



TAHOE FOREST HOSPITAL DISTRICT

# 2023-04-27 Regular Meeting of the Board of Directors

Thursday, April 27, 2023 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



Meeting Book - 2023-04-27 Regular Meeting of the Board of Directors

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No related materials.

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23. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, April 27, 2023 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **ITEMS FOR BOARD DISCUSSION**

**5.1. Emergency Operations Plan Update**

The Board of Directors will receive an update from the Director of Facilities on changes to the Emergency Operations Plan.

6. **CLOSED SESSION**

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

*Number of Potential Cases: One (1)*

**6.2. Approval of Closed Session Minutes** ◆

**6.2.1.** 03/23/2023 Regular Meeting

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

*Subject Matter: Medical Staff Credentials*

**APPROXIMATELY 6:00 P.M.**

7. **DINNER BREAK**

8. **OPEN SESSION – CALL TO ORDER**

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

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

11. **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.



Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**April 27, 2023 AGENDA – Continued**

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**12. 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.

**13. ACKNOWLEDGEMENTS**

- 13.1. First Quarter 2023 Values Recognition ..... ATTACHMENT
- 13.2. National Volunteer Week – April 16-23, 2023
- 13.3. National Nurses Week – May 6-12, 2023
- 13.4. National Hospital Week – May 7-13, 2023

**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. 03/17/2023-03/18/2023 Special Meeting ..... ATTACHMENT
- 14.1.2. 03/23/2023 Regular Meeting ..... ATTACHMENT

**14.2. Financial Reports**

- 14.2.1. Financial Report – March 2023 ..... 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 Policies**

- 14.4.1. On-Call Emergency Services, ABD-10 ..... ATTACHMENT
- 14.4.2. Trade Secrets, ABD-22 ..... ATTACHMENT
- 14.4.3. Ticket and Pass Distribution Policy, ABD-27 ..... ATTACHMENT

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. State of Healthcare in California**

The Board of Directors will discuss the state of healthcare in California and the implications of the Office of Healthcare Affordability.

**16. ITEMS FOR BOARD ACTION ♦**

**16.1. Support Letter for Friends of Truckee Library ♦ ..... ATTACHMENT**

The Board of Directors will review and consider approval of a support letter for Friends of Truckee Library grant efforts.

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

**18. BOARD COMMITTEE REPORTS**

**19. BOARD MEMBERS REPORTS/CLOSING REMARKS**

**20. CLOSED SESSION CONTINUED**

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

*Number of Potential Cases: One (1)*

**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 May 25, 2023 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://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.

# Tahoe Forest Health System

## VALUES RECOGNITION PROGRAM



Congratulations to all of nominees for Quarter 1 of the Values Recognition Program!

### QUALITY

ALLISON O'BRIEN  
ANITA AMBRIZ  
ERNESTO GARCIA  
JANE FINN  
JEN TIRDEL  
JENNIFER HECKENDORN  
JESSICA LICHTIG-GROOM  
JILLIAN DROAST  
KASSANDRA PRANIN  
LIZZY RAMOS  
MARISOL VILLA SAUCEDO  
MEGHEN GRIJALVA  
OSCAR CONTRERAS

### UNDERSTANDING

ALYSSA COCJIN  
ANDREA BERGER  
ASHLEE FRAISER  
CYNTHIA MIRANDA  
DANA HJELTE  
HANNAH SHIRRELL  
IMELDA REYES-VIRREY  
LORRI DEVLIN  
LUIS JACINTO MEDINA  
MORGAN GRAY BRAUNSCHNEIDER  
TRACIE RACICOT  
SAMANTHA VALOIS

### PHYSICIANS

DR. AARON ULLAND  
DR. ELSE UGLUM

### EXCELLENCE

BAILEY RAYMOND  
CHANTAL DAVIS  
CINDY WOYTHAL  
CRISTINA BATRES  
IDEEN SEDAGATNIA  
JOHNY LOPEZ  
KRISTIN O'CONNOR  
LILIANA MARTINEZ  
LINDSAY WHALEN  
LORNA FICHTER  
MEGHAN SWANSON  
MICHELLE OELKERS  
MONIQUE LONG  
ROSA SILVA AGUILAR  
SAMANTHA BUONCRISTANI  
SARAH KANE  
SHEILA COBLE  
YESSENIA GALVEZ

### STEWARDSHIP

BARB WIDDER  
CHRISTY LUKAS  
ELVIRA HURTADO GARICA  
IMELDA REYES-VIRREY  
JANAI SHOCK  
JENNIFER BRIXEY  
JESSICA LICHTIG-GROOM  
JOSHUA FETBRANDT  
JUSTIE WAUGMAN  
SAMANTHA VALOIS

### MANAGERS

BERENICE MUNOZ  
DEBI STANLEY  
HOLLY RENTFRO  
NICOLE BECKER  
PATTY SANTOS  
RICARDO FRAGOSO  
VALERIE BRUST

### TEAMWORK

ALAINA HELMANDOLLAR  
ALEXA SIMPSON  
ALISHA OCKERMAN  
ALISON SANCHEZ  
ANA ZARATE URBINA  
ANGELINA CUEVAS  
CLAUDIA GRANADOS  
CORRILLIAN  
COREEN YOUNG  
CYNTHIA MIRANDA  
DIANA MARTINEZ RODRIGUEZ  
ELISABETH SCHMAND  
ERIKAJ ROJAS  
ERIN KREK-SLOAN  
IMEDIA REYES-VIRREY  
JESSICA DELGADO  
JOJI HUERTO  
JUSTIE WAUGMAN  
KAREN VALDEZ  
KARNA SPERLIN  
KELLY ABRAMS  
KELSEY KELLEY  
LACEY HUMBERT  
LUCERO AGUILAR  
MACKENZIE DAINS  
MAGGIE TURNER  
MELISSA MARROQUIN  
MICHAEL BROWN  
NANCY EARLEY  
OSCAR CONTRERAS  
RAM NEADEAU  
ROSE GAONA  
ROXANNA RAMOS  
SAMANTHA VALOIS  
SAVANNAH FLORES IRRAL  
SAVANNAH PATTON  
STACIE RANEY  
ZARELI VILLA-VILLA



TAHOE  
FOREST  
HEALTH  
SYSTEM



# **SPECIAL MEETING OF THE BOARD OF DIRECTORS DRAFT RETREAT MINUTES**

Thursday, March 16, 2023 at 9:00 a.m. – 4:30 p.m.  
Friday, March 17, 2023 at 9:00 a.m. – 5:00 p.m.

Springhill Suites by Marriott Truckee – Conference Room  
10640 E. Jibboom Street, Truckee, CA 96161

## **Day One – Thursday, March 16, 2023 at 9:00 a.m.**

### **1. CALL TO ORDER**

Meeting was called to order at 9:00 a.m.

### **2. ROLL CALL**

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Pamela Knecht of ACCORD LIMITED

### **3. INPUT – AUDIENCE**

No public comment was received.

### **4. ITEMS FOR BOARD DISCUSSION**

#### **4.1. Welcome and Opening Comments**

Alyce Wong, Board Chair, and Pam Knecht, retreat facilitator, welcomed everyone to the meeting.

#### **4.2. Recap of AHA Rural Healthcare Conference**

The Board of Directors discussed topics presented at a recent AHA Rural Healthcare Conference.

**Open Session recessed at 10:32 a.m.**

**Open Session reconvened at 10:48 a.m.**

Discussion was held.

President & CEO reviewed highlights from Jamie Orlikoff's presentation from the AHA Rural Healthcare Conference. He emphasized there needs to be more focus on sick care.

The Board of Directors felt they are challenged with identifying different ways to connect with the community and understanding its needs, helping the master plan move forward, physician alignment, and community health initiatives.

**Open Session recessed at 12:18 p.m.**

**Open Session reconvened at 12:34 p.m.**

The Board of Directors discussed telehealth and future needs for telehealth.

*CFO departed at 12:51 p.m.*

**Open Session recessed at 12:52 p.m.**

**Open Session reconvened at 1:03 p.m.**

President and CEO discussed a Becker's Hospital Review article titled "*The No. 1 problem keeping hospital CEOs up at night*". The article touched on topics that also affect the District including patient safety and quality, governmental mandates, access to care and technology.

*COO and CMO departed the meeting at 2:13 p.m.*

**Open Session recessed at 2:13 p.m.**

**Open Session reconvened at 2:20 p.m.**

#### **4.3. 2022 Board Enhancement Goals Review**

The Board of Directors reviewed progress of 2022 Board Enhancement Goals:

- Establish a year long board education plan. *Goal accomplished.*
- Establish annual committee meeting and external education schedule. *Goal accomplished.*
- Create an ad hoc committee around community health needs. *Goal accomplished.*
- Support management in expanding and fostering community partnerships (and in supporting public policy initiatives). *Goal accomplished and Board of Directors would like to continue work on this goal.*

Board members asked the Clerk of the Board to work with iProtean on their password login screen.

#### **4.4. 2022 Board Self-Assessment**

The Board of Directors reviewed and discussed results of the 2022 Board Self-Assessment.

Suggestions were made for future edits to a couple of Board Self-Assessment questions. The Governance Committee will review the edits at their next meeting.

#### **4.5. 2023 Board Enhancement Goals**

Item will be deferred to day two due to timing.

#### **4.6. Future Challenges and Opportunities**

The Board of Directors discussed future challenges and opportunities for the District.

The following topics were discussed as having implications for the District: mental health, community health, staffing, partnerships, cybersecurity, impact of advocacy, artificial intelligence, telehealth, innovation and new models.

#### **4.7. Wrap up and Next Steps**

No discussion was held.

#### **5. ADJOURN**

Meeting adjourned at 4:20 p.m.

#### **Day Two – Friday, March 17, 2023 at 9:00 a.m.**

#### **6. CALL TO ORDER**

Meeting was called to order at 9:03 a.m.

#### **7. ROLL CALL**

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Pamela Knecht of ACCORD LIMITED

#### **8. INPUT – AUDIENCE**

No public comment was received.

#### **9. RETREAT ITEMS FOR BOARD DISCUSSION**

##### **9.1. Review of Day One**

The Board of Directors reviewed topics addressed on day one of the retreat.

##### **9.2. Legislation & Regulation Update**

Jean Hurst and Kelly Brooks of Hurst Brooks Espinoza presented on current legislation and regulations affecting health care.

**Open Session recessed at 10:37 a.m.**

**Open Session reconvened at 10:49 a.m.**

Ted Owens, Executive Director of Governance, reviewed the following proposed legislation in the state of Nevada:

- AB267 requires cultural competency training. The District is qualified to internally teach cultural competency but have been turned down three times, even after using a template that had been previously approved.
- AB11 could prohibit hospitals from physician employment.
- AB277 is a bill that would allow a designation of Rural Emergency Hospital with no inpatients. Nevada has not yet approved the bill.

### **9.3. Ad Hoc Committee Report**

The Board of Directors received a report from the Community Health Ad Hoc Committee. COO reviewed the committee composition, work completed by the committee to date and Wellness Neighborhood/Community Health budget.

Ideas to consider for the future included:

- Consider re-engaging the Community Benefit Committee
- Ensure current programming has perceived value
- Develop a Community Health Vision
- What role could the Foundation play in supporting new community health initiatives?
- Rebranding effort

Board members like having an umbrella under the Tahoe Center for Health logo.

**Open Session recessed at 12:18 p.m.**

**Open Session reconvened at 12:32 p.m.**

The Board of Directors continued discussion of the benefits for a Board Community Benefit Committee. Ad Hoc Committee will finish its work and make a recommendation to the board.

### **9.4. Physician Alignment Update**

The Board of Directors received an update on physician alignment efforts. Dr. Brian Evans, Chief Medical Officer, reviewed national data on physician alignment.

CMO reviewed Press Ganey results on physician alignment and discussed the creation of the Partnership Council.

Tahoe Forest Hospital is missing a physician lounge/space that could act as a hub for engagement. It would help to build a community. There is an opportunity to build friendship and collegiality which will lead to trust.

CMO reviewed recruiting and strategies to improve access.

**Open Session recessed at 4:08 p.m.**

**Open Session reconvened at 4:15 p.m.**

### **4.5. 2023 Board Enhancement Goals**

The Board of Directors discussed ideas for 2023 Board Enhancement Goals:

- Refine the process for the CEO incentive compensation goals.
- Convene two board retreats per year.
- Ad Hoc Committee to make a recommendation to the board by end of June.
- Increase individual board member participation in community relationship and public policy.

Board goals will go to Governance Committee for further development.

**9.5. Wrap up and Next Steps**

The Board of Directors concluded its retreat.

**Meeting adjourned at 5:06 p.m.**

DRAFT





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

Thursday, March 23, 2023 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## **1. CALL TO ORDER**

Meeting was called to order at 4:00 p.m.

## **2. ROLL CALL**

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Alex MacLennan, Chief Human Resources Officer; Lauren Caprio, Manager of Employee and Labor Relations; 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 4:02 p.m.

## **5. CLOSED SESSION**

### **5.1. Conference with Labor Negotiator (Gov. Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan*

*Employee Organization(s): Employees Association and Employees Association of Professionals*

Discussion was held on a privileged item.

### **5.2. Hearing (Health & Safety Code § 32155)**

*Subject Matter: 2022 Infection Control Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### **5.3. Approval of Closed Session Minutes**

**5.3.1.** 02/23/2023 Regular Meeting

**5.3.2.** 02/28/2023 Special Meeting

Discussion was held on a privileged item.

**5.4. TIMED ITEM – 5:00PM - Hearing (Health & Safety Code § 32155)**

*Subject Matter: 2022 Annual Quality Assurance/Performance Improvement Report*

*Number of items: Eight (8)*

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:03 p.m.

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

General Counsel noted there was no reportable action on items 5.1. and 5.2. Item 5.3. Approval of Closed Session Minutes were approved on a 5-0 vote. There was no reportable action on item 5.4. Item 5.5. Medical Staff Credentialing Report was approved on a 5-0 vote.

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

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

Public comment was received from Deirdre Henderson.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. MEDICAL STAFF EXECUTIVE COMMITTEE**

**12.1. Medical Executive Committee (MEC) Meeting Consent Agenda**

*MEC recommended the following for approval by the Board of Directors:*

*Annual Plan Approvals No Changes:*

- *IVCH Policies*

Discussion was held.

No public comment was received.

**ACTION: Motion made by Director Barnett to approve the Medical Executive Committee Consent Agenda, seconded by Director Brown.**

**AYES: Directors Brown, Chamblin, Barnett, McGarry and Wong**

**Abstention: None**

**NAYS: None**

**Absent: None**

**13. CONSENT CALENDAR**

**13.1. Approval of Minutes of Meetings**

13.1.1. 02/23/2023 Regular Meeting

13.1.2. 02/28/2023 Special Meeting

**13.2. Financial Reports**

13.2.1. Financial Report – February 2023

**13.3. Board Reports**

13.3.1. President & CEO Board Report

13.3.2. COO Board Report

13.3.3. CNO Board Report

13.3.4. CIO Board Report

13.3.5. CHRO Board Report

13.3.6. VP Provider Services Board Report

No public comment was received.

**ACTION:** Motion made by Director McGarry to approve Consent Calendar, seconded by Director Chamblin.

**AYES:** Directors Brown, Chamblin, Barnett, McGarry and Wong

**Abstention:** None

**NAYS:** None

**Absent:** None

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. Patient & Family Advisory Council**

Janet Van Gelder, Director of Quality and Regulations, and Alan Kern, Patient and Family Advisory Council Member, provided an annual update from the Patient and Family Advisory Council.

**15. ITEMS FOR BOARD ACTION**

**15.1. Addendum to Memorandum of Understanding**

The Board of Directors reviewed and considered approval of an Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association. Discussion was held.

**ACTION:** Motion made by Director Brown to approve the Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association as presented, seconded by Director McGarry. Roll call vote taken.

**Brown – AYE**

**Chamblin – AYE**

**Barnett – AYE**

**McGarry – AYE**

**Wong – AYE**

**15.2. Addendum to Memorandum of Understanding**

The Board of Directors reviewed and considered approval of an Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals. Discussion was held.

**ACTION: Motion made by Director Chamblin to approve the Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals as presented, seconded by Director Barnett. Roll call vote taken.**

**Brown – AYE**

**Chamblin – AYE**

**Barnett – AYE**

**McGarry – AYE**

**Wong – AYE**

**16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

Not applicable.

**17. BOARD COMMITTEE REPORTS**

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

**18. BOARD MEMBERS REPORTS/CLOSING REMARKS**

Board Chair shared that several board members recently attended the American Hospital Association Rural Health Care Conference. They are excited to share items they have learned.

The board also held a two-day board retreat last week to work on board goals.

Board Finance Committee will meet in April.

**19. CLOSED SESSION CONTINUED**

Not applicable.

**20. OPEN SESSION**

Not applicable.

**21. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

Not applicable.

**22. ADJOURN**

**Meeting adjourned at 6:34 p.m.**

**TAHOE FOREST HOSPITAL DISTRICT  
MARCH 2023 FINANCIAL REPORT  
INDEX**

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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**MARCH 2023 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the nine months ended March 31, 2023.

**Activity Statistics**

- ❑ TFH acute patient days were 350 for the current month compared to budget of 450. This equates to an average daily census of 11.3 compared to budget of 14.5.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Surgery cases, Medical Oncology procedures, Radiation Oncology procedures, Cat Scans, Respiratory Therapy, and Outpatient Physical Therapy Aquatic.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Laboratory tests, Lab Send Out tests, Oncology Lab, Pathology, Diagnostic Imaging, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasound, PET CT, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Outpatient Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 50.58% in the current month compared to budget of 48.89% and to last month's 49.24%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 49.49% compared to budget of 48.92% and prior year's 51.64%.
- ❑ EBIDA was \$1,972,499 (4.1%) for the current month compared to budget of \$2,938,289 (5.8%), or \$(965,790) (-1.7%) below budget. Year-to-Date EBIDA was \$20,102,322 (4.8%) compared to budget of \$21,103,809 (4.9%) or \$(1,001,487) (-0.1%) below budget.
- ❑ Net Income was \$3,163,543 for the current month compared to budget of \$2,673,898 or \$489,645 above budget. Year-to-Date Net Income was \$16,405,651 compared to budget of \$18,838,162 or \$(2,432,511) below budget.
- ❑ Cash Collections for the current month were \$24,814,778, which is 103% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$95,751,053 at the end of March compared to \$98,493,104 at the end of February.

**Balance Sheet**

- ❑ Working Capital is at 18.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 175.2 days. Working Capital cash increased a net \$1,997,000. Accounts Payable decreased \$1,597,000 and Accrued Payroll & Related Costs decreased \$3,338,000. The District received \$1,961,000 for participation in the CY2021 QIP program, \$362,000 from the State for our quarterly HQAF funding, \$883,000 from Medicare for the FY22 As Filed Cost Report, and \$1,652,000 from Medicare for underpayment of FY23 IP and OP claims. Cash Collections were 3% above target.
- ❑ Net Patient Accounts Receivable decreased \$1,450,000 and cash collections were 103% of target. EPIC Days in A/R were 61.0 compared to 62.4 at the close of February, a 1.40 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$3,855,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,961,000 for participation in the CY2021 QIP program, \$362,000 from the State for our quarterly HQAF funding, \$883,000 from Medicare for the FY22 As Filed Cost Report, and \$1,652,000 from Medicare for underpayment of FY23 IP and OP claims.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$1,351,000 after recording the unrealized gains in its funds held with Chandler Investments in March.
- ❑ The District submitted its final reimbursement request for the remaining funds available from the Municipal Lease 2018.
- ❑ Investment in TSC, LLC decreased \$148,000 after recording the estimated loss for March and truing up the net losses for February.
- ❑ 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 March.
- ❑ The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in March.

March 2023 Financial Narrative

- ❑ Accounts Payable decreased \$1,597,000 due to the timing of the final check run in March.
- ❑ Accrued Payroll & Related Costs decreased \$3,338,000 due to 11 fewer accrued payroll days in March.
- ❑ Current Maturities of GO Bond Debt increased \$250,000 after making an adjustment to the current portion of principal payments due at the end of July.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$48,390,292 compared to budget of \$50,613,600 or \$2,223,308 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,945,667, compared to budget of \$8,278,888 or \$2,333,221 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$42,444,625 compared to budget of \$42,334,712 or \$109,913 above budget.
- ❑ Current month’s Gross Revenue Mix was 36.2% Medicare, 13.8% Medi-Cal, .0% County, .6% Other, and 49.4% Commercial Insurance compared to budget of 36.7% Medicare, 15.9% Medi-Cal, .0% County, 2.4% Other, and 45.0% Commercial Insurance. Last month’s mix was 35.3% Medicare, 14.5% Medi-Cal, .0% County, 1.5% Other, and 48.7% Commercial Insurance. Year-to-date Gross Revenue Mix was 37.7% Medicare, 14.6% Medi-Cal, .0% County, 1.7% Other, and 46.0% Commercial Insurance compared to budget of 37.2% Medicare, 16.2% Medi-Cal, .0% County, 2.4% Other, and 44.2% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$23,914,122 compared to budget of \$25,870,570 or \$1,956,448 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .51% decrease in Medicare, a 2.10% decrease to Medi-Cal, County at budget, a 1.73% decrease in Other, and Commercial Insurance was above budget 4.34%, 2) Revenues were below budget by 4.40%, and 3) the Business Office continues to clean up older claims in EPIC which is causing a negative variance against budget in Contractual Allowances.

DESCRIPTION	March 2023 Actual	March 2023 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	9,986,637	10,468,472	481,835	We saw decreases in Technical, Clerical, Physician, PA/FNP wags, and Registry staff.
Employee Benefits	3,658,362	3,663,568	5,206	
Benefits – Workers Compensation	65,949	120,244	54,295	
Benefits – Medical Insurance	2,270,582	1,441,338	(829,244)	We have several high dollar claims that are driving the negative variance in Medical Insurance.
Medical Professional Fees	635,058	420,415	(214,643)	Anesthesiologists who have not joined the employment model and Urology Locums coverage created a negative variance in Medical Professional Fees.
Other Professional Fees	324,934	273,909	(51,025)	Clinical Operations Performance Improvement projects, Physician Productivity studies, Consulting services for various modules within our EMR system, Investment Consulting for the District’s MPP & Deferred Compensation Plans, and outsourced legal services provided to Administration created a negative variance in Other Professional Fees.
Supplies	3,454,227	3,346,758	(107,469)	Oncology Drugs Sold to Patients volumes were slightly above budget, Non-Medical Supplies purchased for Dietary, Housekeeping Plant Maintenance, Retail Pharmacy, and Surgery along with an increase in Dietary food costs created a negative variance in Supplies.
Purchased Services	2,469,325	2,336,753	(132,572)	Participation in the RCORP Grant Consortium, Laundry & Linen services, increased security services, Scribe services and outsourced data mapping and transformation projects along with various equipment and facility repairs created a negative variance in Purchased Services.
Other Expenses	1,031,019	1,043,381	12,362	Human Resource recruitment, Multi-Specialty Building Rent and Other District Building rents, and Outside Training & Travel were below budget, creating a positive variance in Other Expenses.
Total Expenses	23,896,092	23,114,838	(781,254)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MARCH 2023

ASSETS	Mar-23	Feb-23	Mar-22	
<b>CURRENT ASSETS</b>				
* CASH	\$ 13,316,419	\$ 11,319,358	\$ 25,772,295	1
PATIENT ACCOUNTS RECEIVABLE - NET	44,415,032	45,865,405	47,664,577	2
OTHER RECEIVABLES	10,695,901	9,864,485	9,873,315	
GO BOND RECEIVABLES	743,042	311,534	760,111	
ASSETS LIMITED OR RESTRICTED	9,598,241	9,499,154	9,921,237	
INVENTORIES	4,383,700	4,433,868	4,253,303	
PREPAID EXPENSES & DEPOSITS	2,875,902	3,172,485	2,430,928	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,000,680	26,811,683	11,154,355	3
<b>TOTAL CURRENT ASSETS</b>	<b>109,028,917</b>	<b>111,277,971</b>	<b>111,830,121</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,003,093	10,003,093	54,463,078	1
* CASH INVESTMENT FUND	105,396,357	105,345,854	80,059,539	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(2,926,721)	(4,277,706)	-	4
MUNICIPAL LEASE 2018	84	726,883	725,514	5
TOTAL BOND TRUSTEE 2017	20,862	20,795	20,532	
TOTAL BOND TRUSTEE 2015	967,060	827,693	937,356	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	2,540,299	2,540,299	2,061,352	
DIAGNOSTIC IMAGING FUND	3,381	3,381	3,347	
DONOR RESTRICTED FUND	1,144,777	1,144,776	1,138,592	
WORKERS COMPENSATION FUND	2,960	10,183	57,355	
TOTAL	117,157,916	116,351,015	139,472,429	
LESS CURRENT PORTION	(9,598,241)	(9,499,154)	(9,921,237)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	107,559,675	106,851,861	129,551,192	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(3,011,552)	(2,863,901)	(1,925,925)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	1,694,072	
PROPERTY & EQUIPMENT NET	195,075,743	194,958,771	175,793,370	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,861,417	1,859,854	1,841,116	
<b>TOTAL ASSETS</b>	<b>412,208,271</b>	<b>413,778,629</b>	<b>418,783,946</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	281,217	284,449	320,005	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	378,109	346,162	824,691	7
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,631,919	4,655,624	4,916,376	
GO BOND DEFERRED FINANCING COSTS	451,691	454,012	479,541	
DEFERRED FINANCING COSTS	127,954	128,994	140,437	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	7,885,687	8,026,380	-	8
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 13,756,578</b>	<b>\$ 13,895,621</b>	<b>\$ 6,681,050</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 8,076,664	\$ 9,673,343	\$ 7,414,735	9
ACCRUED PAYROLL & RELATED COSTS	18,826,203	22,164,542	20,249,251	10
INTEREST PAYABLE	380,269	304,385	288,857	
INTEREST PAYABLE GO BOND	537,630	268,815	552,280	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	290,618	246,449	13,564,060	
HEALTH INSURANCE PLAN	2,224,062	2,224,062	2,403,683	
WORKERS COMPENSATION PLAN	2,947,527	2,947,527	3,180,976	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,082,114	2,082,114	1,704,145	
CURRENT MATURITIES OF GO BOND DEBT	2,195,000	1,945,000	1,945,000	11
CURRENT MATURITIES OF OTHER LONG TERM DEBT	5,645,977	5,594,718	3,952,678	
<b>TOTAL CURRENT LIABILITIES</b>	<b>43,206,065</b>	<b>47,450,955</b>	<b>55,255,665</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	26,740,388	27,132,434	24,307,202	
GO BOND DEBT NET OF CURRENT MATURITIES	93,008,144	93,276,099	95,418,611	11
DERIVATIVE INSTRUMENT LIABILITY	378,109	346,162	824,691	7
<b>TOTAL LIABILITIES</b>	<b>163,332,706</b>	<b>168,205,650</b>	<b>175,806,169</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	261,487,366	258,323,824	248,520,235	
RESTRICTED	1,144,777	1,144,776	1,138,592	
<b>TOTAL NET POSITION</b>	<b>\$ 262,632,143</b>	<b>\$ 259,468,600</b>	<b>\$ 249,658,827</b>	

\* Amounts included for Days Cash on Hand calculation



TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
MARCH 2023

1. Working Capital is at 18.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 175.2 days. Working Capital cash increased a net \$1,997,000. Accounts Payable decreased \$1,597,000 (See Note 9) and Accrued Payroll & Related Costs decreased \$3,338,000 (See Note 10). The District received \$1,961,000 for participation in the CY2021 QIP program, \$362,000 from the State for our quarterly HQAF funding, \$883,000 from Medicare for the FY22 As Filed Cost Report, and \$1,652,000 from the Medicare program for underpayment on its FY23 IP and OP claims (See Note 3). Cash Collections were above target by 3% (See Note 2).
2. Net Patient Accounts Receivable decreased \$1,450,000. Cash collections were 103% of target. EPIC Days in A/R were 61.0 compared to 62.4 at the close of February, a 1.40 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$3,855,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,961,000 for participation in the CY2021 Quality Incentive Pool (QIP), \$362,000 from the State for our quarterly HQAF funding, \$883,000 from Medicare for the FY22 As Filed Cost Report, and \$1,652,000 from Medicare for underpayment on its FY23 IP and OP claims.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$1,351,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of March.
5. The District submitted its final reimbursement request for the remaining funds available from the Municipal Lease 2018, decreasing the balance \$727,000. The remaining \$84 will be remitted to the District in April and the account closed.
6. Investment in TSC, LLC decreased \$148,000 after recording the estimated loss for March and truing up the net losses for February.
7. 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 March.
8. The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in March.
9. Accounts Payable decreased \$1,597,000 due to the timing of the final check run in March.
10. Accrued Payroll & Related Costs decreased \$3,338,000 due to 11 fewer accrued payroll days in March.
11. Current Maturities of GO Bond Debt increased \$250,000 after making an adjustment to the current portion of principal payments due at the end of July.

**Tahoe Forest Hospital District  
Cash Investment  
March 31, 2023**

**WORKING CAPITAL**

US Bank	\$ 12,200,547	4.25%	
US Bank/Kings Beach Thrift Store	19,629		
US Bank/Truckee Thrift Store	80,554		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,688</u>	0.01%	
Total			\$ 13,316,419

**BOARD DESIGNATED FUNDS**

US Bank Savings	\$ -		
Chandler Investment Fund	<u>105,396,357</u>	4.32%	
Total			\$ 105,396,357

Building Fund	\$ -		
Cash Reserve Fund	<u>10,003,093</u>	2.87%	
Local Agency Investment Fund			\$ 10,003,093

Municipal Lease 2018			\$ 84
Bonds Cash 2017			\$ 20,862
Bonds Cash 2015			\$ 967,060
GO Bonds Cash 2008			\$ 2,546,063

DX Imaging Education	\$ 3,381		
Workers Comp Fund - B of A	2,960		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 6,341</u>



















<b>TOTAL FUNDS</b>			<b>\$ 132,256,279</b>
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**RESTRICTED FUNDS**

Gift Fund			
US Bank Money Market	\$ 8,364	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,109,104</u>	2.87%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,144,777</u></b>

<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 133,401,056</u></u></b>
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**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
MARCH 2023**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2023</u> Jul 22 to Mar 2023</b>	<b><u>FY 2022</u> Jul 21 to June 22</b>	<b><u>FY 2021</u> Jul 20 to June 21</b>	<b><u>FY 2020</u> Jul 19 to June 20</b>	<b><u>FY 2019</u> Jul 18 to June 19</b>	<b><u>FY 2018</u> Jul 17 to June 18</b>	<b><u>FY 2017</u> Jul 16 to June 17</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position	 		FYE 9.1% Budget 3rd Qtr 7.2%		6.3%	13.0%	12.3%	17.1%	13.1%	5.1%	14.4%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days			FYE 63 Days		61	63	65	89	69	68	55
<u>Gross Accounts Receivable</u> 365 Days					65	67	67	73	71	73	55
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 		Budget FYE 170 Days  Budget 3rd Qtr 175  Projected 3rd Qtr 170 Days	60 Days  A- 267 Days  BBB- 158 Days	175	234	272	246	179	176	191
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>			13%		30%	27%	26%	31%	35%	22%	17%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>			18%		34%	36%	32%	40%	42%	25%	18%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 		FYE Budget \$738,089  End 3rd Qtr Based on Budgeted Net Revenue \$736,531  End 3rd Qtr Based on Actual Net Revenue \$731,526		\$712,568	\$634,266	\$603,184	\$523,994	\$473,890	\$333,963	\$348,962
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense			Without GO Bond 7.52 With GO Bond 4.13	1.95	7.32  4.03	9.72  5.22	8.33  4.49	9.50  5.06	20.45  4.12	9.27  2.07	6.64  3.54

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
MARCH 2023

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAR 2022
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 48,390,292	\$ 50,613,600	\$ (2,223,308)	-4.4%	Total Gross Revenue	\$ 419,564,785	\$ 427,096,636	\$ (7,531,851)	-1.8%	1	\$ 380,032,902
<b>Gross Revenues - Inpatient</b>										
\$ 2,747,116	\$ 3,479,334	\$ (732,218)	-21.0%	Daily Hospital Service	\$ 28,360,897	\$ 36,986,936	\$ (8,626,039)	-23.3%		\$ 32,138,948
3,198,551	4,799,554	(1,601,003)	-33.4%	Ancillary Service - Inpatient	32,921,896	44,917,957	(11,996,061)	-26.7%		40,642,415
5,945,667	8,278,888	(2,333,221)	-28.2%	Total Gross Revenue - Inpatient	61,282,793	81,904,893	(20,622,100)	-25.2%	1	72,781,363
42,444,625	42,334,712	109,913	0.3%	Gross Revenue - Outpatient	358,281,992	345,191,743	13,090,249	3.8%		307,251,539
42,444,625	42,334,712	109,913	0.3%	Total Gross Revenue - Outpatient	358,281,992	345,191,743	13,090,249	3.8%	1	307,251,539
<b>Deductions from Revenue:</b>										
23,374,130	23,149,234	(224,896)	-1.0%	Contractual Allowances	202,511,799	195,182,523	(7,329,276)	-3.8%	2	174,574,318
170,971	1,794,614	1,623,643	90.5%	Charity Care	2,953,452	15,161,178	12,207,726	80.5%	2	12,440,038
435,368	926,722	491,354	53.0%	Bad Debt	5,107,385	7,822,346	2,714,961	34.7%	2	(3,237,161)
(66,346)	-	66,346	0.0%	Prior Period Settlements	1,385,767	-	(1,385,767)	0.0%	2	39,197
23,914,122	25,870,570	1,956,448	7.6%	Total Deductions from Revenue	211,958,402	218,166,047	6,207,645	2.8%		183,816,392
109,486	132,371	22,885	17.3%	Property Tax Revenue- Wellness Neighborhood	966,464	1,035,338	68,874	6.7%		809,101
1,282,935	1,177,726	105,209	8.9%	Other Operating Revenue	11,835,104	10,571,301	1,263,803	12.0%	3	9,956,569
25,868,591	26,053,127	(184,536)	-0.7%	<b>TOTAL OPERATING REVENUE</b>	220,407,950	220,537,228	(129,278)	-0.1%		206,982,180
<b>OPERATING EXPENSES</b>										
9,986,637	10,468,472	481,835	4.6%	Salaries and Wages	86,114,714	90,267,195	4,152,481	4.6%	4	67,434,828
3,658,362	3,663,568	5,206	0.1%	Benefits	29,203,331	28,997,334	(205,997)	-0.7%	4	22,295,514
65,949	120,244	54,295	45.2%	Benefits Workers Compensation	861,308	1,082,196	220,888	20.4%	4	836,286
2,270,582	1,441,338	(829,244)	-57.5%	Benefits Medical Insurance	16,142,484	12,972,042	(3,170,442)	-24.4%	4	11,249,222
635,058	420,415	(214,643)	-51.1%	Medical Professional Fees	4,547,284	3,709,812	(837,472)	-22.6%	5	11,516,413
324,934	273,909	(51,025)	-18.6%	Other Professional Fees	2,146,320	2,554,056	407,736	16.0%	5	1,778,771
3,454,227	3,346,758	(107,469)	-3.2%	Supplies	32,891,357	30,205,935	(2,685,422)	-8.9%	6	26,598,817
2,469,325	2,336,753	(132,572)	-5.7%	Purchased Services	19,555,523	20,053,335	497,812	2.5%	7	17,613,821
1,031,019	1,043,381	12,362	1.2%	Other	8,843,306	9,591,514	748,208	7.8%	8	8,836,820
23,896,092	23,114,838	(781,254)	-3.4%	<b>TOTAL OPERATING EXPENSE</b>	200,305,629	199,433,419	(872,210)	-0.4%		168,160,492
<b>1,972,499</b>	<b>2,938,289</b>	<b>(965,790)</b>	<b>-32.9%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>20,102,322</b>	<b>21,103,809</b>	<b>(1,001,487)</b>	<b>-4.7%</b>		<b>38,821,688</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
685,104	662,219	22,885	3.5%	District and County Taxes	6,259,166	6,115,968	143,198	2.3%	9	6,234,399
431,509	431,509	(0)	0.0%	District and County Taxes - GO Bond	3,884,897	3,883,580	1,317	0.0%		3,775,820
126,770	60,842	65,928	108.4%	Interest Income	945,703	538,070	407,633	75.8%	10	466,463
424,612	145,807	278,805	191.2%	Donations	951,230	1,305,413	(354,183)	-27.1%	11	1,115,245
(147,652)	(30,000)	(117,652)	-392.2%	Gain/(Loss) on Joint Investment	(935,682)	(270,000)	(665,682)	-246.5%	12	(265,031)
1,393,216	25,000	1,368,216	-5472.9%	Gain/(Loss) on Market Investments	733,462	225,000	508,462	-226.0%	13	(80,552)
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	1,000	-	1,000	0.0%	14	19,800
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	15	(1,092,739)
(1,341,876)	(1,201,183)	(140,693)	-11.7%	Depreciation	(12,076,889)	(10,810,647)	(1,266,242)	-11.7%	16	(10,326,529)
(103,753)	(89,770)	(13,983)	-15.6%	Interest Expense	(960,267)	(826,371)	(133,896)	-16.2%	17	(924,550)
(276,885)	(268,815)	(8,070)	-3.0%	Interest Expense-GO Bond	(2,499,290)	(2,426,660)	(72,630)	-3.0%		(2,563,636)
1,191,045	(264,391)	1,455,436	550.5%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	(3,696,671)	(2,265,647)	(1,431,024)	-63.2%		(3,641,310)
<b>\$ 3,163,543</b>	<b>\$ 2,673,898</b>	<b>\$ 489,645</b>	<b>18.3%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 16,405,651</b>	<b>\$ 18,838,162</b>	<b>\$ (2,432,511)</b>	<b>-12.9%</b>		<b>\$ 35,180,378</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>246,226,493</b>					
<b>NET POSITION - AS OF MARCH 31, 2023</b>					<b>\$ 262,632,143</b>					
<b>4.1%</b>	<b>5.8%</b>	<b>-1.7%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>4.8%</b>	<b>4.9%</b>	<b>-0.1%</b>		<b>10.2%</b>	







**TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION  
MARCH 2023**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAR 2023</b>	<b>YTD 2023</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget 22.22% or 100 days. Swing Bed days were above budget 100.00% or 40 days. Inpatient Ancillary Revenues were below budget 33.40% due to the decrease in Patient Days.	Gross Revenue -- Inpatient	\$ (2,333,221)	\$ (20,622,100)
	Gross Revenue -- Outpatient	109,913	13,090,249
	Gross Revenue -- Total	\$ (2,223,308)	\$ (7,531,851)
Outpatient volumes were above budget in the following departments: Home Health visits, Surgery cases, Mammography, Medical & Radiation Oncology procedures, Cat Scans, Oncology Drugs Sold to Patients, Respiratory Therapy, Physical Therapy Aquatic, and Outpatient Occupational Therapy.			
Outpatient volumes were below budget in the following departments: Emergency Department visits, Hospice visits, Laboratory tests, Oncology Lab, Pathology, EKG, Diagnostic Imaging, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasound, PET CT, Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Outpatient Physical & Speech Therapies.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for March shows a .51% decrease to Medicare, a 2.10% decrease to Medi-Cal, 1.73% decrease to Other, County at budget, and a 4.34% increase to Commercial when compared to budget. With the positive shift in Payor Mix from Medicare and Medi-Cal to Commercial and revenues coming in below budget we would expect to see a positive variance in Contractual Allowances, however, the Business Office continues to clean up older claims in EPIC which is causing the negative variance against budget.	Contractual Allowances	\$ (224,896)	\$ (7,329,276)
	Managed Care	-	-
	Charity Care	1,623,643	12,207,726
	Charity Care - Catastrophic	-	-
	Bad Debt	491,354	2,714,961
	Prior Period Settlements	66,346	(1,385,767)
	Total	\$ 1,956,448	\$ 6,207,645
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were above budget 17.84%.	Retail Pharmacy	71,881	733,538
	Hospice Thrift Stores	(20,590)	20,405
	The Center (non-therapy)	(12,638)	(14,106)
	IVCH ER Physician Guarantee	(8,587)	(68,605)
	Children's Center	33,145	165,507
	Miscellaneous	41,998	460,364
	Oncology Drug Replacement	-	-
	Grants	-	(33,300)
	Total	\$ 105,209	\$ 1,263,803
Hospice Thrift Store revenues were below budget 21.47%.			
The Center (non-therapy) revenues were below budget 47.19% in Occupational Health testing and Fitness Center.			
Children's Center revenues were above budget 27.17%.			
Cafeteria revenues, Quality Assurance fee, and Levon Professional Building rents were above budget, creating a positive variance in Miscellaneous.			
<b>4) Salaries and Wages</b>			
We saw decreases in Technical, Clerical, Physicians, PA/FNP wages, and Registry staff.	Total	\$ 481,835	\$ 4,152,481
<b>Employee Benefits</b>			
We saw an increase in Paid Leave usage which also aided in the positive variance in Salaries and Wages.	PL/SL	\$ (55,816)	\$ (193,768)
	Nonproductive	16,693	62,928
	Pension/Deferred Comp	-	(15,000)
	Standby	(25,569)	(133,108)
	Other	69,899	72,952
	Total	\$ 5,206	\$ (205,997)
<b>Employee Benefits - Workers Compensation</b>	Total	\$ 54,295	\$ 220,888
<b>Employee Benefits - Medical Insurance</b>	Total	\$ (829,244)	\$ (3,170,442)
We have several high dollar claims that account for the negative variance in Employee Benefits - Medical Insurance. We will realize some reimbursement from our Third Party Administrator once the claims exceed our Stop Loss Deductible.			
<b>5) Professional Fees</b>			
Anesthesiologists who have not joined the employment model created a negative variance in Miscellaneous.	Miscellaneous	\$ (186,841)	\$ (780,412)
	Multi-Specialty Clinics Administration	(32,101)	(140,906)
	Information Technology	(33,219)	(83,234)
	TFH Locums	(3,596)	(36,197)
	Oncology	(1,415)	(35,330)
	Human Resources	(14,818)	(32,341)
	IVCH ER Physicians	2,580	(9,743)
	The Center	-	(8,832)
	Home Health/Hospice	-	(4,790)
	TFH/IVCH Therapy Services	-	(1,766)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Multi-Specialty Clinics	(37,571)	8,177
	Marketing	4,858	22,676
	Managed Care	3,719	34,788
	Corporate Compliance	6,250	37,655
	Medical Staff Services	23,426	159,512
	Financial Administration	10,333	160,148
	Administration	(7,271)	280,858
	Total	\$ (265,667)	\$ (429,737)
Clinical Operations Performance Improvement projects and Physician Productivity studies created a negative variance in Multi-Specialty Clinics Administration.			
Consulting services for various modules within our EMR system created a negative variance in Information Technology.			
Investment Consulting Services for the District's MPP and Deferred Compensation Plans created a negative variance in Human Resources.			
Urology Locums coverage created a negative variance in Multi-Specialty Clinics.			
Decreased use of outsourced legal firms created a positive variance in Medical Staff Services.			
Outsourced Legal Services created a negative variance in Administration.			
<b>6) Supplies</b>			
Oncology Drugs Sold to Patients volumes were above .14%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (42,583)	\$ (3,627,368)
	Other Non-Medical Supplies	(32,505)	(111,581)
	Food	(54,469)	(36,253)

**TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION  
MARCH 2023**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAR 2023</b>	<b>YTD 2023</b>
<b>6) <u>Supplies (cont.)</u></b>			
We saw negative variances in Dietary, Housekeeping, Plant Maintenance, Retail Pharmacy and Surgery, creating a negative variance in Other Non-Medical Supplies.	Office Supplies	(5,613)	(21,982)
	Minor Equipment	17,065	147,366
	Patient & Other Medical Supplies	10,637	964,396
	Total	<u>\$ (107,469)</u>	<u>\$ (2,685,422)</u>
Dietary Food costs other than Meat, Fish, or Poultry exceeded budget, creating a negative variance in Food.			
<b>7) <u>Purchased Services</u></b>			
Participation in the RCORP Grant Consortium (Rural Communities Opioid Response Program), Laundry & Linen services, increased security services, and services provided for Retail Pharmacy Rx claims created a negative variance in Miscellaneous.	Miscellaneous	\$ (111,370)	\$ (639,848)
	Multi-Specialty Clinics	(97,097)	(437,819)
	Department Repairs	(71,630)	(258,828)
	Pharmacy IP	(1,032)	(16,293)
	The Center	1,277	(14,985)
	Home Health/Hospice	(7,166)	(8,102)
Scribe services and outsourced services for the data mapping and transformation project created a negative variance in Multi-Specialty Clinics.	Community Development	2,500	32,500
	Medical Records	32,318	73,951
Equipment maintenance in Laboratory, Diagnostic Imaging, and Ultrasound, an engine overhaul on a portable generator at Pioneer Center, and District wide maintenance projects created a negative variance in Department Repairs.	Diagnostic Imaging Services - All	21,825	111,041
	Human Resources	54,168	135,327
	Laboratory	40,769	206,142
Radiology reads were below budget due to the decrease in volumes, creating a positive variance in Diagnostic Imaging-All.	Patient Accounting	(58,556)	240,822
	Information Technology	61,421	1,073,903
	Total	<u>\$ (132,572)</u>	<u>\$ 497,812</u>
Employee Health screenings were below budget, creating a positive variance in Human Resources.			
Outsourced lab testing due to decreased volumes created a positive variance in Laboratory.			
Outsourced billing and collection services came in above budget, creating a negative variance in Patient Accounting.			
The migration of communications to a Cloud solution and the Disaster Recovery and Business Continuation projects did not launch in March, creating a positive variance in Information Technology.			
<b>8) <u>Other Expenses</u></b>			
Natural Gas/Propane and Electricity expenses were above budget, creating a negative variance in Utilities.	Utilities	\$ (15,349)	\$ (249,196)
	Insurance	(35,258)	(248,766)
	Dues and Subscriptions	(19,130)	(68,013)
	Equipment Rent	(4,342)	(64,529)
Dietary Department transfers created a negative variance in Miscellaneous.	Miscellaneous	(17,426)	(56,299)
	Multi-Specialty Clinics Equip Rent	(5,244)	(30,807)
An Orthopedic marketing campaign in the Olympic Valley area created a negative variance in Marketing.	Physician Services	27	(5,602)
	Human Resources Recruitment	5,591	34,808
	Marketing	(21,780)	122,417
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.	Multi-Specialty Clinics Bldg. Rent	31,953	157,435
	Outside Training & Travel	5,666	180,101
	Other Building Rent	87,654	976,658
	Total	<u>\$ 12,362</u>	<u>\$ 748,208</u>
<b>9) <u>District and County Taxes</u></b>	Total	<u>\$ 22,885</u>	<u>\$ 143,198</u>
<b>10) <u>Interest Income</u></b>	Total	<u>\$ 65,928</u>	<u>\$ 407,633</u>
<b>11) <u>Donations</u></b>			
The IVCHF transferred funds to the District for the Sterile Processing renovation, creating a positive variance in IVCH Donations.	IVCH	\$ 306,697	\$ 44,663
	Operational	(27,892)	(398,845)
	Total	<u>\$ 278,805</u>	<u>\$ (354,183)</u>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	<u>\$ (117,652)</u>	<u>\$ (665,682)</u>
The District booked its estimated loss for March from the Truckee Surgery Center and trued up its losses in TSC, LLC for February.			
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	Total	<u>\$ 1,368,216</u>	<u>\$ 508,462</u>
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total	<u>\$ -</u>	<u>\$ 1,000</u>
<b>15) <u>COVID-19 Emergency Funding</u></b>	Total	<u>\$ -</u>	<u>\$ -</u>
<b>16) <u>Depreciation Expense</u></b>	Total	<u>\$ (140,693)</u>	<u>\$ (1,266,242)</u>
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.			
<b>17) <u>Interest Expense</u></b>	Total	<u>\$ (13,983)</u>	<u>\$ (133,896)</u>
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and Imputed Interest be recorded, creating a negative variance in Interest Expense.			

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
KEY FINANCIAL INDICATORS  
MARCH 2023**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>FY 2023 Jul 22 to Mar 23</b>	<b>FY 2022 Jul 21 to June 22</b>	<b>FY 2021 Jul 20 to June 21</b>	<b>FY 2020 Jul 19 to June 20</b>	<b>FY 2019 Jul 18 to June 19</b>	<b>FY 2018 Jul 17 to June 18</b>	<b>FY 2017 Jul 16 to June 17</b>
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 4.0% 3rd Qtr 4.4%	3.9%	6.2%	5.8%	8.5%	5.7%	2.6%	7.4%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 3rd Qtr 3.6%	.01%	2.6%	3.4%	4.0%	3.8%	3.3%	3.1%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.8% 3rd Qtr 1.8%	1.2%	-.01%	1.2%	1.4%	.1%	.1%	-.0%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 5.1% 3rd Qtr 5.5%	11.4%	12.2%	13.7%	.1%	11.5%	4.8%	7.9%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>		↑	-0-	\$(872,210)	\$(10,431,192)	\$(8,685,969)	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 4.5% 3rd Qtr 4.9%	4.8%	7.9%	7.8%	6.2%	7.1%	4.5%	7.9%

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MARCH 2023

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAR 2022			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 2,970,010	\$ 2,892,206	\$ 77,804	2.7%	Total Gross Revenue	\$ 28,186,205	\$ 26,599,406	\$ 1,586,799	6.0%	1	\$ 23,839,977	
				<b>Gross Revenues - Inpatient</b>							
\$ -	\$ 2,155	\$ (2,155)	-100.0%	Daily Hospital Service	\$ 10,719	\$ 17,033	\$ (6,314)	-37.1%		\$ 4,549	
-	1,704	(1,704)	-100.0%	Ancillary Service - Inpatient	11,270	16,382	(5,112)	-31.2%		5,635	
-	3,859	(3,859)	-100.0%	Total Gross Revenue - Inpatient	21,989	33,415	(11,426)	-34.2%	1	10,184	
2,970,010	2,888,347	81,663	2.8%	Gross Revenue - Outpatient	28,164,216	26,565,991	1,598,225	6.0%		23,829,793	
2,970,010	2,888,347	81,663	2.8%	Total Gross Revenue - Outpatient	28,164,216	26,565,991	1,598,225	6.0%	1	23,829,793	
				<b>Deductions from Revenue:</b>							
1,316,107	1,298,612	(17,495)	-1.3%	Contractual Allowances	12,471,452	11,970,485	(500,967)	-4.2%	2	9,584,603	
126,962	124,365	(2,597)	-2.1%	Charity Care	554,018	1,143,774	589,756	51.6%	2	1,107,252	
97,694	57,844	(39,850)	-68.9%	Bad Debt	797,161	531,988	(265,173)	-49.8%	2	(187,374)	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	268,000	
1,540,763	1,480,821	(59,942)	-4.0%	Total Deductions from Revenue	13,822,630	13,646,247	(176,383)	-1.3%	2	10,772,481	
53,276	62,847	(9,571)	-15.2%	Other Operating Revenue	550,853	631,734	(80,881)	-12.8%	3	848,789	
1,482,524	1,474,232	8,292	0.6%	<b>TOTAL OPERATING REVENUE</b>	14,914,428	13,584,893	1,329,535	9.8%		13,916,285	
				<b>OPERATING EXPENSES</b>							
630,361	645,722	15,361	2.4%	Salaries and Wages	5,307,069	5,724,305	417,236	7.3%	4	4,236,531	
239,898	225,545	(14,353)	-6.4%	Benefits	1,858,535	1,803,208	(55,327)	-3.1%	4	1,392,943	
2,738	5,313	2,575	48.5%	Benefits Workers Compensation	22,328	47,817	25,489	53.3%	4	25,119	
143,993	91,405	(52,588)	-57.5%	Benefits Medical Insurance	1,023,702	822,645	(201,057)	-24.4%	4	621,195	
149,322	151,902	2,580	1.7%	Medical Professional Fees	1,356,978	1,346,525	(10,453)	-0.8%	5	2,163,644	
2,175	2,327	152	6.5%	Other Professional Fees	20,381	20,943	562	2.7%	5	20,140	
74,711	62,618	(12,093)	-19.3%	Supplies	534,731	654,233	119,502	18.3%	6	455,832	
78,899	83,318	4,419	5.3%	Purchased Services	648,560	692,714	44,154	6.4%	7	671,319	
153,136	119,491	(33,645)	-28.2%	Other	935,216	1,002,990	67,774	6.8%	8	1,040,426	
1,475,232	1,387,641	(87,591)	-6.3%	<b>TOTAL OPERATING EXPENSE</b>	11,707,500	12,115,380	407,880	3.4%		10,627,149	
<b>7,292</b>	<b>86,591</b>	<b>(79,299)</b>	<b>-91.6%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>3,206,928</b>	<b>1,469,513</b>	<b>1,737,415</b>	<b>118.2%</b>		<b>3,289,136</b>	
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
368,855	62,159	306,696	493.4%	Donations-IVCH	597,242	552,579	44,663	8.1%	9	191,714	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	1,000	
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	(806,125)	
(94,961)	(77,026)	(17,935)	23.3%	Depreciation	(854,652)	(693,234)	(161,418)	-23.3%	12	(653,105)	
(1,571)	-	(1,571)	0.0%	Interest Expense	(15,162)	-	(15,162)	0.0%	13	-	
272,323	(14,867)	287,190	1931.7%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(272,572)</b>	<b>(140,655)</b>	<b>(131,917)</b>	<b>-93.8%</b>		<b>(1,266,516)</b>	
<b>\$ 279,615</b>	<b>\$ 71,724</b>	<b>\$ 207,891</b>	<b>289.8%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 2,934,356</b>	<b>\$ 1,328,858</b>	<b>\$ 1,605,498</b>	<b>120.8%</b>		<b>\$ 2,022,620</b>	
<b>0.2%</b>	<b>3.0%</b>	<b>-2.7%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>11.4%</b>	<b>5.5%</b>	<b>5.9%</b>			<b>13.8%</b>	



**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MARCH 2023**

**Variance from Budget**

**Fav<Unfav>**

**MAR 2023      YTD 2023**

**1) Gross Revenues**

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

Gross Revenue -- Inpatient	\$	(3,859)	\$	(11,426)
Gross Revenue -- Outpatient		81,663		1,598,225
		\$ 77,804		\$ 1,586,799

Outpatient volumes were above budget in Diagnostic Imaging, Ultrasound, Physical Therapy, Speech Therapy, and Occupational Therapy.

Outpatient volumes were below budget in Emergency Department visits, Surgery cases, Laboratory tests, Lab Send Out tests, EKG, Cat Scans, and Drugs Sold to Patients.

**2) Total Deductions from Revenue**

We saw a shift in our payor mix with a 0.20% increase in Medicare, a 1.87% increase in Medicaid, a 0.64% decrease in Commercial insurance, a 1.43% decrease in Other, and County was at budget. Contractual Allowances were above budget due to Outpatient Revenues coming in above budget 2.80% along with the shift in Payor Mix from Commercial to Medicaid.

Contractual Allowances	\$	(17,495)	\$	(500,967)
Charity Care		(2,597)		589,756
Charity Care-Catastrophic Event				
Bad Debt		(39,850)		(265,173)
Prior Period Settlement				
Total		\$ (59,942)		\$ (176,383)

**3) Other Operating Revenue**

IVCH ER Physician Guarantee is tied to collections, coming in below budget in March.

IVCH ER Physician Guarantee	\$	(8,587)	\$	(68,605)
Miscellaneous		(983)		(12,276)
Total		\$ (9,571)		\$ (80,881)

**4) Salaries and Wages**

Total	\$	15,361	\$	417,236
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**Employee Benefits**

Negative variance in PL/SL was offset by a positive variance in Salaries and Wages.

PL/SL	\$	(17,268)	\$	(27,683)
Pension/Deferred Comp		0		0
Standby		(3,129)		(8,303)
Other		800		12,528
Nonproductive		5,244		(31,869)
Total		\$ (14,353)		\$ (55,327)

**Employee Benefits - Workers Compensation**

Total	\$	2,575	\$	25,489
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**Employee Benefits - Medical Insurance**

Total	\$	(52,588)	\$	(201,057)
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**5) Professional Fees**

Hospitalist and Telehealth visits were below budget, creating a positive variance in IVCH ER Physicians.

IVCH ER Physicians	\$	2,580	\$	(9,744)
Therapy Services		-		(710)
Administration		-		-
Multi-Specialty Clinics		-		-
Miscellaneous		-		-
Foundation		152		562
Total		\$ 2,732		\$ (9,892)

**6) Supplies**

Reagent panels for the Biofire machine in Laboratory and Patient Non-Chargeable supply purchases in preparation of starting up GI and Endo surgical services at IVCH created a negative variance in Patient & Other Medical Supplies.

Non-Medical Supplies	\$	(1,781)	\$	(2,342)
Office Supplies		(1,065)		(1,436)
Food		(22)		1,138
Patient & Other Medical Supplies		(20,662)		11,825
Minor Equipment		2,700		26,059
Pharmacy Supplies		8,738		84,258
Total		\$ (12,093)		\$ 119,502

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MARCH 2023**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAR 2023</u>	<u>YTD 2023</u>
<b>7) <u>Purchased Services</u></b>			
Miscellaneous flooring repairs, installation of inspection stations in the elevators, and exterior lighting repairs created a negative variance in Department Repairs.	Miscellaneous	\$ (430)	\$ (62,283)
CAT Scan volumes were below budget 15.32%, requiring a decrease in Radiology reads. This has created a positive variance in Diagnostic Imaging Services-All.	Department Repairs	(23,042)	(8,974)
Lab Send Out volumes were below budget 31.74%, creating a positive variance in Laboratory.	Diagnostic Imaging Services - All	7,213	(4,861)
	Pharmacy	(11)	(709)
	Foundation	2,321	258
	Multi-Specialty Clinics	(1,579)	2,212
	Engineering/Plant/Communications	4,044	10,835
	EVS/Laundry	738	11,854
	Laboratory	15,165	95,821
	<b>Total</b>	<u>\$ 4,419</u>	<u>\$ 44,154</u>
<b>8) <u>Other Expenses</u></b>			
We saw negative variances in Electricity, Natural Gas/Propane, and Telephone expenses, creating a negative variance in Utilities.	Utilities	\$ (11,569)	\$ (46,989)
Rental of a portable CT machine created a negative variance in Equipment Rent.	Equipment Rent	(14,006)	(35,912)
A reclassification of Accreditation Fees to the correct category created a negative variance in Dues and Subscriptions.	Dues and Subscriptions	(8,721)	(4,795)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.	Physician Services	-	-
	Insurance	(835)	5,340
	Outside Training & Travel	(126)	5,959
	Miscellaneous	99	10,755
	Marketing	551	14,430
	Multi-Specialty Clinics Bldg. Rent	3,674	36,580
	Other Building Rent	(2,712)	82,405
	<b>Total</b>	<u>\$ (33,645)</u>	<u>\$ 67,774</u>
<b>9) <u>Donations</u></b>			
The IVCHF transferred fund to the District for the Sterile Processing renovation, creating a positive variance in Donations.	<b>Total</b>	<u>\$ 306,696</u>	<u>\$ 44,663</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>12) <u>Depreciation Expense</u></b>			
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.	<b>Total</b>	<u>\$ (17,935)</u>	<u>\$ (161,418)</u>
<b>13) <u>Interest Expense</u></b>			
	<b>Total</b>	<u>\$ (1,571)</u>	<u>\$ (15,162)</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2022		BUDGET FYE 2023	PROJECTED FYE 2023	ACTUAL MAR 2023	PROJECTED MAR 2023	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	40,590,404		25,383,789	21,961,837	\$ 1,972,499	\$ 1,623,534	\$ 348,965	\$ 5,772,590	\$ 9,104,456	\$ 5,225,277	\$ 1,859,514
Interest Income	385,321		690,032	987,449	73,259	-	73,259	129,360	210,364	348,930	298,795
Property Tax Revenue	8,969,604		9,747,000	9,872,503	-	-	-	511,386	114,357	5,446,760	3,800,000
Donations	2,145,345		1,305,071	1,287,169	449,740	125,000	324,740	36,950	444,629	490,589	315,000
Emergency Funds	(1,092,739)		-	-	-	-	-	-	-	-	-
Debt Service Payments	(4,683,557)		(5,007,753)	(5,074,978)	(353,030)	(353,402)	372	(1,757,111)	(1,063,208)	(1,194,452)	(1,060,206)
Property Purchase Agreement	(812,500)		(811,927)	(811,928)	(67,661)	(67,661)	0	(202,982)	(202,982)	(202,982)	(202,983)
2018 Municipal Lease	(1,714,321)		(1,717,326)	(1,717,328)	(143,111)	(143,111)	0	(429,332)	(429,332)	(429,332)	(429,333)
Copier	(58,608)		(63,840)	(66,038)	(5,162)	(5,533)	371	(15,703)	(19,603)	(14,133)	(16,599)
2017 VR Demand Bond	(727,326)		(769,491)	(834,517)	-	-	-	(697,803)	-	(136,713)	-
2015 Revenue Bond	(1,370,802)		(1,645,169)	(1,645,168)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,292)	(411,291)
Physician Recruitment	(226,668)		(1,126,666)	(506,666)	-	-	-	(63,333)	(113,333)	(300,000)	(30,000)
Investment in Capital											
Equipment	(3,721,451)		(3,400,652)	(2,326,938)	(336,625)	(157,303)	(179,322)	(694,160)	(592,636)	(790,629)	(249,513)
IT/EMR/Business Systems	(106,850)		(1,833,753)	(1,260,687)	(187,200)	(176,464)	(10,736)	(86,306)	(245,667)	(187,200)	(741,514)
Building Projects/Properties	(22,004,760)		(41,773,780)	(25,479,069)	(794,852)	(2,124,760)	1,329,908	(6,650,405)	(6,363,136)	(5,281,810)	(7,183,718)
Change in Accounts Receivable	(5,918,012)	N1	(2,928,806)	(2,938,627)	1,450,372	557,250	893,122	1,869,945	(5,883,292)	1,464,749	(390,029)
Change in Settlement Accounts	(24,245,464)	N2	398,920	(3,324,283)	3,855,172	(471,103)	4,326,275	(7,526,353)	(5,380,991)	730,145	8,852,916
Change in Other Assets	(4,363,407)	N3	(1,850,000)	(3,418,542)	777,361	(100,000)	877,361	(1,060,914)	(962,700)	355,071	(1,750,000)
Change in Other Liabilities	6,881,645	N4	(3,700,000)	(6,344,810)	(4,859,133)	(1,050,000)	(3,809,133)	(1,235,014)	(9,351,503)	(1,008,293)	5,250,000
Change in Cash Balance	(7,390,588)		(24,096,598)	(16,565,642)	2,047,563	(2,127,248)	4,174,811	(10,753,364)	(20,082,660)	5,299,138	8,971,244
Beginning Unrestricted Cash	161,643,342		154,252,754	154,252,754	126,668,305	126,668,305	-	154,252,754	143,499,390	123,416,730	128,715,868
Ending Unrestricted Cash	154,252,754		130,156,155	137,687,112	128,715,868	124,541,057	4,174,811	143,499,390	123,416,730	128,715,868	137,687,112
Operating Cash	154,252,754		130,156,155	137,687,112	128,715,868	124,541,057	4,174,811	143,499,390	123,416,730	128,715,868	137,687,112
Expense Per Day	658,532		732,143	742,096	734,547	731,764	2,783	691,239	710,012	734,547	742,096
Days Cash On Hand	234		178	186	175	170	5	208	174	175	186

Footnotes:

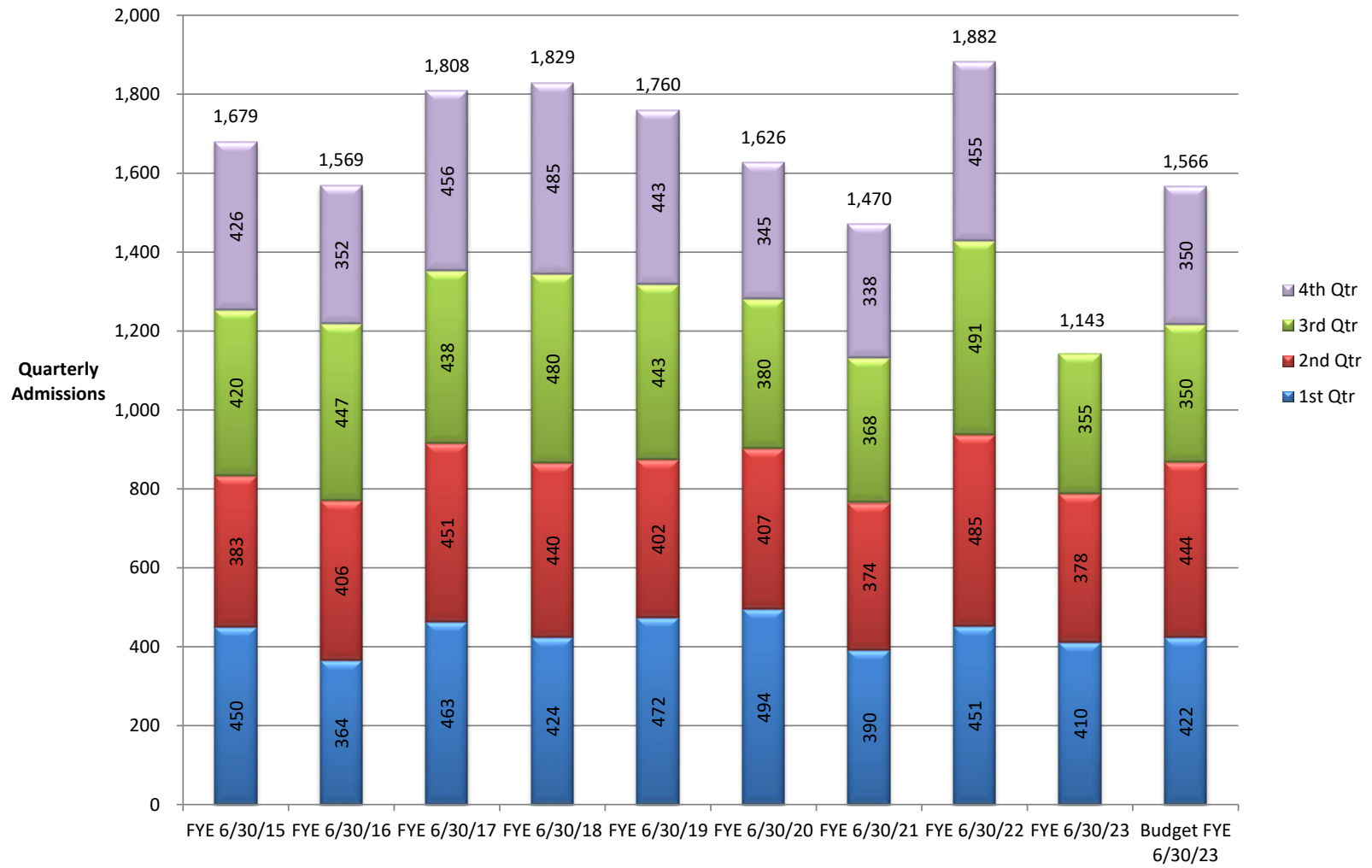
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

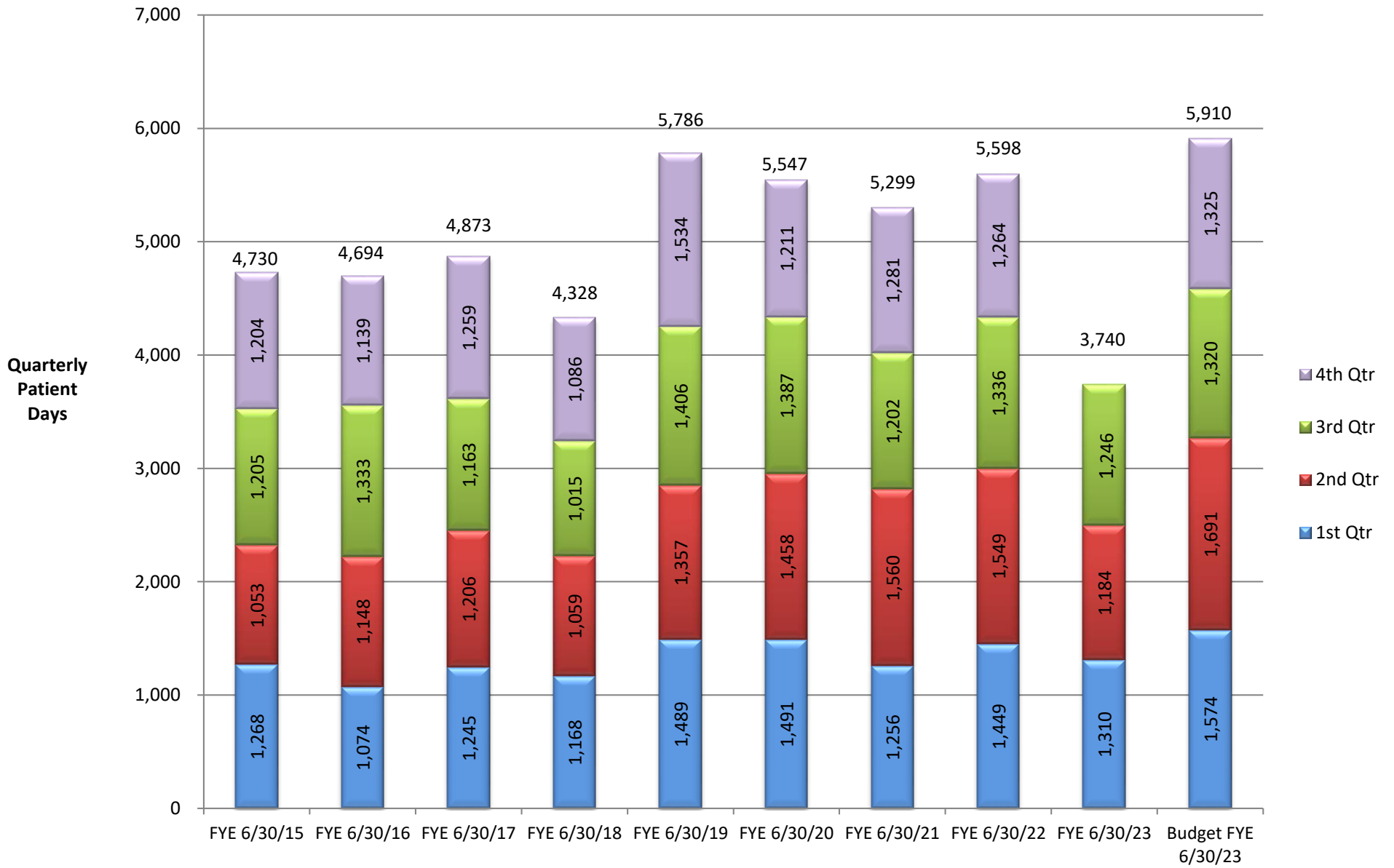
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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.

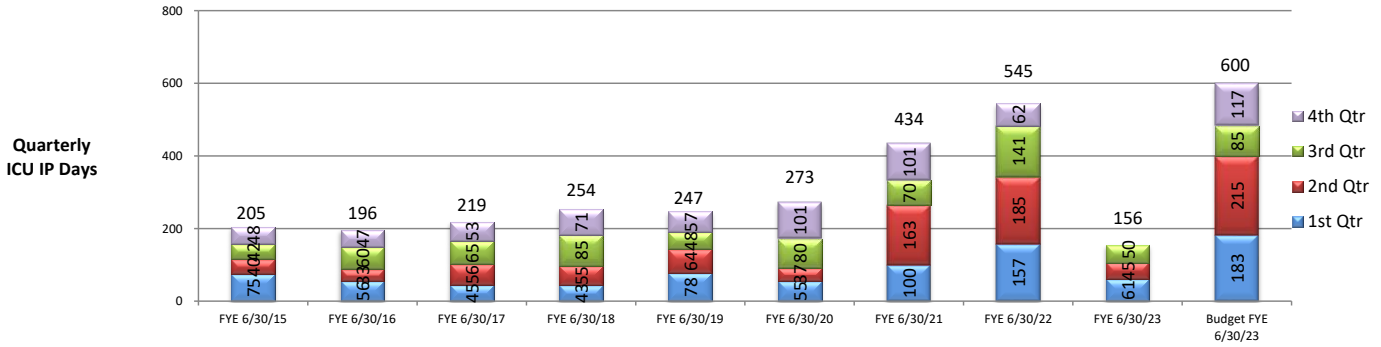
## TOTAL TFH ADMISSIONS



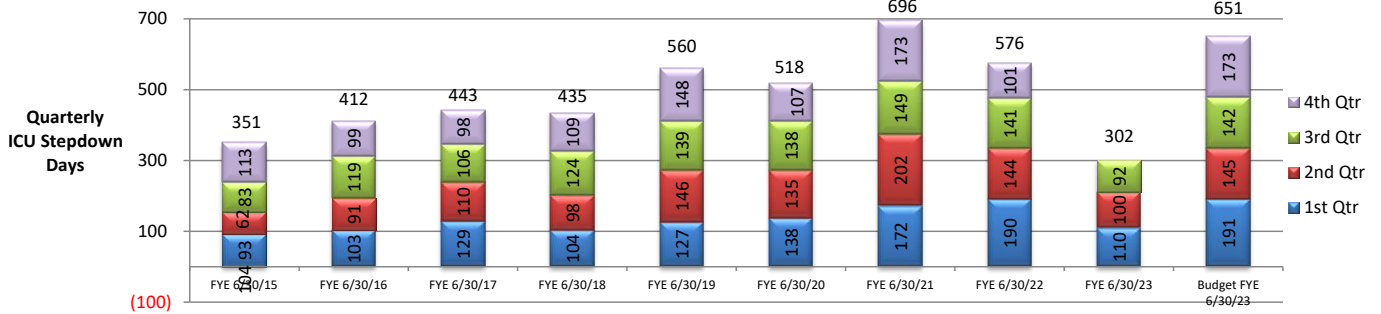
## TOTAL TFH PATIENT DAYS



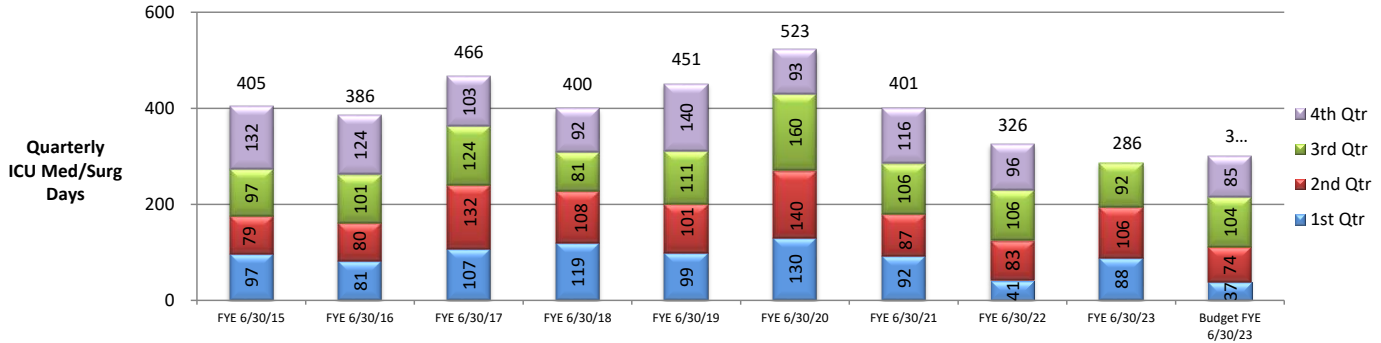
### TOTAL TFH ICU INPATIENT DAYS



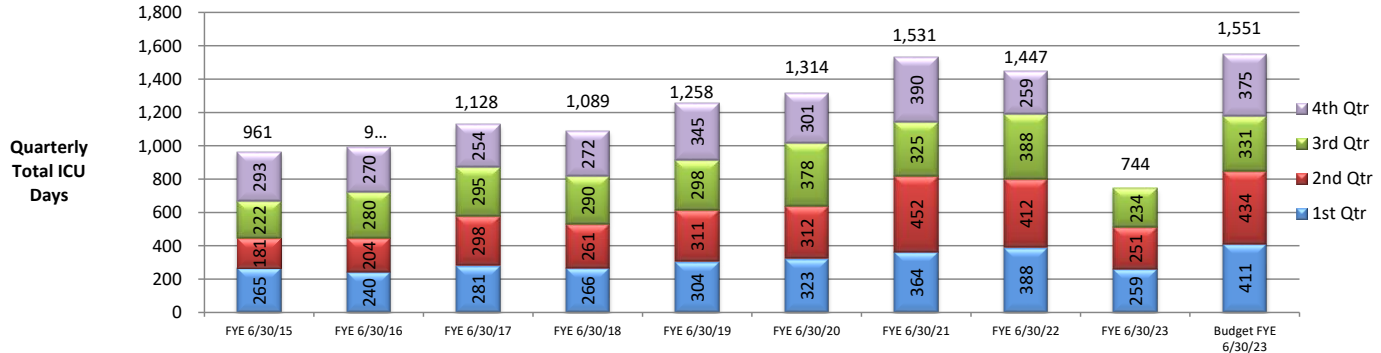
### TOTAL TFH ICU STEPDOWN DAYS



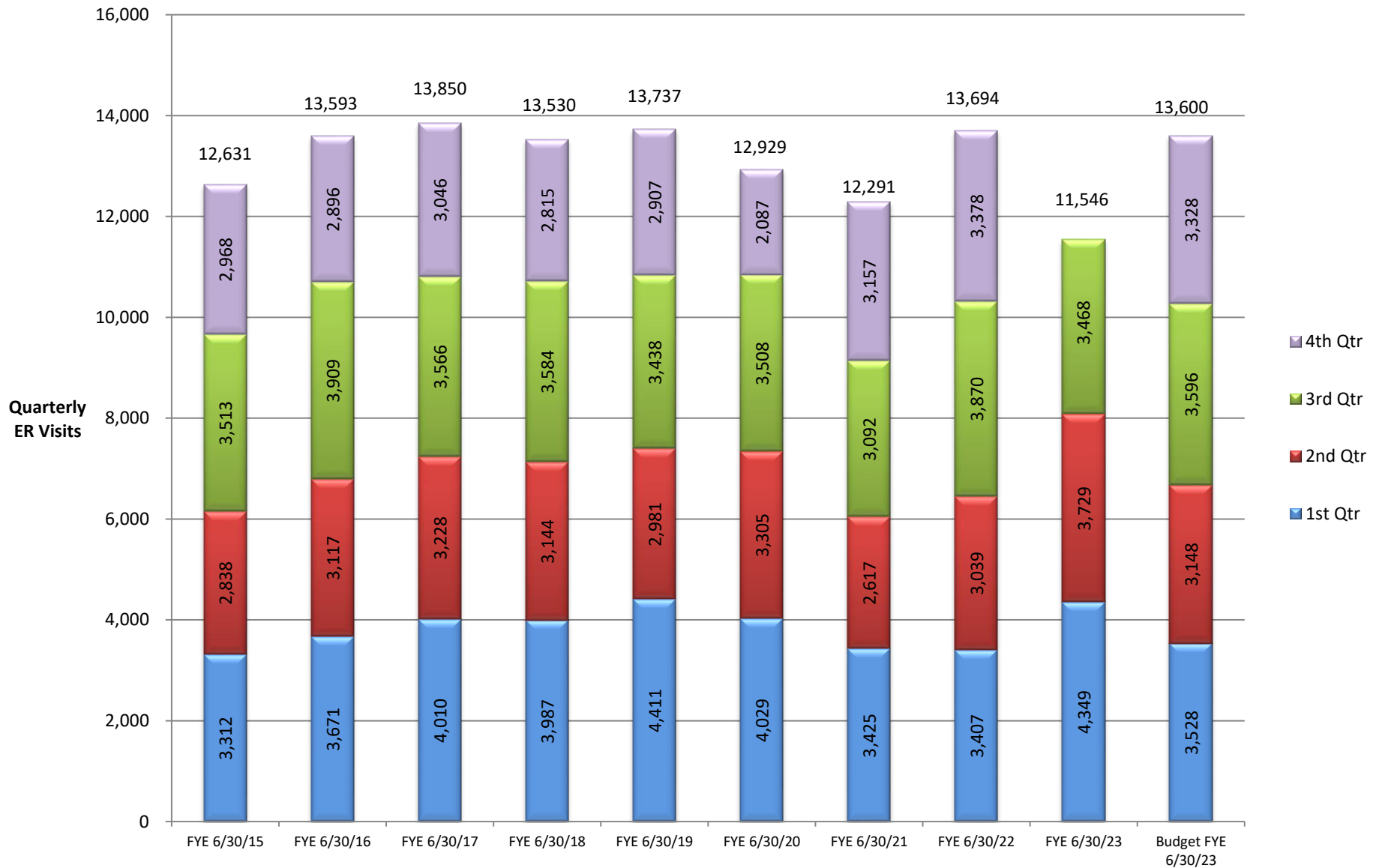
### TOTAL TFH ICU MED/SURG DAYS



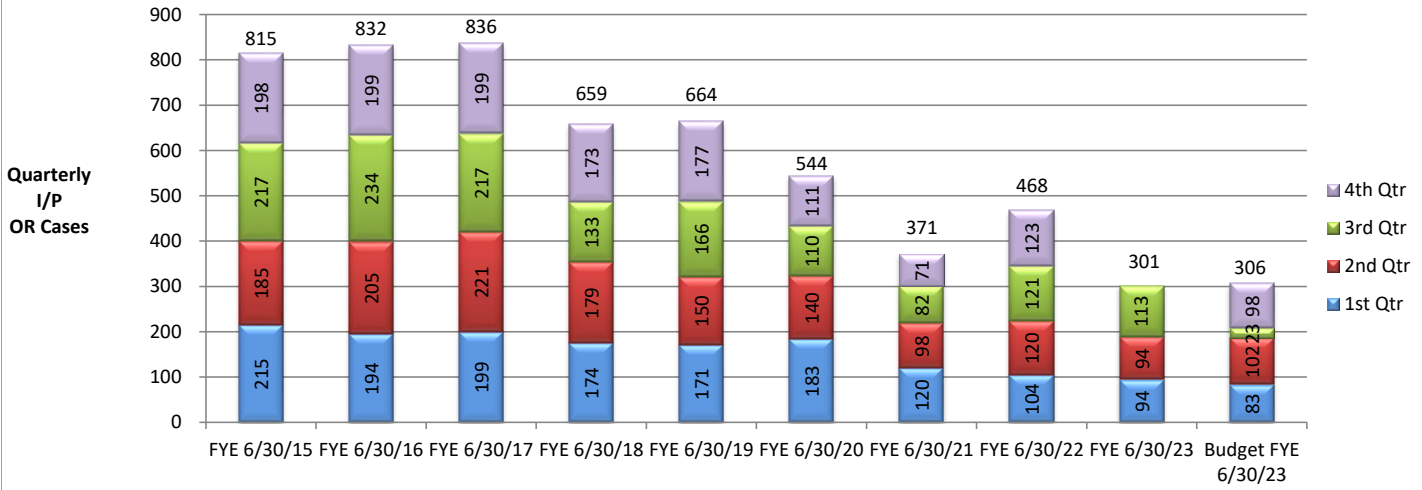
### TOTAL TFH ICU DAYS



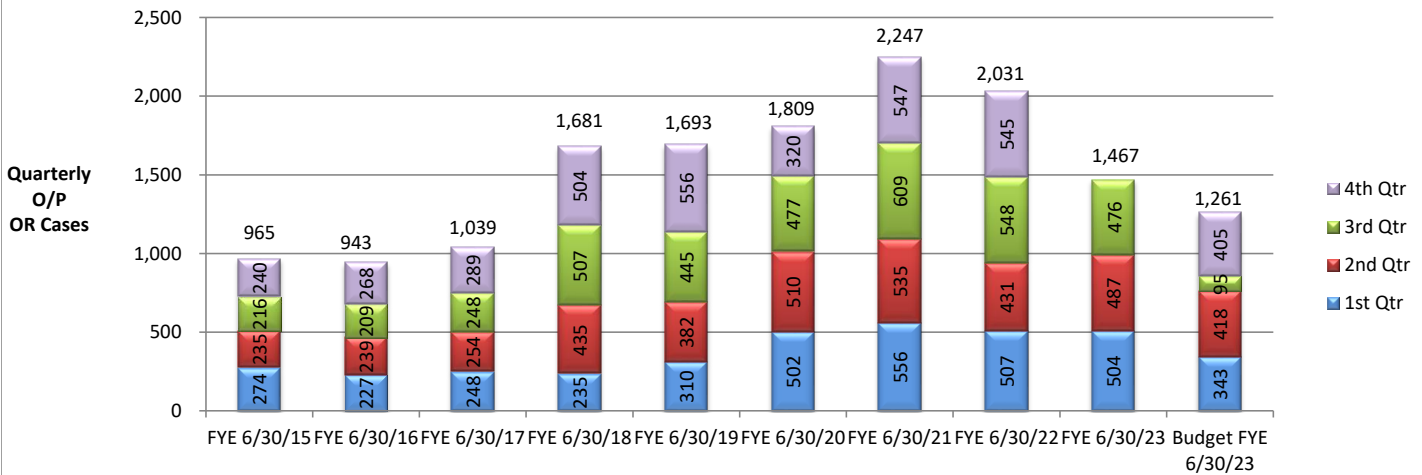
# TOTAL TFH ER VISITS



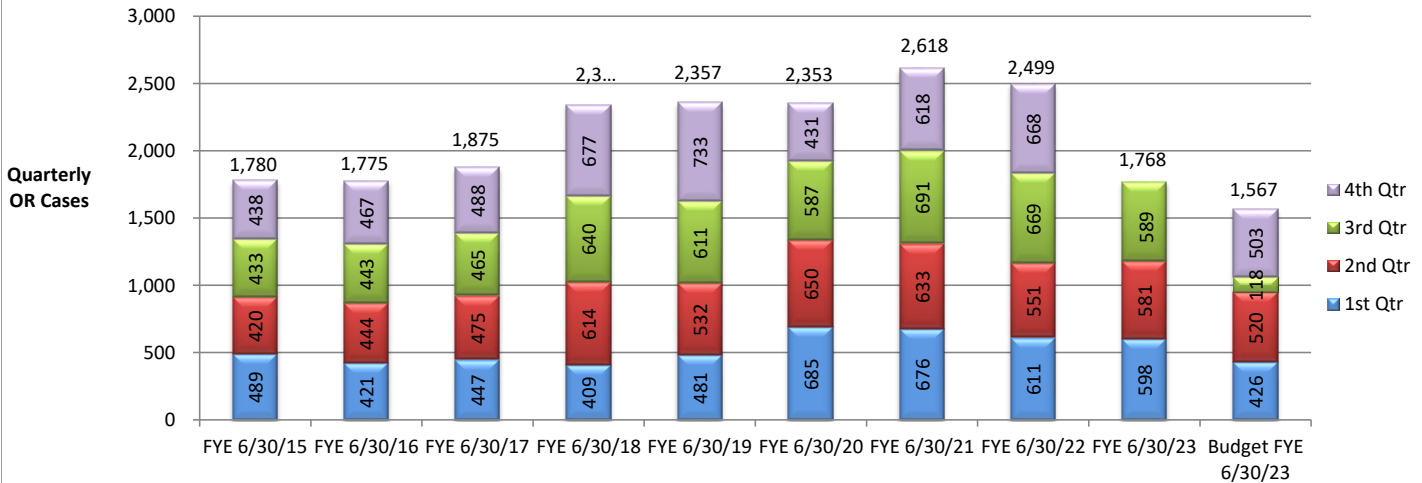
### TOTAL TFH INPATIENT OR CASES



### TOTAL TFH OUTPATIENT OR CASES

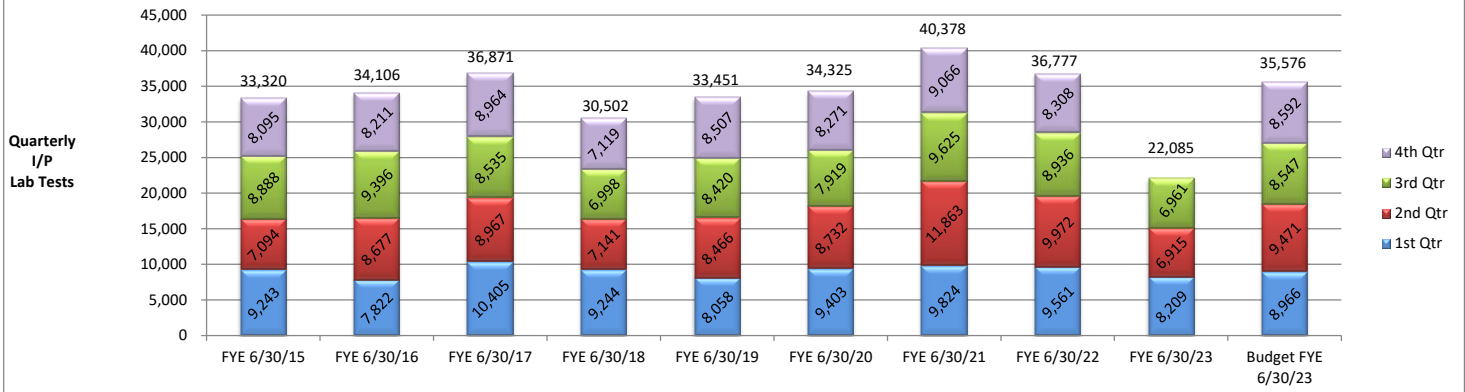


### TOTAL TFH OR CASES

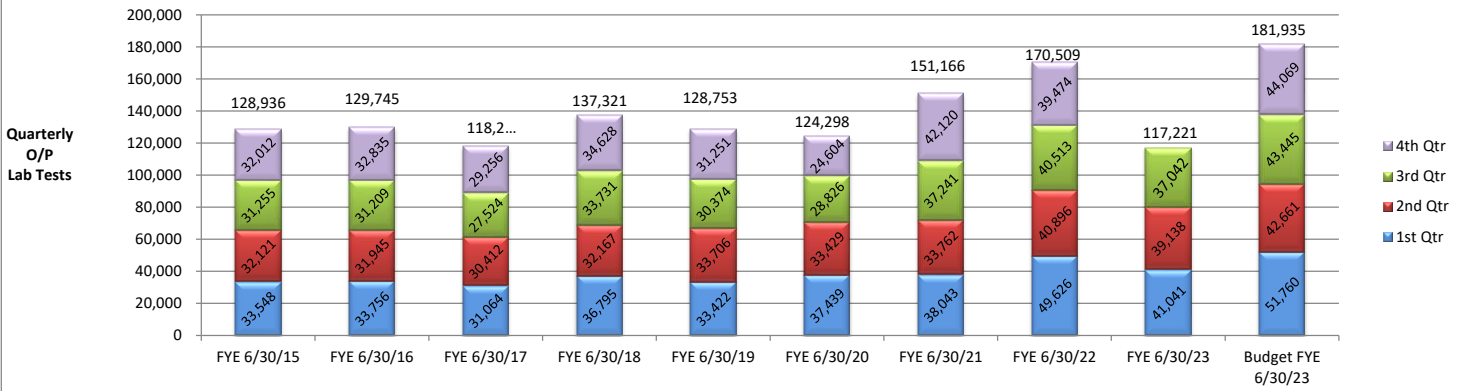




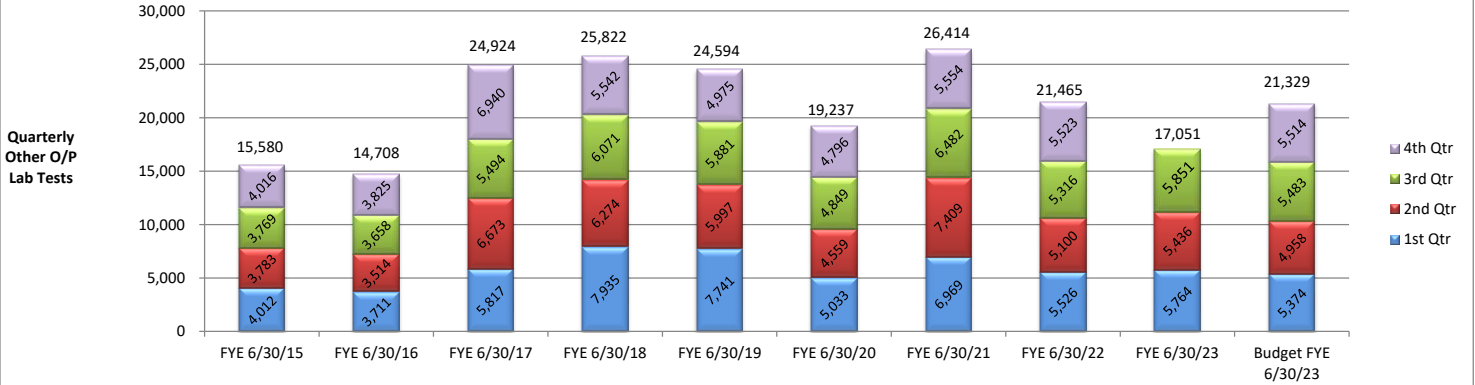
### TOTAL TFH INPATIENT LAB TESTS



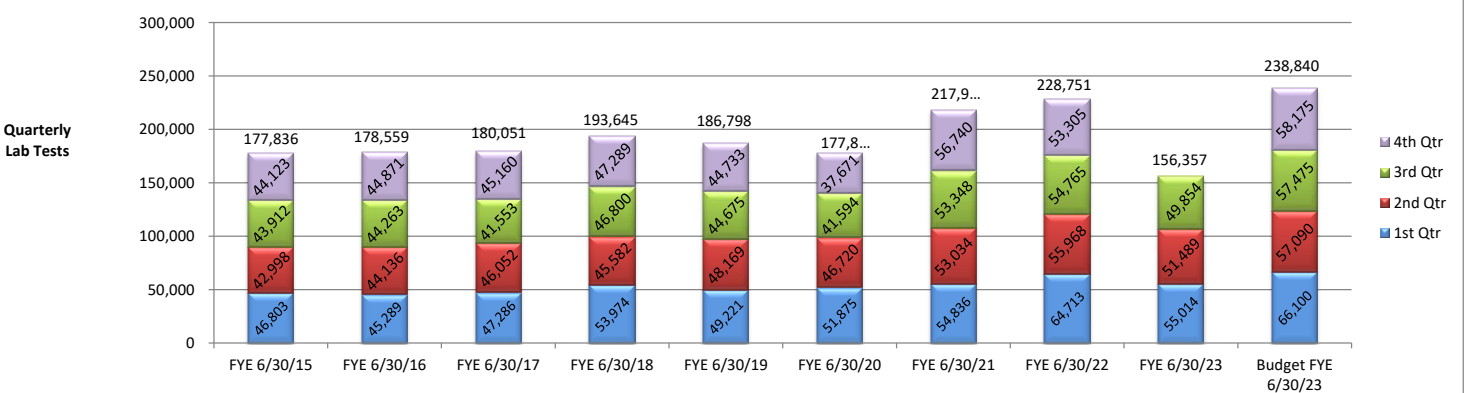
### TOTAL TFH OUTPATIENT LAB TESTS



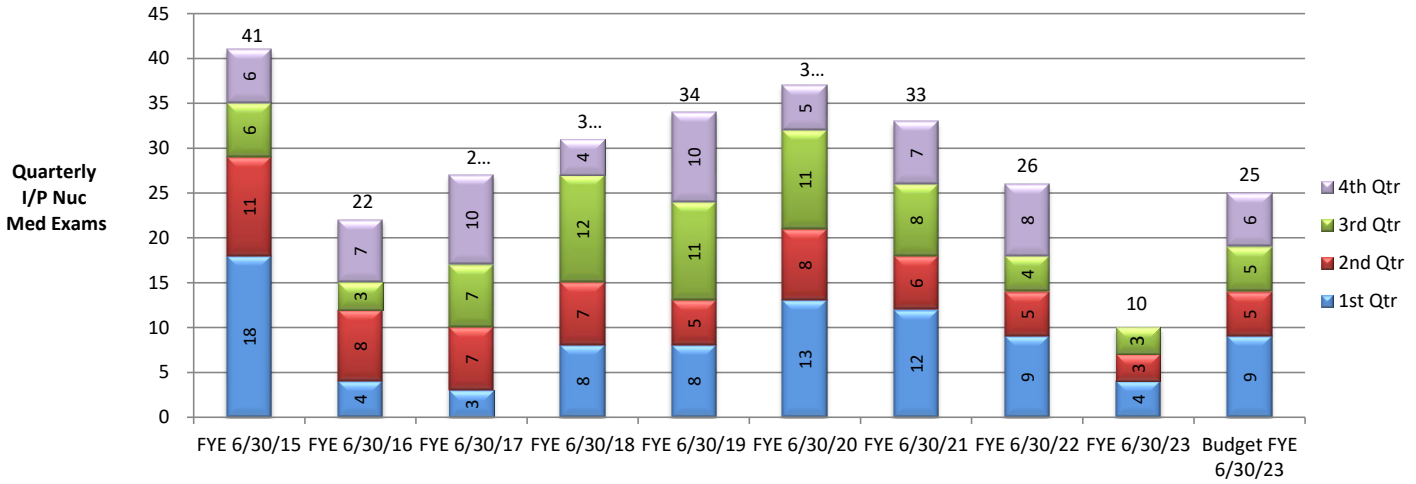
### TOTAL TFH OTHER OUTPATIENT LAB TESTS



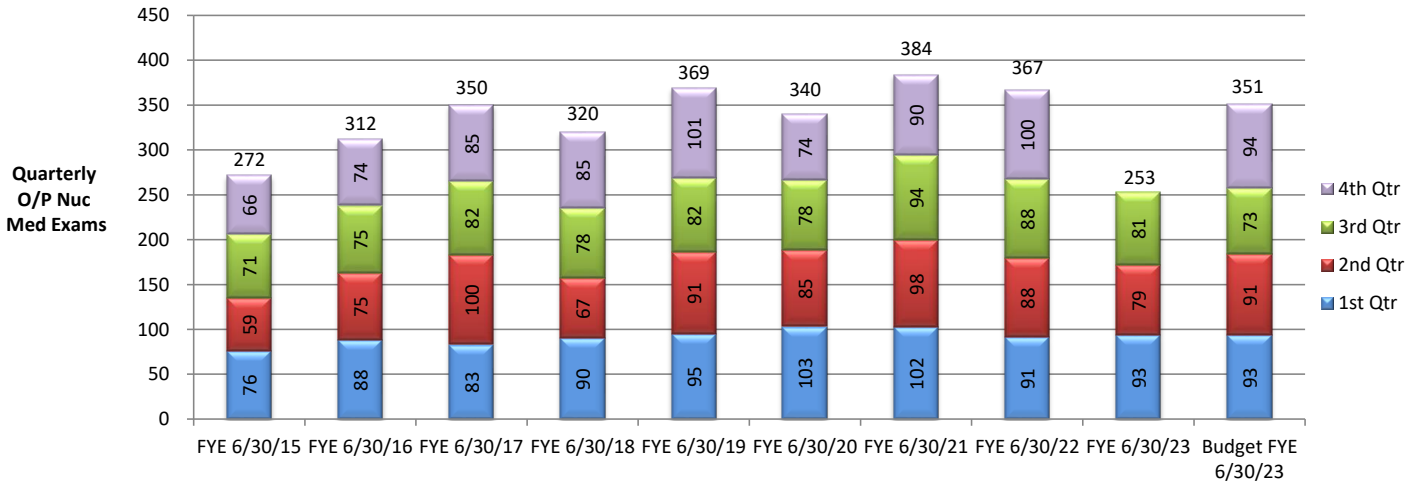
### TOTAL TFH LAB TESTS



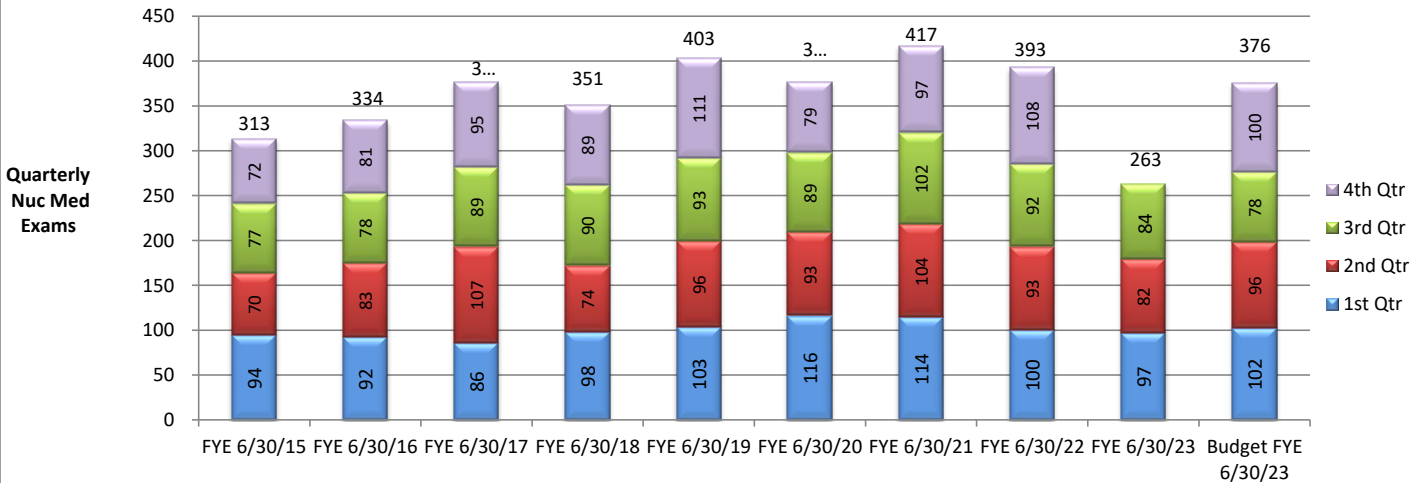
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



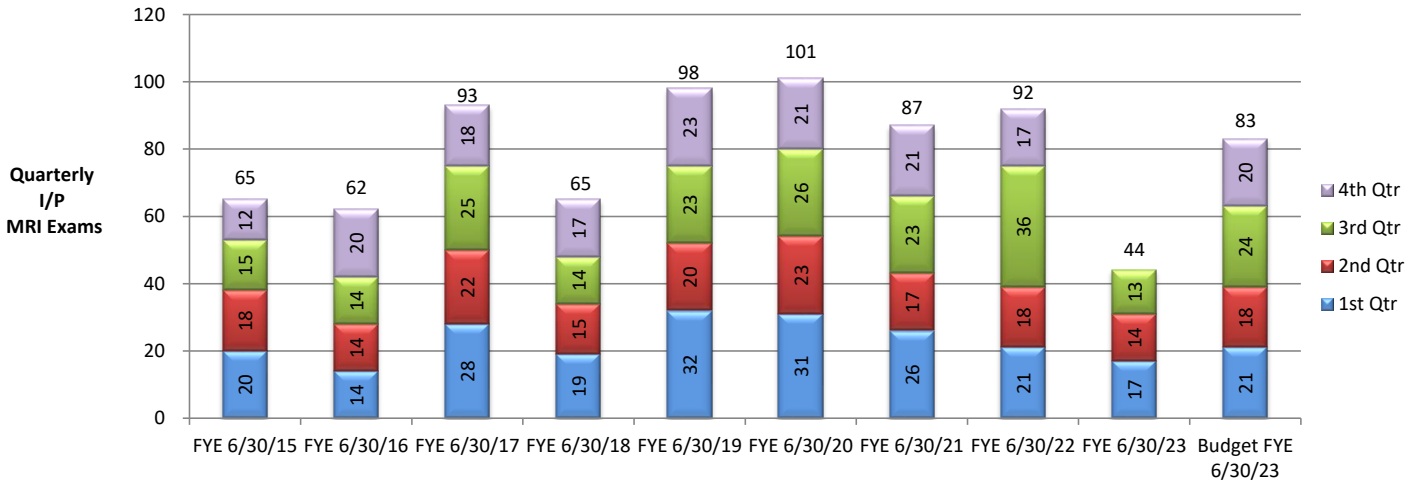
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



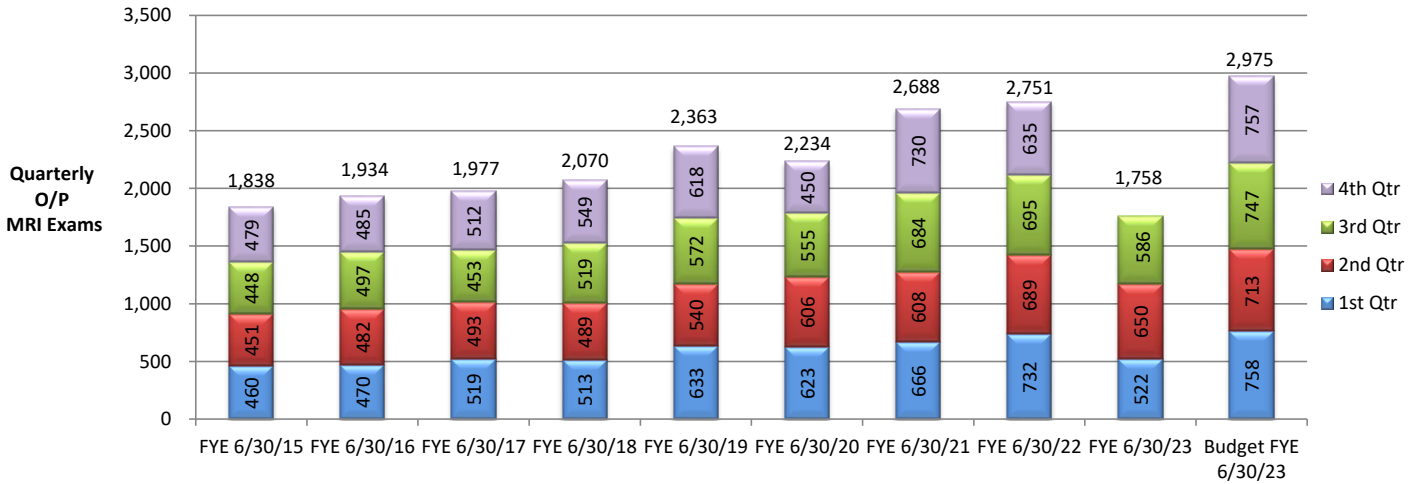
### TOTAL TFH NUCLEAR MEDICINE EXAMS



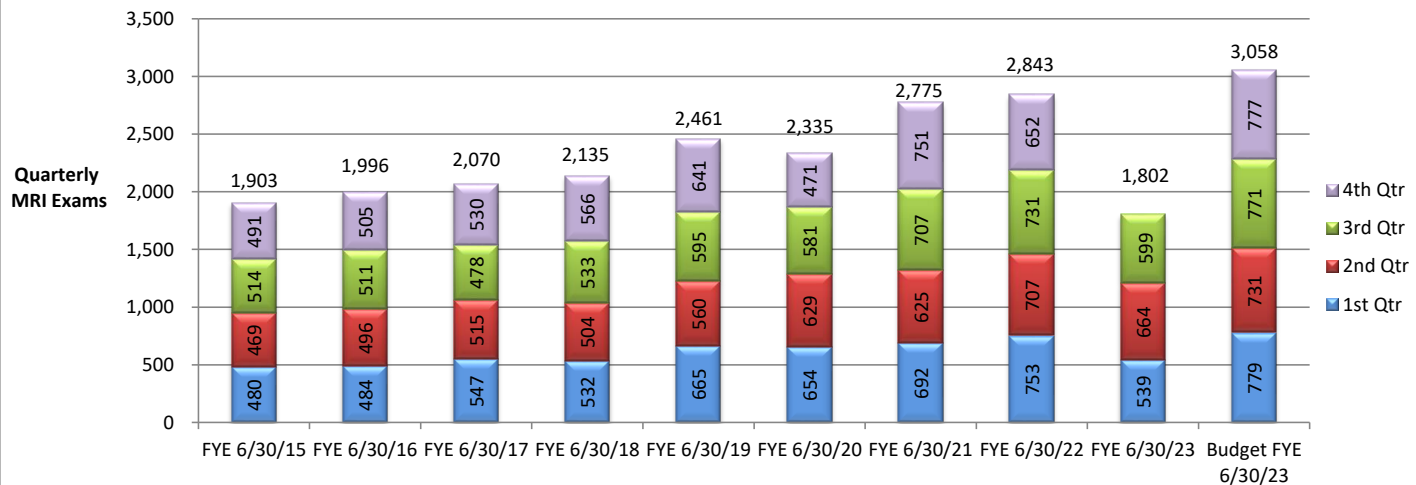
### TOTAL TFH MRI INPATIENT EXAMS



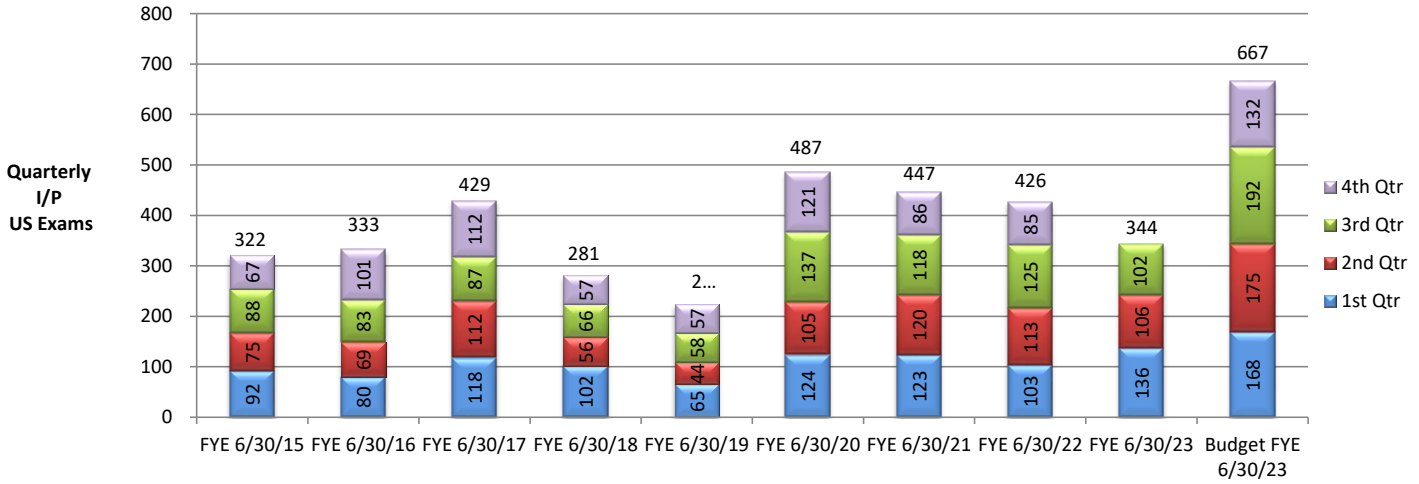
### TOTAL TFH MRI OUTPATIENT EXAMS



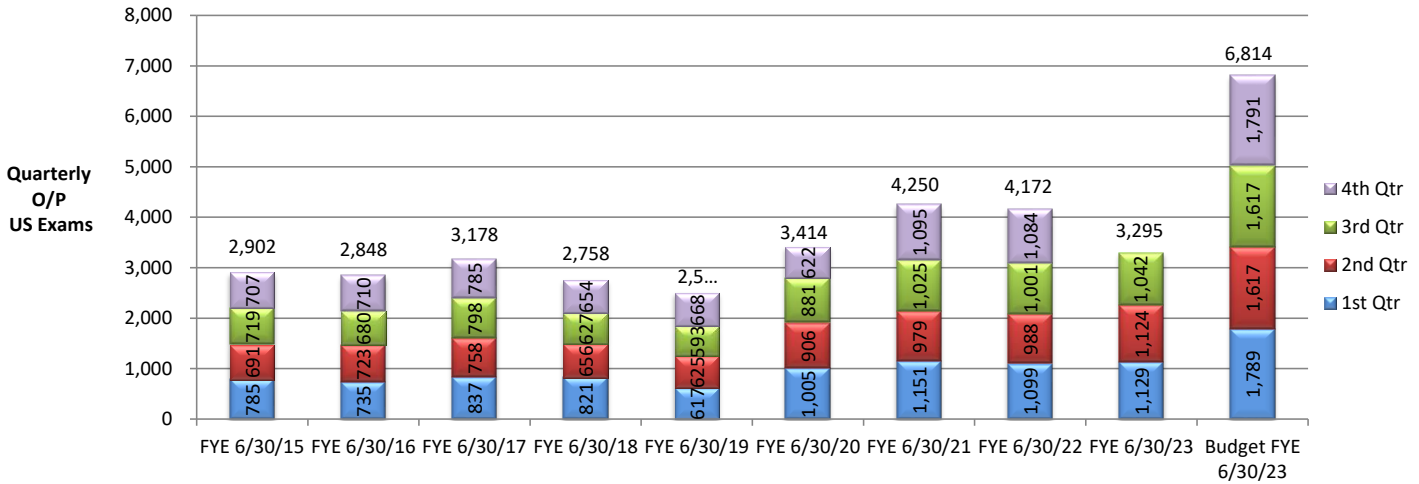
### TOTAL TFH MRI EXAMS



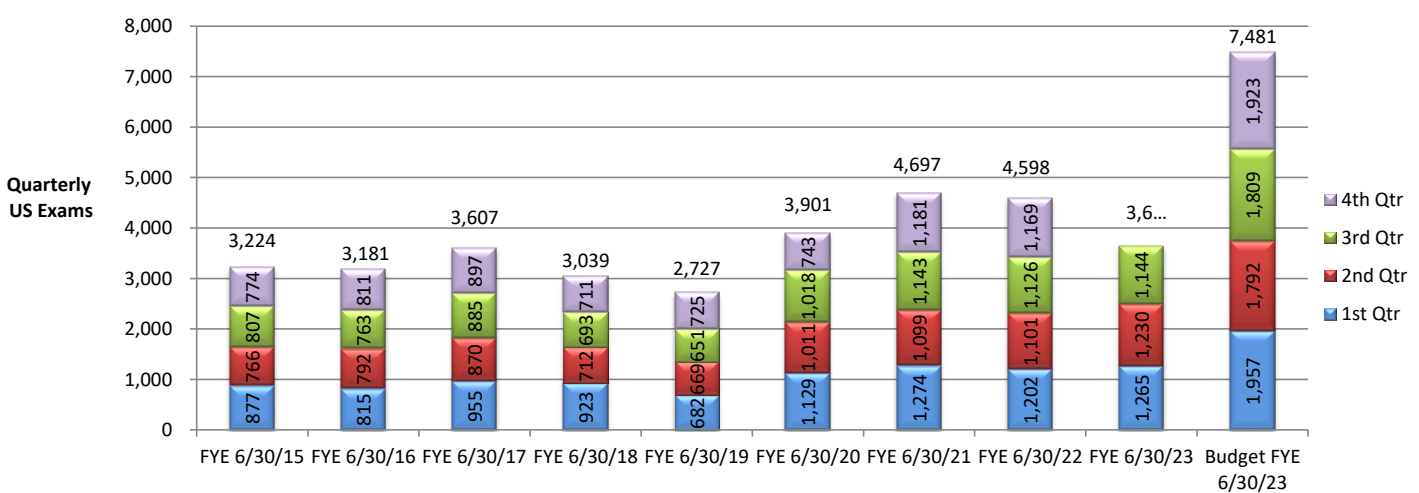
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



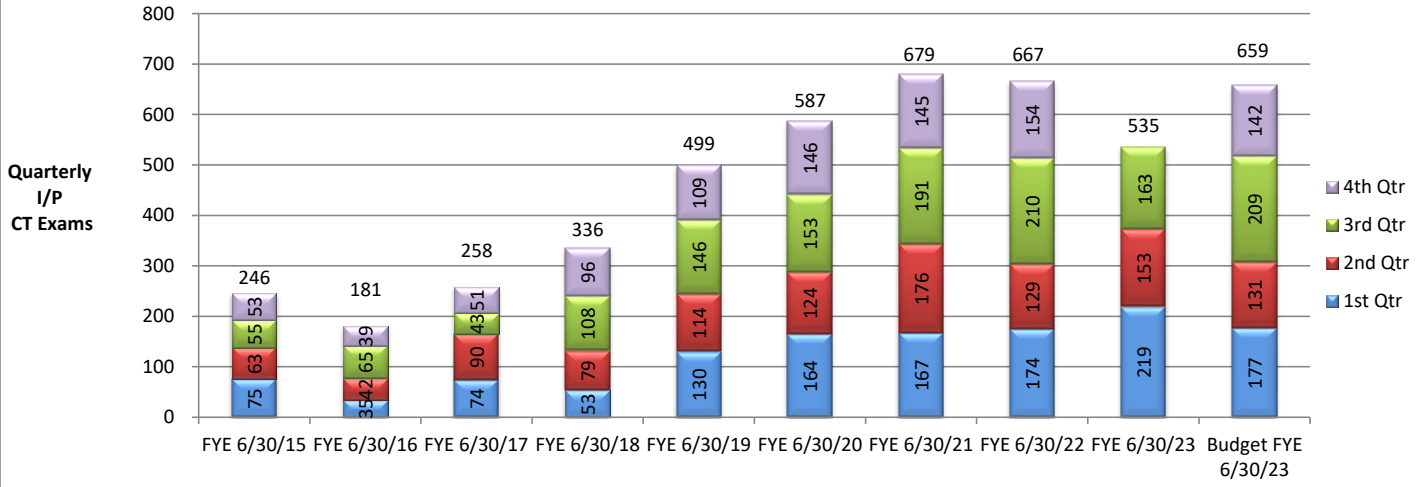
### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



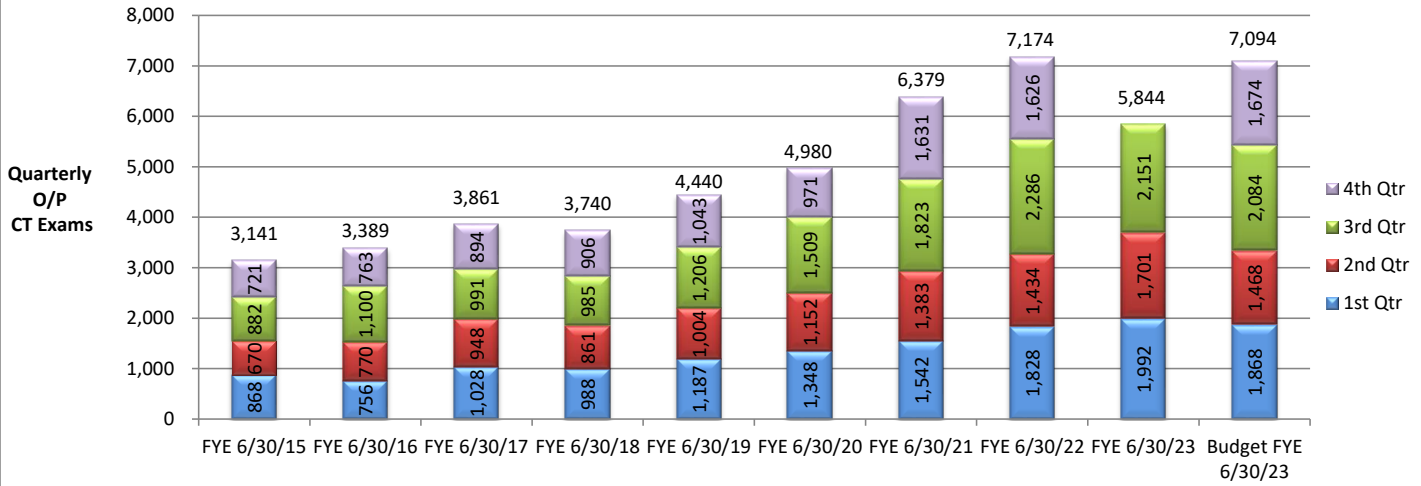
### TOTAL TFH ULTRASOUND EXAMS



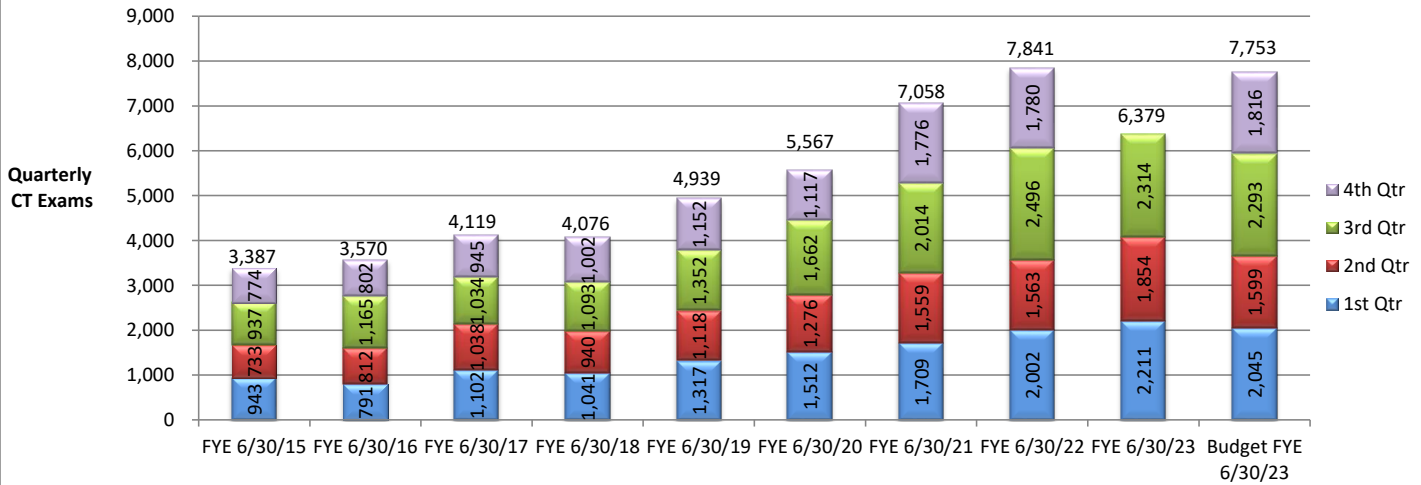
### TOTAL TFH CT INPATIENT EXAMS



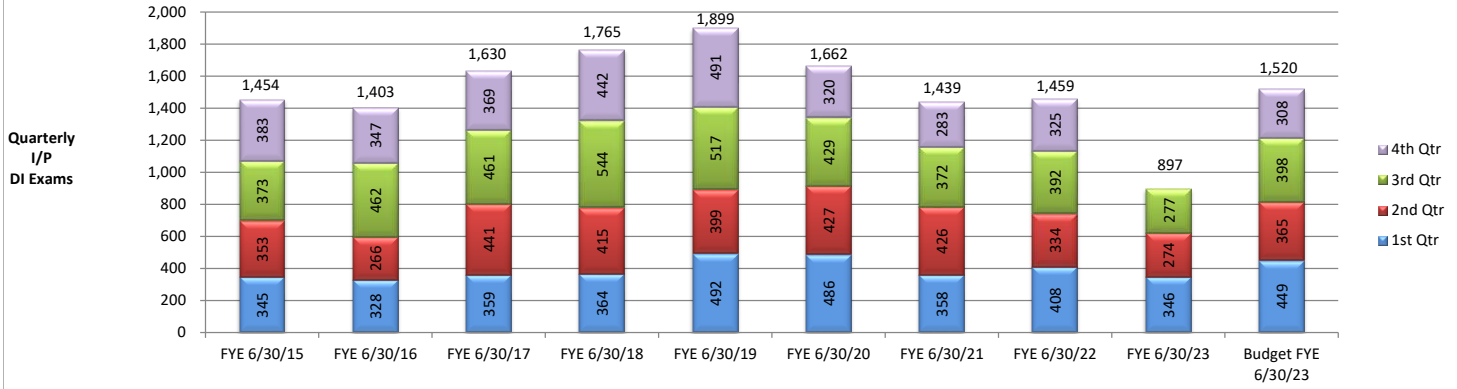
### TOTAL TFH CT OUTPATIENT EXAMS



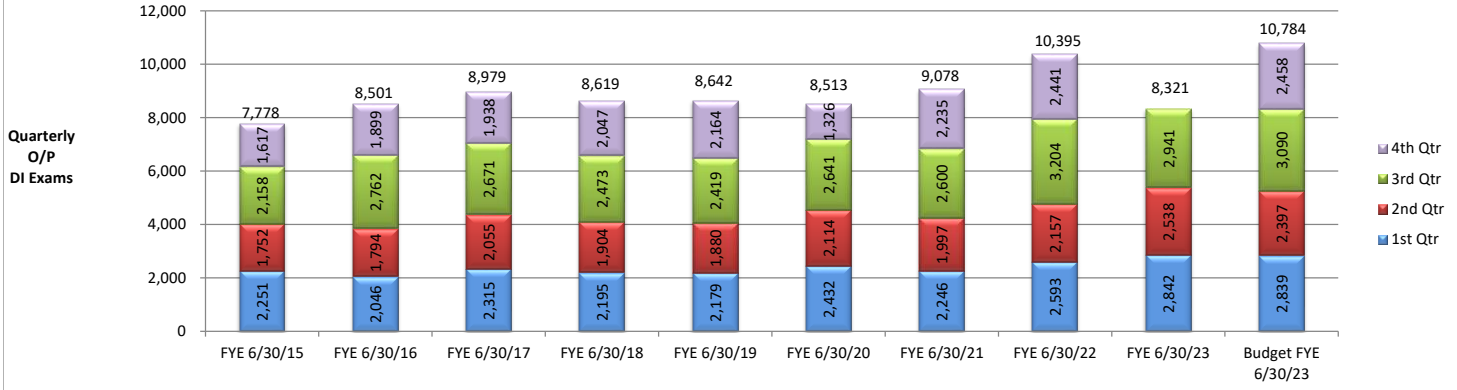
### TOTAL TFH CT EXAMS



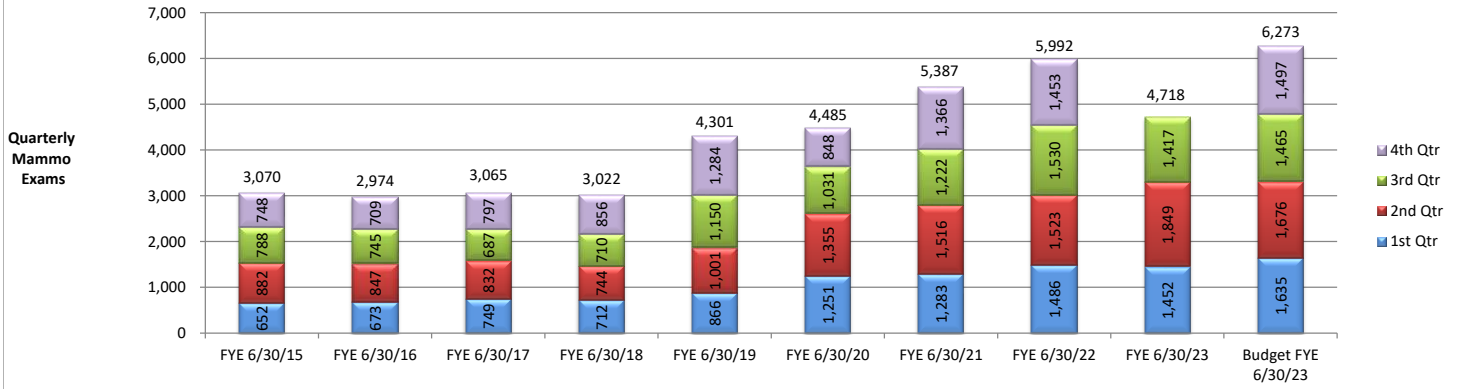
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



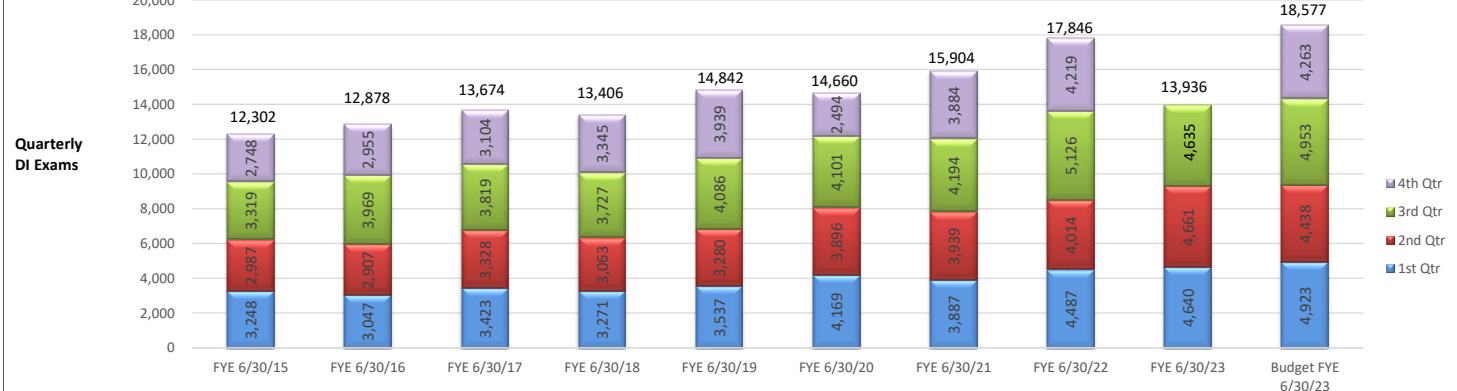
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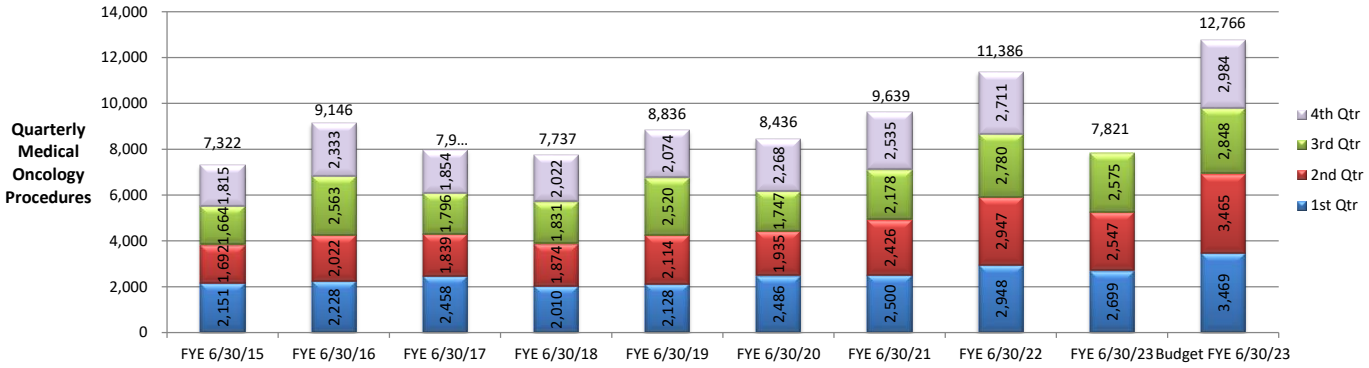
### TOTAL TFH MAMMOGRAPHY EXAMS



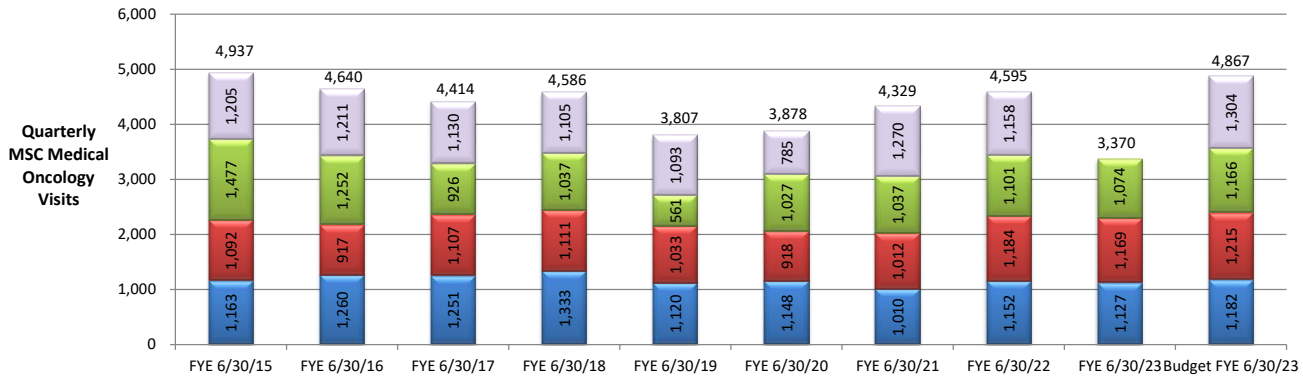
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



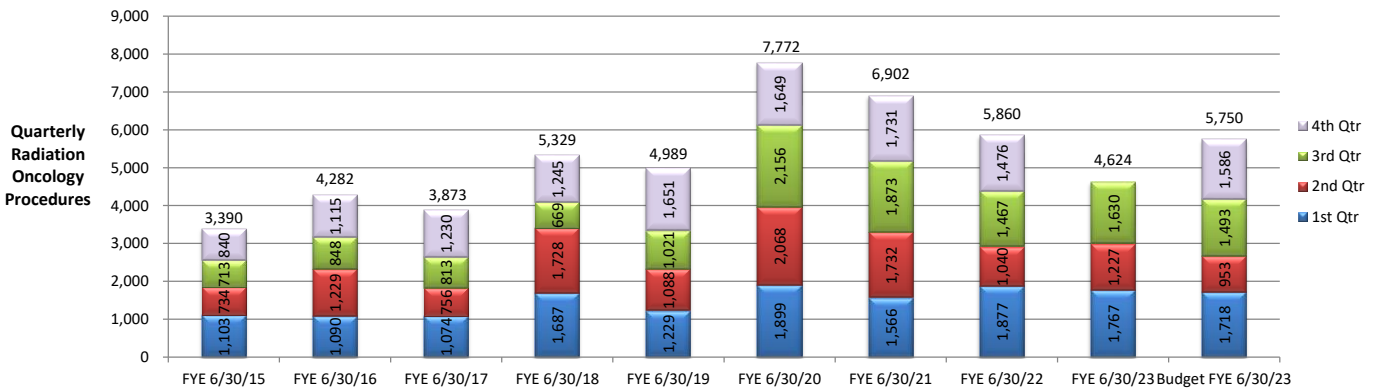
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



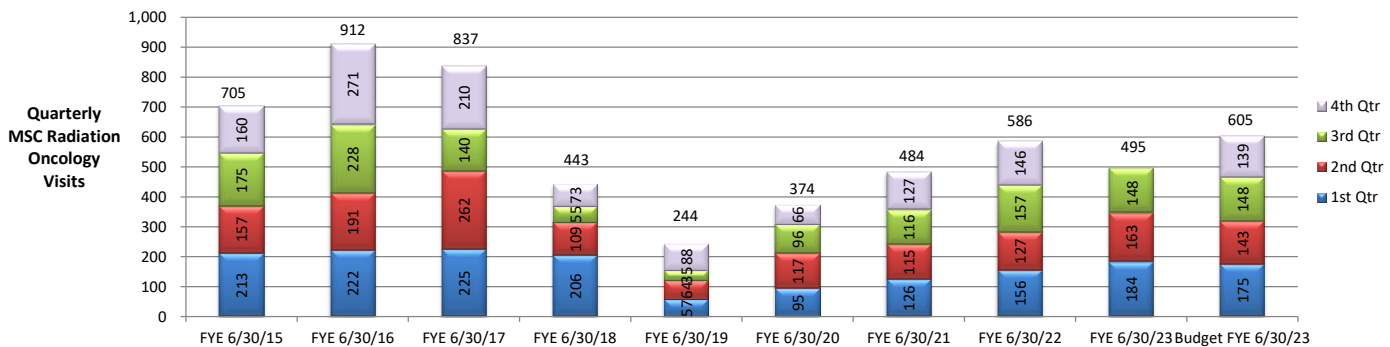
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



### TOTAL TFH RADIATION ONCOLOGY PROCEDURES

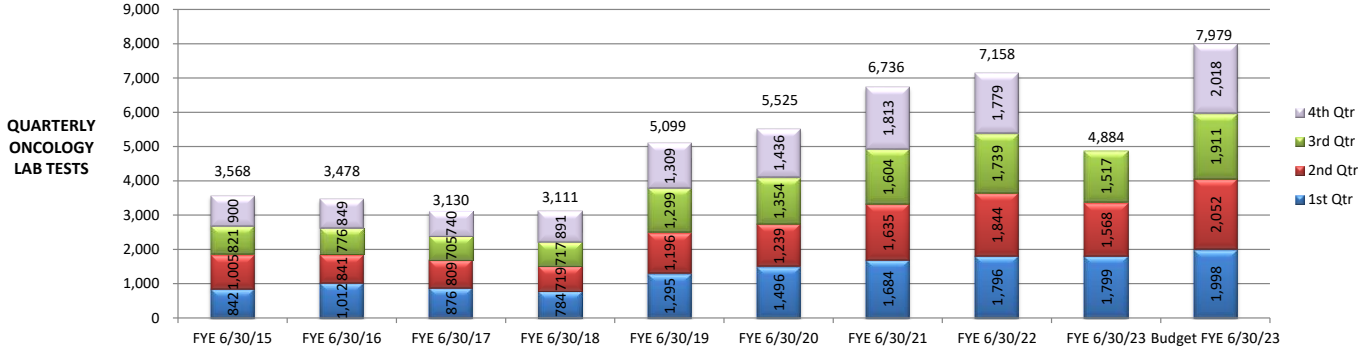


### TOTAL TFH MSC RADIATION ONCOLOGY VISITS

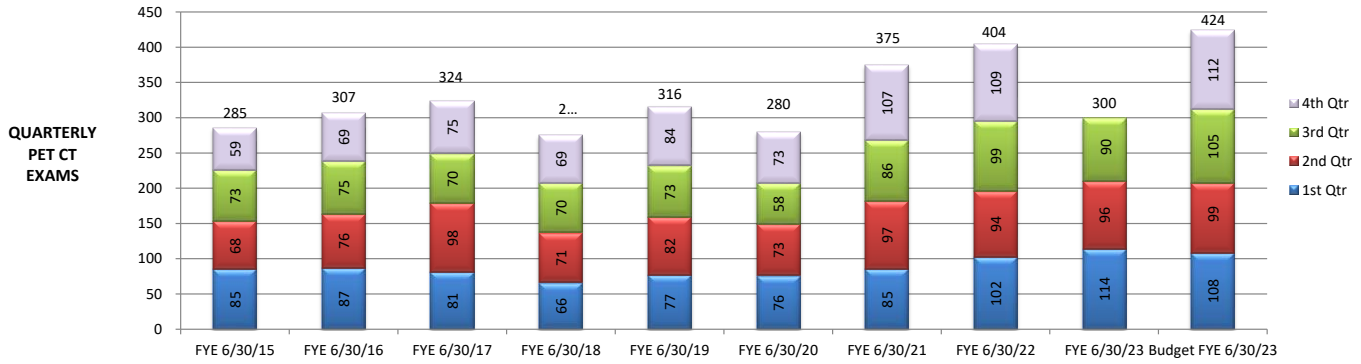




### TOTAL TFH ONCOLOGY LABORATORY TESTS

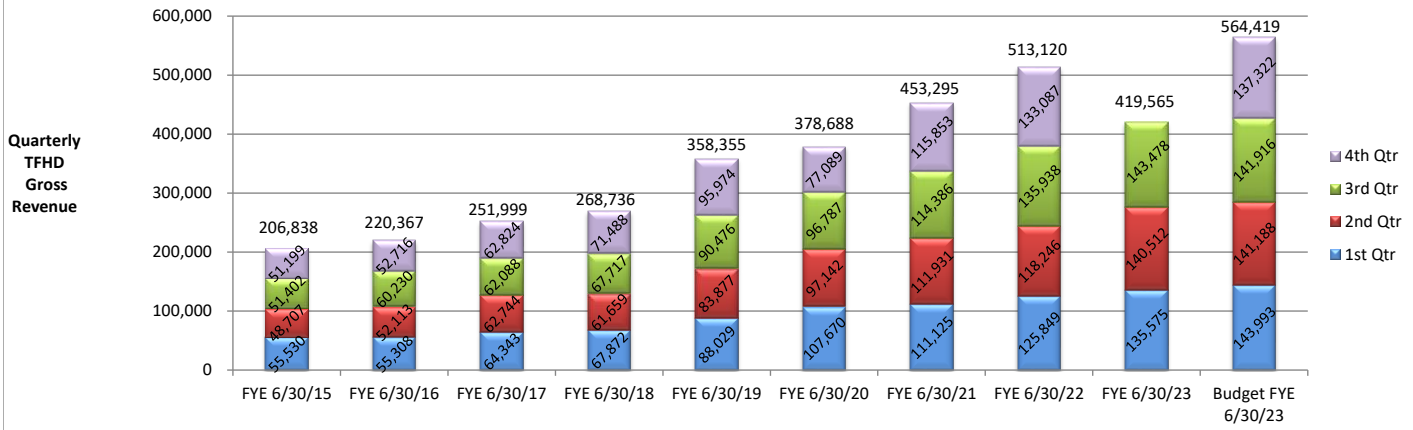


### TOTAL TFH PET CT EXAMS

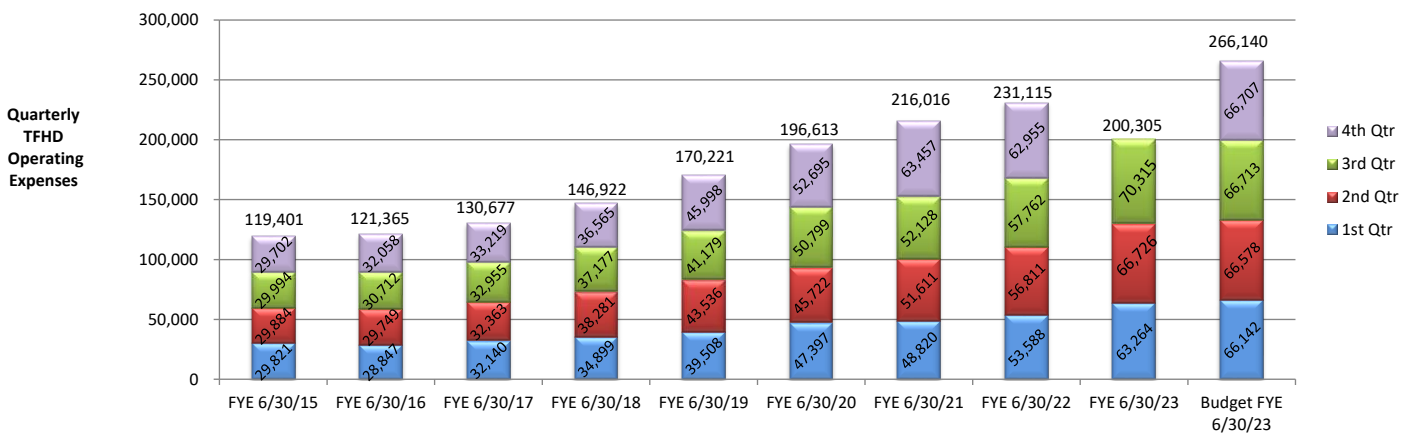




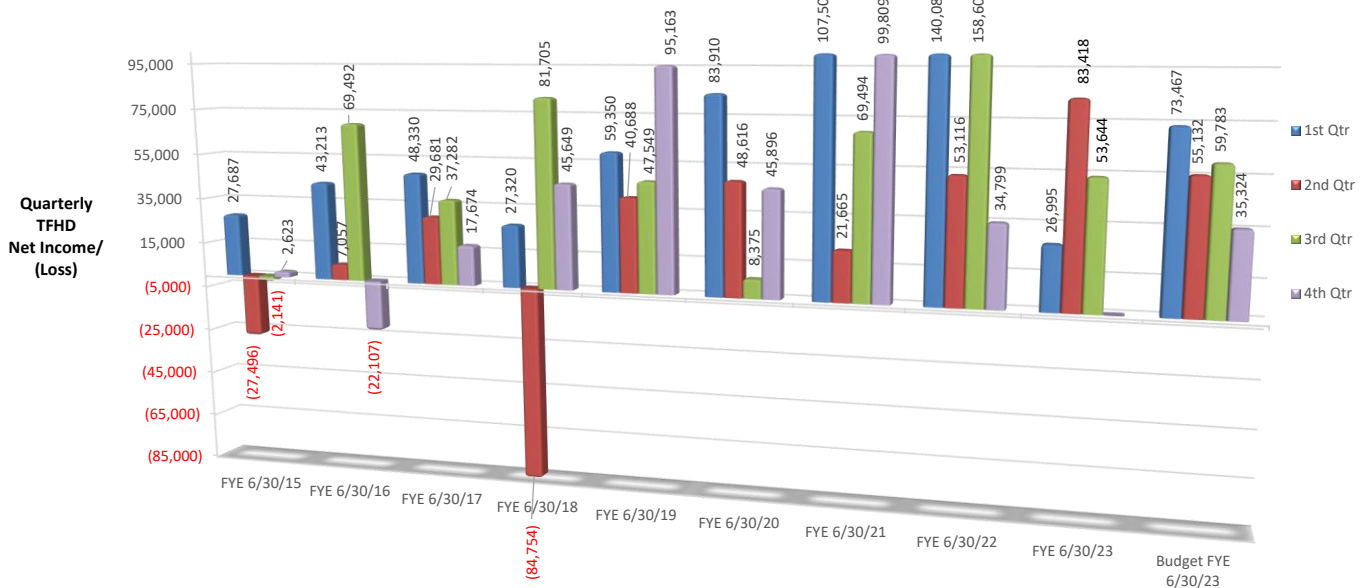
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### 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: April 18, 2023**

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As I have shared in previous months, our health system does not create even one patient visit or any of the large annual patient volume growth we see in our health system. Again, as I have shared in previous months, our annual patient volume growth has been quite large especially in the last eight years as we listen and respond to the growing healthcare demands of our communities.

We report a 6% increase in provider clinic visits this fiscal year YTD versus last year. This clinic visit increase puts us on a path to grow from 116,800 provider clinic visits in fiscal year 2022 to 124,100 provider clinic visits in fiscal year 2023. The fiscal year is not finished so this is our estimate after 9 months are completed in our new fiscal year.

Back in 1952, our health system had 1125 outpatient visits of all types including hospital or other visits and no provider clinic visits were reported at that point in time. We provided about 35 births per year in 1952 and today we are performing approximately 380 births per year. We had two medical staff members back in 1952 and today our active and courtesy medical staff consists of 180.

We are seeing a large outpatient volume increase year over year with a 5% overall health system volume increase this fiscal year YTD versus the same period last year but we have incurred a 16% decline in inpatient census volumes year to date, year over year.

We do have a duty unlike other non-hospital providers to respond to the demands for physical and mental healthcare needs of all patients and visitors who seek our services especially as we are state and federally licensed and accredited. These requirements also exist because we have provider obligations as to how we have to timely and properly provide care to all Medicare and Medicaid patients, which are more than 50% of our patient population.

The cumulative effective of actions taking by individuals, families, businesses, governmental agencies (including states, counties and towns) over the last 74 years do have a direct effect on every single patient visit to our health system, as well as all future patient visits.

As a licensed and accredited 24/7 healthcare system, we are tightly regulated by state and federal requirements as to how we manage all aspects of our operations including: workforce staffing levels, handling and storing electricity, humidity, temperature, fresh water, sewage, natural gas, fire protection mitigation, medical waste and all other waste materials, and generator utilization. We must be able to utilize backup generators of a certain type to be able to provide reliable service 24/7, 365 days in the year. We also have to be self-sufficient for the proper number of required days when all other water and energy sources are not available.

No other governmental or private sector business has the above list of responsibilities 24 hours a day, 7 days a week, 365 days a year to be reliably up and operational. Because of this our Board approved the three-year Strategic Plan, which also includes our vital Master Plan to honor and respect the growing and changing needs of our patients. Our leadership team is fully authorized to complete all aspects of our Strategic Plan and Master Plan utilizing all applicable resources.

We are experiencing, as are all CA and US hospitals, very high annual expense inflation year over year. We only raise our prices a maximum of 5% per year yet our year over year YTD expenses have grown 19% with very high supply and labor cost increases. This out of balance expense growth to operate a high quality health system has caused our net income to decline 53% versus the same YTD period last year.

Kaufman Hall, a respected national healthcare advisory firm, shows 20% of CA hospitals are at high risk for closure. Our health system is strong, but we too, are taking the same hard financial hits other CA health systems are feeling. We must never take sustainability for granted!

The focus of all of our team members must be an outward focus only on our patients and on health system sustainability as our industry faces tremendous challenges in the months and years ahead.

Our board education topic in April will address vital and changing bills/laws as to actions CA intends to put upon hospitals and separately, how California hospitals are performing

Many state elected and appointed officials, policies or new laws/bills do not illustrate a proper understanding as to how they are driving up the expenses of delivering healthcare, with many new unfunded mandates causing a rapid growth in health system failures.

As always, timely patient access to our providers in our very limited clinic space is a top priority for us.



## Board COO Report

**By: Louis Ward**  
Chief Operating Officer

**DATE: April 20, 2023**

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### **People: Strengthen a highly-engaged culture that inspires teamwork & joy**

*Nuture mutual trust*

- **Ice Cream Socials**

This month we were all in the mood to celebrate what really felt like the last big milestone of the pandemic, the end of the CA public health emergency and recognize the amazing work on behalf of the staff throughout this very challenging winter. Hospital Administration could not be more proud of our entire team as they have surely been challenged; however, they came to work with positive attitudes and always put the patients first. Administration mobilized this month to serve an ice cream social at both of our campuses as well as provide ice cream to our clinics and offices. Our team is amazing and we are delighted to celebrate and spend time smiling with them.

### **Service: Deliver Outstanding Patient & Family Experience**

*Continuously improve access to care*

- **IVCH Gastroenterology procedures**

It has been more than a decade since Incline Village Community Hospital has offered Gastroenterology (GI) procedures to the Incline Community. Administration is delighted to announce after months of planning, Dr. James Nachiondo and our IVCH surgery team have performed the first 2 procedures earlier this month. Staff made a decision to start slow as Dr. Nachiondo is new to IVCH as well as all of the equipment is new, thanks to our IVCH Foundation and community who support us. Dr. Nachiondo will be seeing patients at our IVCH clinic weekly in preparation for two procedure days a month. Thank you to the entire team that assisted in making this service offering a reality for the Incline Village Community!

### **Quality: Provide excellent patient focused quality care**

*Identify and promote best practice and evidence-based medicine*

- **Truckee Surgery Center HFAP survey**

This month, the Healthcare Facilities Accreditation Program (HFAP) survey team came onsite to the Truckee Surgery Center to ensure the facility is meeting all program requirements. The survey team spent multiple days at the Truckee Surgery Center (TSC), meeting with TSC leadership, staff, and even observed a patient surgery. The HFAP survey team met with Administration prior to their exit from the TSC, the survey team reported no significant findings and also went on to commend the TSC leadership and staff for their attention to detail and a clear culture of high quality and patient safety. We want to congratulate and thank the TSC team for their successful survey.

## **Growth: Expand and foster community and regional relationships**

*Explore and engage beneficial collaborations and partnerships*

### ○ **Northstar Clinic**

This spring and summer, TFHS staff will be working with the leadership of our Northstar clinic to implement an instance of EPIC software. Hospital leadership and clinic leadership met this month to layout milestones and deliverables for the project. Hospital Administration feels that EPIC charting software available to the Northstar Clinic Physicians will greatly improve the patient experience at the clinic as well as ensure better communication between physicians when clinic patients are transferred from the clinic to the emergency department.

## **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

### **Planned Moves:**

MSC Admin Summer 2023

Wellness Summer 2023

### **Active Projects:**

**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:** The New tank has been set and approved. Phase 2, removal of the old tank, is scheduled to start May 15<sup>th</sup>.

**Start of Construction:** May 2022

**Estimated Completion:** July 2023

**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. Include the remodel of suite 340 to create a continuous primary care suite on both the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the MOB, all RHCs.

**Update Summary:** The 2<sup>nd</sup> floor is in operation. The Suite 340 & 360 construction is wrapping up. Tentative first patient day is scheduled for May 15<sup>th</sup>, staff are diligently working on licensing and occupancy plan.

**Start of Construction:** March 2022

**Estimated Completion:** June 2023

**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 complete. Awaiting HCAI closed in compliance, typically 90-120 post completion.

**Start of Construction:** April 2022

**Estimated Completion:** January 2023

### **Projects in Planning:**

**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** Physical construction is on hold. Staff are working on permitting and agency approvals to be prepared for project release. The facility experienced a mechanical failure on automatic transfer switch "ATS" 6. This ATS was planned to be replaced as part of this project. The replacement of this ATS has been moved forward on an emergency project status. Plans are complete and HCAI approved. Lead time on equipment are substantial and start of construction, for this scope only, is planned to commence in June of 2023.

**Start of Construction:** Summer 2023

**Estimated Completion:** Winter 2025

**Project:** Incline Village Community Hospital X-Ray and CT Replacement

**Background:** Incline Village Community Hospital has been provided a grant opportunity to support the replacement of the X-Ray and CT at the Hospital. Various components of the X-Ray are end of service and end of support. The CT is approaching end of service. The new CT will be replaced with a new 128 slice machine, existing 16 slices.

**Summary of Work:** Provide temporary accommodations to ensure hospital can provide X-Ray and CT services during the project. Replace X-Ray and CT equipment and modify space for code compliance and improved staff and patient workflow.

**Update Summary:** Temporary CT utility install are pending GMP approval. Staff are working with Design Building on completion of GMP activity. Temporary CT trailer is planned to arrive May 15<sup>th</sup>. Staff and design Builder have resubmitted plans to the State for replacement project

approval. The Replacement is planned to commence middle of June. Mammography schematic design is underway forecasting design completion in September.

**Start of Construction:** Spring 2023

**Estimated Completion:** Fall 2023

**Project:** Levon Parking Structure

**Background:** Demand for parking Tahoe Forest Hospital has far exceeded its capacity. This project is to create a staff parking structure to meet the current and future needs of staff and importantly provide accessible parking for our patients.

**Summary of Work:** Project intent is to concurrently work on this project thru the entitlements effort on the Tahoe Forest Master Plan effort. This project being dependent on the Master Plan approval. This project will provide upwards of 225 parking stalls and various biking parking opportunities to support the parking need of the Tahoe Forest campus. The use intent is for this structure to service staff being located off Levon Ave, the Hospital service corridor.

**Update Summary:** Design Development has completed. This project has been put on pause awaiting Master Plan traction with the Town of Truckee. Staff have an active Development Permit submittal submitted with the Town. The development permit will be concurrent and dependent on the Master Plan submittal.

**Start of Construction:** TBD

**Estimated Completion:** TBD

**Project:** Lake Street Housing

**Background:** On-Call housing and On-Boarding housing are critical to district operations and recruitment of talented employees.

**Summary of Work:** Demolish 10151 & 10145 Lake Ave to create 2 new duplex houses to be utilized for recruitment and retention. As well as create 10 new studio apartments to support the Hospitals On Boarding needs.



## Board CNO Report

**By: Jan Iida, RN, MSN, CEN, CENP**

**DATE: April 2023**

Chief Nursing Officer

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**Service: Optimize delivery model to achieve operational and clinical efficiency**

- Optum has finished their work and assessment of our surgical services. Next steps are to implement and continue the work on OR start times, turnover times, pre-op clinic optimization and physician block utilization. This is led by the Perioperative Governance Committee, which consists of physicians, managers, director and administration.

**Quality: Provide clinical excellence in clinical outcomes**

- Nursing continues on all units to prepare for the HFAP accreditation survey.
- Inpatient units HCAHPS Measure Star Rating continues to be 5 stars.
- Clinic RN Summit - Meeting with the Clinic RN's for education and best practice opportunities and to look to future for orientation, training and support.

**Growth: Meets the needs of the community**

- IVCH Endo services started April 14, 2023. This has been an ask from the community for years! We look forward to this service growing at IVCH.



**By: Jake Dorst**  
Chief Information and Innovation Officer

**DATE: April 2023**

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### Service: Optimize delivery model to achieve operational and clinical efficiency:

- **Overall:**
  - Hyperdrive: VAL environment content validation, reviewing Pilot materials, building the Intranet web page, global communications, provider support/trainings/feedback, TPI testing and planning.
- **Inpatient:**
  - Continued forward movement with OB circulation project – Developed practice patients in the PLY environment.
  - Finished Obstetrics (OB) sepsis badge buddies.
    - Have been distributed to OB staff ongoing and trainings.
  - Onboarding new GI provider Dr Nachiondo
  - Foley Removal panel orders & Protocol
  - ECC – three projects in works, Electronic Prescribing (Eprescribe), CAIR2 interface for California State vaccine registry, Resident Scheduler, plus SIERA/OSHPD reporting for Health Information Management (HIM) team
  - TPI testing with GE Centricity for Hyperdrive preparations – testing Fetal monitoring software.
  - Support to Occupational Health team to support Eprescribe setup refreshed Epic Education Intranet pages & Provider Resource binders.
- **Ambulatory (AMB):**
  - Provider efficiency
  - Elbow support in clinic
  - Staff training
  - One on one reviews with staff
- **Surgery:**
  - First endo case in Incline was a success!!
  - Continuing to work on Preop Clinic workflow. At the point where we need someone to submit a project request.
  - Trained Interventional Cardiology nurse in required Epic classes. This is a new department.
  - Trained new interim Director of Surgical Services in all Epic classes
- **Emergency Department (ED):**
  - Completed opioid consent form for IVCH in EPIC
  - POC US project in ED
  - Sepsis flowsheet changes

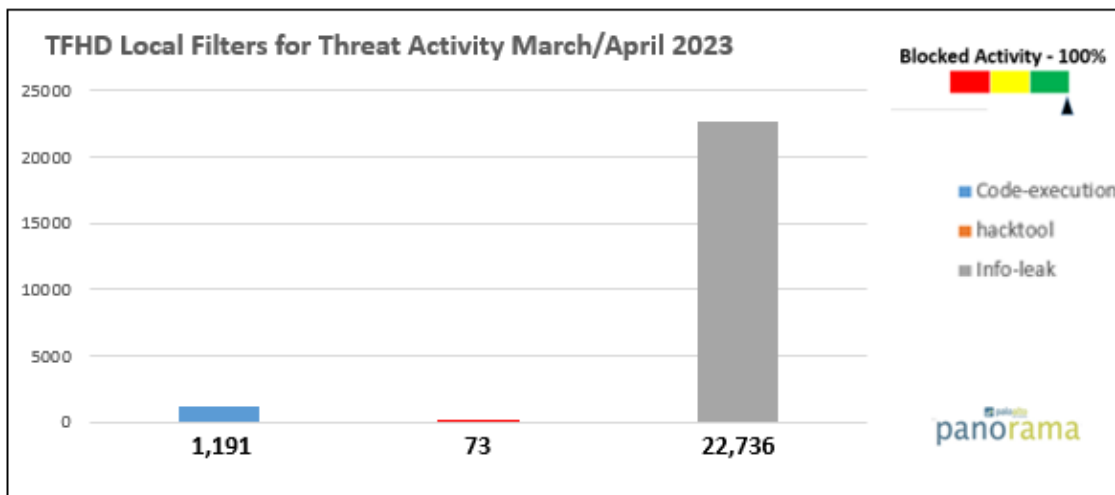
- EPIC Smartphrase maintenance and builds
  - Multiple AUDITS –CIWA, SEPSIS, Restraints
- **Lab:**
  - Wellsky Transfusion System Upgrade- In progress.
    - Wellsky should soon be loading the application to the servers built by Mercy.
    - Mercy has postponed their go live with this upgrade so I suspect ours is going to be pushed back as well.
    - We should soon have access to begin internal validation of workflows.
  - New Blood Gas instruments were delivered this week. Installation is done and correlation studies are beginning.
  - The BD Bactec Blood Culture machine is scheduled to go live 4/26.
    - Correlation studies and training are complete.
  - Agility lab testing continues.
    - Scheduled go live is 4/24.
  - Hyperdrive Interface testing continues, we have met with Lab Leadership and OCC Health Leadership regarding a Hyperdrive change that is being moved to production with the 4/20 Epic Update.
- Server and Software upgrade planning
- Project analysis and evaluation in preparation for PGB selection of 2024 portfolio
- HYPERDRIVE TPI, Training materials, Operations impact rollout planning
- Access to Care project Kickoff
- MYCHART self-scheduling,
- MyChart AVS – bright futures
- Casharc
- Amitech RPA – completing rollout of current scope and Exec sponsor report
- Infusion pump integration kickoff
- IVCH ENDO build and launch
- HIPAA reporting for EPIC
- Office 365
- Pacer Implants planning
- New Employee Access and Training Process with HR
- OPPE kickoff with MedStat
- OR-C labor and delivery resource planning
- Physician payment database re-engineering
- Substance Abuse Navigator proposal development
- Spanish Patient Statements
- Occ Health Agility EMR
- ENT/Audiology/Plastics program development
- Plumas County L&D telehealth
- UKG scheduling – dimensions
- Virtual AP
- Volpara imaging
- Changed dial out prefix to "5" in order to meet "Megan's Law" requirements. Staff can now directly dial 911 from phones instead of 9-911

- Increased number of nodes allowing for increased storage to meet ever-growing data backup needs
- Created separate v-center (virtualization dashboard) for our telephony system. This change allows us to perform maintenance and security upgrades with reduced interruption to the total enterprise (ie. phones, virtual workstations and servers)
- Upgraded primary user data repository, G Drive, to latest OS build to reduce potential cyber incidents and allow for increased management via O365
- Upgraded NTT to the latest version for security, performance and capability enhancements. NTT is the EMR we use in our Extended Care line
- Axiom, enterprise budget software, upgraded to latest version
- Setup Citrix environment for remote HIM staff having issues access network drives via epic. This is a step that will allow us to leverage a less complex remote solution in the future (Virtual Desktop Infrastructure)
- Built advanced scripts to ensure PCs maintain the latest security updates which are reviewed every two weeks by an external security partner.
- Updated all instances of Adobe, Chrome and Firefox to reduce cyber risk across the enterprise.
- Reduced tickets by nearly 14% by increasing automated processes that seek out common issues and repair them prior to our staff or IT becoming aware.
- System analysts making great progress with 3d party apps in relation to Hyperdrive deployment in a couple of months.
- Implemented Multifactor Authentication (MFA) on Outlook Web Access.
  - This is a requirement per HIPPA security in addition to being a best practice industry wide. Users now leverage DUO when accessing email over the internet.
- Active Directory, Microsoft Exchange (Email) and Microsoft Teams are running in our 365 environments.
  - Team is working aggressively with security teams in order to go-live as quickly as possible.
  - Productivity tools, MS Office, will go live after these services are vetted.
- Completing infrastructure work to prepare MOB 3d floor to open.
- 820 User tickets opened and closed by team.

## Incoming Mail Summary 18 March – 16 April

Message Category	%	Messages
Stopped by IP Reputation Filtering	70.0%	790,154
Stopped by Domain Reputation Filtering	0.0%	49
Stopped as Invalid Recipients	0.5%	5,775
Spam Detected	1.9%	21,576
Virus Detected	0.0%	3
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.0%	44
Stopped by Content Filter	0.3%	3,334
Stopped by DMARC	1.2%	13,326
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>72.7%</b>	<b>820,937</b>
Marketing Messages	7.1%	79,875
Social Networking Messages	0.1%	1,070
Bulk Messages	4.9%	54,996
<b>Total Graymails:</b>	<b>12.0%</b>	<b>135,941</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	15.2%	171,779
<b>Total Attempted Messages:</b>		<b>1,128,657</b>

## End-Point Protection



**Code Execution:** Attempts to identify execution vulnerabilities that can be run by a privileged user

**hacktool:** riskware that is intended to provide access to computers and networks

**Info-leak:** Attempt to detect software vulnerabilities and craft request exploits for unprotected data

**By: Brian Evans, MD, MBA**  
Chief Medical Officer

**DATE: April, 2023**

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**People: Strengthen a highly-engaged culture that inspires teamwork & joy**

- Chief Wellness Officer Dr. Joshua Kreiss is meeting with clinicians and working with departments to facilitate wellness activities throughout the system.
- Journal Club for all clinicians is scheduled on May 4<sup>th</sup>, discussing artificial intelligence and its future impact on healthcare
- Collaborative meetings between service line medical directors, CMO and VP Physician Services are occurring at least quarterly.
- Dr. Stephen Beeson will attend the quarterly MedStaff Meeting on May 16<sup>th</sup>, and provide instruction related to clinician engagement and alignment

**Service: Deliver Outstanding Patient & Family Experience**

- The Patient Access project has begun, and meetings with local leadership and front line employees are taking place the week of April 17.
- Press Ganey patient survey scores continue to be top tier.
- Dr. Aaron Ulland and Dr. Else Uglum were recognized at the quarterly Values Awards in Reno on April 12, 2023.

**Quality: Provide excellent patient focused quality care**

- The Ambulatory Surgery Center welcomed HFAP and passed it's reaccreditation on site survey with outstanding results. The Quality Department continues to prepare for the HFAP surveyors to perform site visits at both hospitals in Truckee and Incline.
- Ongoing Professional Performance Evaluation (OPPE) software (MD STAT) has been ordered and will be deployed over the next several months to enhance the quality reporting each clinician receives as part of their medical staff privileging.

**Finance: Ensure strong operational & financial performance for long term sustainability**

- Continued improvement in "third next available appointment" is being seen (30 days for established patients, 44 days for new patients)

**Growth: Expand and foster community and regional relationships**

- Discussions were held with leadership at Western Sierra Medical Clinic on the subject of access to care.
- Ongoing weekly discussions with county and state public health entities to discuss emergency planning, COVID-19, and other public health issues.

## **EMERGENCY ON-CALL, ABD-10**

### **RISK:**

Failure to maintain a list of emergency on call physicians, who are required to come to the hospital and provide treatment, as necessary, to stabilize an individual with an emergency medical condition, may result in patient harm, poor quality of care, negative legal and regulatory ramifications, and community perception.

### **POLICY:**

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

- A. Patients who present to the Tahoe Forest Hospital District facilities requesting emergency care are entitled to a "Medical Screening Examination" as described in the Act, regardless of their ability to pay.
- B. The District's Board of Directors, Administration and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.
- C. Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.
  1. Tahoe Forest Hospital (TFH), a Critical Access Hospital has been licensed by the State of California to provide Basic Emergency Services. TFH will provide on-call physician coverage in the Emergency Department for the basic services and supplemental services listed on the hospital license:
    - a. Emergency Medicine
    - b. General Medicine
    - c. General Surgery
    - d. Radiology
    - e. Anesthesia
    - f. Pathology
    - g. OB/Gyn
    - h. Pediatrics
    - i. Orthopedics
  2. Incline Village Community Hospital, in Incline Village, Nevada will provide 24-hour physician coverage for Emergency and Medicine Services.
  3. TFH may provide specialty activation coverage for emergency consultations and services according to the capabilities of members of the medical staff who have privileges in that specialty.
- D. The Chief Executive Officer will work with the Medical Staff to provide emergency consultative coverage that meets federal and state laws, licensing requirements and the needs of the community. To achieve these goals, the Chief Executive Officer may utilize, but not be limited to:
  1. Stipends for call coverage
  2. Contracts for professional services
  3. Locum tenens privileges
  4. Transfer agreements with other healthcare facilities
- E. At least annually, Tahoe Forest Hospital District Board of Directors will review and approve the level of emergency on-call services available. We will utilize the hospital's quality assurance system to monitor emergency on-call practices.
- F. In order to provide this coverage, effort will be made to create a system that is voluntary, fair and equitable without imposing an undue burden on physicians or on the Tahoe Forest Hospital District. Collaboration with members of the Tahoe Forest Hospital District's Medical Staff will be the method for providing these services, with recruitment of new physicians as needed.

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

## **Related Policies/Forms:**

[Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907](#)

## **References:**

EMTALA-California Hospital Association manual

## TRADE SECRETS, ABD-22

### RISK:

The risks involved with improper disclosure could put the District at an economic disadvantage that would potentially result in patient harm.

### POLICY:

- A. For the District to achieve its mission and strategic objectives, it will protect its Trade Secrets from disclosure to competitors and others who can obtain economic value from their disclosure or use.
- B. "Trade Secrets" as defined in the Uniform Trade Secrets Act, ~~California~~ Civil Code ~~Section section~~ 3426 ~~et seq., and following and further defined as means~~ information, including a formula, pattern, compilation, program, device, method, technique, or process, such as statistical and financial information, that: (1) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use, and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
- ~~B.C.~~ "Health care facility trade secrets" as defined under Health and Safety Code section 32106 of the Local Health Care District Law ~~California Health and Safety Code~~, means a "trade secret" as defined in the Uniform Trade Secrets Act, and in addition meets all of the following: (1) is necessary to initiate a new district service or program or add a district health care facility, and (2) would, if prematurely disclosed, create a substantial probability of depriving the district of a substantial economic benefit.
- ~~C.D.~~ When the District competes with other entities in the hospital service area, it will take steps to protect its Trade Secrets related to these competitive operations.

### PROCEDURE:

- A. Access to Trade Secrets is limited to only those employees and persons/entities with whom the District does business and who have a "need to know."
- B. Prior to being provided access to Trade Secrets, employees and persons/entities shall sign a non-disclosure agreement and agree to return all Trade Secrets at the end of their employment or contract.
- C. Employees and persons/entities with access to Trade Secrets shall use computer security measures, such as passwords, to protect Trade Secrets in electronic format.
- D. Employees and persons/entities with access to Trade Secrets shall use reasonable efforts to clearly identify the District's Trade Secrets.
- E. Employees and persons/entities with access to Trade Secrets shall ensure ~~Physically secure~~ areas where Trade Secrets are held are physically secure.
- F. Requests from the public for information pertaining to District operations will follow a prescribed sequence as outlined in the Board policy titled Inspection And Copying Of Public Records, ABD-14. When Trade Secrets are requested, the information will be protected as Trade Secrets as allowed by law.

### MEETING REQUIREMENTS:

- A. Nothing in this policy affects the District's responsibilities under the Ralph M. Brown Act, Government Code section 54950 et seq.
- B. The Board of Directors ("Board") or President and Chief Executive Officer may order that a meeting held solely for the purpose of discussion or deliberation, or both, of reports involving District Trade Secrets be held in closed session as outlined in the Board policy titled Guidelines for Business by the Tahoe Forest Hospital Board of Directors, ABD-12.
- C. The exception allowing the Board to discuss and/or deliberate on reports involving District Trade Secrets in closed session shall not apply to a closed session meeting where there is action taken, as defined in Government Code section 54952.6.

**Commented [1]:** Not sure if this goes beyond the scope of the purposes of this document but it felt relevant since it governs meetings re: health care district trade secrets

**Commented [2R1]:** This is a policy decision for the District to determine.



**Related Policies/Forms:**

[Inspection And Copying Of Public Records, ABD-14](#)

[Guidelines for Business by the Tahoe Forest Hospital Board of Directors, ABD-12](#)

[Inspection And Copying Of Public Records, ABD-14](#)

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# TICKET AND PASS DISTRIBUTION POLICY, ABD-27

## **RISK:**

The risk of having tickets distributed without a policy is that it may constitute a gift to the official and be subject to the reporting and gift limits under the Political Reform Act, as well as having the appearance of impropriety and/or favoritism.

## **POLICY:**

### **A. Purpose of Policy**

1. The purpose of the Ticket and Pass Distribution Policy of the Tahoe Forest Hospital District (“District”) is to ensure all tickets and passes distributed by the District to an official of the District, or at the behest of an official of the District, are issued in furtherance of public purposes of the District as required under Section 18944.1 of the Regulations of the Fair Political Practices Commission (“FPPC”). This policy applies to any tickets or passes which the District: (i) receives from a third party but which is not earmarked by that party for use by a specific public official; (ii) controls as a sponsor of, or otherwise because it has control over, an event; or (iii) purchases.
- ~~1.~~
2. This policy shall be applicable to every officer, agent and employee of the District who is obligated to file an Annual Statement of Economic Interests (Form 700) under state law or the District’s current ABD-06 Conflict of Interest Code.

### **B. Limitations**

1. This policy only applies to the District’s distribution of tickets and passes to a public official, or at the request of a public official, for which no consideration of equal value is provided by the public official. Reimbursement of actual and necessary expenses of any member of the District Board or any District committee incurred in the performance of official duties shall be governed by the District’s ABD-03 Board Compensation and Reimbursement Policy.
2. Nothing in this policy shall inhibit the District’s full compliance with the federal anti-kickback statute, which prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare and Medicaid). The unlawful acceptance of any gifts or business courtesies from vendors or others with whom the District presently conducts, or potentially could conduct business is strictly prohibited.
- ~~2.3.~~ A ticket or pass is not subject to this policy and not a gift for purposes of the Political Reform Act, if it is taxable income to the official.

### **C. Official Duties; Ceremonial Roles**

1. Tickets provided to public officials as part of their official duties, or tickets provided so that the public official may perform a ceremonial role or function on behalf of the District are exempt from any disclosure or reporting requirements subject to the criteria set forth under Section 18944.1 of the FPPC Regulations and this policy.

### **D. Public Purposes**

1. The District may provide a ticket or pass to a person subject to this policy for any of the following District purposes provided the President and Chief Executive Officer or his or her designee, or the District Board, determines that providing the ticket or pass actually benefits the District by accomplishing one or more of the following:
  - a. Promotion of District-controlled or sponsored events, activities, or programs, including conventions and conferences.

- b. Promotion of community programs and resources available to District employees, including nonprofit organizations and youth programs.
- c. Highlighting the achievements of District officials, employees, or hospital stakeholders.
- d. Promotion of private facilities available to District residents, including charitable and nonprofit facilities.
- e. Promotion of public facilities available to District employees.
- f. Promotion of District growth and development, including economic development and job creation opportunities, which contributes to the healthcare of the community in the future.
- g. Promotion of special events conducted pursuant to a contract to which the District is party.
- h. Promotion of the District on a local, regional, state, or national scale.
- i. Promotion of open government by participation of public officials at business or community events.
- j. Implementation of written contracts under which tickets or passes are required to be made available for District use.
- k. Furtherance of employment retention programs.
- l. Furtherance of special outreach programs for veterans, teachers, emergency services, medical personnel and other civil service occupations.
- m. To reward a hospital healthcare partner for its contributions to the District or the community.
- n. To provide opportunities to those who are receiving services from county and state agencies consistent with the District's goals for the particular population (e.g., for use by juvenile wards in the custody of the Chief Probation Officer or mental health clients and seniors receiving services from the Health and Human Services Agency/Public Health); or
- o. Any similar purpose stated in any District contract.

2. A ticket or pass distributed to an official for the official's personal use, other than Board Members, the President and Chief Executive Officer, political appointees, or department heads, to support general employee morale, retention, or to reward public service is deemed to serve a public purpose.

2.3. Tickets distributed under this section are not gifts within the meaning of the applicable FPPC regulations, and as such need not be reported on the employee's Form 700. However, the President and Chief Executive Officer or his or her designee shall report tickets distributed for a public purpose under this section on FPPC form 802 within 45 days of distribution. A completed Form 802 will be maintained as a public record, subject to inspection and copying under Government Code section 81008. The District will post FPPC form 802, or a summary of the information on the form, on its website -and forwarded-send -a link to such form or summary to the FPPC via e-mail for posting on the FPPC web site.

#### **E. Return of Tickets and Passes**

1. Any public official may refrain from using or return any ticket or pass to the District. Under no circumstances may either the public official or a member of his or her immediate family sell any ticket and pass provided under this policy. Tickets and passes are not subject to this policy or gift limitations under the Political Reform Act if the public official reimburses the District for the fair value within 30 days of receipt.
2. Tickets or passes provided to public officials cannot be transferred to any other person except a member of the public official's immediate family or no more than one guest solely for their attendance at the event.
3. If a public official transfers a ticket he or she has received from the District to another person, as opposed to returning the ticket to the District for redistribution or as provided in section E.2 above, then the value of the ticket or tickets he or she transfers shall constitute a gift to him or her and shall be reportable as provided by the regulations of the FPPC.

#### **F. President and Chief Executive Officer**

1. The District delegates the authority to distribute any ticket and pass in accordance with this

policy to the President and Chief Executive Officer or his or her designee and such authority includes the power to distribute such a ticket to the President and Chief Executive Officer provided that doing so is otherwise consistent with this Policy. Tickets and passes must not be distributed disproportionately to Board Members, the President and Chief Executive Officer, political appointees, or department heads.

**G. Website Posting**

1. This policy and Form 802 reports required by Section 18944.1 of the FPPC Regulations shall be posted on the District's website as required by that Section. [A link to the District's posting of this policy shall be sent to the FPPC via e-mail so that the FPPC may post the link.](#)



April 27, 2023

Friends of the Truckee Library  
PO Box 3355  
Truckee, CA 96160

Re: Letter of Endorsement/Support for Friends of the Truckee Library New Regional Library Facility Campaign

On behalf of the Tahoe Forest Hospital District, we enthusiastically offer our support for the proposed Truckee Regional Library Project that is being spearheaded by the Friends of the Truckee Library in partnership with Nevada County and the Town of Truckee.

Our support is centered on three principle ideas:

- Our current library is out of scale with the community today and has far surpassed its useful life. The community deserves a larger and more modern facility that meets the needs of a growing community offering additional space for enhancing programming while providing additional meeting rooms for local organizations.
- We possess a shared interest in seeing our region's growing need for vocational and career opportunities, whether in technology, healthcare, aeronautics, education, outdoor recreation, engineering, hospitality and many other arenas. Libraries are the fountain of information and education to the benefit of community.
- Libraries create and foster community by providing the space and place for people, from the very young to seniors to meet, to study or research. Our organization believes learning is a life-long journey that libraries make possible for all. We believe that such a facility would provide educational opportunities that the Tahoe Forest Hospital District would support and enhance as an enthusiastic partner.

We wish to express our encouragement of the Town of Truckee, Nevada County and future grantors and donors to continue this vital work with financial and staff resource work to see this great and important community project. In many ways, libraries reflect and represent the community they serve.

Tahoe Forest Hospital District  
Board of Directors