREST PAYABLE	383,096	420,409	537,185	
INTEREST PAYABLE GO BOND	1,409,630	1,133,211	1,434,451	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,647,796	20,230,148	22,474,941	8
HEALTH INSURANCE PLAN	2,311,155	2,311,155	2,171,369	
WORKERS COMPENSATION PLAN	2,173,244	2,173,244	2,173,244	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,704,145	1,362,793	1,362,793	9
CURRENT MATURITIES OF GO BOND DEBT	1,715,000	1,715,000	1,605,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,828,809	3,828,809	3,708,209	
TOTAL CURRENT LIABILITIES	<u>58,934,154</u>	<u>54,665,585</u>	<u>63,197,536</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,754,663	27,950,999	31,676,521	
GO BOND DEBT NET OF CURRENT MATURITIES	97,525,211	97,543,167	99,455,679	
DERIVATIVE INSTRUMENT LIABILITY	1,387,922	1,267,315	1,847,362	5
TOTAL LIABILITIES	<u>185,601,950</u>	<u>181,427,065</u>	<u>196,177,098</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	224,030,456	210,581,506	187,060,336	
	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,137,882</u>	
TOTAL NET POSITION	<u>\$ 225,168,338</u>	<u>\$ 211,719,388</u>	<u>\$ 188,198,218</u>	

* Amounts included for Days Cash on Hand calculation











TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
JUNE 2021 PRELIMINARY

1. Working Capital is at 154.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 285.2 days. Working Capital cash increased a net \$8,564,000. Accounts Payable decreased \$665,000 (See Note 6) and Accrued Payroll & Related Costs increased \$935,000 (See Note 7). The District received \$4,620,000 from the Medi-Cal PRIME Program, HQAF Program, and Rate Range IGT Program (See Note 4). Cash collections were above budget 25%.
2. Net Patient Accounts Receivable increased \$11,133,000. Cash collections were 125% of target. EPIC Days in A/R were 64.9 compared to 69.4 at the close of May, a 4.50 days decrease. The increase in Net Patient Accounts Receivable is a result of reversing the \$5,000,000 Managed Care Reserve on advice of In-House Counsel and reducing reserves on our Commercial, Government, and Self-Pay accounts based on an in depth look back of cash collection activity for prior fiscal year Accounts Receivable collected in the current fiscal year.
3. Inventories increased after recording adjustments to the year-end balances based on physical counts performed by our third party vendor.
4. Estimated Settlements, Medi-Cal & Medicare decreased a net \$3,148,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs, and received payments from the Medi-Cal PRIME Program, Hospital Quality Assurance Fee Program, and CHW's Rate Range IGT Program totaling \$4,620,000.
5. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
6. Accounts Payable decreased \$665,000 due to the timing of the final check run in June.
7. Accrued Payroll & Related Costs increased a net \$935,000. Accrued payroll days increased 4 days in June and the District booked additional amounts due at year-end for the Employer's Portion of Deferred Comp.
8. Estimated Settlements, Medi-Cal & Medicare increased a net \$3,418,000. The District continues to make repayments of FY21 overpaid Inpatient and Outpatient claims along with repayment of the Medicare Accelerated Payments received in FY20 and booked an estimated liability due back to HHS for COVID stimulus funds received in FY20.
9. Comprehensive Liability Insurance Plan IBNR increased \$341,000 after receiving revised Tail Coverage numbers from BETA.

**Tahoe Forest Hospital District
Cash Investment
June 2021 Preliminary**

WORKING CAPITAL			
US Bank	\$ 86,047,433	0.01%	
US Bank/Kings Beach Thrift Store	151,471		
US Bank/Truckee Thrift Store	78,821		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,510</u>	0.05%	
Total			\$ 87,293,236
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,021</u>	0.26%	
Local Agency Investment Fund			\$ 74,384,021
Municipal Lease 2018			\$ 724,425
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 1,329,189
GO Bonds Cash 2008			\$ 3,851,877
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	30,595		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ 33,938
TOTAL FUNDS			\$ 167,637,218
 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>	0.26%	
TOTAL RESTRICTED FUNDS			\$ 1,137,882
TOTAL ALL FUNDS			<u>\$ 168,775,100</u>

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
JUNE 2021 PRELIMINARY**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16	<u>FY 2015</u> Jul 14 to June 15
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position		↑	FYE 7.0%		16.4%	17.1%	13.1%	5.1%	14.4%	10.9%	2.19%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		65	89	69	68	55	57	60
<u>Gross Accounts Receivable</u> 365 Days					67	73	71	73	55	55	62
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 224 Days Projected 4th Qtr 274 Days	60 Days A- 232 Days BBB- 134 Days	285	246	179	176	191	201	156
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		↓	13%		26%	31%	35%	22%	17%	19%	18%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		↓	18%		32%	40%	42%	25%	18%	24%	23%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 	↑	FYE Budget \$567,125 End 4th Qtr Budget \$567,125		\$603,184	\$523,994	\$473,890	\$333,963	\$348,962	\$313,153	\$290,776
Debt Service Coverage: Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 5.52 With GO Bond 3.15	1.95	10.55 5.56	9.50 5.06	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77	3.28 1.59

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2021 PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JUNE 2020
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 42,736,809	\$ 33,696,396	\$ 9,040,413	26.8%	\$ 453,295,108	\$ 417,471,729	\$ 35,823,379	8.6%	1 \$ 378,688,373
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,186,840	\$ 2,876,297	\$ 310,543	10.8%	\$ 38,736,125	\$ 30,309,787	\$ 8,426,338	27.8%	\$ 34,783,399
3,399,038	4,535,879	(1,136,841)	-25.1%	45,688,905	60,517,140	(14,828,235)	-24.5%	53,268,416
6,585,878	7,412,176	(826,298)	-11.1%	84,425,030	90,826,927	(6,401,897)	-7.0%	88,051,816
Total Gross Revenue - Inpatient								
36,150,931	26,284,220	9,866,711	37.5%	368,870,078	326,644,802	42,225,276	12.9%	290,636,557
36,150,931	26,284,220	9,866,711	37.5%	368,870,078	326,644,802	42,225,276	12.9%	290,636,557
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
12,620,687	14,746,247	2,125,560	14.4%	194,903,259	182,422,599	(12,480,660)	-6.8%	2 154,199,359
(5,000,000)	-	5,000,000	0.0%	-	-	-	0.0%	2 -
1,344,483	1,035,551	(308,932)	-29.8%	15,499,800	12,824,036	(2,675,764)	-20.9%	2 15,292,435
-	-	-	0.0%	-	-	-	0.0%	2 -
244,612	799,792	555,180	69.4%	6,388,886	9,904,264	3,515,378	35.5%	2 5,352,230
(744,513)	-	744,513	0.0%	(1,244,722)	-	1,244,722	0.0%	2 (2,134,699)
8,465,269	16,581,590	8,116,321	48.9%	215,547,223	205,150,899	(10,396,324)	-5.1%	172,709,325
Total Deductions from Revenue								
135,667	106,918	(28,749)	-26.9%	1,143,846	1,385,432	241,586	17.4%	1,110,367
936,024	1,012,007	(75,983)	-7.5%	12,392,561	12,440,493	(47,932)	-0.4%	3 12,987,963
35,343,231	18,233,731	17,109,500	93.8%	251,284,293	226,146,755	25,137,538	11.1%	220,077,377
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
6,657,155	6,839,459	182,304	2.7%	81,436,410	84,153,252	2,716,842	3.2%	4 79,163,749
2,528,160	2,098,609	(429,551)	-20.5%	27,421,862	25,764,504	(1,657,358)	-6.4%	4 25,591,700
92,786	282,503	189,717	67.2%	1,064,917	1,190,041	125,124	10.5%	4 730,606
1,263,737	1,440,031	176,294	12.2%	14,807,515	15,080,386	272,871	1.8%	4 12,532,413
1,504,103	1,165,818	(338,285)	-29.0%	14,232,483	14,142,310	(90,173)	-0.6%	5 17,081,726
253,400	188,982	(64,418)	-34.1%	2,228,711	2,309,001	80,290	3.5%	5 2,766,074
2,217,873	2,519,407	301,534	12.0%	31,169,008	31,268,117	99,109	0.3%	6 28,821,884
1,838,731	1,825,956	(12,775)	-0.7%	22,593,371	22,380,200	(213,171)	-1.0%	7 20,644,309
1,357,886	1,053,946	(303,940)	-28.8%	10,634,509	11,042,631	408,122	3.7%	8 9,280,737
17,713,831	17,414,711	(299,120)	-1.7%	205,588,785	207,330,442	1,741,657	0.8%	196,613,198
17,629,399	819,020	16,810,379	2052.5%	45,695,508	18,816,313	26,879,195	142.9%	23,464,179
TOTAL OPERATING EXPENSE								
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
620,215	615,153	5,062	0.8%	7,615,820	7,279,414	336,406	4.6%	9 6,874,453
417,352	417,352	(0)	0.0%	5,008,219	5,008,219	0	0.0%	5,220,126
40,510	66,813	(26,303)	-39.4%	709,007	837,415	(128,408)	-15.3%	10 1,805,664
-	-	-	0.0%	-	-	-	0.0%	-
117,098	87,710	29,388	33.5%	690,458	1,052,517	(362,059)	-34.4%	11 1,321,056
(70,000)	(133,333)	63,333	47.5%	(691,992)	(1,599,996)	908,004	56.8%	12 (1,592,144)
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	13 7,546
(3,800,000)	-	(3,800,000)	100.0%	(3,621,517)	-	(3,621,517)	100.0%	14 13,521,428
(1,107,460)	(1,155,923)	48,463	4.2%	(13,643,240)	(13,871,076)	227,836	1.6%	15 (13,364,758)
(113,675)	(109,813)	(3,862)	-3.5%	(1,307,466)	(1,351,421)	43,955	3.3%	16 (1,435,641)
(284,489)	(283,303)	(1,186)	-0.4%	(3,484,675)	(3,403,219)	(81,456)	-2.4%	(3,620,802)
(4,180,449)	(495,344)	(3,685,105)	-743.9%	(8,725,387)	(6,048,147)	(2,677,240)	-44.3%	8,736,927
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 13,448,950	\$ 323,676	\$ 13,125,274	4055.1%	\$ 36,970,121	\$ 12,768,167	\$ 24,201,954	189.5%	\$ 32,201,107
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				188,198,218				
NET POSITION - AS OF JUNE 30, 2021				\$ 225,168,338				
41.3%	2.4%	38.8%		10.1%	4.5%	5.6%		6.2%
RETURN ON GROSS REVENUE EBIDA								







TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2021 PRELIMINARY

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>JUNE 2021</u>	<u>YTD 2021</u>
1) Gross Revenues			
<p>Acute Patient Days were above budget 8.47% or 33 days. Swing Bed days were below budget 55.81% or 24 days. Inpatient Ancillary revenues were below budget 25.10% due to lower acuity in our patients.</p> <p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, Outpatient Physical Therapy and Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ (826,298)</p> <p>9,866,711</p> <p>\$ 9,040,413</p>	<p>\$ (6,401,897)</p> <p>42,225,276</p> <p>\$ 35,823,379</p>
2) Total Deductions from Revenue			
<p>The payor mix for June shows a 1.02% decrease to Medicare, a 1.24% increase to Medi-Cal, 1.12% decrease to Other, .01% decrease in County, and a .91% increase to Commercial when compared to budget. We saw a positive variance in Contractual Allowances due to A/R Days over 120 decreasing 5.00% and an adjustment was made to our contractual reserve percentages after performing an in-depth look back of prior fiscal year cash collections in the current year.</p> <p>On advice of In-House Counsel the Managed Care reserve was reversed, creating a positive variance in this category.</p> <p>We were notified by the State that additional funds were due to the District from the SNF Supplemental reimbursement program, creating a positive variance in Prior Period Settlements.</p>	<p>Contractual Allowances</p> <p>Managed Care</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ 2,125,560</p> <p>5,000,000</p> <p>(308,932)</p> <p>-</p> <p>555,180</p> <p>744,513</p> <p>\$ 8,116,321</p>	<p>\$ (12,480,660)</p> <p>-</p> <p>(2,675,764)</p> <p>-</p> <p>3,515,378</p> <p>1,244,722</p> <p>\$ (10,396,324)</p>
3) Other Operating Revenue			
<p>Retail Pharmacy revenues were below budget 8.61%.</p> <p>Truckee and Incline Village Thrift Store revenues exceeded budget by 20.44%.</p> <p>A true-up of accrued ER Collections was made based on actuals received at the close of June created a negative variance in IVCH ER Physician Guarantee</p> <p>Children's Center revenues were above budget 32.88%.</p> <p>Positive variance in Grants related to funding for the PRIME Suboxone program.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ (26,439)</p> <p>17,479</p> <p>4,926</p> <p>(143,107)</p> <p>28,303</p> <p>(8,251)</p> <p>-</p> <p>51,105</p> <p>\$ (75,983)</p>	<p>\$ (162,591)</p> <p>102,387</p> <p>(7,142)</p> <p>(326,504)</p> <p>139,146</p> <p>67,708</p> <p>-</p> <p>139,065</p> <p>\$ (47,932)</p>
4) Salaries and Wages			
<p>Employee Benefits</p> <p>Negative variance in PL/SL was offset, in part, by the positive variance in Salaries and Wages.</p> <p>The Employer's Portion of Deferred Comp liability was completed at year-end, creating a negative variance in Pension/Deferred Comp.</p> <p>Employee Benefits - Workers Compensation</p> <p>Employee Benefits - Medical Insurance</p>	<p>Total</p> <p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p> <p>Total</p> <p>Total</p>	<p>\$ 182,304</p> <p>\$ (259,498)</p> <p>46,480</p> <p>(189,596)</p> <p>8,989</p> <p>(35,926)</p> <p>\$ (429,551)</p> <p>\$ 189,717</p> <p>\$ 176,294</p>	<p>\$ 2,716,842</p> <p>\$ (1,132,242)</p> <p>(302,972)</p> <p>(355,287)</p> <p>3,516</p> <p>129,627</p> <p>\$ (1,657,358)</p> <p>\$ 125,124</p> <p>\$ 272,871</p>
5) Professional Fees			
<p>Physical Therapy and Occupational Therapy volumes were above budget 12.90%, creating a negative variance in The Center (includes OP Therapy).</p> <p>IVCH Physical Therapy volumes were above budget 44.94% along with Tahoe City Physical Therapy volumes exceeding budget 46.16%, creating a negative variance in TFH/IVCH Therapy Services.</p> <p>Legal services created a negative variance in Medical Staff.</p> <p>IVCH ER Physicians is under contract with a new company effective April 2021 and is structured differently from the former contract, creating a negative variance in this category.</p> <p>Professional services provided to Marketing created a negative variance in this category.</p> <p>Negative variance in Administration is related to legal services provided for a Managed</p>	<p>The Center (includes OP Therapy)</p> <p>TFH/IVCH Therapy Services</p> <p>Medical Staff Services</p> <p>Information Technology</p> <p>IVCH ER Physicians</p> <p>Marketing</p> <p>TFH Locums</p> <p>Corporate Compliance</p> <p>Truckee Surgery Center</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Administration</p> <p>Multi-Specialty Clinics Administration</p> <p>Managed Care</p> <p>Financial Administration</p> <p>Home Health/Hospice</p> <p>Multi-Specialty Clinics</p>	<p>\$ (39,544)</p> <p>(36,667)</p> <p>(33,435)</p> <p>(10,431)</p> <p>(40,332)</p> <p>(32,953)</p> <p>(25,831)</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>(39,523)</p> <p>2,760</p> <p>3,500</p> <p>5,469</p> <p>5,989</p> <p>(180,169)</p>	<p>\$ (223,682)</p> <p>(155,332)</p> <p>(144,325)</p> <p>(72,684)</p> <p>(61,883)</p> <p>(38,560)</p> <p>(9,236)</p> <p>(5,199)</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>12,627</p> <p>15,288</p> <p>18,290</p> <p>37,230</p> <p>51,511</p> <p>57,819</p>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2021 PRELIMINARY

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>JUNE 2021</u>	<u>YTD 2021</u>
Care contract dispute.	Human Resources	28,582	83,059
	Sleep Clinic	12,455	101,747
Quality Incentive Bonuses paid to Sierra Nevada Oncology Group created a negative variance in Multi-Specialty Clinics.	Miscellaneous	(28,084)	122,791
	Oncology	5,511	200,660
	Total	<u>\$ (402,703)</u>	<u>\$ (9,883)</u>
6) <u>Supplies</u>	Pharmacy Supplies	\$ 17,340	\$ (630,238)
Oncology Drugs Sold to Patients and Drugs Sold to Patients revenues were above budget 28.17%, however, an adjustment was made to the year-end Pharmacy Inventory, creating a positive variance in Pharmacy Supplies.	Office Supplies	986	54,318
	Minor Equipment	(27,472)	111,004
	Food	5,034	145,182
An adjustment was made to the Surgery/Anesthesia/Patient Chargeable Supplies inventory based on the year-end physical counts performed by our third party vendor, creating a positive variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	287,793	202,595
	Other Non-Medical Supplies	17,853	216,249
	Total	<u>\$ 301,534</u>	<u>\$ 99,109</u>
7) <u>Purchased Services</u>	Patient Accounting	\$ (138,203)	\$ (1,245,565)
Outsourced billing and collection services created a negative variance in Patient Accounting.	Laboratory	1,452	(69,882)
	Home Health/Hospice	(827)	(7,789)
Software services for Revenue Cycle's new clearing house created a negative variance in Information Technology.	Information Technology	(13,321)	(5,974)
	Diagnostic Imaging Services - All	3,406	11,835
District wide minor repair projects created a negative variance in Department Repairs.	Department Repairs	(33,323)	13,208
	Pharmacy IP	3,552	18,089
Prior period over accruals for the Skilled Nursing Facilities third party billing and collection agency created a positive variance in Miscellaneous.	Community Development	5	27,347
	Human Resources	2,949	48,910
Purchased Services for MSC Orthopedics, Occupational Health, and MSC Administration came in below budget creating a positive variance in Multi-Specialty Clinics.	The Center	1,063	75,888
	Miscellaneous	90,842	165,487
	Multi-Specialty Clinics	27,313	280,821
	Medical Records	42,317	474,455
	Total	<u>\$ (12,775)</u>	<u>\$ (213,171)</u>
Outsourced coding services came in below budget creating a positive variance in Medical Records.			
8) <u>Other Expenses</u>	Marketing	\$ (172,039)	\$ (275,349)
Media Branding, Billboard Snipes, and Advertising Campaigns created a negative variance in Marketing.	Miscellaneous	(23,760)	(138,161)
	Insurance	(168,160)	(105,184)
Comprehensive Liability Insurance IBNR was adjusted at year-end, creating a negative variance in Insurance.	Utilities	(819)	(80,163)
	Human Resources Recruitment	4	(12,818)
Budgeted Building Rent for anticipated increases in office space needs did not transpire in June, creating a positive variance in Other Building Rent.	Multi-Specialty Clinics Equip Rent	1,262	(3,061)
	Multi-Specialty Clinics Bldg Rent	1,481	(176)
	Equipment Rent	6,780	24,598
	Dues and Subscriptions	(4,503)	67,768
	Physician Services	2,483	107,560
	Other Building Rent	26,640	200,571
	Outside Training & Travel	26,691	622,537
	Total	<u>\$ (303,940)</u>	<u>\$ 408,122</u>
9) <u>District and County Taxes</u>	Total	<u>\$ 5,062</u>	<u>\$ 336,406</u>
10) <u>Interest Income</u>	Total	<u>\$ (26,303)</u>	<u>\$ (128,408)</u>
11) <u>Donations</u>	IVCH	\$ 39,267	\$ (257,498)
Donations in support of the IVCH Behavioral Health program created a positive variance in IVCH Donations.	Operational	(9,879)	(104,561)
	Total	<u>\$ 29,388</u>	<u>\$ (362,059)</u>
12) <u>Gain/(Loss) on Joint Investment</u>	Total	<u>\$ 63,333</u>	<u>\$ 908,004</u>
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	<u>\$ -</u>	<u>\$ -</u>
14) <u>COVID-19 Emergency Funding</u>	Total	<u>\$ (3,800,000)</u>	<u>\$ (3,621,517)</u>
The District booked an estimated liability due back to HHS for overpayment of COVID-19 stimulus funding.			
15) <u>Depreciation Expense</u>	Total	<u>\$ 48,463</u>	<u>\$ 227,836</u>
Year-end Building and Equipment depreciation was trued-up at the close of June, creating a positive variance in Depreciation Expense.			
16) <u>Interest Expense</u>	Total	<u>\$ (3,862)</u>	<u>\$ 43,955</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
JUNE 2021 PRELIMINARY

	Current Status	Desired Position	Target	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18	FY 2017 Jul 16 to June 17	FY 2016 Jul 15 to June 16	FY 2015 Jul 14 to June 15
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 3.1% 4th Qtr 3.1%	8.2%	8.5%	5.7%	2.6%	7.4%	5.5%	1.0%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.1% 4th Qtr 3.1%	3.4%	4.0%	3.8%	3.3%	3.1%	3.4%	3.1%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 2.4% 4th Qtr 2.4%	1.4%	1.4%	.1%	.1%	-.0%	-.2%	1.6%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 6.9% 4th Qtr 6.9%	14.0%	.1%	11.5%	4.8%	7.9%	11.3%	9.1%
Operating Expense Variance to Budget (Under<Over>)		↑	-0-	\$276,095	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 4.2% 4th Qtr 8.3%	16.1%	6.2%	7.1%	4.5%	7.9%	7.3%	3.5%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
JUNE 2021 PRELIMINARY

CURRENT MONTH				YEAR TO DATE					PRIOR YTD JUNE 2020		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 2,689,539	\$ 2,142,846	\$ 546,693	25.5%	Total Gross Revenue	\$ 26,859,423	\$ 26,248,185	\$ 611,238	2.3%	1	\$ 23,239,753	
				Gross Revenues - Inpatient							
\$ 9,098	\$ 4,311	\$ 4,787	111.0%	Daily Hospital Service	\$ 54,897	\$ 68,155	\$ (13,258)	-19.5%		\$ 16,423	
12,369	1,350	11,019	816.2%	Ancillary Service - Inpatient	39,903	54,051	(14,148)	-26.2%		18,864	
21,467	5,661	15,806	279.2%	Total Gross Revenue - Inpatient	94,800	122,206	(27,406)	-22.4%	1	35,287	
2,668,072	2,137,185	530,887	24.8%	Gross Revenue - Outpatient	26,764,623	26,125,979	638,644	2.4%		23,204,466	
2,668,072	2,137,185	530,887	24.8%	Total Gross Revenue - Outpatient	26,764,623	26,125,979	638,644	2.4%	1	23,204,466	
				Deductions from Revenue:							
151,676	848,769	697,093	82.1%	Contractual Allowances	9,087,575	10,324,829	1,237,254	12.0%	2	8,535,559	
156,770	85,714	(71,056)	-82.9%	Charity Care	1,259,187	1,049,927	(209,260)	-19.9%	2	1,284,244	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
(10,029)	85,714	95,743	111.7%	Bad Debt	677,494	1,049,927	372,433	35.5%	2	1,175,241	
-	-	-	0.0%	Prior Period Settlements	(196,004)	-	196,004	0.0%	2	(227,656)	
298,417	1,020,197	721,780	70.7%	Total Deductions from Revenue	10,828,252	12,424,683	1,596,431	12.8%	2	10,767,388	
(60,896)	78,597	(139,493)	-177.5%	Other Operating Revenue	802,741	1,124,134	(321,393)	-28.6%	3	1,171,316	
2,330,226	1,201,246	1,128,980	94.0%	TOTAL OPERATING REVENUE	16,833,912	14,947,636	1,886,276	12.6%		13,643,681	
				OPERATING EXPENSES							
411,361	408,474	(2,887)	-0.7%	Salaries and Wages	4,800,613	5,087,915	287,302	5.6%	4	4,585,478	
192,462	126,020	(66,442)	-52.7%	Benefits	1,607,920	1,545,489	(62,431)	-4.0%	4	1,658,582	
1,525	17,302	15,777	91.2%	Benefits Workers Compensation	18,294	73,282	54,988	75.0%	4	67,985	
72,481	82,887	10,406	12.6%	Benefits Medical Insurance	843,990	868,010	24,020	2.8%	4	710,972	
250,407	203,036	(47,371)	-23.3%	Medical Professional Fees	2,718,512	2,720,638	2,126	0.1%	5	2,826,059	
1,660	2,118	458	21.6%	Other Professional Fees	23,338	25,411	2,073	8.2%	5	28,964	
73,240	64,907	(8,333)	-12.8%	Supplies	651,482	713,203	61,721	8.7%	6	652,247	
55,111	61,110	5,999	9.8%	Purchased Services	777,067	753,882	(23,185)	-3.1%	7	798,905	
128,739	94,570	(34,169)	-36.1%	Other	1,056,612	986,093	(70,519)	-7.2%	8	869,914	
1,186,985	1,060,424	(126,561)	-11.9%	TOTAL OPERATING EXPENSE	12,497,828	12,773,923	276,095	2.2%		12,199,104	
1,143,240	140,822	1,002,418	711.8%	NET OPERATING REV(EXP) EBIDA	4,336,084	2,173,713	2,162,371	99.5%		1,444,577	
				NON-OPERATING REVENUE/(EXPENSE)							
76,517	37,250	39,267	105.4%	Donations-IVCH	189,502	447,000	(257,498)	-57.6%	9	609,998	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	3,693,119	
(60,847)	(67,653)	6,806	-10.1%	Depreciation	(783,693)	(811,834)	28,141	3.5%	11	(772,111)	
15,671	(30,403)	46,074	151.5%	TOTAL NON-OPERATING REVENUE/(EXP)	(591,127)	(364,834)	(226,293)	-62.0%		3,531,006	
\$ 1,158,911	\$ 110,419	\$ 1,048,492	949.6%	EXCESS REVENUE(EXPENSE)	\$ 3,744,957	\$ 1,808,879	\$ 1,936,078	107.0%		\$ 4,975,583	
42.5%	6.6%	35.9%		RETURN ON GROSS REVENUE EBIDA	16.1%	8.3%	7.9%			6.2%	

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JUNE 2021 PRELIMINARY**

Variance from Budget	
Fav<Unfav>	
JUNE 2021	YTD 2021

1) Gross Revenues

Acute Patient Days were above budget by 1 at 2 and Observation Days were below budget by 2 at 0.

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

Gross Revenue -- Inpatient	\$ 15,806	\$ (27,406)
Gross Revenue -- Outpatient	530,887	638,644
	<u>\$ 546,693</u>	<u>\$ 611,238</u>

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 1.34% decrease in Medicare, a 1.22% decrease in Medicaid, a 5.91% increase in Commercial insurance, a 3.35% decrease in Other, and County was at budget. Contractual Allowances were below budget due to the shift in Payor Mix from Medicare and Medicaid to Commercial. A/R Days over 120 decreased 23.21% and an adjustment to reserves was made based on a review of cash collections on prior fiscal year accounts, creating a positive variance in Contractual Allowances.

Contractual Allowances	\$ 697,093	\$ 1,237,255
Charity Care	(71,056)	(209,260)
Charity Care-Catastrophic Event	-	-
Bad Debt	95,743	372,433
Prior Period Settlement	-	196,004
Total	<u>\$ 721,780</u>	<u>\$ 1,596,431</u>

3) Other Operating Revenue

A true-up of accrued ER Collections based on actuals received at the close of June created a negative variance in IVCH ER Physician Guarantee.

IVCH ER Physician Guarantee	\$ (143,107)	\$ (326,504)
Miscellaneous	3,614	5,111
Total	<u>\$ (139,493)</u>	<u>\$ (321,393)</u>

4) Salaries and Wages

Employee Benefits

The Employer's Portion of Deferred Comp liability was completed at year-end, creating a negative variance in Pension/Deferred Comp.

Physician Quality Incentive Bonus accruals created a negative variance in Nonproductive.

Total	<u>\$ (2,887)</u>	<u>\$ 287,302</u>
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PL/SL	\$ (16,471)	\$ (60,730)
Pension/Deferred Comp	(13,287)	(23,405)
Standby	(1,774)	(39,571)
Other	(525)	3,324
Nonproductive	(34,385)	57,950
Total	<u>\$ (66,442)</u>	<u>\$ (62,431)</u>

Employee Benefits - Workers Compensation

Total	<u>\$ 15,777</u>	<u>\$ 54,988</u>
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Employee Benefits - Medical Insurance

Total	<u>\$ 10,406</u>	<u>\$ 24,020</u>
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5) Professional Fees

IVCH ER Physicians is under contract with a new company and is structured differently from the former contract, which created a negative variance in this category.

Physical Therapy volumes exceeded budget by 44.94%, creating a negative variance in Therapy Services.

The Sleep Clinic was closed in April, creating a positive variance in Sleep Clinic Pro Fees.

IVCH ER Physicians	\$ (40,332)	\$ (61,883)
Therapy Services	(23,328)	(50,537)
Administration	-	-
Foundation	457	2,072
Miscellaneous	786	2,570
Multi-Specialty Clinics	3,049	10,230
Sleep Clinic	12,455	101,747
Total	<u>\$ (46,913)</u>	<u>\$ 4,199</u>

6) Supplies

Minor Equipment purchases for the various Specialty Clinics created a negative variance in Minor Equipment.

An adjustment was made to the year-end inventory based on a physical count performed by our third party vendor, creating a negative variance in Patient & Other Medical Supplies.

Minor Equipment	\$ (5,152)	\$ (32,567)
Office Supplies	331	1,963
Food	69	6,650
Non-Medical Supplies	1,454	10,341
Patient & Other Medical Supplies	(13,518)	35,204
Pharmacy Supplies	8,483	40,130
Total	<u>\$ (8,333)</u>	<u>\$ 61,721</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JUNE 2021 PRELIMINARY**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>JUNE 2021</u>	<u>YTD 2021</u>
7) <u>Purchased Services</u>			
Outsourced Lab testing created a negative variance in Laboratory.	Laboratory	\$ (5,433)	\$ (92,182)
Striping and re-waxing the hospital floors created a negative variance in Engineering/Plant/Communications.	Multi-Specialty Clinics	(1,088)	(13,634)
Stewardship services came in below budget, creating a positive variance in the Foundation.	Pharmacy	-	(2,706)
	Surgical Services	-	-
	Diagnostic Imaging Services - All	602	2,376
	Engineering/Plant/Communications	(2,430)	10,457
	Miscellaneous	1,040	12,236
	Foundation	8,401	12,850
	EVS/Laundry	1,628	15,647
	Department Repairs	3,279	31,769
	Total	\$ 5,999	\$ (23,185)
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Miscellaneous	\$ (21,973)	\$ (155,681)
Comprehensive Liability Insurance IBNR was adjusted at year-end, creating a negative variance in Insurance.	Equipment Rent	(363)	(6,646)
	Insurance	(10,636)	(6,402)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Marketing	(3,530)	917
	Dues and Subscriptions	(2,365)	9,264
	Other Building Rent	303	10,029
	Utilities	986	36,210
	Outside Training & Travel	3,410	41,791
	Total	\$ (34,169)	\$ (70,519)
9) <u>Donations</u>			
Donations in support of the hospital's Behavioral Health program created a positive variance in Donations.	Total	\$ 39,267	\$ (257,498)
10) <u>Gain/(Loss) on Sale</u>			
	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>			
	Total	\$ -	\$ 3,064
12) <u>Depreciation Expense</u>			
Depreciation was trued up at year-end, creating a positive variance in Depreciation Expense.	Total	\$ 6,806	\$ 28,141

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2020		BUDGET FYE 2021	PRELIMINARY FYE 2021	PRELIMINARY JUNE 2021	PROJECTED JUNE 2021	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PRELIMINARY 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 23,464,178		\$ 18,816,313	\$ 45,729,602	\$ 17,629,399	\$ 819,021	\$ 16,810,378	\$ 12,044,806	\$ 3,813,478	\$ 7,647,949	\$ 22,223,369
Interest Income	1,554,599		877,531	604,024	436	-	436	243,422	159,577	118,625	82,399
Property Tax Revenue	7,928,820		8,147,000	8,358,581	109,504	-	109,504	520,960	-	4,528,016	3,309,605
Donations	1,327,474		814,000	647,465	210,770	68,000	142,770	157,169	189,852	80,718	219,726
Emergency Funds	13,521,428		-	(3,621,517)	(3,800,000)	-	(3,800,000)	169,967	8,516	-	(3,800,000)
Debt Service Payments	(4,863,882)		(5,088,979)	(4,874,328)	(479,495)	(353,049)	(126,446)	(1,407,361)	(1,058,306)	(1,223,688)	(1,184,973)
Property Purchase Agreement	(805,927)		(811,932)	(744,266)	(67,661)	(67,661)	0	(135,321)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,332)	(1,574,216)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,332)
Copier	(62,040)		(62,160)	(58,013)	(4,579)	(5,180)	601	(14,320)	(14,691)	(14,681)	(14,320)
2017 VR Demand Bond	(790,555)		(852,391)	(989,752)	(127,047)	-	(127,047)	(697,303)	-	(165,402)	(127,047)
2015 Revenue Bond	(1,631,144)		(1,645,164)	(1,508,081)	(137,097)	(137,097)	(0)	(274,195)	(411,301)	(411,292)	(411,292)
Physician Recruitment	(263,670)		(287,500)	(145,360)	(100,000)	(100,000)	-	(22,500)	(100,000)	-	(22,860)
Investment in Capital											
Equipment	(3,468,675)		(3,509,190)	(2,153,332)	(193,486)	(340,352)	146,866	(529,968)	(407,461)	(343,272)	(872,631)
Municipal Lease Reimbursement	1,164,582		2,354,714	1,638,467	-	-	-	-	625,263	-	1,013,204
IT/EMR/Business Systems	(2,651,366)		(1,284,350)	(78,013)	-	(134,667)	134,667	(88,573)	(72,481)	114,447	(31,406)
Building Projects/Properties	(7,856,428)		(18,578,626)	(7,055,871)	(493,772)	(1,040,068)	546,296	(486,449)	(4,434,565)	(703,301)	(1,431,556)
Change in Accounts Receivable	(3,309,147)	N1	2,353,530	(5,512,025)	(11,132,514)	805,021	(11,937,535)	(924,092)	2,475,352	4,158,614	(11,221,899)
Change in Settlement Accounts	16,684,541	N2	(8,164,723)	1,958,514	6,565,500	1,507,218	5,058,282	1,300,582	(2,971,411)	3,131,002	498,341
Change in Other Assets	10,896	N3	(2,400,000)	(1,383,512)	(326,546)	(200,000)	(126,546)	(930,859)	230,662	(166,323)	(516,992)
Change in Other Liabilities	2,723,035	N4	900,000	(5,420,529)	574,502	2,233,333	(1,658,831)	(698,019)	993,342	(4,582,553)	(1,133,299)
Change in Cash Balance	45,966,385		(5,050,280)	28,692,165	8,564,298	3,264,456	5,299,842	9,349,085	(548,182)	12,760,234	7,131,027
Beginning Unrestricted Cash	87,018,706		132,985,091	132,985,091	153,112,958	153,112,958	-	132,985,091	142,334,176	141,785,994	154,546,228
Ending Unrestricted Cash	132,985,091		127,934,811	161,677,256	161,677,256	156,377,414	5,299,842	142,334,176	141,785,994	154,546,228	161,677,256
Operating Cash	112,604,555		117,744,542	142,794,769	142,794,769	137,494,926	5,299,842	121,953,638	121,405,457	134,165,691	142,794,769
Medicare Accelerated Payments	20,380,537		10,190,269	18,882,487	18,882,487	18,882,487	-	20,380,537	20,380,537	20,380,537	18,882,487
Expense Per Day	541,117		571,731	566,839	566,839	571,731	(4,892)	534,403	549,480	560,375	566,839
Days Cash On Hand	246		224	285	285	274	12	266	258	276	285
Days Cash On Hand - Operating Cash Only	208		206	252	252	240	11	228	221	239	252

Footnotes:

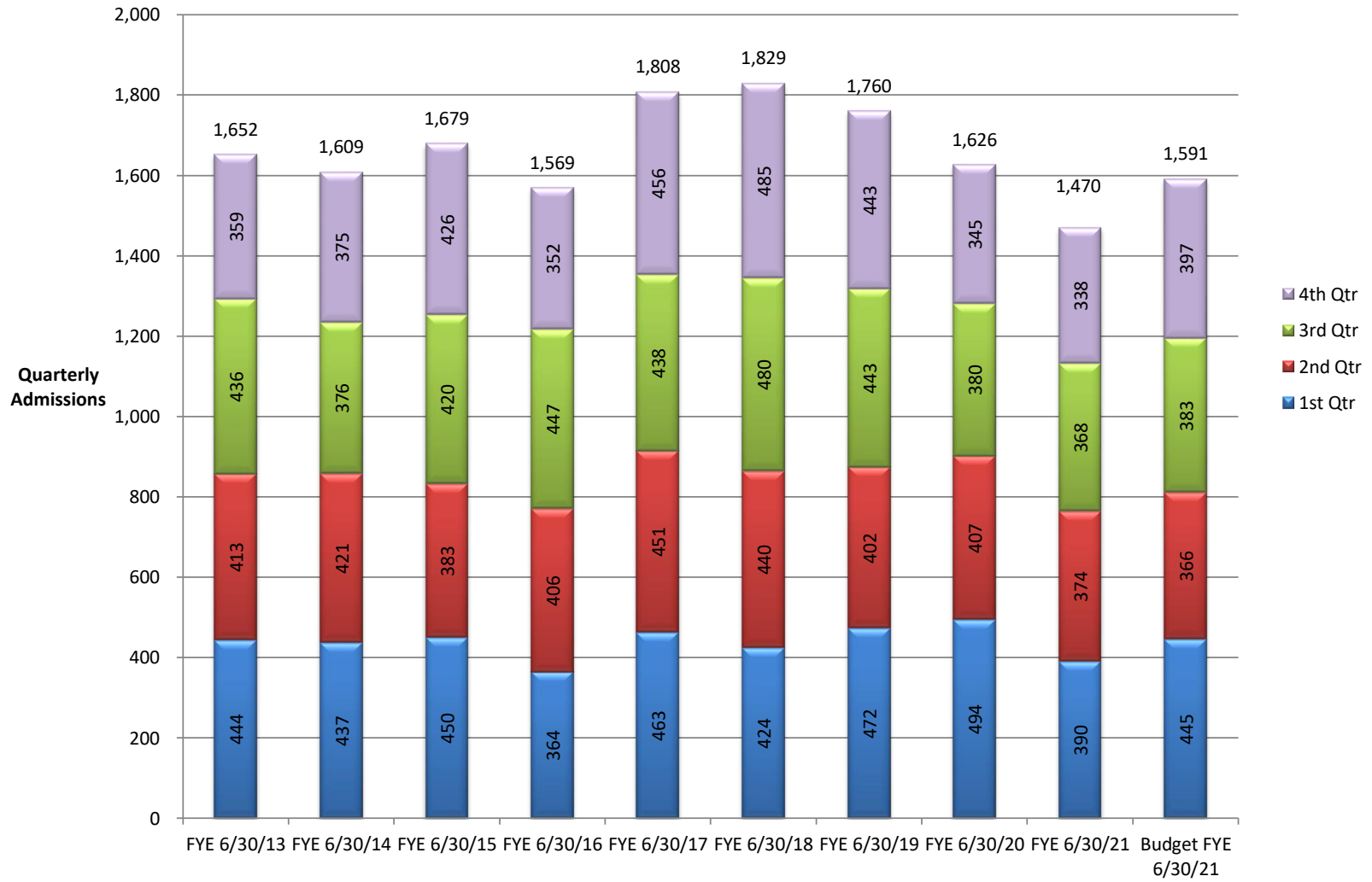
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

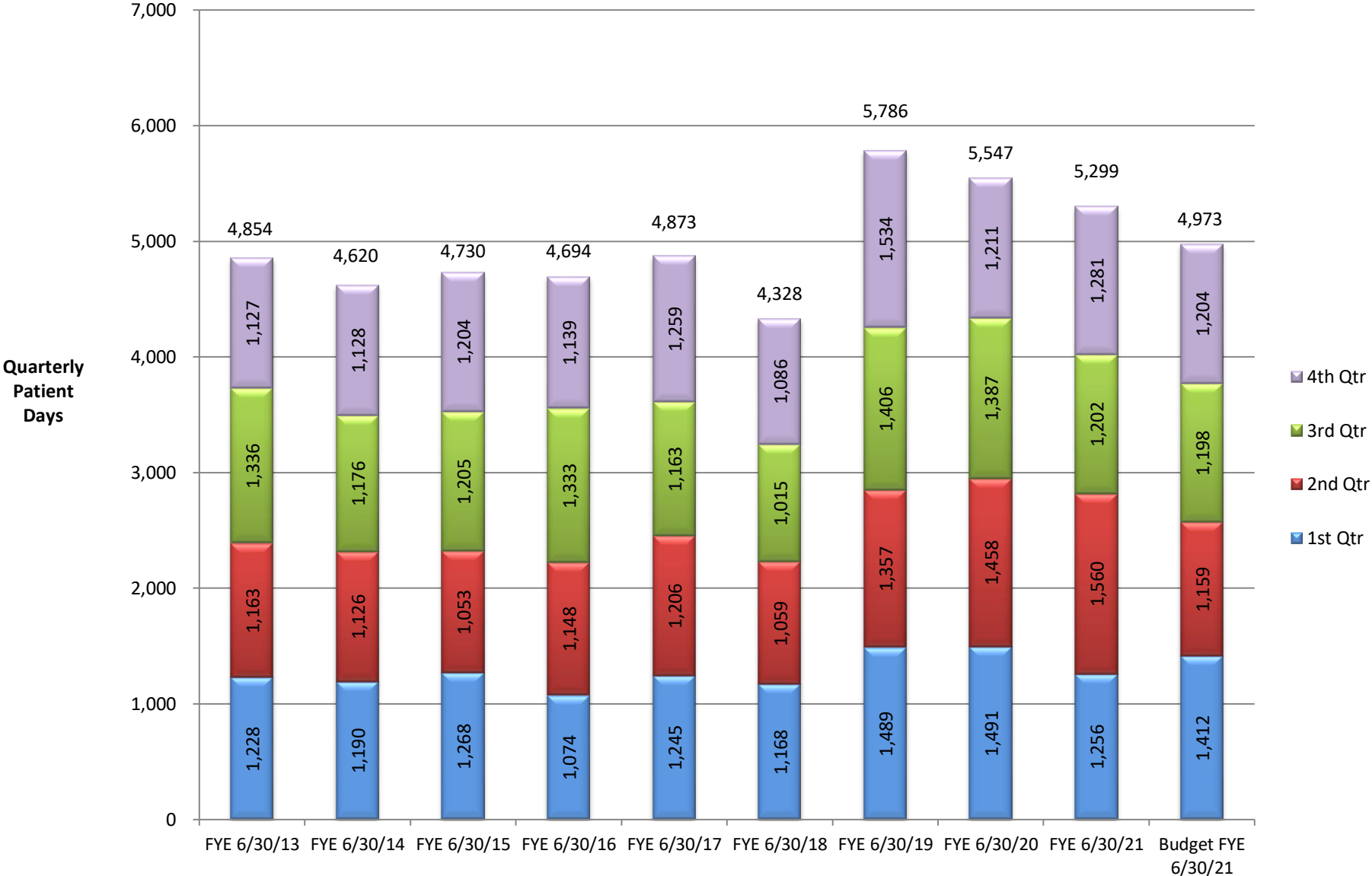
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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.

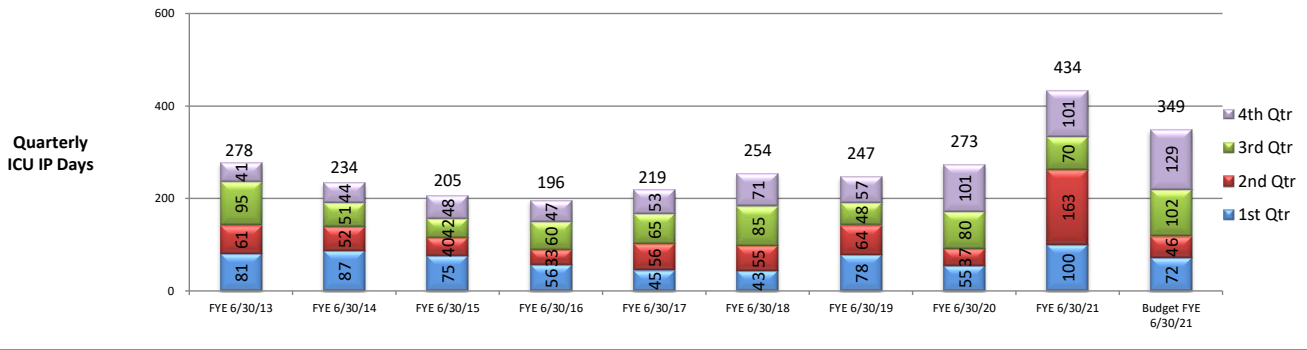
TOTAL TFH ADMISSIONS



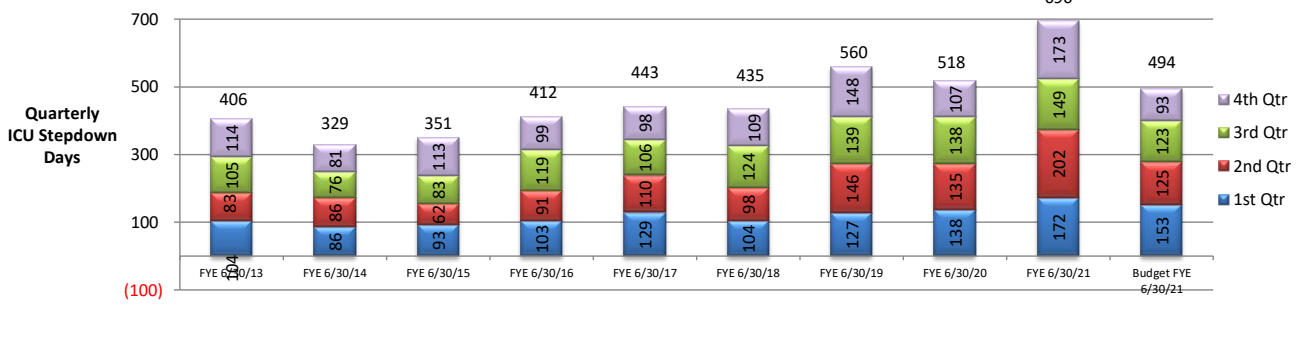
TOTAL TFH PATIENT DAYS



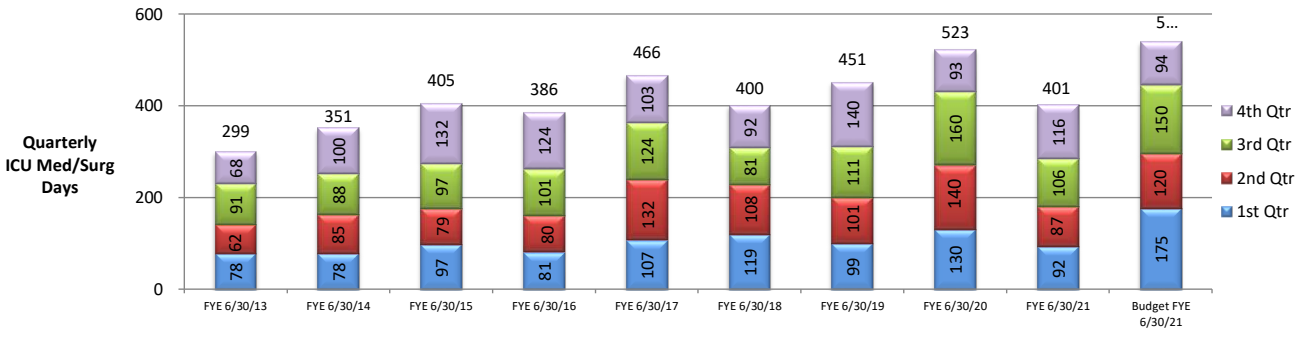
TOTAL TFH ICU INPATIENT DAYS



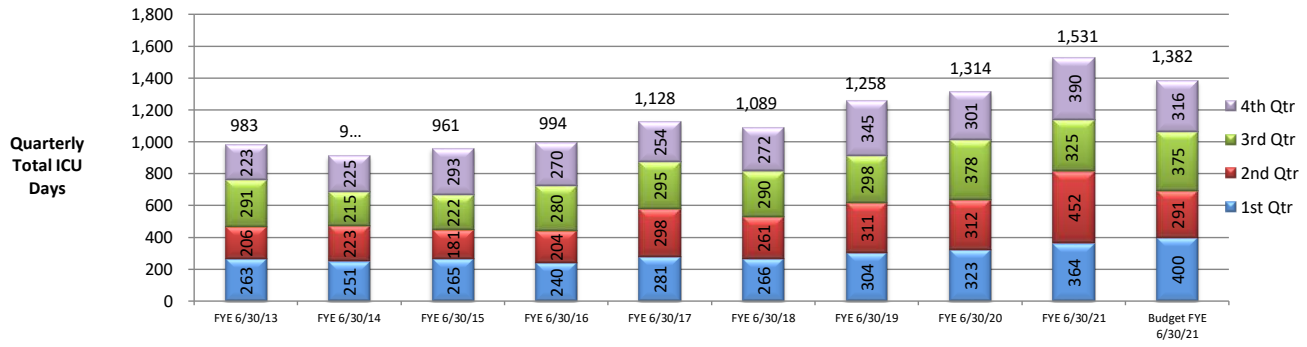
TOTAL TFH ICU STEPDOWN DAYS



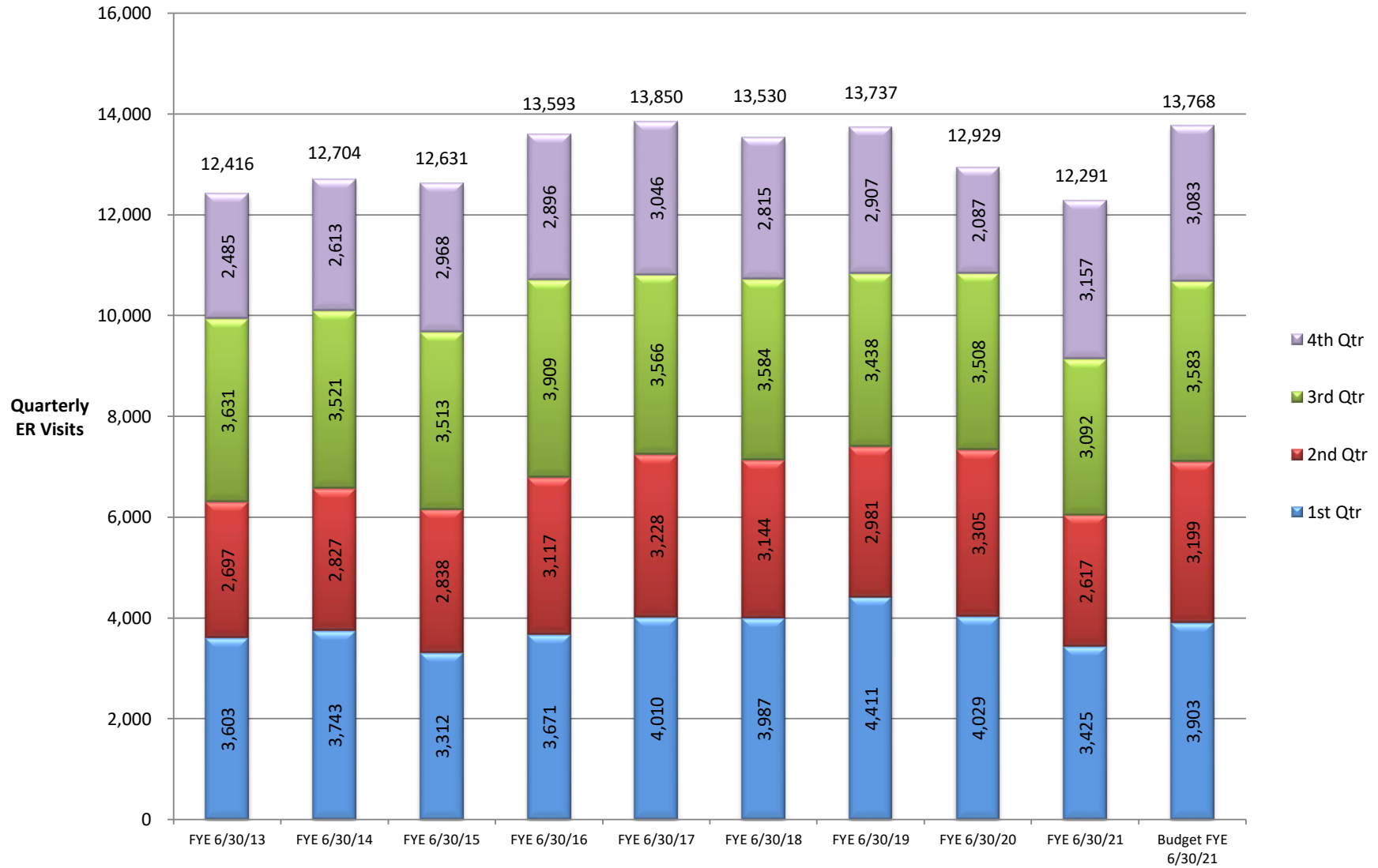
TOTAL TFH ICU MED/SURG DAYS



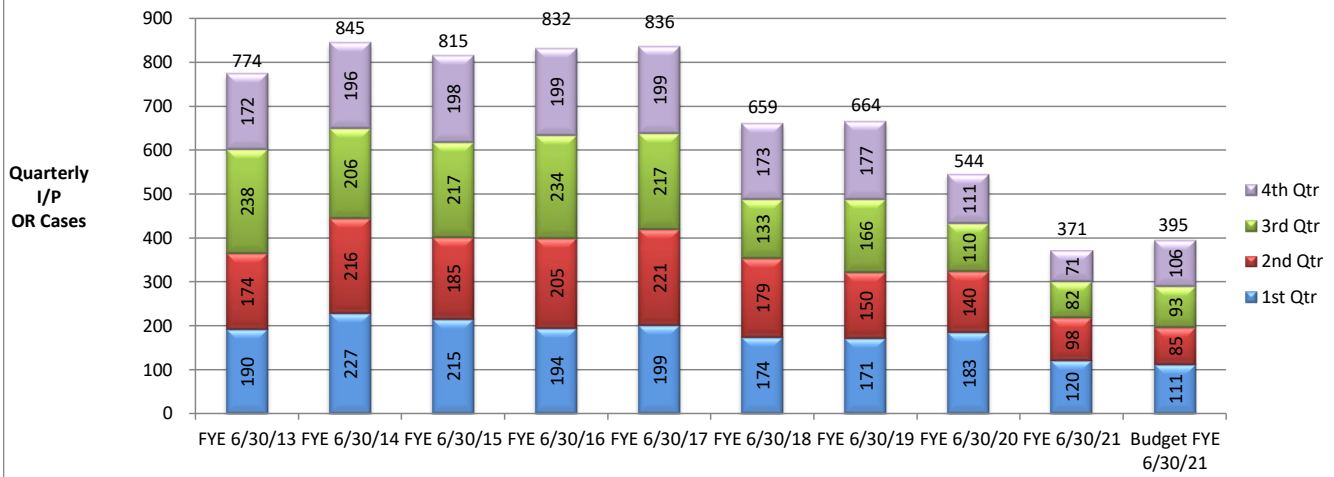
TOTAL TFH ICU DAYS



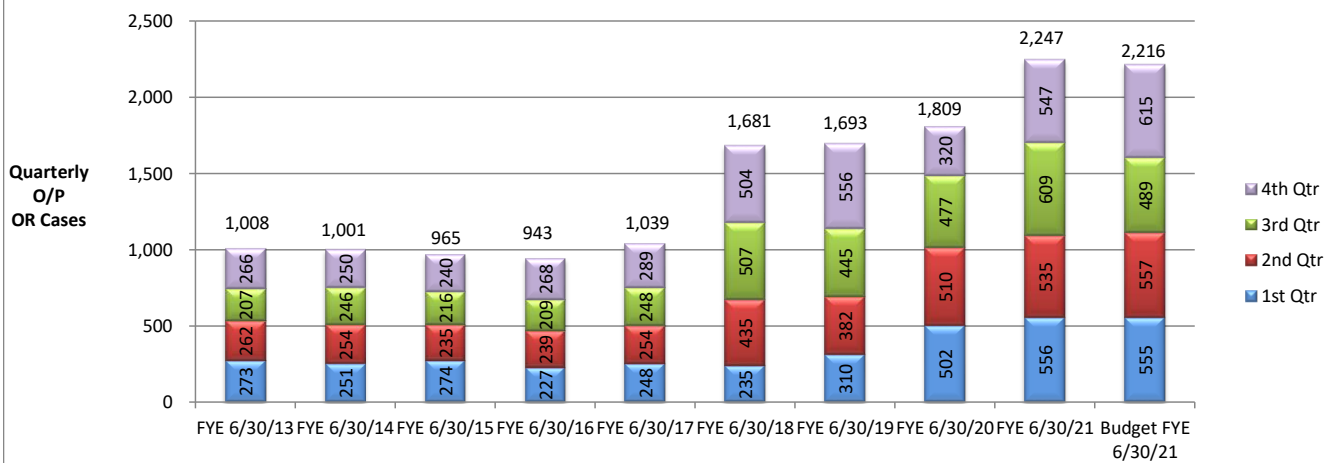
TOTAL TFH ER VISITS



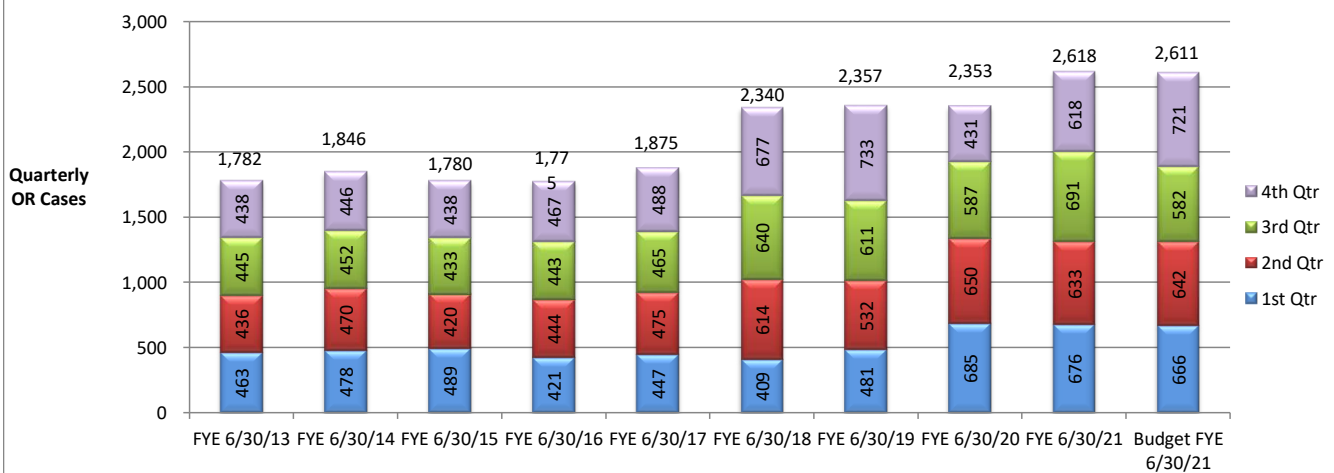
TOTAL TFH INPATIENT OR CASES



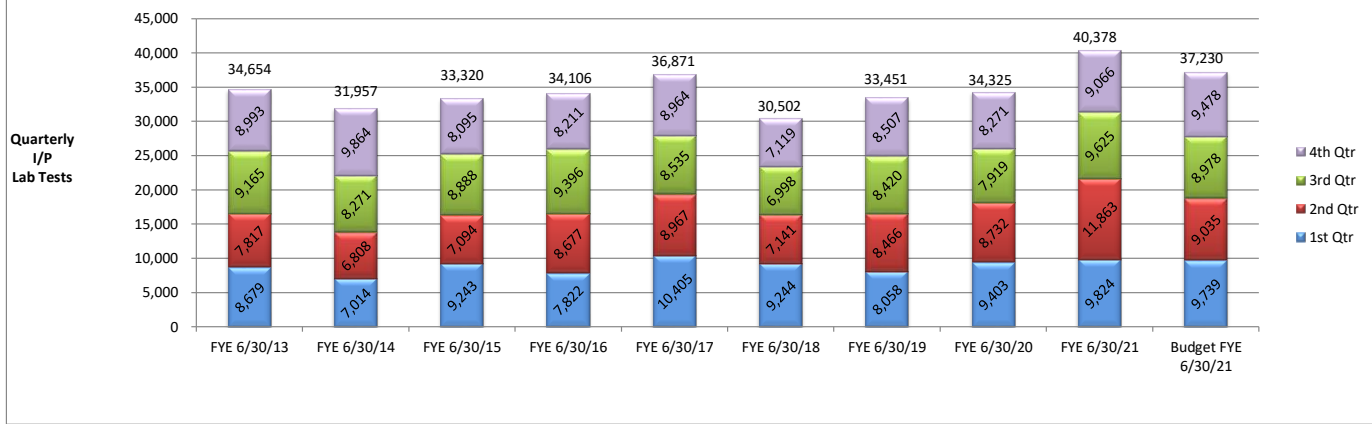
TOTAL TFH OUTPATIENT OR CASES



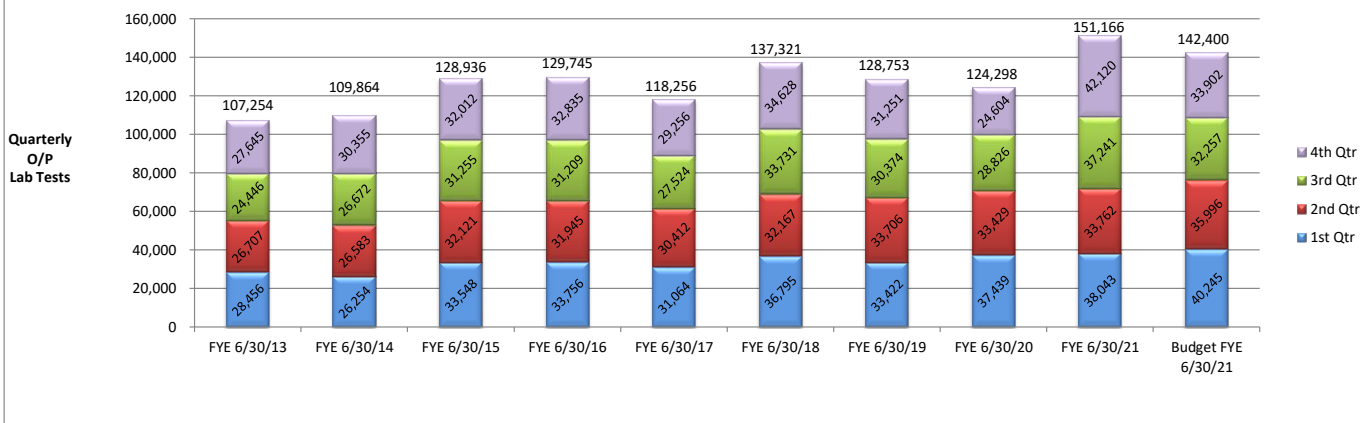
TOTAL TFH OR CASES



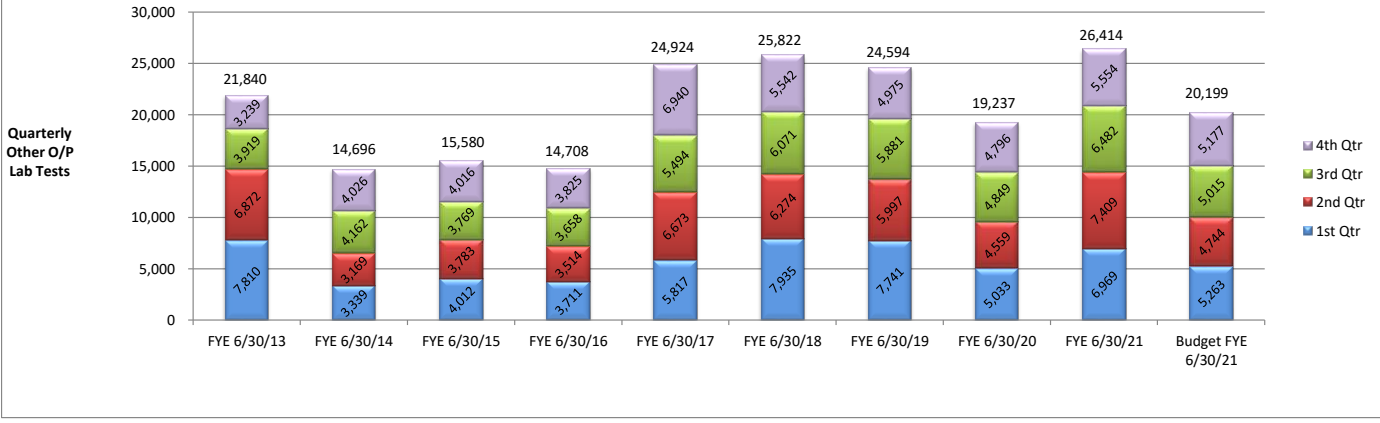
TOTAL TFH INPATIENT LAB TESTS



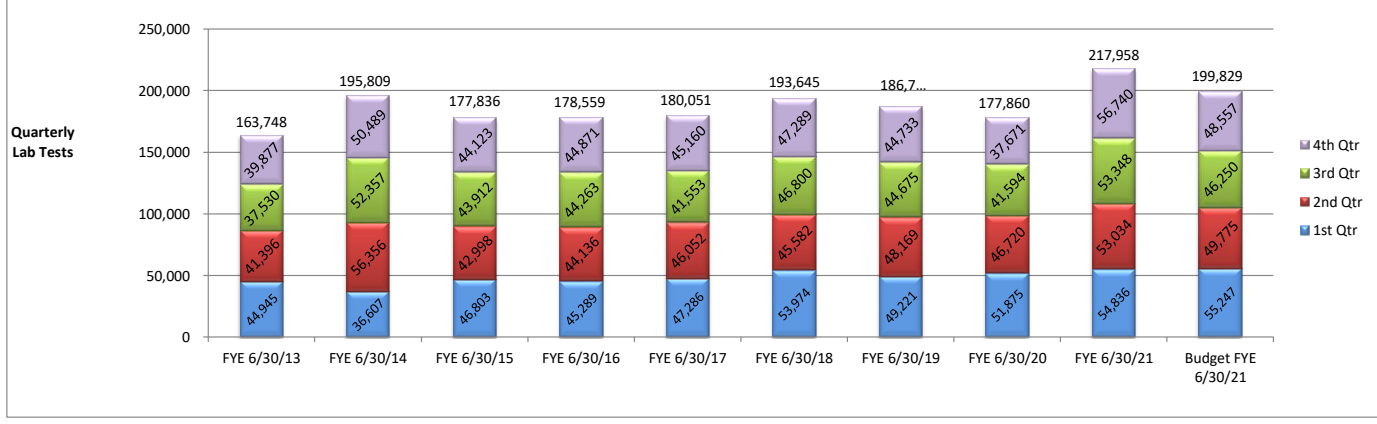
TOTAL TFH OUTPATIENT LAB TESTS



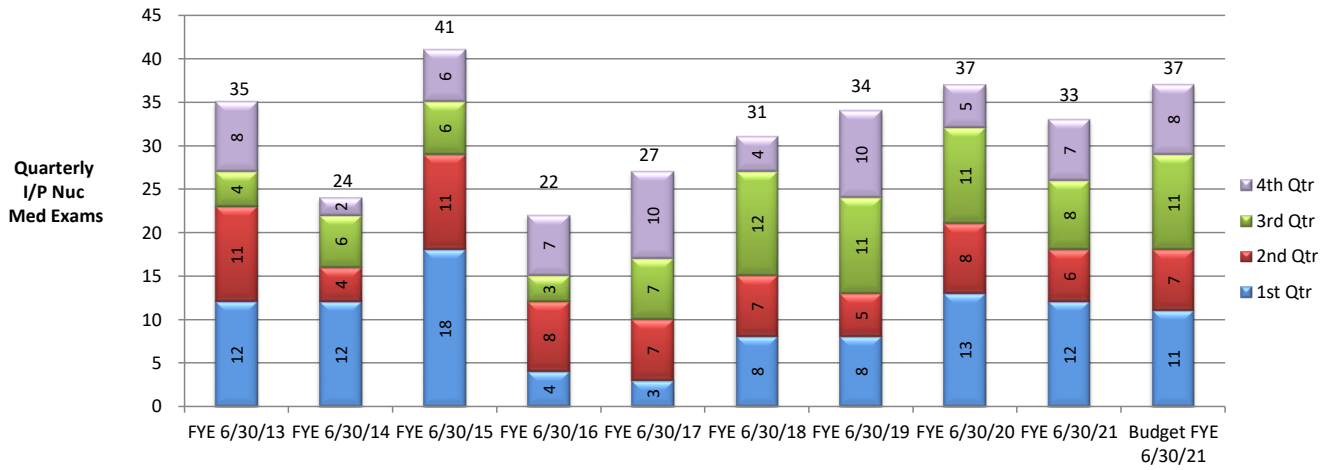
TOTAL TFH OTHER OUTPATIENT LAB TESTS



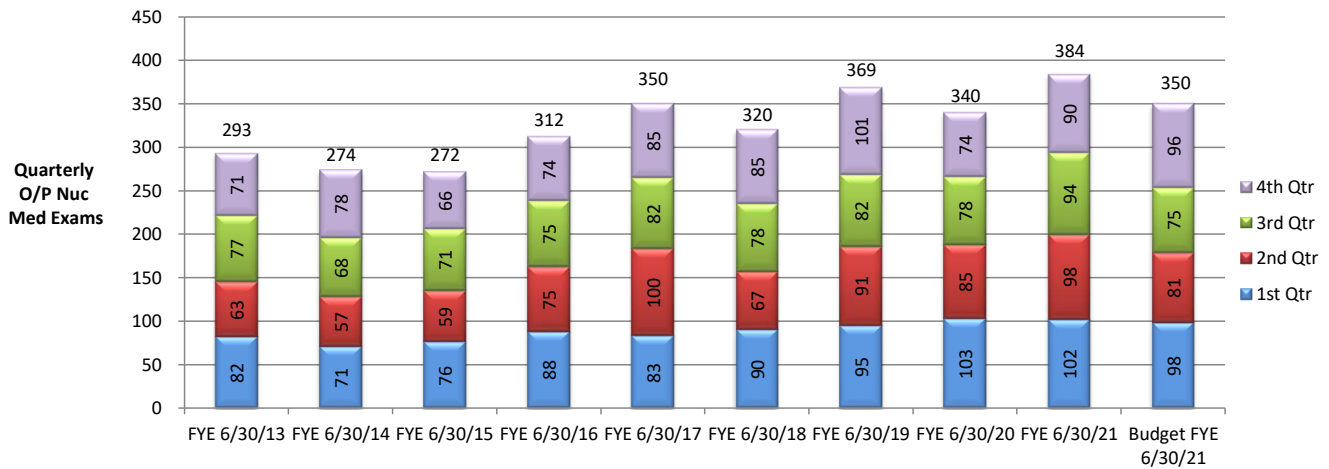
TOTAL TFH LAB TESTS



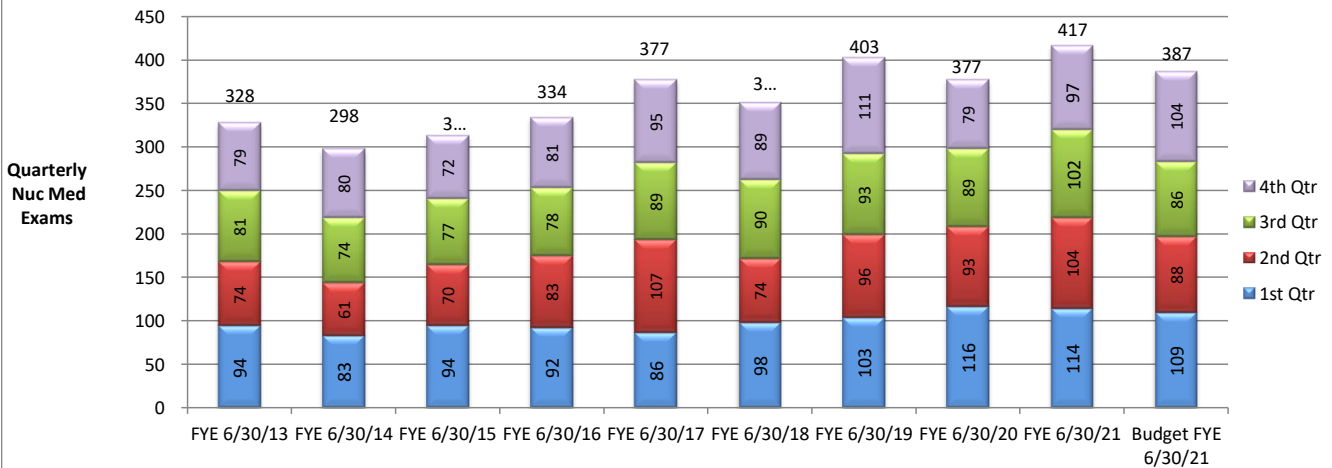
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



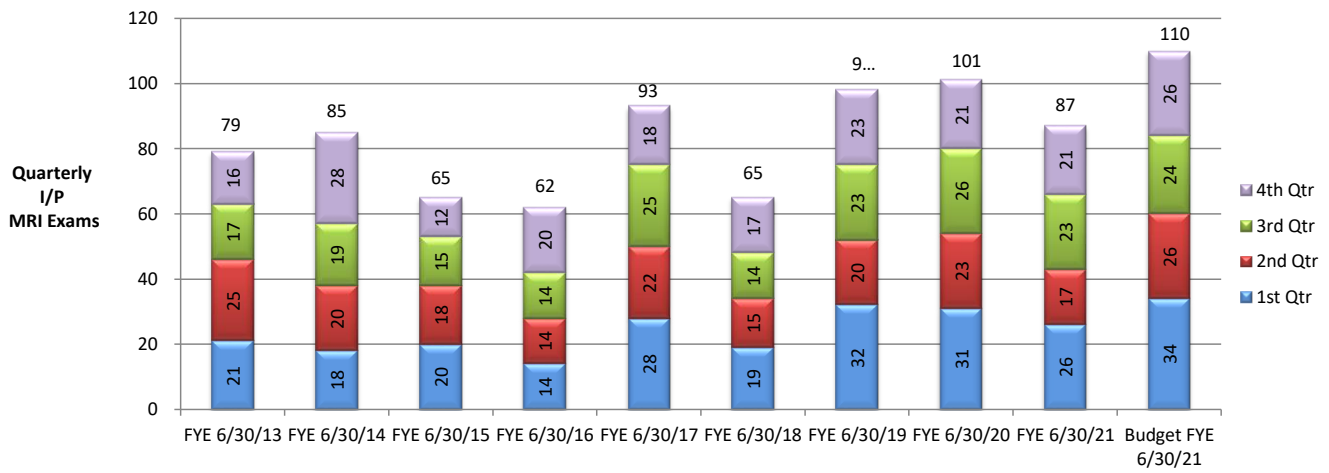
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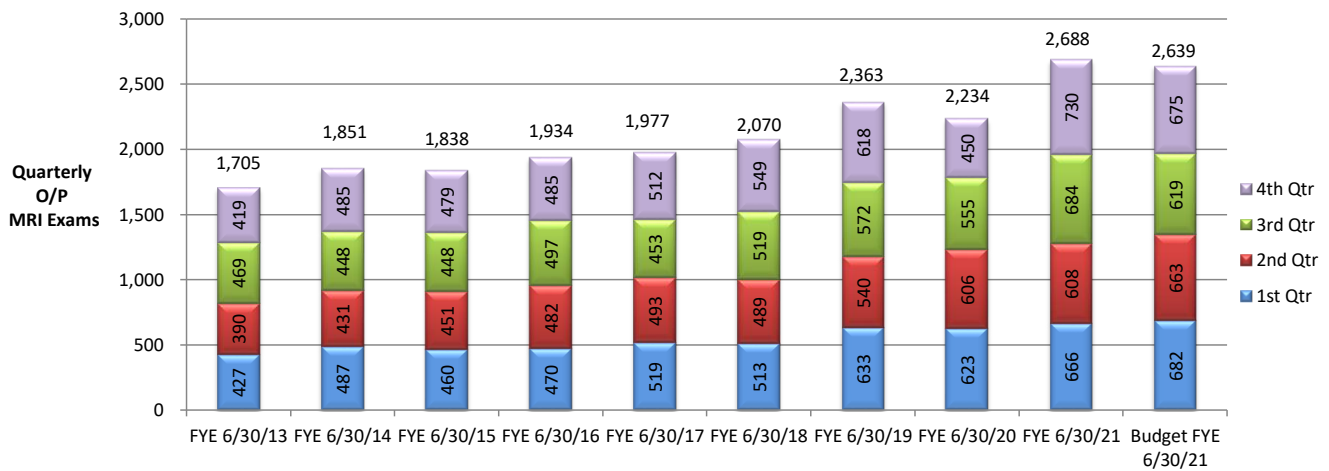
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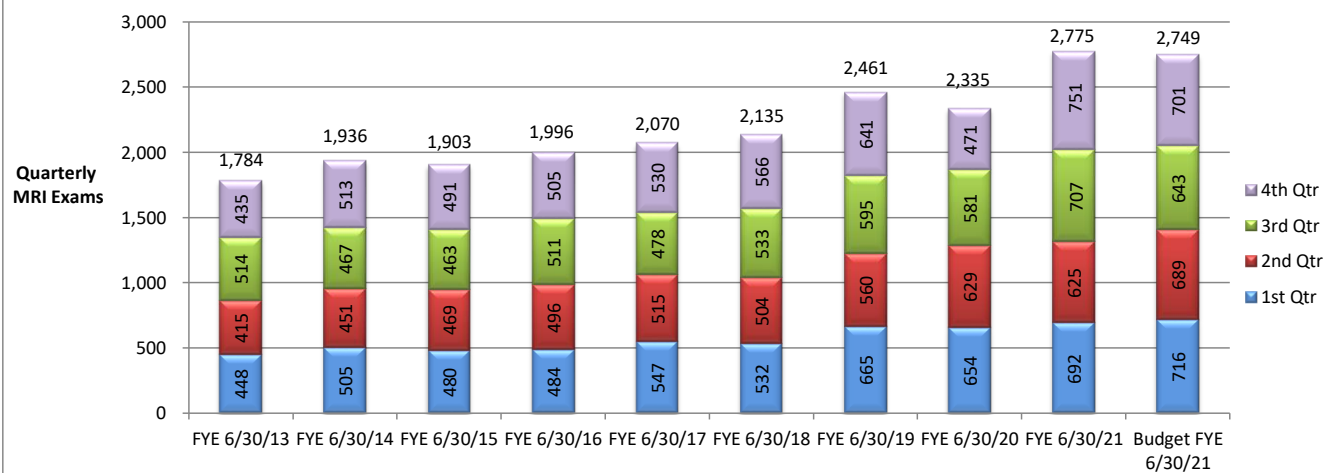
TOTAL TFH MRI INPATIENT EXAMS



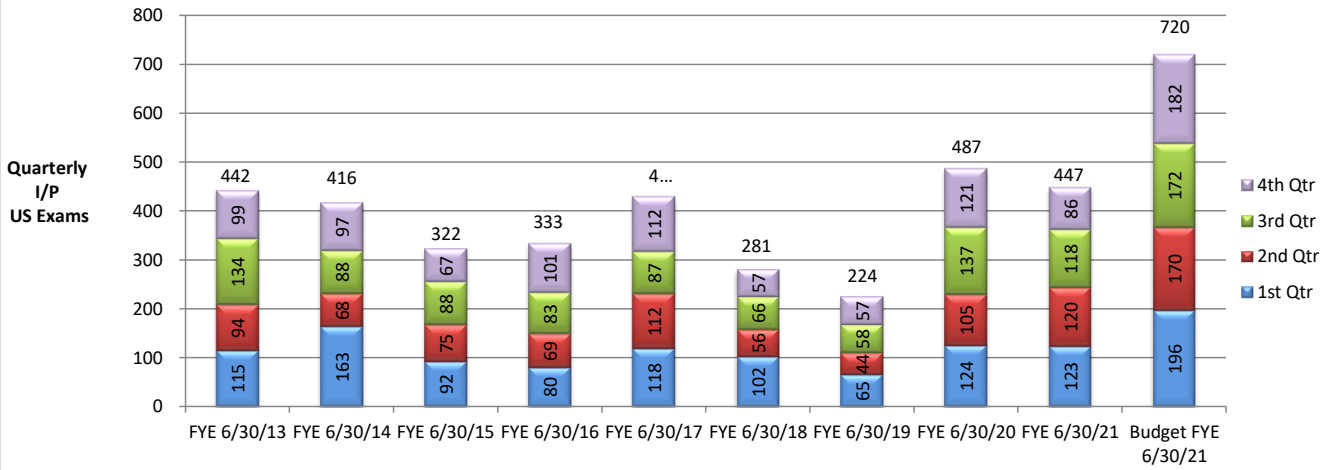
TOTAL TFH MRI OUTPATIENT EXAMS



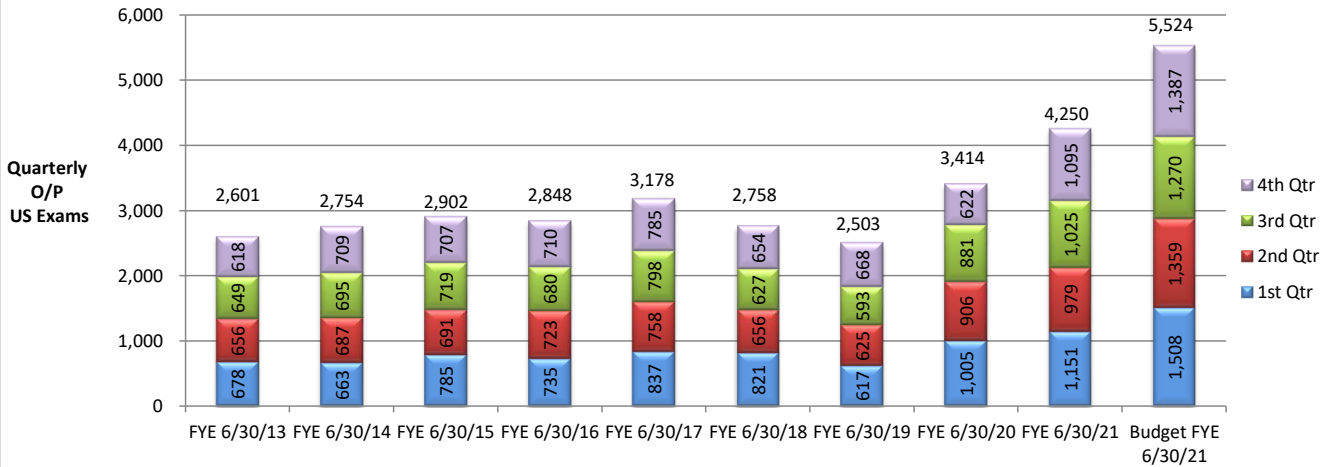
TOTAL TFH MRI EXAMS



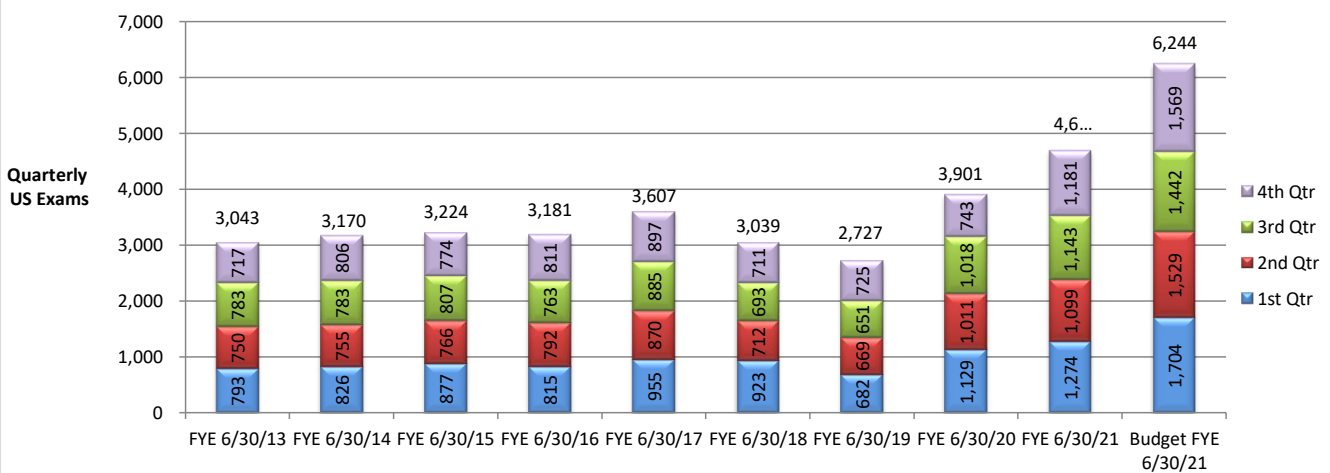
TOTAL TFH ULTRASOUND INPATIENT EXAMS



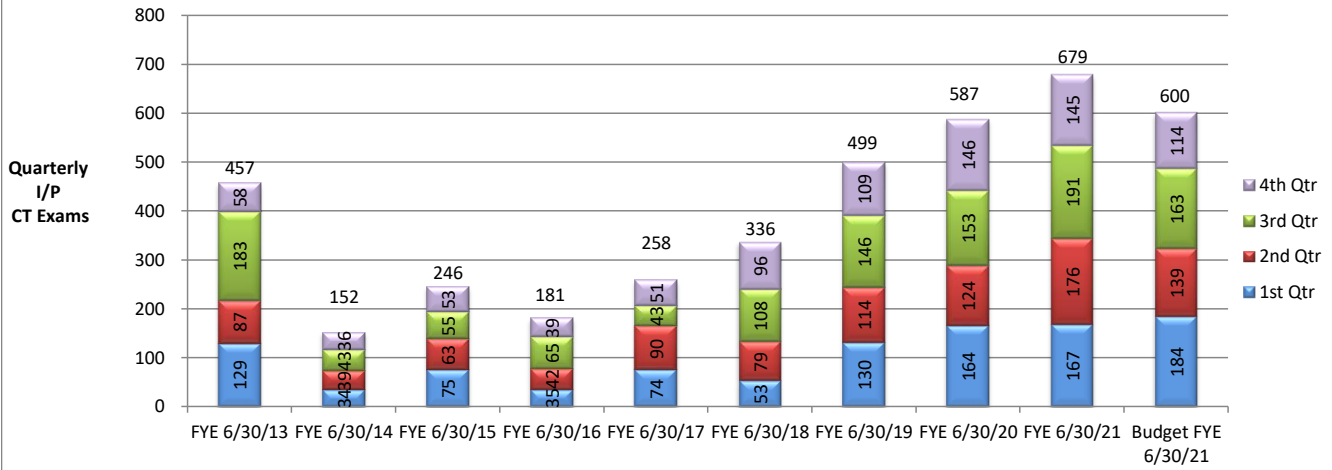
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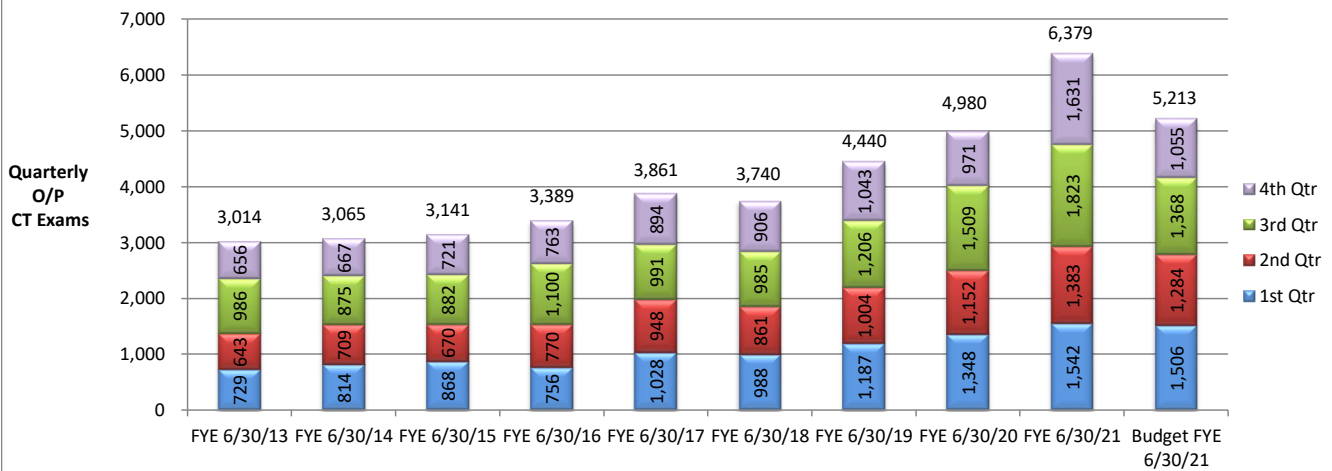
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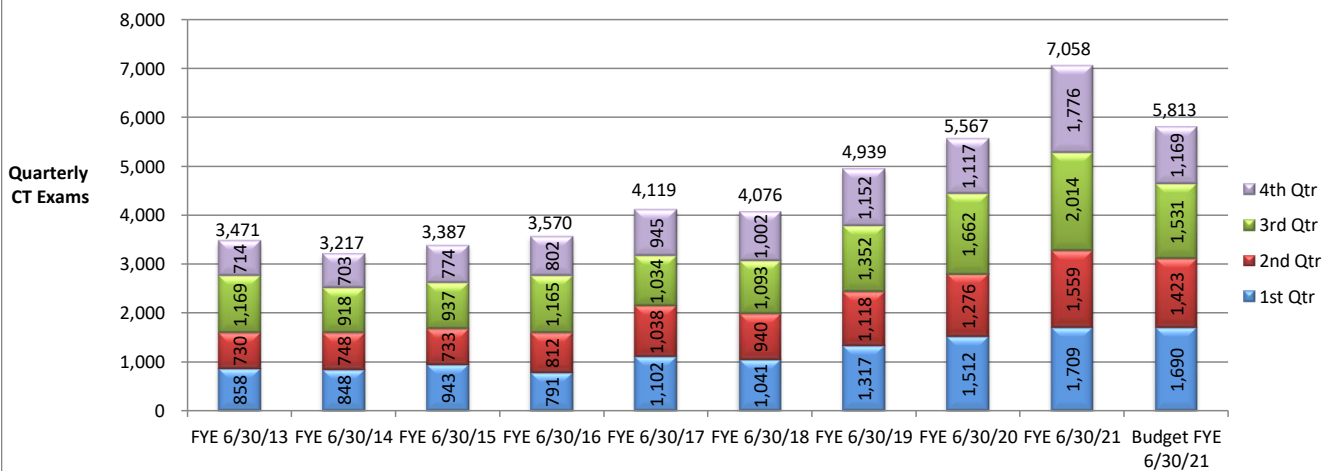
TOTAL TFH CT INPATIENT EXAMS



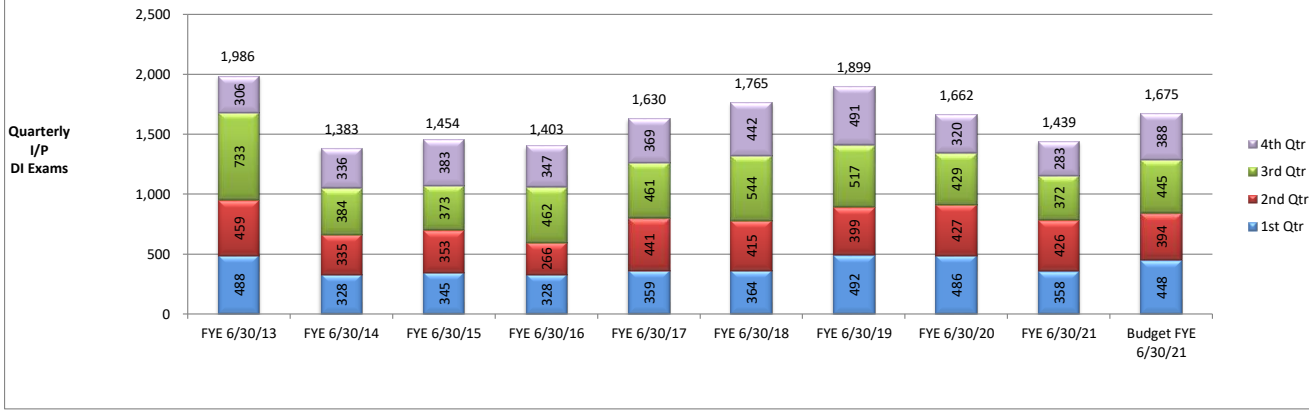
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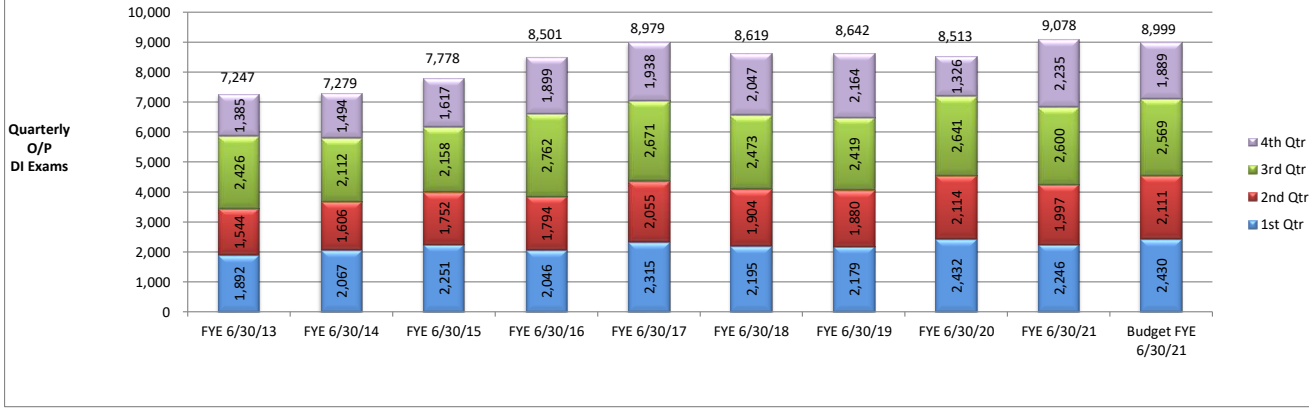
TOTAL TFH CT EXAMS



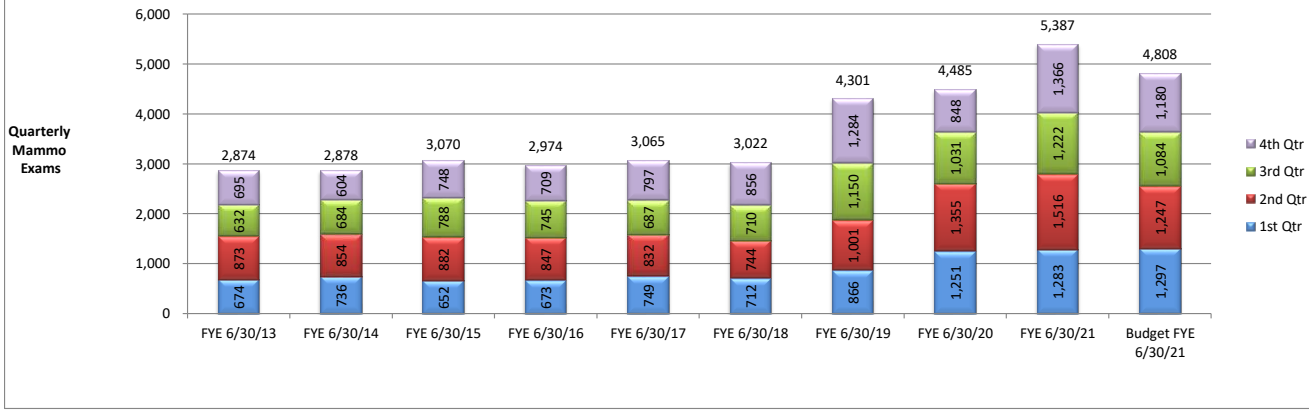
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



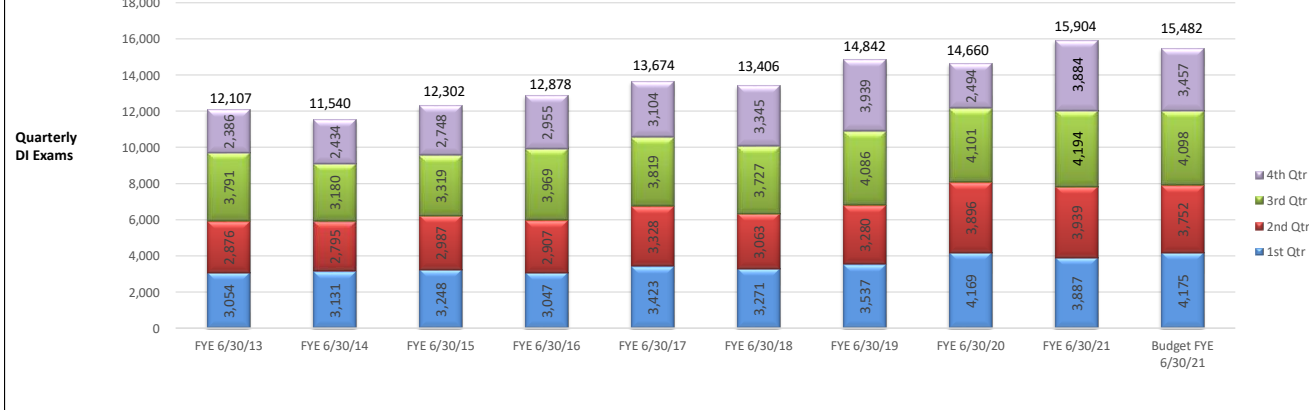
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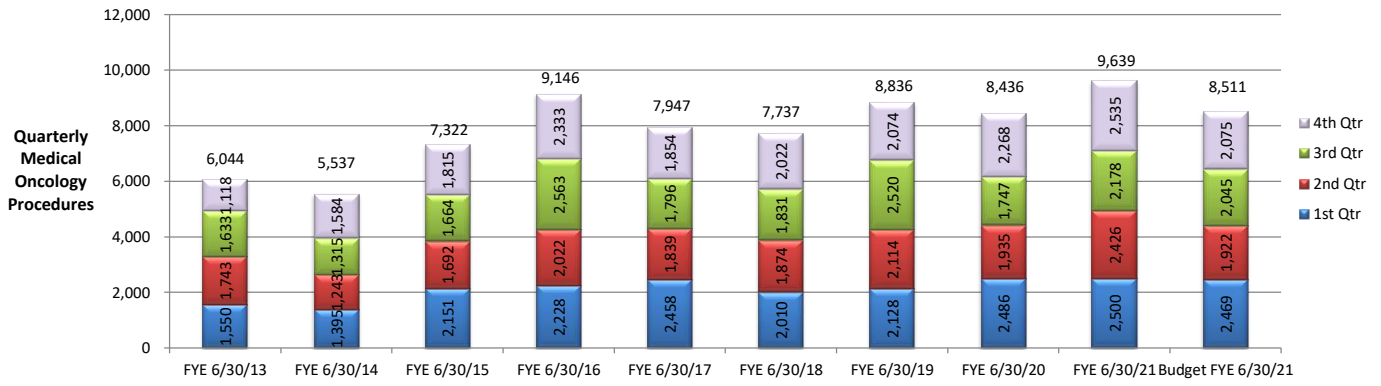
TOTAL TFH MAMMOGRAPHY EXAMS



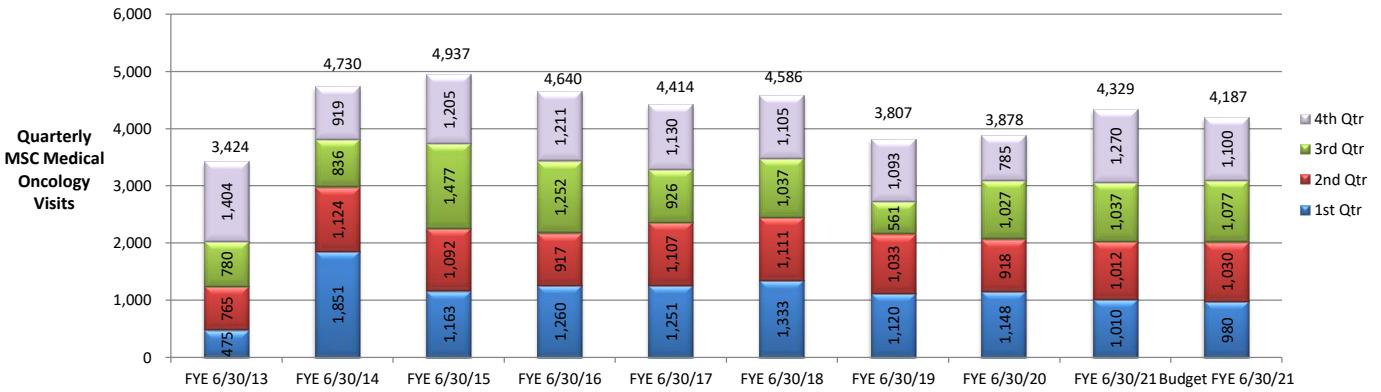
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



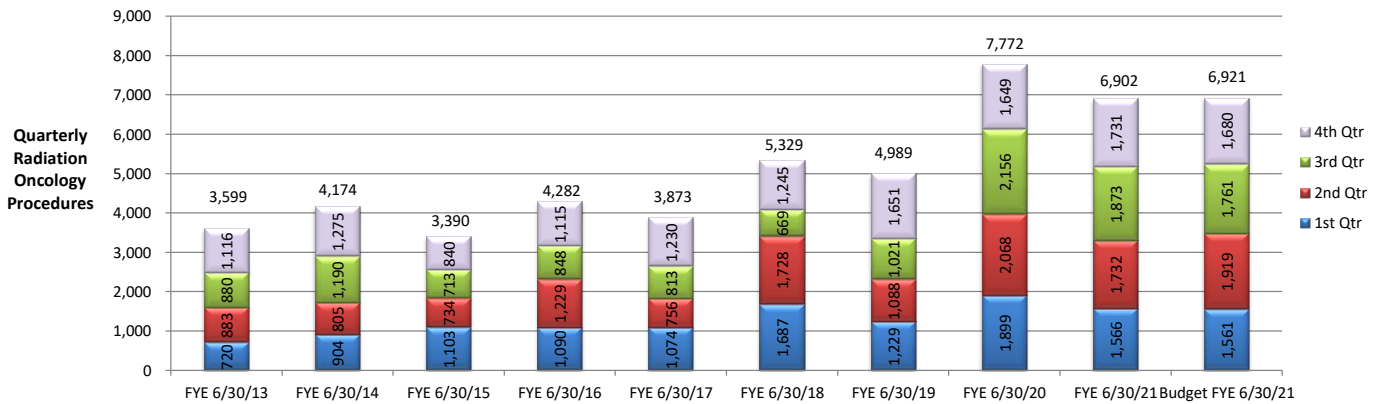
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



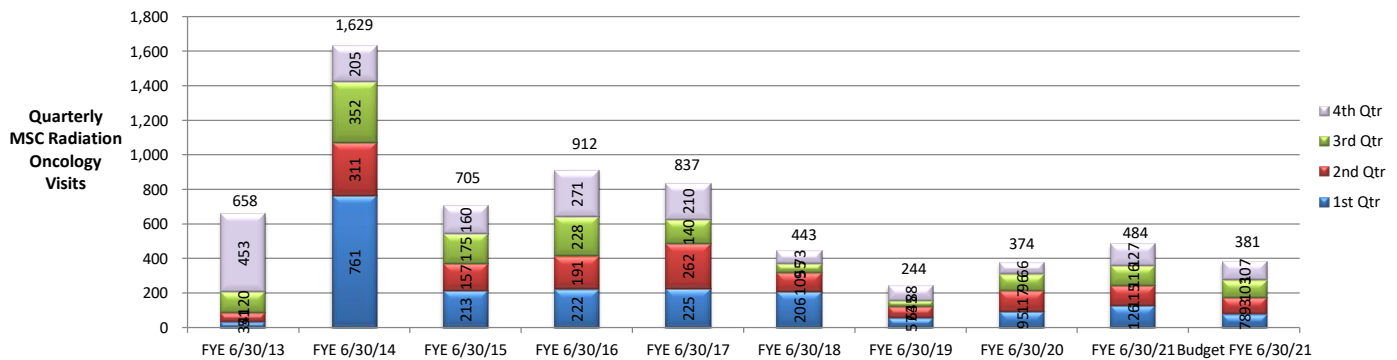
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



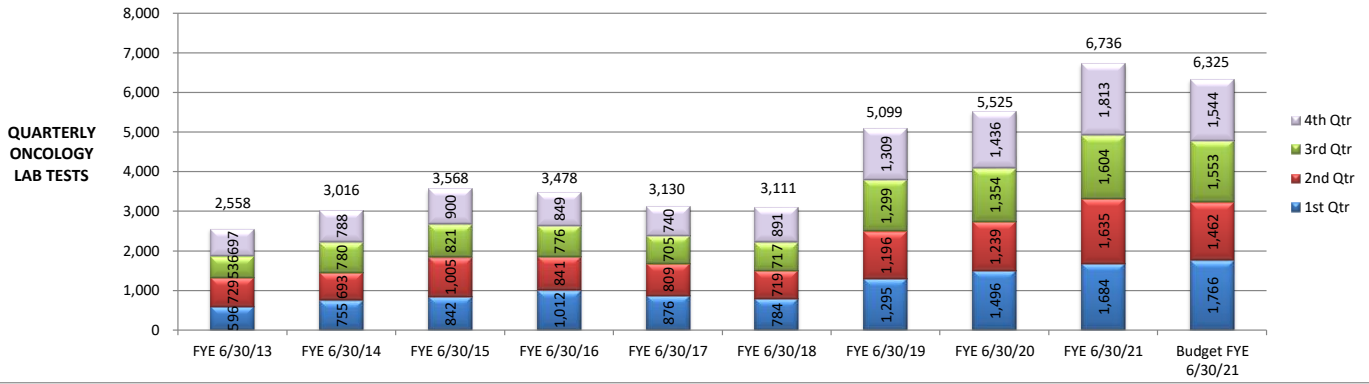
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



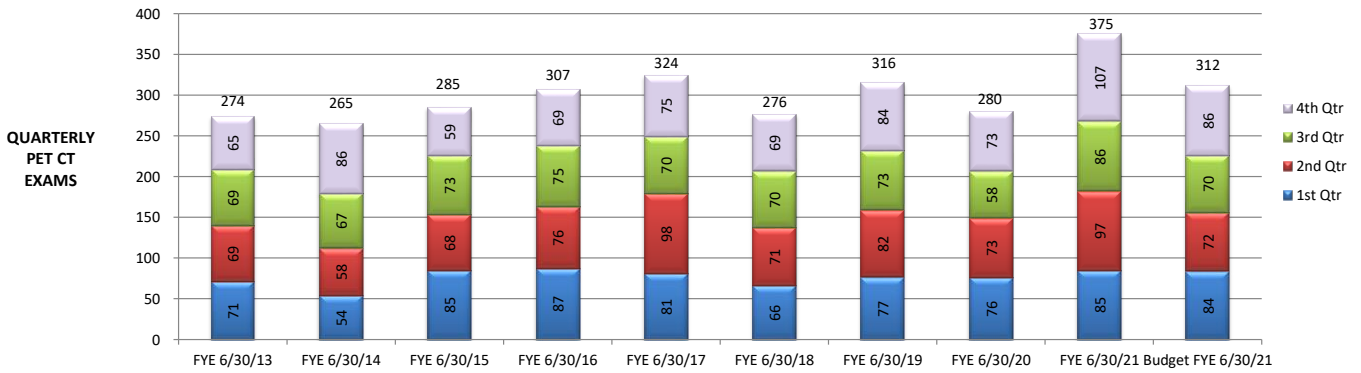
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



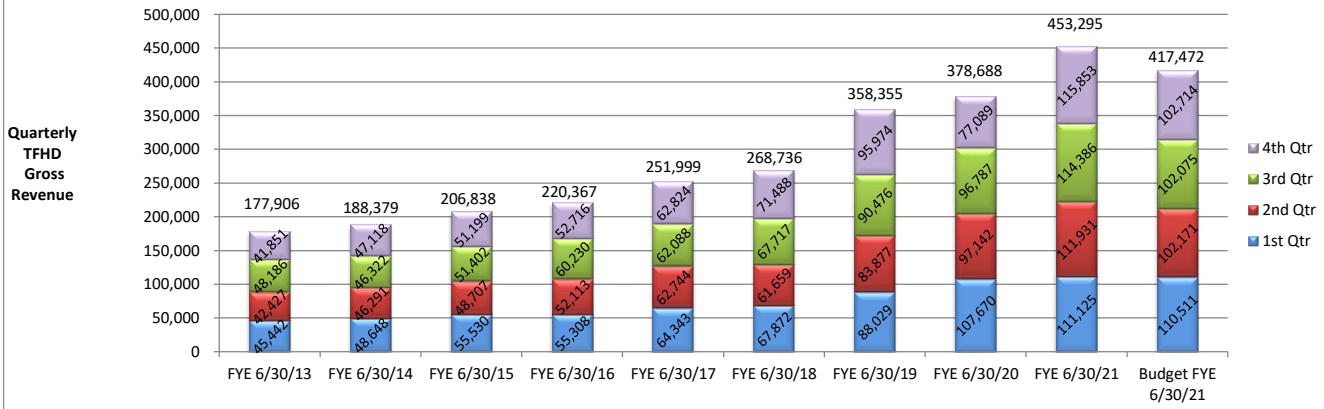
TOTAL TFH ONCOLOGY LABORATORY TESTS



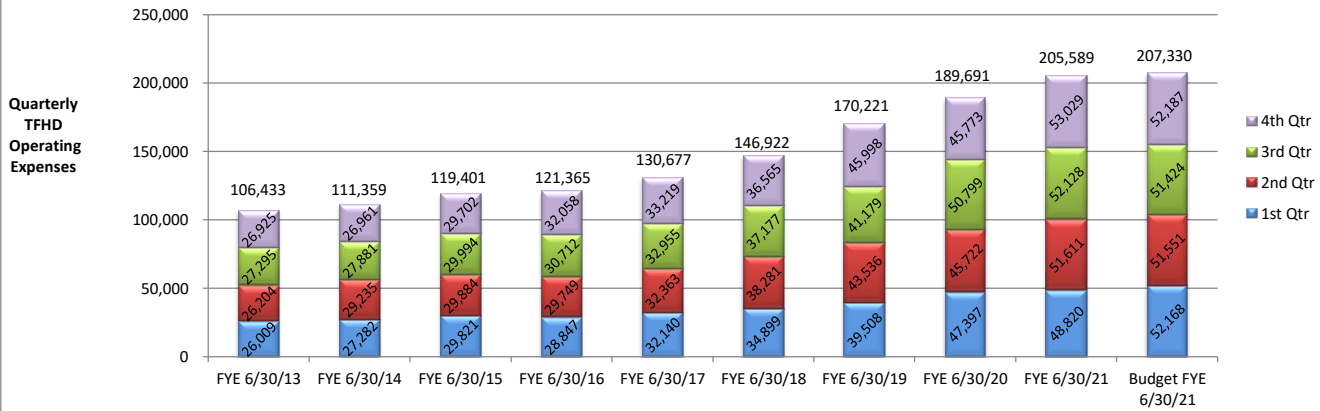
TOTAL TFH PET CT EXAMS



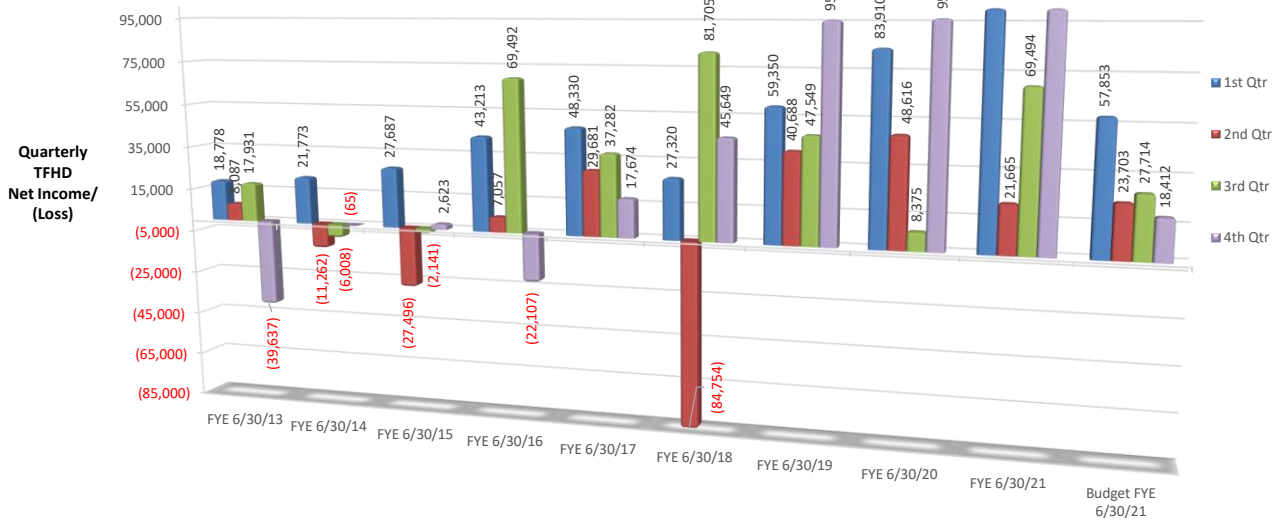
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





Board Informational Report

By: Harry Weis
President and CEO

DATE: July 12, 2021

Fiscal year 2021 was a very strong fiscal year for the health system. We estimate our overall growth was 14% over fiscal year 2020. Provider office visits grew by an estimated 30% versus fiscal year 2020.

Every square foot of patient care space and patient parking here is being more intensely used now than in any earlier year.

Our health system grew very significantly prior to the pandemic and the movement of families from urban areas to our rural region. Our earlier, pre-pandemic, powerful growth was propelled by our team's focus and hard work on the unmet physical and mental health needs of our full time residents. This focus has driven over 80% of our growth pre-pandemic.

Our team feels the enormous pressure of not having enough patient care space and parking for our present and future, growing healthcare needs of all residents and visitors in this region. Even if every approving agency had already said yes to our critical patient care expansion needs, the completion dates for space and parking would be a very long wait. Of course, we do not have all of these approvals of which we are working hard to obtain.

Very few of our critical Master Plan needs are about us or our team! They are focused on the current and future unmet healthcare needs of our patients and the speed of access that our patients in our region expect for great healthcare. If our Master Plan needs were about us, I would say let's not do them, but they are not. These Master Plan needs are focused on our patients.

Our 10-year Capital Plan, as presented at the June Special Board Meeting, illustrates a reinvestment in new equipment and patient space that easily exceeds 100% of our earnings for the next 10 years! It also forecasts no future general obligation bonds.

We are hopeful all residents in our region really appreciate how all of our financial success is kept local in this region and reinvested to improve health care in this region! This local reinvestment statement could not be made from any hospital which is a part of a larger distant healthcare system.

Our team is really focused on improving all aspects of the quality of care we provide, as quality is always our first focus.

We are gearing up for massive input from our team and other key stakeholders to begin our fiscal year 2022 to 2025 Strategic Plan update. We are targeting completion of the first draft of the Strategic Plan by January 31, 2022.

Additionally we are partnering with others on the critical and growing complicated workforce housing needs and challenges of our team and from other employers in the region we partner with. We value the friendship and partnering of others in this important workforce housing complex journey.

We continue to monitor and act as applicable on all new state and federal laws and executive orders. Healthcare and many other industries will see massive regulatory and market force changes over the next two to seven years.

We are a strong supporter of high quality, lower cost healthcare, so any improvement strategies that allow this to happen efficiently, are welcomed!



Board COO Report

By: Judith B. Newland

DATE: July 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

TFH is now offering Johnson & Johnson vaccines for inpatients who request to be vaccinated. We continue with our TFH Vaccine Clinic in our Gateway building. Our vaccine clinic primarily offers Pfizer vaccines but have had separate Moderna and Johnson & Johnson clinics. We have seen a decrease in scheduled appointments but continue to be open 5 days per week. Currently those eligible for vaccination are 12 years and older. The clinic continues to use California's self-scheduling program MyTurn and does accept walk-ins. Besides TFH Vaccine Clinic, the Safeway and CVS Pharmacies are giving COVID vaccines in Truckee and Tahoe City. IVCH has ended their vaccine clinic. Vaccines remain available to Incline Village/Crystal Bay residents through Washoe County and the local fire department.

We continue to develop a plan to update our Health System Strategic Plan for FY23 – FY25. The Board of Directors will be engaged in discussion about the process before it is finalized.

Growth: Foster and Grow Regional Relationships

Enhance and promote our value to the community

In June, the Health System had a successful S'more Gratitude Gram Campaign. Our Foundations sold 150 grams. Thank you to our staff who purchased the grams to recognize their health care teammates.

The IVCH Foundation had a small donor and physician gathering. We introduced our new Incline Village physicians and thanked the generosity and support of our donors. Many of our physicians practicing in Incline Village attended.

Prioritize new and improve existing service lines to shrink outmigration.

IVCH is privileged to have two new physicians begin this summer. Dr. Conway, an ophthalmologist, has begun her practice in Incline Village and will be doing outpatient surgery at IVCH. Dr. Ferrera, an internist, will begin her internal medicine practice in August. The community is thankful to have both these specialist practicing in Incline Village.

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

Active Moves:

- N/A

Planned Moves:

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

- N/A

Active Projects:

Project: ECC Interior Upgrades

Background: In late 2018, District staff initiated a project to renovate and upgraded the portion of the skilled nursing facility built in 1985. The goals of the project were to upgrade existing finishes and provide a warm and welcoming environment for the residents. In addition, the project sought to correct potential accreditation issues due to the age of the building.

Summary of Work: Remodel all patient rooms including new; case work, wardrobes, sink, counter, lighting, televisions, flooring, paint and doors. Remodel Dining and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.

Update Summary: The Project has commenced, starting with the rooms on the Southern end. Phase 2 is underway, schedule thru the end of July. Phase 3 is in planning.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: October 2021

Project: Security and Exiting

Background: The Security and Exiting project was initiate to bolster the security controls of Tahoe Forest Hospital. Currently security can be controlled at exterior doors (providing lockdown availability) and at most department entrances (control patient and staff entrance and providing an additional lock down layer). The project intent is to complete the department security controls for the entire first floor of Tahoe Forest, Surgery and Diagnostic Imagine being the last remaining departments.

Summary of Work: Renovate the Eastern entrance to the Surgery department and the Western entrance to the Diagnostic Imaging department to provide; ADA access, fire alarm control integration, badge access for staff, and security engineering controls. Exiting upgrades to the 1978 Building hallway (outside of Nuclear Medicine).

Update Summary: Construction has completed, staff are working on Final OSHPD closeout.

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 2021

Projects in Implementation:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Background: Incline Village Community Hospital Sterile Processing Department ("IVCH SPD") – In preparation to offer endoscopy procedures at IVCH, this service is in need of reconfiguration and equipment upgrades to process the future instruments.

IVCH Exterior Shop Remodel "IVCH-Shop" - The exterior storage shop at IVCH is in disrepair and is not readily used due to its condition. This project is to renovate and upgrade the exterior shop to utilize for storage and relocate Engineer outside of the Hospital to provide space for patient care services.

The projects were bid together to provide economies of scale.

Summary of Work: IVCH-SPD: Create a temporary decontamination room to allow for continuity of operations during the construction timeline. Once completed, renovate the existing decontamination room and add the additional utilities needed to support the new equipment.

IVCH-Shop: Renovate shop to provide improved utility and storage as well as space to move engineering outside of the Hospital.

Update Summary: Staff have awarded and are in coordination with the contractor to develop the schedule an initiate procurement. Start of construction is tentatively scheduled for early August.

Start of Construction: August 2021

Project Budget: \$1,429,000

Estimated Completion: February 2021

Project: Underground Storage and Day Tank Replacement.

Background: The existing Diesel underground storage is 30 years old in need of replacement. Staff analyzed if an above ground tank would be suitable, due to site constrained it was determined that a replacement underground tank would best serve the hospital.

Summary of Work: Removal of the existing Underground storage tank, day tank and day tank structure (not compliant). Excavate and install a new 15,000-gallon underground tank in the ambulance bay. A new day tank will be installed in the 500 KW generator room.

Update Summary: This project is in the permitting phase. Initial comments have been received by OSHPD and answered by the Team. Geotechnical submittal has been submitted to OSHPD. The PUD has approved electrical Submittals. Underground tank has been ordered, material procurement is expected September of 2021. Staff are accessing the delaying the start of construction until May of 2022. This project is fully exposed to the elements and construction during winter months would un-necessarily put the District at risk. All non-weather dependent work is scheduled to commence September of 2021.

Start of Construction: June 2021

Project Budget: \$2,500,000

Estimated Completion: December 2021

Projects in Planning:

Project: Site Improvements Phase 2

Background: In order to meet the increased parking demand on campus, staff pursued surface parking lots to meet the immediate need, prior to the submittal of the Master Plan

Summary of Work: Project includes two site improvements for parking; these sites include Pat and Ollies and Gateway West lot. Scope includes regrading, surface improvements, landscaping and storm water improvements.

Update Summary: Project is pending Town of Truckee approval. Scheduled to go before the Planning Commission. May Commission Meeting was canceled; staff are working with the Town for anticipated schedule.

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Tahoe Forest Nurse Call Replacement

Procurement Model: Design-Bid-Build

Background: In 2018, TFH completed phase 1 of the Nurse Call replacement system, which included Med Surg, ICU and Briner Imaging. This project, phase 2, will replace the remainder of the antiquated systems and condense the nurse calls at TFHD to a single more reliable system.

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

Update Summary: OSHPD has approved and permitted the project. Staff are preparing the project for Bid release.

Start of Construction: Summer 2021

Estimated Completion: December 2021

Project: Medical Office Building Renovation

Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.

Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services.

Update Summary: Project is at 75% design completion. Demolition is underway and will be completed 7/23/21.

Start of Construction: Fall 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

Background: The existing MRI mechanical equipment is at end of life and the existing MRI itself does not provide the function needed to provide the necessary quality of care.

Summary of Work: Renovate the existing MRI suite to provide for two changing rooms and a gurney hold area. Order and install new 3T Siemens MRI.

Update Summary: Project is at 75% design completion. The Temporary MRI plan will be submitted to OSHPD the first week of September.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

Background: This project would be the second and final phase to have the infrastructure at Incline Village Community Hospital to see endoscopy procedures.

Summary of Work: Renovate an existing recovery room into an endoscopy procedure suite. Scope include, expanding interior dimensions of space, relocating medical gases and modifying HVAC system for dedicated exhaust.

Update Summary: Staff have put this project on hold until additional information has been received.

Start of Construction: Spring 2022

Estimated Completion: Winter 2022

Project: Incline Village Community Hospital Site Improvements

Background: Demand for parking at Incline Village Community Hospital has exceeded its capacity.

Summary of Work: In the Tahoe Basin the Truckee Regional Planning Agency, "TRPA" regulates the amount of disturbed land each individual parcel can have, Incline is at its capacity. Partnered with JKAE staff have planned a transfer of development rights as the first step in increasing the available parking onsite.

Update Summary: Design has concluded. Submittal for permit to Washoe County was on 6/17/21. Plans are under review of TRPA and Washoe County. Staff are working on transfer of development rights.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

Background: In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

Summary of Work: Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category "NPC" 4 status. Renovate the Diagnostic Imaging reception, waiting room and X-Ray to increase capacity and receive new equipment. Renovate Emergency Department beds 8-15 to provide addition patient privacy. Renovate Emergency Department beds 4-7 to private rooms. Aesthetic upgrades of the 1978 and 1990 buildings including but not limited to flooring, ceilings, signage and painting.

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary: Proposals have been received. Final interviews are scheduled for 7/15/21.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: July 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- Developed EPIC reports that will extrapolate readmissions without manual auditing
 - Complications
 - Primary and secondary diagnosis
 - Patient Status
- Evaluation of Occupational Health and Wellness software for improved and more efficient documentation and maintenance of our records has been completed for both efficiency of operations and maintaining both employee health records as well as all other Occupational Health Clients
- Daily audits of EHR (nursing specific) as a part of survey readiness
- Exploring the opportunity to regularly admit step down patients on the Med Surg Unit

Quality: Provide clinical excellence in clinical outcomes

- Received the Women's Choice Award for 2021
 - The outcomes are in the top 3% nationally
- QIP (Quality Incentive Pool) metrics have been completed
 - The group has chosen 11 metrics that will fall into three categories
 - Chronic Disease
 - Access to Care
 - Prevention
 - The metric choice will continue to support the integration of health and wellness into the primary care setting, optimize highest level of functioning, and promote prevention.

Growth: Meets the needs of the community

- Meeting with Placer and Nevada Counties to develop Service Agreements between the counties and Reno Behavioral Health that would allow us to transport Behavioral Health patients with MediCAL into the Reno Area – Developmental Stages
- Hand off of Behavioral Health to the Clinic Operations team occurred on July 1, 2021
- Discussions with the Cancer Center regarding the possibility of booster COVID-19 vaccinations and how vaccinations would be operationalized in the event that this comes to fruition.

- Upcoming EVENTS
 - Post COVID-19 symptoms: Learning about the aftermath of COVID and Post COVID Syndrome August 12th, 5:15-6:30pm
 - August 26th, 5:15-6:30pm: Today's Youth: New Trends in Mental Health
 - Sierra Sun – August 6th 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.
 - Yoga Basics
 - Pilates Fundamental Workshop
 - Cooking Club: August 16th or Thursday August 19th

- Patient Education Videos – 2021
 - Pre Diabetes
 - COVID Hygiene
 - COVID Vaccine
 - Gratitude
 - Your Authentic Wellness
 - Affordable Lab Screening
 - Building Better Care Givers
 - Mindfulness
 - Living Well
 - Diabetes Self-Management Program
 - Infant Nutrition
 - Parkinson's Support Group
 - Cooking Club
 - Vaping and Smoking Cessation
 - Dynamic Aging Workshop
 - Yoga Basics
 - Raising Healthy Eaters



Board Informational Report

By: Jake Dorst

DATE: 07/12/2021

Chief Information & Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Occupational Health moved from suite 260 into former W&F clinic
- Vaccine clinic moved from Sierra College to Gateway
- CT trailer setup to facilitate operations while primary CT is repaired. Disassembled once primary fixed
- Replaced all batteries on the data center and IDFs to better sustain operations during brief power outages.
- Setup Ophthalmologist Clinic at IVMG
- Kaseya Incident Response (Ransomware) – Security Operations Team performed deep analysis of TFHD environment, mitigated threat and implemented patches to minimize future attacks using this specific vector
- Service Now Service Desk Tool released to User Acceptance Testing prior to enterprise release 08/09
- Informatics Manager joined organization and is working with operational and clinical staff
- Worked with our security partner, Fortified to better deep dive and identify security risks. Plan to implement aggressive mitigation plan for intermediate threats.
- Established punch-list of key items for I.T. to successfully support long-term power outage.
- Adjusted telephony configuration to reduce operational impact during major carrier outage
- 436 customer incidents addressed
- TFHD Single Instance go live (we had a successful downtime with few issues)
- Tele stroke program with Renown.
- MyChart E-signature
- Occupational Health future state interoperability analysis
- Inpatient vital sign monitor purchase
- Security review for Nihon Khoden bedside monitors integration
- Change management enterprise program rollout plan



Board CMO Report

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

DATE: July 16, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- Having small group meetings with Medical Staff to understand upcoming needs.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- Working with Jake Dorst, CIO, to develop training session for Medical Staff members to reduce burnout
- Continue to roll out Virtual scribe program in primary care and will start with a pilot program in Specialty services.

Use technology to improve efficiencies

- Working with Jake Dorst, CIO, using technology to better communicate with radiologist without disturbing their workflow.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- Just recently able to get a focused report, specific to the Medical Staff, from our SCOR survey to help facilitate small group discussions for improvements.

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

- Completed audit recently of Medical Staff members and the majority of the Medical Staff was above the target of 90% accuracy, with most of those were over 95% accuracy. Continue to encourage additional training, using engagement bonus, for those who fall below our targets.

Tahoe Forest Health System – Job Description

Job Title:	President & CEO	Job Number:	0001001		
Department:	Administration	Reports To:	BOD		
Bargaining Unit:	Non-Represented	Benefit Group:	Chief		
Codes:	FLSA: Exempt	EEO:	0	Finance Code	0
Prepared by:	Director, Human Resources	Date:	06/05/2002		
Revised by:	Board Executive Compensation Committee	Date:	06/23/2021		
Approved by:	Board of Directors	Date:	06/24/2021		

SUMMARY:

Directs all functions of the hospital-District to achieve the mission and vision of the organization in accordance with the overall policies established by the Board of Directors, and in compliance with regulatory guidelines, in order that the strategic objectives of the hospital can be attained; provides leadership and direction in ensuring the efficient, economical, effective utilization of hospital resources to meet the identified needs of the service region through quality medical and health service programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES: include the following:

Assists, counsels, and advises the Board of Directors on the establishment of hospital-District policies; acts as agent of the Board in carrying out such policies.

Recommends District policy positions regarding legislation, government, administrative operation and other matters of public policy as required.

Assists the Board of Directors in effectively fulfilling their responsibilities by keeping the Board informed, on a monthly basis, of the operating results of the hospital-District; compares monthly operations to Board approved plans and budgets explaining variances that may arise.

Assists and advises the Board with respect to public District authority and changes in state statutory guidelines and requirements.

Develops appropriate strategic and annual operating plans that document the long and short-term goals and objectives of the District.

Actively pursues and supports the appraisals and development of new programs which could benefit the long-range success and survival of the District.

Establishes concise reporting relationships for all positions and departments in the hospital-District. Establishes methods which will foster the achievement of hospital-District goals and objectives and support the efficiency and effectiveness of all operations through proper communication and coordination.

Coordinates all operations with the medical staff, its committee structure and its leadership; demonstrates a proactive and positive relationship with the medical staff.

Ensures a consistency of purpose and mutuality of interest between the operations and bylaws of the medical staff and the policies and bylaws of the District.

Develops and maintains Quality Improvement and Process Improvement programs designed to enhance quality and customer satisfaction.

Establishes operating policies and procedures for all departments, delegating specific responsibility for documentation, monitoring, compliance, and reporting or results to subordinates, as required.

Tahoe Forest Health System – Job Description

Establishes and maintains a comprehensive budgeting program for the ~~hospital~~District. This program includes an appropriate consideration of operational, financial and statistical information needed to efficiently and effectively control all District operations.

Consistently generates sufficient net income to meet established financial goals.

Develops strong marketing and public relations programs.

Ensures the competitive viability and continuance of the hospital marketing plan in the marketplace.

Through various marketing techniques, encourages the development of services which promote District growth and expanded potential constituencies.

Ensures the coordination of Auxiliary and Foundation bylaws and operations with the bylaws and operations of the District.

Establishes a proper, consistent image of the District and its operations.

Personally represents the District to a variety of individuals, community groups, and health industry organizations.

Maintains active professional contacts through local, state and national associations in order to effectively network, as required.

Actively participates in outside programs and community affairs in order to represent the District, as appropriate.

Demonstrates the ability to effectively represent the District at national, state and local meetings, conferences and conventions, as required.

Remains current with national and local issues affecting District administration and their potential impact on the District; serves as a well-informed advisor to the Board of Directors.

Demonstrates System Values in performance and behavior.

Complies with System policies and procedures.

Other duties as may be assigned.

QUALIFICATIONS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. *Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

SUPERVISORY RESPONSIBILITIES:

Carries out supervisory responsibility in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring and training employees; planning, assigning and direction work; appraising performance, rewarding and disciplining employees; addressing complaints and resolving problems.

EDUCATION AND EXPERIENCE:

Bachelor's degree required. Master's degree in Hospital Administration (MHA) or Business Administration (MBA) or related field or Doctoral degree (Ph.D.) preferred. Minimum of five years experience in Health Care Administration.

Tahoe Forest Health System – Job Description

LICENSES, CERTIFICATIONS:

Required: Valid driver's license

Preferred: None

OTHER EXPERIENCE/QUALIFICATIONS:

Current membership in professional organization preferred (e.g. H.F.M.A., A.C.H.E.).

COMPUTER/BUSINESS SKILLS:

Ability to use office machines. Demonstrated ability to use word processing and other Microsoft Office programs.

LANGUAGE SKILLS:

Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints. Ability to write speeches and articles using original or innovative techniques or style. Ability to make effective and persuasive speeches and presentations on controversial or complex topics to top management, public groups, and/or boards of directors.

MATHEMATICAL SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

PURPOSE OF CONTACTS:

The purpose is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Work at this level involves active participation in conferences, meetings, hearings or presentations involving problems or issues of considerable consequence or importance.

REASONING SKILLS:

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

Reference physical job description template 1

I have read and received a copy of this job description:

Print Name

Signature

Date



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: July 22, 2021

2021 Compliance Program 2nd Quarter Report (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 2nd Quarter 2021 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **April 1, 2021 – June 30, 2021**
Completed by: James Hook, Compliance Officer, The Fox Group

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed.

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of June 30, 2021:

Jim Hook, The Fox Group – Compliance Consultants
Judy Newland, RN – Chief Operating Officer
Karen Baffone RN- Chief Nursing Officer
Harry Weis – Chief Executive Officer
Crystal Betts – Chief Financial Officer
Jake Dorst – Chief Information and Innovation Officer
Alex MacLennan – Chief Human Resources Officer
Matt Mushet – In-house Legal Counsel
Bernice Zander - Health Information Management Director
Scott Baker - Vice President of Physician Services
Theresa Crowe, RN, JD, Risk Manager/Privacy Officer
Tobriah Hale - Legal Assistant

3. Education & Training

3.1. All employees are assigned HIPAA Privacy and Security Rule training, and Compliance Program training, via Health Stream.

3.2. Code of Conduct and Health Stream compliance and privacy training for new Medical staff members and physician employees are completed as part of initial orientation.

4. Effective Lines of Communication/Reporting

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. One report was made directly to the Compliance Department in the 2nd Quarter of 2021.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Ten reports were made to the Privacy Officer in the 2nd Quarter of 2021.

2021 Corporate Compliance Program 2nd Quarter Report

OPEN SESSION

Nature of Breach Reports 2021	No. of Reports YTD	No. of Reports 1st Quarter 2021	No. of Reports 2rd Quarter 2021
Billing/Registrations	0	0	0
Patient Results	8	6	2
Mailings	0	0	0
Electronic File	0	0	0
Faxing	0	0	0
Patient Complaint	6	5	1
Record Disposal	0	0	0
Public Disclosure	2	2	0
Employee Access	3	1	2
BAA reported breach	1	0	1
Incorrect Registration	2	1	1
Incorrect Guarantor	1	0	1
Unsecure/misdirected email	2	0	2
Total	25	15	10
	Total YTD	Q1	Q2
Reportable to CDPH	1	1	0
Reportable to HHS	1	1	0
Open	1	0	0

Vendor Breach: CaptureRX:

- 4.2.1. CaptureRx, which provides services in connection with the 340B Drug Discount Purchasing program, had a security breach and TFH patient data was included in that breach. Hackers did not access any social security numbers but did access claim data including patient names.
- 4.2.2. Self-Report letter faxed to California Department of Public Health along with letter from CaptureRx. CaptureRx is sending notification letters to the patients and to HHS as well. CaptureRx confirmed 363 impacted patients of TFHD were already notified. The rest will be notified on 5/28/21. HHS was also be notified 5/28/21. Updated letter sent to CDPH with affected patient file sent on 6/1/21. CDPH has requested contact information for CaptureRX.
- 4.3. The Compliance Department published three articles in the Pacesetter in the 2nd Quarter of 2021.

OPEN SESSION

5. Enforcing Standards through well-publicized Disciplinary Guidelines

- 5.1. New hires completed 100% of the required Health Stream courses in Corporate Compliance and HIPAA in the 1st and 2nd Quarters. Existing staff completing the Code of Conduct training in the first calendar quarter: 96.5%. Existing staff completing HIPAA Compliance and HIPAA Awareness training in the 2nd Quarter of 2021: 88.6%.
- 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

6. Auditing & Monitoring

- 6.1. Three audits were completed during the 2nd Quarter of Calendar Year (CY) 2021 as part of the CY2021 corporate compliance work plan.
 - 6.1.1. An audit of Medical Record documentation and billing for Transitional Care Management (TCM)/Chronic Care Management (CCM) services in CY2020 was completed.
 - 6.1.1.1. Audit of 10 CCM cases showed all billed correctly.
 - 6.1.1.2. Audit showed 6 of 15 TCM services did not meet criteria for billing. Further audit of all TCM services for 2020 showed 53 of 184 cases did not qualify for TCM services; refunding \$8,893 in payments.
 - 6.1.1.3. Audit of 46 services in the first four months of CY2021 showed 9 services did not qualify for payment; refunding \$2,054 in payments.
 - 6.1.1.4. Corrective action included presentation by the Director of Case Management.
 - 6.1.2. An audit of coding in the 1st Quarter of 2021 showed 99% accuracy of diagnosis and procedure coding. This is a self-audit by Aquity, the outsourced coding vendor.
 - 6.1.3. An audit of 40 new patient Rural Health Clinic visits out of 184 in the 1st Quarter of CY2021 showed 4 patients without evidence of a signed consent form or verbal consent for services in the RHC.

7. Responding to Detected Offenses & Corrective Action Initiatives

- 7.1. One investigation of an actual compliance issue incident was initiated during the 2nd Quarter of 2021.

OPEN SESSION

8. Routine Compliance Support

8.1. The Compliance Department provides routine support to important TFHD initiatives, such as the terms and conditions of physician employment, and questions about billing, and compliance with other laws and regulations.

AGENDA ITEM COVER SHEET

ITEM	<p>14.6. Approve updated board policies Conflict of Interest Policy, ABD-07 New Programs & Services, ABD-18</p> <p>14.7. Retire board policy Board of Directors Qualifications, ABD-04</p>
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The following board policies were due for review:</p> <ul style="list-style-type: none"> • Conflict of Interest Policy, ABD-07 • New Programs & Services, ABD-18 • Board of Directors Qualifications, ABD-04 <p>All policies were reviewed and edited by General Counsel.</p> <p>General Counsel recommended the board consider repealing Board of Directors Qualifications, ABD-04 policy as the policy addresses Fair Political Practices Commission (FPPC) and Political Reform Act conflicts which are already covered by the Board of Directors Bylaws, Conflict of Interest Code, ABD-06 policy and other relevant state conflict laws. Retiring the policy will eliminate any conflicts between the policy and applicable law.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>The Board Governance Committee met on July 13, 2021 and reviewed the above mentioned policies.</p> <p>The committee did not have any additional edits to the Conflict of Interest and New Programs & Services policies.</p> <p>The Committee agreed with General Counsel’s recommendation to retire Board of Directors Qualifications, ABD-04 policy.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval of Conflict of Interest, ABD-07 and New Programs & Services, ABD-18 policies via Consent Calendar. Retirement of Board of Directors Qualifications, ABD-04 policy via Consent Calendar.</p>	

Conflict of Interest, ABD-07

PURPOSE:

- A. To protect the interests of Tahoe Forest Hospital District ("TFHD" or "District") when it is contemplating entering into a transaction or arrangement that has the potential ~~for to~~ benefiting the private interests of a member of the Board of Directors ("Director"), committee member, or other "Interested Person," as defined below.
- B. To educate and guide Directors and staff on the statutory Conflict of Interest policy which requires that public officials, whether elected or appointed, should perform their duties in an impartial manner, free from bias caused by their own financial interests or the financial interests of persons who have supported them, (Political Reform Act, ~~Cal.~~ Gov. Code §§ 81000 et seq. ~~81016~~ and ~~Cal.~~ Gov. Code § 1090 et seq. ~~1098~~), and to supplement the multiple laws that govern conflicts of interest for public officials.
- C. To guide, assist and protect TFHD in determining whether a conflict exists under these laws and what required steps, if any, must be taken.
- D. To ensure that all individuals who, due to their position, can influence decisions affecting the business, operations, ethical, and/or competitive position of TFHD, perform their duties in an impartial manner free from any bias created by personal interests of any kind.
- E. To clarify the duties and obligations of public officials, in the context of potential conflicts of interest and to provide them with a method for disclosing and resolving potential conflicts of interest.
- F. To establish general principles for the management of conflicts of interest in order to protect against situations that could prevent a public official from acting in the best interest of the organization.

DEFINITIONS:

- A. **Conflict of Interest:** An Interested Person has a Conflict of Interest with respect to a governmental decision, contract, transaction, or arrangement in which the District is (or would be, if approved) a party if the person has, directly or indirectly, through a business, investment, family, or other relationship:
 1. an ownership or investment interest in any entity involved in such contract, transaction, or arrangement.
 2. a compensation arrangement with an individual or entity involved in such contract, transaction, or arrangement.
 - ~~2.3.~~ 3. a real property interest that it is reasonably foreseeable will be materially affected by a District contract, transaction or arrangement.
 - ~~3.4.~~ 4. a potential ownership or investment interest in, or compensation arrangement with, an individual or entity with which the District is negotiating such contract, transaction, or arrangement.
 - ~~4.5.~~ 5. a fiduciary position (e.g., member, officer, Director, committee member) with respect to an entity involved in such contract, transaction, or arrangement.
 - ~~5.6.~~ 6. a non-economic affiliation or relationship, directly (or indirectly, through a third party) with an individual or entity with which the District is negotiating or maintains a contract, transaction, or arrangement such that the affiliation or relationship could render the Interested Party incapable of making a decision with only the best interests of the District in mind.

A conflict of interest may exist when an obligation or situation resulting from an individual's personal activities or financial interest may adversely influence, or reasonably be perceived as influencing, the individual's judgment in the performance of duties to the District. For purposes of this policy, personal activities or financial interests include, but are not limited to, a business, commercial or financial interest, either of the Director or staff deriving from family or marital relationships, from friends, or from former, existing or prospective business associations.

- B. **Interested Persons:** For purposes of applying this Policy to any contract, transaction, or arrangement involving TFHD, "Interested Person" shall mean any person in a position to exercise substantial influence over the District in the twelve months preceding formal presentation of ~~period ending on the date~~ the proposed contract, transaction or arrangement is formally presented

to the Board for approval. Interested Person includes, but is not limited to, Directors, any executive leader or manager, or members of a committee with board-delegated powers. The Board may also determine, based upon all the facts and circumstances (with the advice of legal counsel, if necessary) that a person other than an Interested Person shall be treated as an Interested Person with respect to a particular contract, transaction or arrangement.

POLICY:

- A. It is the policy of TFHD to comply with all laws, including all conflict of interest rules and regulations.
- B. Each ~~person who is a~~ Board Director, ~~or all~~ and employee~~s~~ of TFHD shall exercise good faith and best efforts in the performance of his or her duties to TFHD and all entities affiliated with TFHD. In all dealings with and on behalf of TFHD or any affiliated entity, each such person shall be held to a strict rule of honest and fair dealing with TFHD and its affiliated entities, and no such person shall use his or her position, or knowledge gained thereby, in such a manner as to create a conflict, or the appearance of a conflict, between the interest of TFHD or any affiliated entity and the interest of such person. The appearance of a conflict of interest is present if a reasonable person would conclude ~~there is a potential for it is reasonably foreseeable that an individual's personal interests will cause him or her to disregard the individual's responsibilities to TFHD~~ the personal interests of an individual to clash with his/her fiduciary duties affect undertaking of his or her responsibilities to TFHD. ~~It is the policy of TFHD to require that any~~ Any individual subject to this Policy must promptly and fully disclose a written description of the material facts of ~~the any~~ actual, apparent, or potential Conflict of Interest ~~to the Board of Directors. The disclosure requirement is an ongoing responsibility as conditions change. An oral statement reflected in the minutes of a meeting constitutes a written disclosure under this policy. consistent with the procedures described in this Policy.~~
- C. TFHD will not make a governmental decision or engage in any contract, transaction, or arrangement involving a Conflict of Interest unless the disinterested members of the Board of Directors (acting at a duly constituted meeting thereof) (with the advice of legal counsel, if necessary) determine that appropriate safeguards to protect TFHD have been implemented, ~~and, I~~ if allowed by law, ~~the~~ disinterested members shall approve the governmental decision, contract, transaction, or arrangement by a majority vote of a quorum of the Board, or with participation by interested member(s) consistently with a rule of necessity provided under the Political Reform Act or other applicable law.
- D. No ~~person who is a~~ Director, Chief, or employee of TFHD shall accept any (material) compensation, gift, or other favor which could influence or appear to a reasonable person to influence such person's actions affecting TFHD or any affiliated entity.
- E. In compliance with the law, all ~~Interested Persons and~~ individuals occupying designated positions on TFHD's Conflict of Interest Code shall complete and file Statements of Economic Interest (Form 700) annually with TFHD. Disclosure is required as determined by the individual's Disclosure Category, which is listed in the Conflict of Interest Code.

PROCEDURE:

A. Duty to Disclose.

1. An Interested Person has a continuing obligation to disclose (in the manner provided in this Policy) the existence and nature of any actual, apparent or potential conflict of interest he/she may have.
2. Whenever an Interested Person has a financial or personal interest, whether or not said ~~matter interest~~ is an actual, apparent or potential conflict of interest, in any matter coming before the Board of Directors, the affected person shall fully disclose the nature of the interest to the Board of Directors, and such disclosure shall be recorded in the minutes of the meeting, including enough of the material facts to adequately reflect the nature of the actual, apparent, or potential conflict of interest. The Statement of Disclosure may be oral or written.
 - a. **TFHD Board of Director as an Interested Person.** If the Interested Person is a member of the TFHD Board of Directors, the Director:

- i. Must publicly announce at a duly scheduled TFHD public meeting any disqualifying conflict of interest, including the specific financial interest that is the source of the disqualification, and
- ii. After announcing the financial interest, the Director must leave the room or other forum during any discussion or deliberations on the matter in question, and may not participate in the decision or be counted for purposes of a quorum, except when participation is justified under a rule of necessity; as. As consent calendar items are not the subject of discussion or deliberation, a Director need not leave the room as to such items unless they are pulled from the consent calendar for discussion;
- iii. In the case of a closed session, the Director still must publicly declare his or her conflict in general terms during open session before the Board goes into closed session, but ~~may~~ must do so in a way that does not disclose closed session information;
- iv. A disqualified Director may not attend a closed session or obtain any confidential information from the closed session.

iv.v.

~~All of t~~These restrictions are separate and apart from the Director's right to appear in the same manner as any other member of the general public before an agency in the course of its prescribed governmental function solely to represent himself or herself on a matter which is related to his or her personal interests, provided that such participation is permitted under applicable rules of the Fair Political Practices Commission.

- b. **All Other Interested Persons.** All other Interested Persons, at the discretion of the Board of Directors, may be required to leave either the room or refrain from discussion during any discussion or deliberations on the matter in question or while the proposed governmental decision, contract, transaction or arrangement is discussed, and may not attend a closed session or obtain any confidential information from the closed session. ~~The Interested Person shall leave the room while the matter is voted on and only disinterested Directors may vote to determine whether to approve the transaction or arrangement. No duty to leave the room shall apply to matters on the consent calendar which are not pulled from that calendar for discussion. The Interested Person shall not be required to leave the room for matters on the consent calendar which are not pulled from that calendar for discussion.~~

3.i. In determining whether ~~and when~~ to require an Interested Person to leave the room during discussion of the proposed governmental decision, contract, transaction or arrangement, the ~~disinterested~~ Directors shall balance the need to facilitate the discussion by having such person on hand to provide additional information with the need to preserve the independence of the Board's decision.

B. Determining Whether a Conflict Exists.

- 1. Generally, it is the legal responsibility of the Interested ed Person to comply with conflict of interest laws. However, when ~~it~~ the Board has information that an Interested ed Person has an actual or potential conflict of interest with respect to one of its decisions and ~~have~~ has not voluntarily abstained, the Board shall examine each transaction under its consideration in light of the relevant laws mandating impartiality and freedom from bias, and conduct an analysis of all the facts to determine if a conflict of interest exists which triggers a disqualification requirement.
- 2. ~~At any time~~ If that an actual, apparent, or a potential Conflict of Interest is identified to the Board of Directors, whether through the voluntary submission of a Disclosure Statement, or by a disclosure by a person other than the ~~subject~~ Interested Person, the disinterested Board members shall review the matter and determine by majority vote whether a Conflict of Interest exists. While the Board may not have the power to bar an interested board member from participating in a discussion due to its conclusion he or she has a disqualifying conflict of interest, it can instruct its Clerk not to record the vote of a Director the Board determines on the advice of legal counsel to be disqualified from voting on a

matter.

3. The Board shall evaluate whether a conflict of interest exists under the multiple laws governing conflicts by first applying the four-step analysis promulgated by the Fair Political Practices Commission.

STEP 1: Is it reasonably foreseeable that the decision will have an effect on a financial interest of a public official?

STEP 2: If yes, is that effect material?

STEP 3: If the answers to steps 1 and 2 are both yes, is the effect on the public official's financial interest the same as its effect on the interests of the public generally?

STEP 4: If the effects are not the same on the public generally, will the public official be making, participating in the making of, or using their position to influence the making of the governmental decision that will cause those effects?

If the answer to the first two of these questions is "yes," the answer to the third question is "no," and the answer to the fourth question is also "yes," then the official may have a conflict of interest and be required to disqualify him/herself from all participation in that decision.

4. If disqualification of the Interested Individual Person is not required as a result of this analysis, the Board shall further evaluate whether a conflict exists or has arisen out of matters other than a financial interest, e.g., friendship, blood relationship, or general sympathy for a particular viewpoint. The potential for a conflict arises when a Board Member (or committee member) has, directly or through a family member, a material personal interest in a proposed contract, transaction, arrangement, or affiliation to which TFHD may be a party, that would place the Board Member (or committee member) in a position in which she or he may be tempted by her or his own private interests to disregard those of TFHD.
5. To the extent ~~that~~ other Federal or State laws ~~may~~ impose more restrictive conflict-of-interest standards (including more extensive disclosures of actual or potential conflicts of interest), the Board of Directors, the District and any Interested Person shall also comply with such additional standards.
6. The following is a non-exclusive list of the *types of questions* the Board may use as part of its efforts to determine whether an Interested Person's interest constitutes a conflict of interest:
 - a. With respect to an **ownership or investment interest**:
 - i. The dollar value of the interest;
 - ii. The dollar value of the interest as a percentage of ownership interest in the entity;
 - iii. The perceived importance of the transaction or arrangement to TFHD and to the entity, respectively;
 - iv. Whether the transaction or arrangement can reasonably be expected to have a materially ~~favorable~~ impact on the value of the ownership or investment interest;
 - v. The extent to which the ownership or investment interest might reasonably be expected to influence the entity in connection with its performance under the transaction or arrangement; and
 - vi. Other similar factors.
 - b. With respect to a **compensation arrangement**:
 - i. The dollar value of the arrangement;
 - ~~ii.~~ The dollar value of the arrangement as a percentage of all other compensations arrangements to which the person is a party;
 - ~~iii.~~ The nature of the underlying compensation arrangement.
 - c. With respect to **public office and campaign contributions**:
 - i. Whether a single official holds two public offices simultaneously;
 - ii. Whether jurisdiction overlaps;
 - iii. Whether there is a pending issuance of a license, permit or entitlement;
 - iv. Whether there is a receipt of contributions of more than \$250 from any affected person in the twelve months before the decision;

- v. ~~Whether there~~ There is a receipt of gift(s);
 - vi. The date of contribution(s).
- d. For **Vendors**:
- i. The dollar value of the services;
 - ii. The dollar value of the goods or services relative to the overall volume of goods or services: (i) purchased by TFHD in general; (ii) purchased by TFHD for this particular good or service, i.e., legal services, etc.; or (iii) provided by the Interested Person or Interested Person's affiliated entity in general;
 - iii. The Interested Person's position within the vendor entity, i.e., owner, partner, or employee;
 - iv. The impact the business relationship with TFHD has on the Interested Person's compensation from or career advancement within this entity;
 - v. Whether the Interested Person provides the services directly, supervises the delivery of services, or has no connection to the delivery of services; and
 - vi. Where in the TFHD organizational hierarchy lays the decision to authorize the goods or services to be purchased from the Interested Person/vendor directly or indirectly.
- e. With respect to **non-financial interests**:
- i. The materiality of the interest;
 - ii. The nature of the interest;
 - iii. The presence of specific factors that may prevent the Interested Person from acting in the best interests of TFHD in connection with the transaction or arrangement;
 - iv. With respect to multiple board memberships, the presence of specific factors indicating a potential whereby the Interested Person may subordinate his/her duty to TFHD to his/her duty to the other entity for which he serves as a board member; and
 - v. Other similar factors.
7. Common *examples of financial interests* which could potentially create a conflict of interest, include, but are not limited to the following:
- a. An ownership or investment interest in a business involved in a contract, transaction or arrangement with TFHD;
 - b. A compensation arrangement with an individual or entity involved in a contract, transaction or arrangement with TFHD;
 - c. A potential ownership or investment in, or compensation arrangement with, an individual or entity with which the non-profit organization is negotiating a contract, transaction, or arrangement for services
8. Some *examples of non-financial interests* which could potentially create a conflict of interest, include, but are not limited to the following:
- a. Director A serves on the board of a hospital, which is considering an expansion of its community ambulatory surgery centers, while simultaneously serving on the board of a local community college, which plans on establishing medical clinics to serve the needs of students, faculty, employees and those living in the area;
 - b. Foundation Director B simultaneously serves on the board of a Museum, both of which are considering the commencement of a capital campaign that will target the same community of potential donors.;
 - ~~c. The brother of Hospital Director A serves as the uncompensated chairman of the board of physician group, which is considering an affiliation with the hospital.~~
9. A finding of conflict of interest is not contingent on willful wrongdoing, or upon whether an individual's judgment has actually been affected. A conflict of interest may exist regardless of whether a monetary advantage has been or may have been given to an individual.
- 9.10. _____ The Board may request additional information from all reasonable sources and may involve General Counsel in its deliberations.
- 10.11. _____ Once all necessary information has been obtained, the Board shall make a finding

by majority vote as to whether a conflict of interest indeed exists.

C. Addressing the Conflict of Interest.

1. Once the disinterested members of the Board of Directors have determined that an actual conflict of interest exists with respect to a particular transaction or arrangement:
 - a. The disinterested members of the Board of Directors shall exercise due diligence to determine whether TFHD could obtain a more advantageous contract, transaction or arrangement with reasonable efforts under the circumstances and, if appropriate, shall appoint a non-Interested Person or committee to investigate lawful alternatives to the proposed contract, transaction or arrangement.
 - b. In considering whether to enter into the proposed contract, transaction or arrangement, the Board of Directors may approve such a contract, transaction or arrangement by a majority vote only if the disinterested Directors determine that:
 - i. The proposed contract, transaction or arrangement is in TFHD's best interests and for TFHD's own benefit; and
 - ii. The proposed transaction is fair and reasonable to TFHD, taking into account, among other relevant factors, whether TFHD could obtain a more advantageous contract, transaction or arrangement with reasonable efforts under the circumstances.

c. This section shall not apply to conflicts of interest governed by Government Code section 1090 et seq. relating to contracts between TFHD and an Interested Person that are neither a remote nor non-interested, as defined therein.

2. The Board of Directors may proceed consistent with any applicable rules of necessity provide by the Political Reform Act or other State law.

D. Violations of the Conflicts of Interest Policy.

1. If the Board of Directors or committee has reason to believe that an Interested Person has failed to comply with the disclosure obligations of this Policy, the Board of Directors shall inform that person of the basis for its belief and provide that person an opportunity to address the alleged failure to disclose.
2. After hearing the response of such person and conducting such further investigation as may be warranted under the circumstances, the Board of Directors shall determine whether such person has, in fact, violated the disclosure requirements of this conflicts of interest policy.
3. If the Board determines that there has been a violation of the conflict of interest policy, the Board shall take appropriate disciplinary and corrective action, which may include removal from a Committee, if the Interested Person is a Board or committee member, or disciplinary action up to and including termination, if the Interested Person is an employee over whom the Board has such authority, or official censure by the Board.
4. Board of Director violations of the conflict of interest policy may result in various consequences, such as citizen recall or criminal or civil sanctions or penalties imposed by the Fair Political Practices Commission (FPPC) for violations of the Political Reform Act.

E. Records of Proceedings.

The minutes of meetings of the Board of Directors and any committee with board delegated powers shall include:

1. the names of persons who disclosed or were otherwise found to have actual, apparent, or potential interests relevant to any matter under discussion at the meeting, a general statement as to the nature of such interest (e.g., employment arrangement, equity interest or board membership or officer position in another corporation), any action taken to determine whether a conflict of interest existed, and the board or committee's conclusion as to whether a conflict exists; and
2. the names of the persons (other than members of the general public) present for the discussions and votes relating to the transaction, or arrangement, a summary of the content of these discussions that contains the type of information regularly reported in board or committee minutes and identifies whether any alternatives were considered, and a record of any vote taken in connection therewith.

F. Annual Statements

1. Statement of Economic Interests (Form 700):
 - a. The Clerk of the Board or his/her designee shall notify all designated positions of

- the requirements for completion of the Statement of Economic Interests. For more information, access the form and user instructions at fppc.ca.gov.
- b. Each individual will complete the form as required and return to the Clerk of the Board as requested;
 - c. All forms are maintained by Administration as required by regulation.
2. Form 700 Filing Deadlines
- a. Individuals required to complete and file Statements of Economic Interest (Form 700) must do so:
 - ~~i. Within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;~~
 - ~~ii.i.~~ Within thirty (30) days after assuming a position requiring filing such Statement;
 - ~~ii.ii.~~ Within thirty (30) days after leaving a position requiring filing of such Statement; and,
 - ~~iv.iii.~~ Annually, no later than April 1st, each year in which the individual occupies a position requiring filing of such Statement.
 - b. In the event the Statement of Economic Interest is not filed when due, the FPPC may impose fines or other civil and criminal sanctions for non-compliance.
3. Conflict-of-Interest Policy Acknowledgement:
- Each person who is a required to fill out a Form 700 shall review this Conflict of Interest Policy. Each of those individuals shall annually acknowledge that he/she:
- a. has received a copy of this Policy;
 - b. has read and understands the Policy;
 - c. agrees to comply with the Policy;
 - d. understands that the Policy applies to members of committees and subcommittees;
 - e. agrees to report to the Board any change to matters disclosed on the Form 700.
- The Conflict-of-Interest Disclosure Questionnaire is an available resource.
4. Monitoring and Auditing
- The Corporate Compliance Officer shall conduct or oversee periodic auditing and monitoring of:
- a. Timely filing of Form 700s and Conflict-of-Interest Policy Acknowledgement; and
 - b. Submitted Statements of Economic Interests to determine if disclosures of actual, potential, or perceived conflicts of interest have been brought to the attention of the Board of Directors, and have been addressed, resolved, or removed.

References:

Political Reform Act (Cal Gov. Code, §§ 87100 et seq.)
 The Brown Act (Cal Gov. Code, §§ 54950 et seq.)
 Public Reporting of Financial Interests Political Reform Act (Cal Gov. Code, §§ 87200-87313)
 Financial Interests in Contracts (Cal Gov. Code, §§ 1090 et seq.)
 Conflict of Interest Resulting from Campaign Contributions (Cal Gov. Code, § 84308)
 Prohibitions Applicable to Specified Officers (Cal Gov. Code §§ 1090-1099) Local Health Care District Law Conflict
 of Interest Provisions (Health & Saf. Code §§ 32110-32111) Receipt of
 Direct Monetary Gain or Loss (Cal Gov. Code, § 8920)
 Transportation, Gifts or Discounts Cal. Const., art. XII, § 7
 Incompatible Activities (Cal Gov. Code, §§ 1125 et seq.) (local officials); (Cal Gov. Code, § 19990)
 (state officials)
 Former State Officials and Their Former Agencies Political Reform Act (Cal Gov. Code, §§ 87400-87405)
 The Governance Institute

New Programs and Services, ABD-18

PURPOSE:

- A. To assist the Board of Directors with the Board's oversight and evaluation of new programs and/or services.
- B. To assist the Board of Directors in the Board's responsibility to affirm the organization's strategic direction in a manner consistent with the organization's mission, vision, and values.

POLICY:

- A. The Board (or designated Board committee) will consider the following when evaluating new programs and services:
 1. Congruence with mission, vision, and values
 2. Financial feasibility
 3. Impact on quality and safety with a requirement to meet quality related performance criteria
 4. Market potential
 5. Redundancy
 6. Impact on other organizational units (e.g., employed physician groups, independent physicians on the medical staff, the medical staff as a whole, etc.)
- B. Management will present to the Board a written analysis of proposed new programs and services that addresses, at a minimum, the components listed above.
- C. The Board will first consider the information presented in the analysis during a Board or relevant committee meeting; discussion will take place and additional information/input from others may be required. ~~The Board will ensure that m~~Management ~~provides will provide all~~the additional information/input ~~as~~requested by the Board.
- ~~D.~~ At the discretion of theThe Board may choose to not make a ~~decisions~~ on whether to move forward with a new program or service ~~may not be taken~~ during the meeting at which the ~~proposed~~ new program or service is ~~initiated~~proposed. The Board may, in its discretion, choose to make a final decision may be made at a subsequent Board meeting ~~in order~~ to allow Board members ~~to have~~ additional time for discussion/consideration and to assess all information before voting.
- ~~D.E.~~ All discussion amongst the Board shall occur consistent with obligations under the Ralph M. Brown Act, Government Code sections 54950 et seq.

Board of Directors Qualifications, ABD-04

PURPOSE:

To provide a written list of qualifications for prospective candidates who would like to run for a seat on the Hospital District Board of Directors or for the Hospital District Board of Directors to use when, in the event of a vacancy, it must appoint a new board member.

POLICY:

~~A. A candidate must be a registered voter and reside in the District. (Health and Safety Saf. Code, § 32100.)~~

~~A.~~

~~The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board.~~

~~B. Must reside in the District. Health and Safety Code 32100~~

~~The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board.~~

~~B. Must~~A candidate may not have been convicted of a felony designated crimes as specified in the Constitution and laws of the State. (Government Gov. Code, § -1021.) Those include:

1. Conviction of a felony or of any offense involving a violation of official duties. (Gov. Code, § 1770, subd. (h); Cal. Const. art. VII, § 8, subd. (a).)

2. Conviction of any felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes (Elec. Code, § 20, subd. (a); Gov. Code, § 1021.5, subd. (a).)

~~A person is disqualified from holding any office upon conviction of designated crimes as specified in the Constitution and laws of the State.~~

~~1. Within the meaning of Const. Art. 20, § 11 VII, § 8, Govt. Code §§ 1770(h), 3000 and this section, an officer shall be deemed to have been convicted when trial court judgment is entered. "Trial court judgment" means a judgment by the trial court either sentencing the officer or otherwise upholding and implementing the plea, verdict, or finding. conviction consists of a jury verdict or court finding of guilt followed by a judgment upholding and implementing such verdict or finding, and the taking of an appeal would not stay or delay the effects of such a conviction.~~

~~D.C.~~May~~Except as provided in subdivision (3), below, a candidate may not either (i) not possess an ownership interest in another hospital serving the same area in served by the District; or (ii) be a director, policymaking management employee, or medical staff officer of any hospital serving the same area served by the District.- (Health and & Safety Saf. Code, § 32110.)~~

~~1. Except as provided in subdivision (d) of Section 32110, no person who is a director, policymaking, management employee or medical staff officer of a hospital owned or operated by a district shall do either of the following:~~

~~a. Possess any ownership interest in any other hospital serving the same area as that served by the district hospital of which the person is a director, policymaking management employee or medical staff officer.~~

~~b. Be a director, policymaking management employee, or medical staff officer of any hospital serving the same area as the area served by the district hospital.~~

~~2.1.~~ For purposes of this section C, a hospital shall be considered to serve the same area as a district hospital when more than five percent (5%) of the hospital's patient admissions are residents of the district. (Health & Saf. Code, § 32110, subd. (b).)

~~3.2.~~ For purposes of this section C, the possession of an ownership interest, including stocks, bonds, or other securities by the spouse, registered domestic partner, or minor children or any person shall be deemed to be the possession or interest of the person. (Health & Saf. Code, § 32110, subd. (c).)

~~4.3.~~ No person shall serve concurrently as a director or policymaking management employee of ~~a~~ the district and as a director or policymaking management employee of any other hospital serving the same area as the district, unless the boards of directors of the district and the hospital have determined that the situation will further joint planning, efficient delivery of health care services and the best interest of the areas served by their respective hospitals, or unless the district and the hospital are affiliated under common ownership, lease or any combination thereof. (Health & Saf. Code, § 32110, subd. (d).)

~~E.D. Candidate for Director~~ A candidate who runs for the office of member of the Board of Directors of the District must disclose on the ballot occupation and place of employment if s/he who owns stock in or works for a health care facility that does not serve the same area served by the District must disclose his or her occupation and place of employment on the ballot. (~~Health and Safety Saf. Code § 32110(e).~~)

~~E.~~ A candidate may not be financially interested in any contract made by them in their official capacity as an officer of the District. (Gov. Code, § 1090, subd. (a).)

~~1.~~ A candidate may be a physician and provide services to the District under certain circumstances. (Health & Saf. Code, § 32111.)

~~2.~~ A member of the District's medical or allied health professional staff who is an officer of the District shall not be deemed to be financially interested if all of the following conditions are satisfied: (Health & Saf. Code, § 32111, subd. (a).)

~~a.~~ The officer abstains from any participation in the making of the contract.

~~b.~~ The officer's relationship to the contract is disclosed to the body or board and noted in its official records.

~~c.~~ If the requirements of paragraphs (a) and (b) are satisfied, the body or board does both of the following, without any participation by the officer:

~~i.~~ Finds that the contract is fair to the District and in its best interest.

~~ii.~~ Authorizes the contract in good faith.

~~3.~~ Subdivision (2) shall apply to the following contracts (Health & Saf. Code, § 32111, subd. (b)):

~~a.~~ A contract between the District and the officer for the officer to provide professional services to the District's patients, employees or medical staff members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services.

b. A contract to provide services to covered persons between the District and any insurance company, health care service plan, employer or other entity that provides health care coverage, and that also has a contract with the officer to provide professional services to its covered persons.

c. A contract in which the District and the officer are both parties, if other members of the District's medical or allied health professional staff are also parties, directly or through their professional corporations or other practice entities, provided the officer is offered terms no more favorable than those offered any other party who is a member of the District's medical or allied health professional staff.

4. Subdivisions (2) and (3) do not permit an otherwise prohibited candidate to be a member of the board of directors of the District, including, but not limited to (Health & Saf. Code, § 32111, subd. (c)):

a. A candidate barred under sections C – D above.

b. An employee of the District (Gov. Code, § 53227, subd. (a)).

4. For purposes of this section E, a contract entered into by a professional corporation or other practice entity in which the officer has an interest shall be deemed the same as a contract entered into by the officer directly.

~~0. Any candidate who elects to run for the office of member of the board of directors of a district, and who owns stock in, or who works for any health care facility that does not serve the same area served by the district in which the office is sought, shall disclose on the ballot his or her occupation and place of employment.~~

~~G. May be a physician and provide services to the District under certain circumstances. Health and Safety Code 32111.~~

~~0. A member of a health care district's medical or allied health professional staff who is an officer of the district shall not be deemed to be "financially interested," for purposes of Section 1090 of the Government Code, in any of the contracts set forth in subdivision (b) made by any district body or board of which the officer is a member if all of the following conditions are satisfied:~~

~~— The officer abstains from any participation in the making of the contract.~~

~~— The officer's relationship to the contract is disclosed to the body or board and noted in its official records.~~

~~— If the requirements of paragraphs (1) and (2) are satisfied, the body or board does both of the following, without any participation by the officer:~~

~~— Finds that the contract is fair to the district and in its best interest.~~

~~— Authorizes the contract in good faith.~~

~~0. Subdivision 6.1 shall apply to the following contracts:~~

~~— A contract between the district and the officer for the officer to provide professional services to the district's patients, employees or medical staff members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services.~~

~~— A contract to provide services to covered persons between the district and any~~

~~insurance company, health care service plan, employer or other entity that provides health care coverage, and that also has a contract with the officer to provide professional services to its covered persons.~~

~~—A contract in which the district and the officer are both parties, if other members of the district's medical or allied health professional staff are also parties, directly or through their professional corporations or other practice entities, provided the officer is offered terms no more favorable than those offered any other party who is a member of the district's medical or allied health professional staff.~~

~~0. This section does not permit an otherwise prohibited individual to be a member of the board of directors of a district, including, but not limited to, individuals described in Section 32110 of the Health & Safety Code or in Section 53227 of the Government Code. Nothing in this section shall authorize a contract that would otherwise be prohibited by Section 2400 of the Business and Professions Code.~~

~~0. For purposes of this section, a contract entered into by a professional corporation or other practice entity in which the officer has an interest shall be deemed the same as a contract entered into by the officer directly.~~

~~T. May not be an employee of the District. Government Code 53227.~~

~~0. An employee of a local agency may not be sworn into office as an elected or appointed member of the legislative body of that local agency unless he or she resigns as an employee. If the employee does not resign, his or her employment shall automatically terminate upon his or her being sworn into office.~~

~~V.F. _____ May~~A candidate may not be a Director and simultaneously hold ~~another public office~~another incompatible public office. ~~Government (Gov. Code, § 1099.)~~

- ~~1. A public officer, including, but not limited to, an appointed or elected member of a governmental board, commission, committee or other body, shall not simultaneously hold two public offices that are incompatible.~~ Offices are incompatible when any of the following circumstances are present, unless simultaneous holding of the particular offices is compelled or expressly authorized by law:
 - a. ~~Either of the offices may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over the other office or body.~~ A member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.
 - b. Based on the powers and jurisdiction of the offices, there is a possibility of a significant clash of duties or loyalties between the offices.
 - c. Public policy considerations make it improper for one person to hold both offices.
2. When two public offices are incompatible, a public officer shall be deemed to have forfeited the first office upon acceding to the second. (Gov. Code, § 1099, subd. (b).)~~This provision is enforceable pursuant to Section 803 of the Code of Civil Procedure.~~
3. This section F does not apply to a position of employment, including a civil service position that does not constitute a public office. (Gov. Code, § 1099, subd. (c).)
4. This section F shall not apply to a governmental body that has only advisory powers. (Gov. Code, § 1099, subd. (d).)

~~0. For purposes of paragraph (1) of subdivision (a), a member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.~~

~~X.G.~~ As a Director, ~~you~~ may not make, participate in making or in any way attempt to use your position as a Director to influence a decision of the District when you know or have a reason to know that you have a financial interest in the decision. ~~Government (Gov. Code, § 87100.)~~

~~No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a material financial interest distinguishable from its effect on the public generally.~~

~~Y. — When you are a director, neither you nor the District may make any contract you are financially interested in. Government Code 1090.~~

~~1. Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity, or by any body or board of which they are members. Nor shall state, county, district, judicial district, and city officers or employees be purchasers at any sale or vendors at any purchase made by them in their official capacity.~~

The logo features three stylized buildings of varying heights and colors (dark blue, medium blue, and orange) against a background of a blue sky with a sunburst of orange rays. The word "LIBRARY" is written in a light blue, bold, sans-serif font across the first two buildings, and the word "UP" is written in a white, bold, sans-serif font across the orange building.

LIBRARY UP

IMAGINE THE POSSIBILITIES



Emma Schmitz

Friends of the Truckee Library
Board Member

Nikki Dean

Friends of the Truckee Library
Board Member

We've Grown ... A LOT!



1975
POP 2,000



Today
POP 20,000



We're Ready for a 21st Century Library!



Steamboat Springs, CO

Population: 13,764

Square Feet: 35,345



AFTER EXPANSION

- Annual visits increased 37%
- Circulation went up 61%
- Computer use climbed 167%

It's so inviting to come here.
It's such a welcoming place.

- Patron



Half Moon Bay, CA

Population: 13,113

Square Feet: 22,000



This library ... opens vistas for young people who would never otherwise dream so big. The core ... is now a gleaming edifice made of so much glass you can almost see a brighter future.

- Half Moon Bay Review



Let's Imagine the Possibilities!



- Inviting community spaces
- Dedicated spaces for youth and teens
- Expanded space for:
 - Programming to build connections
 - Equitable access
 - Technology

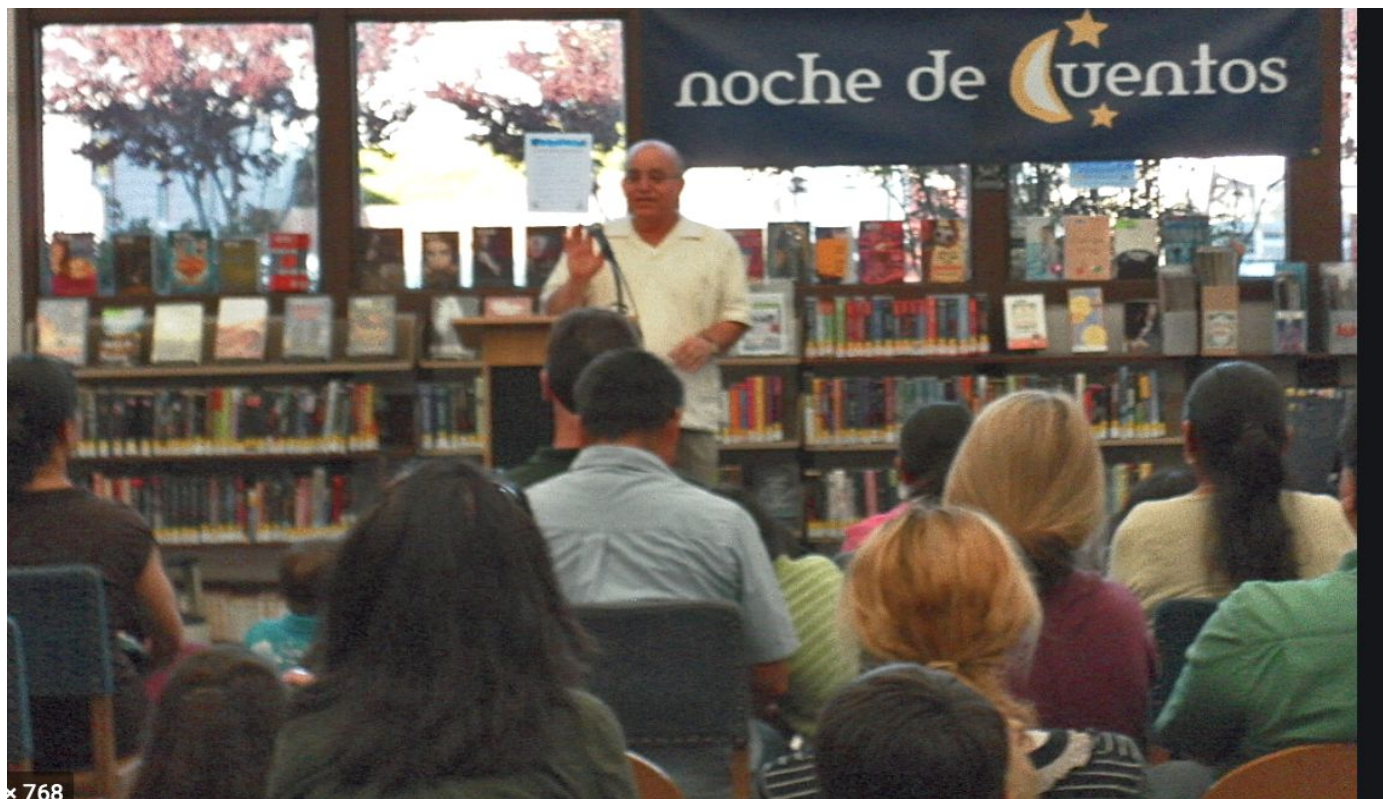
Inviting Community Spaces



Programming That Creates Community



A library outranks any other one thing that a community can do to benefit its people. It is a never-failing spring in the desert. Andrew Carnegie



Dedicated Space for Youth

- Work space
- Creative space
- Books!!
- Events
- Education

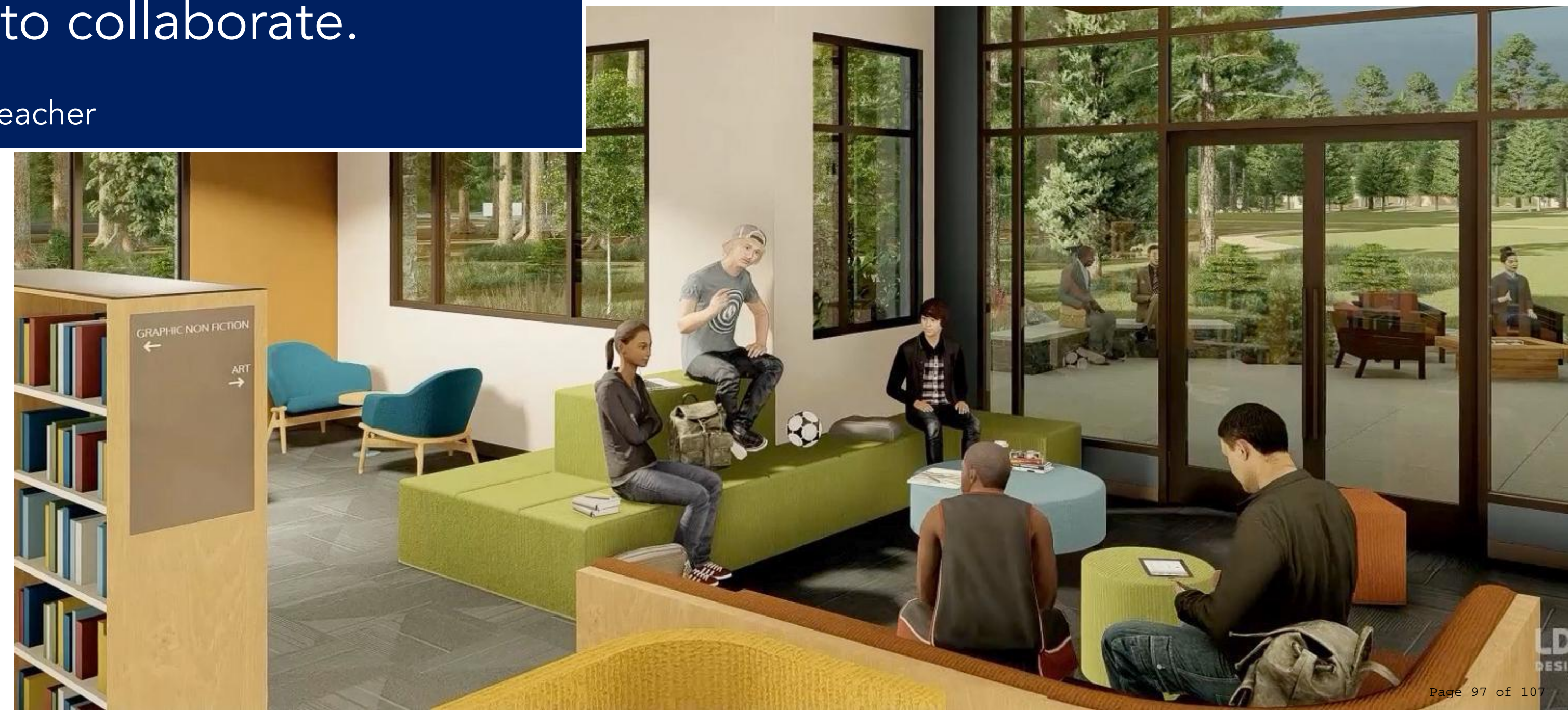


Dedicated Space for Teens

- Connection
- Collaboration
- Creativity
- Study Areas

I would assign more group projects if I knew that my students had a neutral, safe space to collaborate.

- Truckee teacher

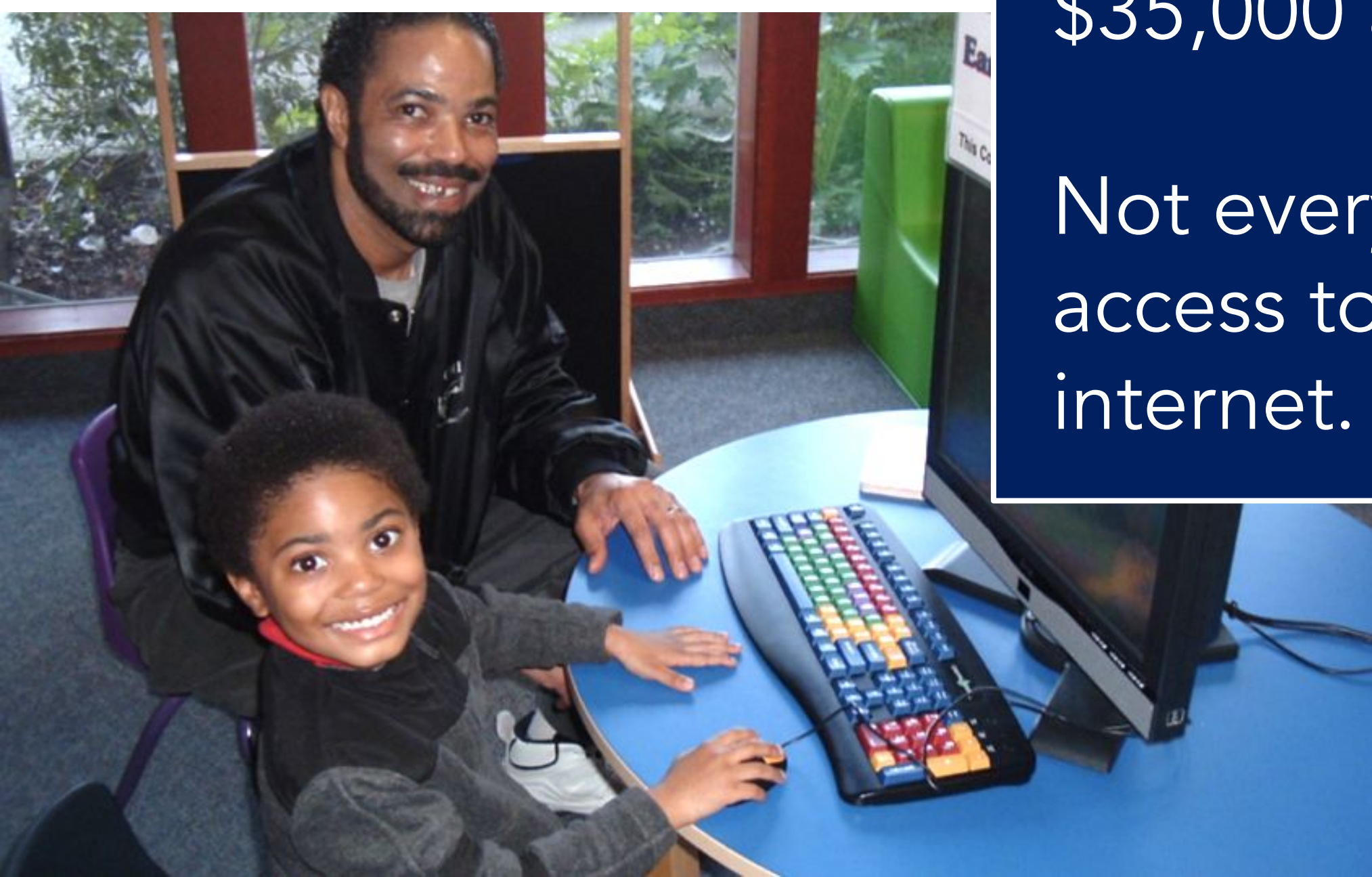


Equitable Access



Approximately 18% of our community makes less than \$35,000 a year.

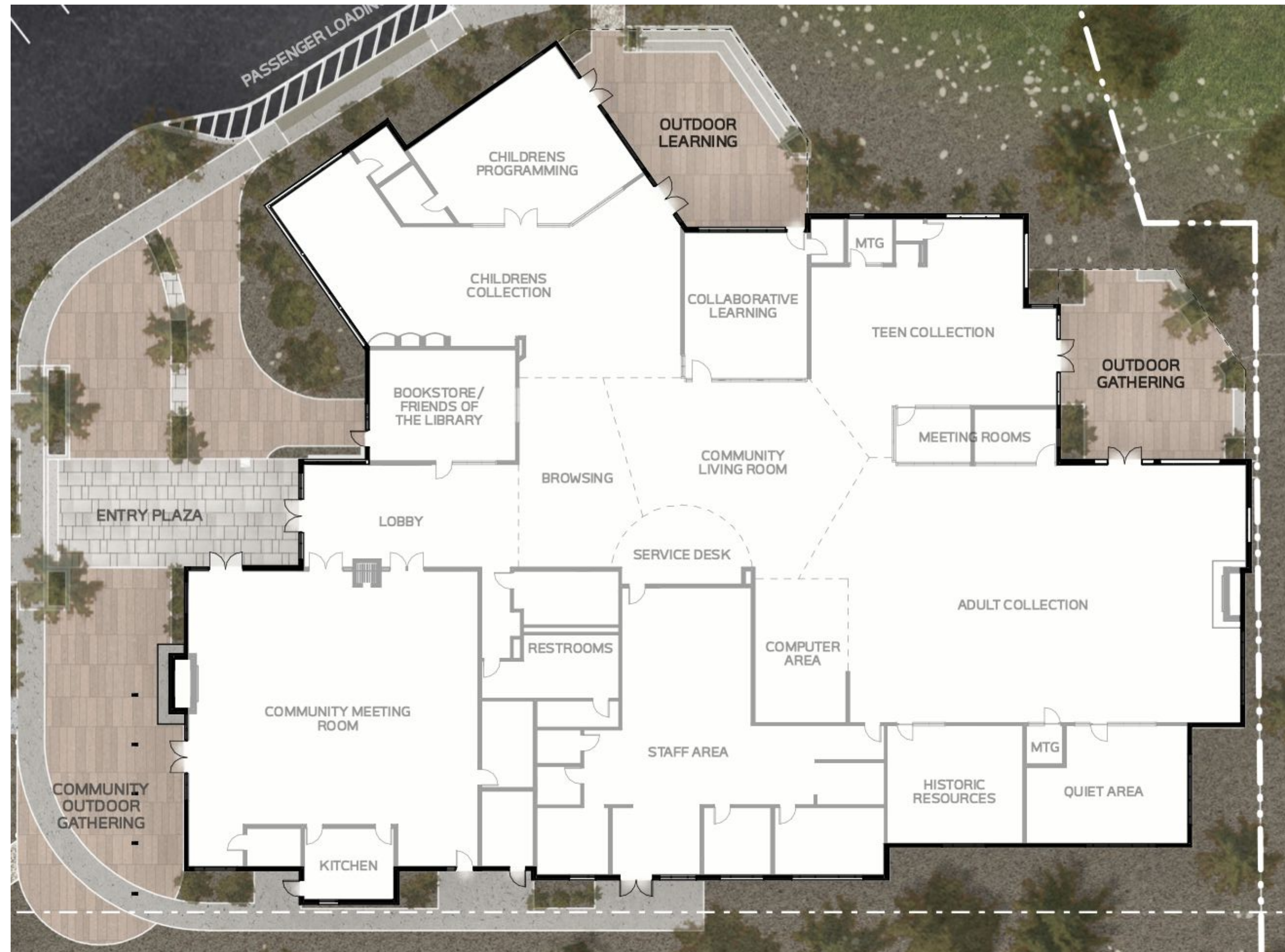
Not everyone has ready access to a computer or the internet.



We're Making Progress!



We Have Conceptual Plans!



We Have a Site!



We Have a Cost Estimate!

**\$25 Million
Estimated Cost**

County/Govt Support

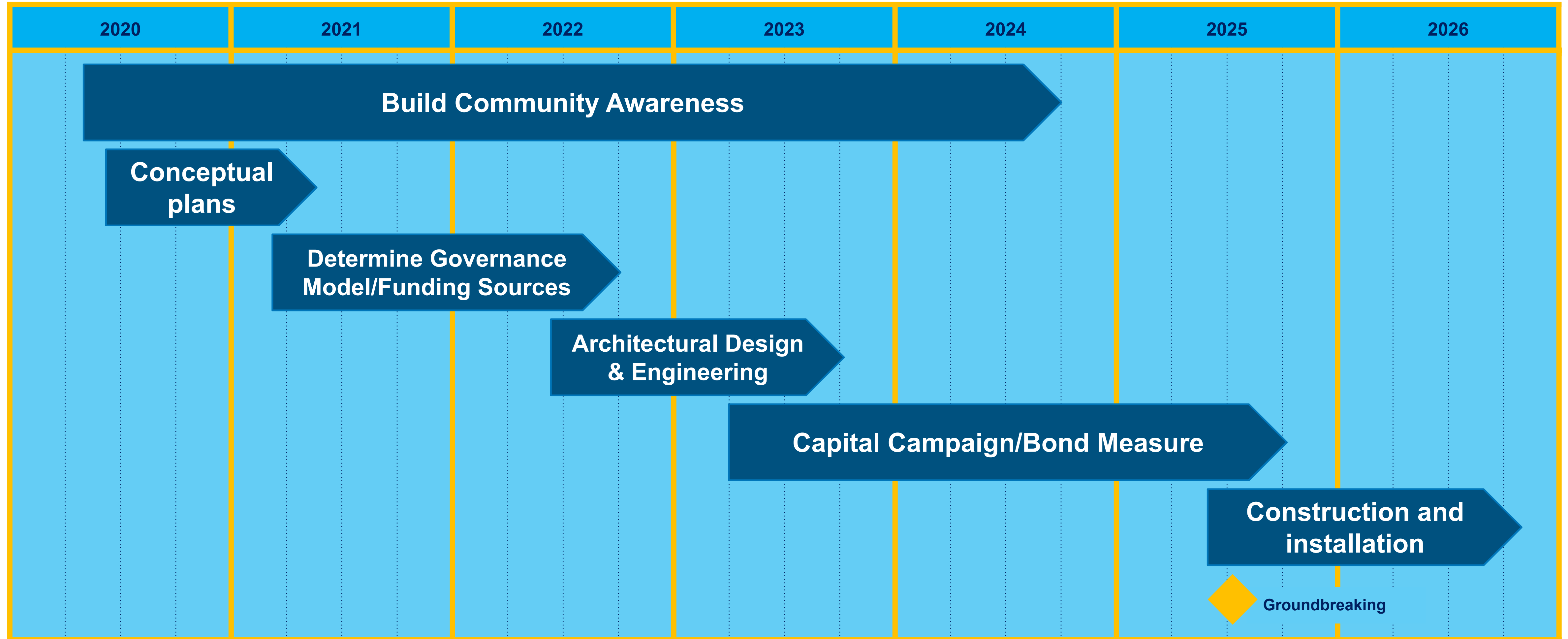
Capital Campaign

Bond Measure

Grants

TRUCKEE LIBRARY

When Will We Get There?



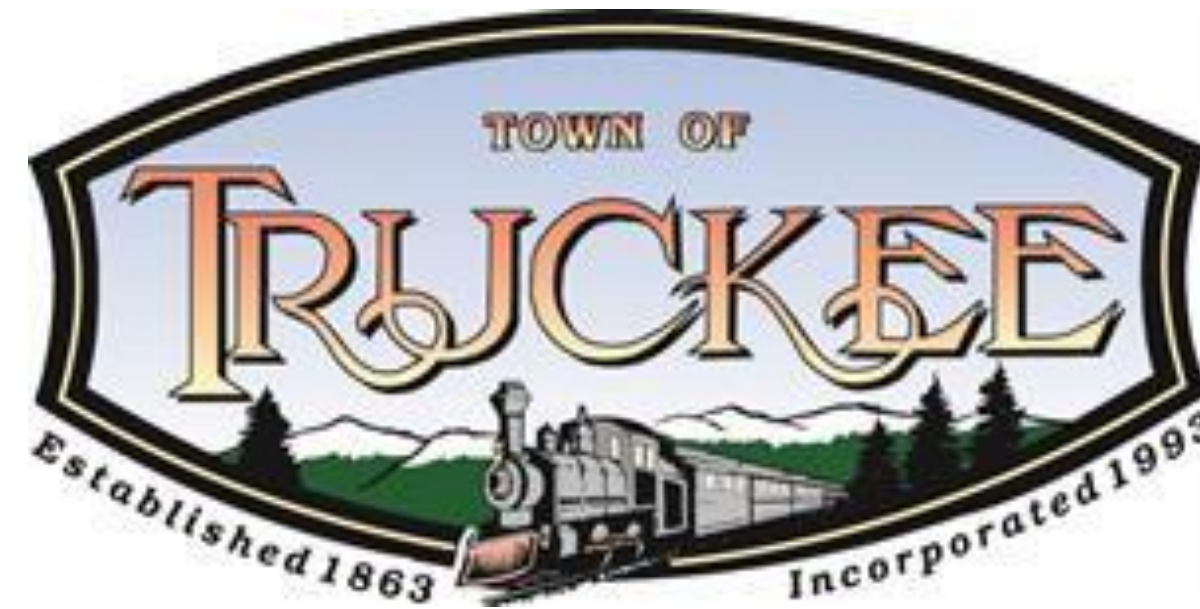
Support a New Library!

- Tell your friends
- Sign up for the FOTL newsletter
- Follow us on social media and share our posts
- Host a Let's Talk session just like this one
- Volunteer
- Make a donation
- Become a LibraryUP Luminary

LibraryUP Luminaries



Community and Funding Partners



AGENDA ITEM COVER SHEET

ITEM	Measure T
RESPONSIBLE PARTY	Ted Owens Executive Director of Governance
ACTION REQUESTED?	Board may decide by action to formally endorse Measure T
BACKGROUND: The Truckee Fire Protection District voted to place Measure T, a Wildfire Protection Measure, on the August 31, 2021 Special Election ballot. If approved by two thirds of local voters, Measure T would cost property owners \$179 per parcel per year to provide a stable, dedicated source of local funding for wildfire prevention and mitigation.	
SUMMARY/OBJECTIVES: Measure T efforts will include: <ul style="list-style-type: none"> • Removal of Dry brush, dead trees and fire hazards • Improving emergency evacuation routes and procedures • Adding firebreaks • Improving early fire detection and warning systems • Supporting defensible space • Providing homeowners with disposal options for trimmings and green waste 	
SUGGESTED DISCUSSION POINTS: <ul style="list-style-type: none"> • Is this an appropriate action of the board? • Is support in the best interest in the health and safety of the community? • Does Measure T support the Tahoe Forest Health System mission? 	
SUGGESTED MOTION/ALTERNATIVES: <ul style="list-style-type: none"> • Motion to endorse Measure T • Motion to oppose Measure T • No action / remain neutral 	
LIST OF ATTACHMENTS: N/A	