



TAHOE FOREST HOSPITAL DISTRICT

2018-08-23 Regular Meeting of the Board of Directors

Thursday, August 23, 2018 at 4:00 p.m.

Tahoe City Public Utility District

221 Fairway Drive, Tahoe City, CA 96145

Meeting Book - 2018-08-23 Regular Meeting of the Board of Directors

08/23/18 Agenda Packet Contents

AGENDA

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16.1.1. California Hospital Association presentation
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27. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, August 23, 2018 at 4:00 p.m.

Please note location change:

Tahoe City Public Utility District Office
221 Fairway Drive, Tahoe City, CA 96145

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**
4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

- 5.1. **Report Involving Trade Secrets (Health & Safety Code § 32106)**

Discussion will concern: potential new service

Estimated date of disclosure: December 2018

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

Subject Matter: Second Quarter 2018 Service Excellence Report

Number of items: One (1)

- 5.3. **Hearing (Health & Safety Code § 32155)**

Subject Matter: Quality Assurance Report

Number of items: One (1)

- 5.4. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

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

Name of Person Threatening Litigation: Anne-Flore Dwyer

- 5.5. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

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

Name of Person Threatening Litigation: Christine Kelly

5.6. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the District Board, on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

5.7. Approval of Closed Session Minutes ◆

07/26/2018

5.8. TIMED ITEM – 5:15PM – Hearing (Health & Safety Code § 32155)

Subject Matter: Compliance Report

Number of items: One (1)

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

Subject Matter: Medical Staff Credentials

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

12.1. August Safety First Topic

13. ACKNOWLEDGMENTS

13.1. August 2018 Employee of the Month.....ATTACHMENT

13.2. US News and World Report – TFHD Recognized as High-Performing Hospital.....ATTACHMENT

14. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

14.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT

MEC recommends the following for approval by the Board of Directors: *Policies and Procedures:*

Video Surveillance Policy, Annual Review of PT/OT Policies

15. CONSENT CALENDAR ◆

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
August 23, 2018 AGENDA – Continued

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

15.1. Approval of Minutes of Meetings

- 15.1.1. 07/26/2018ATTACHMENT
- 15.1.2. 08/09/2018ATTACHMENT

15.2. Financial Reports

- 15.2.1. Financial Report – July 2018ATTACHMENT

15.3. Staff Reports

- 15.3.1. CEO Board ReportATTACHMENT
- 15.3.2. COO Board Report.....ATTACHMENT
- 15.3.3. CNO Board Report.....ATTACHMENT
- 15.3.4. CIO Board ReportATTACHMENT

15.4. Policy Review

- 15.4.1. ABD-06 Conflict of Interest CodeATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

- 16.1.1. California Hospital AssociationATTACHMENT*
The Board of Directors will receive a legislative presentation from Anne McLeod of California Hospital Association.

17. ITEMS FOR BOARD ACTION ♦

- 17.1. Resolution 2018-07 ♦ATTACHMENT
The Board of Directors will consider approval of a resolution to form a Limited Liability Company (LLC) for the purpose of acquiring and managing real property.
- 17.2. Extended Care Center (ECC) Facility Wide Assessment ♦ATTACHMENT
The Board of Directors will consider approval of the ECC facility wide assessment.

18. ITEMS FOR BOARD DISCUSSION

- 18.1. Strategic Planning Update.....ATTACHMENT
The Board of Directors will receive an update on the Strategic Planning process.
- 18.2. Retirement CommitteeATTACHMENT
The Board of Directors will receive a semi-annual update from the Retirement Committee.

19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

- 20.1. Quality Committee Meeting – 08/09/2018 ATTACHMENT
- 20.2. Governance Committee Meeting – No meeting held in August.
- 20.3. Executive Compensation Committee Meeting – No meeting held in August.
- 20.4. Finance Committee Meeting – No meeting held in August.

21. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

22. ITEMS FOR NEXT MEETING

23. BOARD MEMBERS REPORTS/CLOSING REMARKS

24. CLOSED SESSION CONTINUED, IF NECESSARY

25. OPEN SESSION

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

27. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is September 27, 2018 at Tahoe Truckee Unified School District, 11603 Donner Pass Road, Truckee, CA. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



Employee of the Month, August 2018
Jose Mendieta, Cook
TFHD & IVCH

We are honored to announce Jose Mendieta, Cook - TFHD & IVCH, as our August 2018 Employee of the Month!

Jose has been a part of Tahoe Forest Health System for over 13 years.

Jose has continued to go above and beyond his assigned tasks in both TFH and IVCH dietary departments. He cooks the specials for the café Tuesday through Friday and communicates to the team on how to serve the specials.

Jose helps with caterings and when the department has a sick call, he covers breaks and lunches before going to Incline.

Quality is never compromised. Jose holds himself to the highest standards as well as the food that he prepares. Jose is understanding, and respectful of others. He helps others that may need help and have fallen behind in their tasks.

Jose ensures that Incline caterings and special community events are organized and well prepared so everyone can enjoy themselves. Jose even came in on his scheduled day off that was his birthday to work the Incline Auxiliary luncheon.

Jose supports not only his co-workers but he supports management as well. He has been a huge asset to the dietary department while we are down a Chef. He does this unselfishly. Thank you.

Please join us in congratulating all of our Terrific Nominees!

Allie Rohe
Bailey Honea
Beth Pavone
Heather Armstrong
Luis Jacinto Medina
Sara Casey
Stephen Hicks



FOR IMMEDIATE RELEASE

August 14, 2018

Contact: Paige Thomason

Tahoe Forest Health System

Director of Marketing & Communications

(530) 582-6290

pthomason@tfhd.com

Tahoe Forest Hospital District Recognized by U.S News and World Report as a High-Performing Hospital in Hip Replacement

www.tfhd.com

(Tahoe/Truckee, CA) - Tahoe Forest Hospital District has been recognized by the U.S. News & World Report as a *High Performing Hospital* in the category of hip replacement. The recognition hails from the recently released 2018-2019 *Best Hospitals Rankings and Ratings* report by the multi-platform publisher.

Hip replacement is one of the nine common procedures and conditions in which US hospitals are rated. Hospitals are evaluated on their performance in hip replacement based on several factors including patient survival, prevention of prolonged hospitalizations, nurse staffing, patient experience, volume and more. Hospitals that treated enough patients received one of three overall ratings – high performing, average, or below average.

Tahoe Forest Health System (TFHS) offers state-of-the-art surgical and non-surgical orthopedic care and sports medicine services, including acute care for fractures, sports medicine and elective joint replacement. The latest techniques in knee, hip and shoulder joint replacement and pain control are used, including direct anterior hip and partial and total knee and shoulder replacement surgery.

Tahoe Forest Health System offers patients the most advanced surgical equipment and latest techniques in multi-modal pain control are used, allowing many patients to get out of bed the day after surgery.

More

Continued

The complete report of the 2018-2019 Best Hospitals Rankings and Ratings can be found on [usnews.com](https://www.usnews.com).

For more information on Tahoe Forest Orthopedics and Sports Medicine physicians and programs, go to www.tfhd.com.

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About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, a total joint orthopedic program including direct anterior hip replacement surgery, physician multi-specialty clinics, OB department, and CoC-accredited cancer center. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

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**MEDICAL EXECUTIVE COMMITTEE
 CONSENT AGENDA
 Thursday, August 04, 2004**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
	Review and approval of policies and procedures. All individual policies have been approved by the medical staff department or chairman.	
1. Quality Assessment Co. 2. Emergency Medicine Dept.	<u>Policies and Procedures:</u> 1. Video Surveillance Policy 2. Annual Review-Rehab/PT/OT Policies	



TAHOE FOREST HEALTH SYSTEM

Origination Date:	08/2013
Last Approved:	08/2018
Last Revised:	08/2018
Next Review:	08/2021
Department:	Governance - AGOV
Applies To:	System

Patient Photography, Videotaping, Other Imaging, and Audio Recording, AGOV-45

PURPOSE:

To define circumstances when photographing, videotaping, audio recording, or other image recording ("photography") or video surveillance (surveillance) of or by a patient may occur and to provide staff guidance for obtaining patient consent and protecting patient, staff and visitor privacy while images or recordings are obtained. This policy will be deemed to meet the requirements of Title 22, California Code of Regulations, Section 70763.

POLICY:

- A. A patient may photograph their own care if permission is obtained; provided the images do not contain the face or identifiable features of others who have not given their consent to be photographed or recorded. Patients may not photograph protected health information (PHI) of other patients.
- B. TFHD medical staff and employees may utilize photography for purposes of identification, patient care (including TFHD's treatment, payment, and health care operations), and as authorized by the patient or the patient's legal representative.
- C. TFHD may use video surveillance monitoring for security and safety purposes only. Video monitoring is for real-time assessment and does not record any of the video. All cameras are ceiling mounted and will be able to function 24/7 in each location needed for safety and security purposes. Video surveillance signs will be posted in areas where surveillance cameras are present. Patients and families, if patient less than 18 years of age, will be notified when video surveillance monitoring is occurring and the notification will be noted in the patient's medical record.
- D. Photographing and recording patients raises issues regarding consent *and* privacy.
 1. *Consent* : Publication of photographs taken without a patient's consent may give rise to an action for damages. Consent must be obtained in writing before taking or producing photographs, recordings, or images of TFHD patients. Written consents become part of the patient's medical record.
 2. *Privacy* : If a photograph of a patient or a part of his or her body is patient-identifiable or the identity could reasonably be made, then the disclosure of that photograph, for other than the reasons identified above, constitutes the release of medical information and is subject to completion of the attached consent form.

DEFINITIONS:

- A. **Photography** : For the purposes of this policy, photograph(s) and photography includes video or still photographs, audio recordings, scans, or other images of patient, in digital or any other format, which will be used to indicate a recording of a patient's likeness or voice. Photographic [images](#) produced by the action of **radiography** (x-rays, CT scans, MRIs, or nuclear radiation) **are included in this definition**.
- B. **Surveillance**: For the purposes of this policy, surveillance includes video footage captured and assessed in real time and not recorded for future use.
- C. **Publication**: Any method of displaying or distributing photography, as defined above, including simply showing the photograph(s) to a limited number of individuals.

PROCEDURE:

A. PROCEDURE FOR PHOTOGRAPHY BY PATIENT, FAMILY MEMBERS, OR VISITORS:

Written consent is not required for a patient, family member, or visitor who wishes to take images or recordings of the patient, family or visitor for personal use where permitted. The patient or properly designated representative must give permission for such a photograph to be taken. If medical or clinical staff are within view of the photography, permission must be granted prior to photography being taken.

1. In the event that a patient or visitor takes an image or recording in violation of this policy, the following steps should be taken and Risk Management consulted:
 - a. Staff should instruct the individual to immediately stop taking the photograph. If the individual refuses the Safety Officer and Risk Manager should be contacted.

B. PROCEDURE FOR PHOTOGRAPHY BY STAFF OR PHYSICIANS:

1. Physicians and staff involved in taking photographs for treatment, payment, or operations must be aware of their surroundings and ensure that any such photographs 1) will in no way include other patients or staff who have not consented to inclusion in the photographs, and 2) do not include other PHI that has not been consented to in the image, including in the background (for example, information that includes patient names, such as a white board, computer monitors, room assignment, and/or printed copies of patient information.)
2. Photography may be discontinued at the request of the responsible health care provider if the photographer interferes with patient care in such a manner to negatively affect patient safety or treatment. If disruption continues the Safety Officer or Risk Manager should be consulted immediately.
3. For special purposes, such as presentations given at conferences, TFHD must first obtain a patient's authorization for that particular use, or de-identify the photograph
4. Consents are valid for only a reasonable period of time, e.g. the duration of the immediate health concern. A new consent should be obtained if the situation surrounding the imaging or recording has changed. Authorization for long term use of a photograph(s) must include an expiration date.
5. The patient has the right to withdraw the consent at any time, provided the withdrawal is in writing, if able. Verbal withdrawal of consent should be honored until the patient or responsible party is able to do so in writing. Photographs, videotapes, other images, and audio recordings, which were obtained before the patient withdrew consent, are part of the patient's health record and shall be maintained according to TFHD's retention of records policy.

C. PROCEDURE FOR VIDEO SURVEILLANCE BY STAFF:

1. Areas that require video surveillance will have signs notifying staff, patients and visitors that surveillance may occur.
2. Desk monitors supplying surveillance feed will be turned on during times when surveillance is needed.
3. In areas where surveillance is being monitored for patient safety, the patient and families, if patient less than 18 years of age, will be notified prior to the surveillance camera being turned on that they will be monitored via video surveillance.
4. Medical staff will document in the patient's electronic medical record that monitoring is taking place, with documentation required every 15 minutes. WHAT ARE THEY DOCUMENTING EVERY 15 MINUTES AND WHY THIS TIME FRAME?? When the patient no longer requires the use of video monitoring, the main desk monitor will be turned off and the patient will be notified of this action.

D. CIRCUMSTANCES THAT MAY INVOLVE PATIENT IMAGING OR RECORDING INCLUDE:

1. **Patient Treatment, Patient Identification, or Health Care Operations:** Consent to photography is obtained on the Conditions of Admission or the Consent for Photography for diagnosis and treatment, identification, and for Health System operations such as peer review, Quality or Risk Management activities, or education and training conducted by the Health System.
2. **Documentation of abuse and neglect:** Reportable cases of actual or suspected abuse and neglect do not require consent from the patient prior to photography, videotaping, and other imaging. These images may be submitted to the investigating agency with appropriate authorization/court order, but are not to be used for other purposes without consent. All images taken under this provision will become a part of the medical record.
3. **Research:** Consent for imaging or recording must be explicitly stated in the patient's consent for participation in any research protocol.
4. **Telemedicine (including e-mail) and Internet transmission:** Consent for TFHD to use images or recordings for these purposes must be explicitly stated in the patient's written consent. The images or recordings, along with the medical record, must be encrypted in order to protect the patient's privacy.
5. **Marketing/Fundraising/Publicity/Media:** Authorization/consent for TFHD to use specific images or recordings for these purposes must be explicitly stated in a written authorization/consent, and in the opinion of the attending physician, the patient's condition will not be jeopardized. *(See Risk Management for copy of CHA "Consent to Photograph and Authorization for Use or Disclosure" form)*
6. **Law enforcement purposes:** With the exception of circumstances described in Section 2.2 documenting abuse and neglect, in the absence of a valid subpoena, court order or warrant, consent for TFHD to release images or recordings for these purposes must be explicitly stated in a written consent, and in the opinion of the attending physician, the patient's condition will not be jeopardized. The Privacy Officer or Risk Manager should always be consulted in these circumstances. *(See Risk Management for copy of CHA "Consent to Photograph and Authorization for Use or Disclosure" form)* Pending coordination with local county and state law enforcement.
7. **Image Recording for Trauma Certification/Performance Improvement Purposes:** Image recording as a documentation tool for peer review, performance improvement activities, or trauma certification may be carried out with patient authorization. Viewing is limited to authorized staff for quality assurance or peer review activities only. Image recordings are not considered a part of the

patient's health information and will be erased following completion of the performance improvement process.

8. **Photography of Newborns:** Consent of the parent must be obtained prior to the taking of photographs of newborns as a courtesy or for sale.
9. **Family/Friends:** Photography may be discontinued at the request of the responsible health care provider if the photographer interferes with patient care. If disruption continues the Safety Officer or Risk Manager should be consulted immediately.

E. **CONSENT :**

1. Except under very limited circumstances (see below), images and recordings may not be created for any purpose without the written consent of the patient. In most cases a patient who is a minor must have this consent form signed by a parent or legal guardian.
2. The patient, or the patient's legal representative, will be asked to provide consent for TFHD to photograph on one of the following:
 - a. The Conditions of Admission form that is signed by the patient at the time of initial treatment at the facility of care;
 - b. The [Consent for Photography](#) (*attached*); or,
 - c. "Consent to Photograph and Authorization for Use or Disclosure" (*See Risk Management for copy of CHA form*)

F. **OBTAINING CONSENT :**

1. The health care provider obtaining images (e.g. patient registration staff, physician, nurse, physician assistant, psychologist, or counselor) is responsible for providing the patient with an appropriate explanation of the imaging or recording and obtaining his or her consent as noted above in 1.0 Consent Required.
2. When obtaining consent, the patient or visitor is given an explanation of:
 - a. The purpose of the image, or audio recording. Any proposed use of the images or recordings for commercial, educational, promotional or legal purposes.
3. The security mechanisms to be used to protect patient privacy:
 - a. The expiration of the consent.
4. TFHD shall provide the patient or visitor with the above information in sufficient detail and understandable language to enable him or her to give informed consent for the proposed imaging or recording.
5. Contact the Privacy Officer or Risk Manager for assistance if necessary.
6. **Revocation :** As with all patient authorizations for the disclosure of PHI, every patient has the right to revoke their consent for imaging and recording at any time. Verbal revocation is sufficient and revocation in writing should be requested.

G. **SECURE STORAGE**

1. For the purposes of healthcare operations under this policy, only equipment owned, leased, or controlled by TFHD may be used to take photographs.
2. Staff shall delete all imaging from authorized cameras and/or memory cards after transferring them to a secure computer.

3. All retained patient photographs, recordings and other images will be stored in a secure manner that protects the patient's privacy.

H. RELEASE OR DISCLOSURE

1. All releases or disclosures of photographs for reasons other than treatment, payment or health care operations:
 - a. Require either a signed authorization form from the patient, a valid subpoena, warrant or court order; *and*
 - b. Must be approved prior to the release by the Privacy Officer or Risk Manager; *or*
 - c. The images or recordings must be "de-identified" in order that they are no longer considered individually identifiable protected health information.

I. STAFF GUIDELINES

1. The following behaviors are prohibited:
 - a. Use or publication of patient photographs, including posting of images to social networking sites, other internet websites or public areas;
 - b. Use or publication of patient photography for entertainment purposes or malicious use;
 - c. Capturing images or recordings of patients or by taking photographs of patient photographs, including diagnostic imaging, with personal devices (including but not limited to digital cameras, storage media, or cellular or smart phones) (See [Use of Personal Electronics AHR-98](#)).
 - d. Including other patients, PHI, staff or visitors in image recordings without written consent;
 - e. Images or recordings of physicians, staff members, volunteers, other patients, or visitors are not allowed without that individual's permission.
 - f. If a staff member or physician has questions about providing consent for their image or recording to be taken, s/he should consult with the Privacy Officer or Risk Manager before any images or recordings are taken.
 - g. If consent was given by the staff member or physician, they have the right to revoke the consent immediately after conclusion of the taking of the image or recording.
 - h. Images or recordings of medical equipment or devices are not allowed (excluding tubes attached to the patient) unless the request to photograph or record the medical equipment or device(s) is for a business purpose and has been approved by Materials Management.
 - i. If the hospital Media Relations office wishes to obtain images or recordings of a patient, a particular procedure involving a patient, or is contacted by an external media organization, the media relations staff will contact the patients physician and request that the patients physician discuss the concept with the patient, with or without assistance from media relations staff.
 - j. Following consent by the patient, the media relations staff will discuss the specific images or recordings to be taken with the patient, and have the patient sign the Consent to Photography as outlined in this policy.
 - k. If a physician, staff member, or other individual wishes to take an image or recording of a patient for purposes other than identified about, s/he should contact the Privacy Officer or Risk Manager for guidance on whether or not this activity will be allowed and for the necessary consent and authorization forms.

- I. Monitoring surveillance of patients in patient rooms equipped with surveillance cameras without prior notification to patient.
- m. Monitoring surveillance of patients in patient rooms equipped with surveillance cameras who do not meet the surveillance criteria outlined in the policy Video Surveillance, DED-1807.

J. STORAGE AND RETENTION OF IMAGES AND RECORDINGS

- 1. Images and recordings must be clearly identified with the patient's name, medical record number and/or date of birth, and date of image or recording. Media must be stored securely to protect the patient's confidentiality. If used to document patient care, images and recordings will be stored in compliance with the TFHD's retention of records policy and state law.
- 2. Still images and recordings created for medical purposes may be filed with the patient's medical record.
- 3. Sensitive images and recordings may be stored in sealed envelopes within the patient's medical record.

Related Policies/Forms:

[Skin Assessment, Wound Care and Photo Documentation, ANS-1502](#) ; [Wound Management DRHB 00067](#) ; [Volunteers in OB DWFC-73](#) ; [Extravasation Management DCC-3](#) ; [Use of Personal Electronics AHR-98 Consent for Photography](#) ; [Video Surveillance, DED-1807](#)

References:

CHA Consent Manual;
 Title 22 California Code of Regulations §70763: "The hospital shall have a policy regarding the obtaining of consent for medical photography."

All revision dates:

08/2018, 02/2017, 02/2016

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	08/2018
	Sarah Jackson: Executive Assistant	08/2018

Applicability

Tahoe Forest Hospital District

PolicyStat Id	Title	Approval Flow	Department	Applicability	Owner	Last Approved	Origination Date	Last Revised	Default Expiration Period	Next Review	Has Attachments	Restricted	Applies To
3991825	Accountability & Responsibility, DRHB-00001	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	9/8/2017	9/13/2010	11/8/2016	365 days	9/8/2018	No	Public	System
4692957	Activapatch, IntellaDose 2.5 - DRHB 0076	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4583528	Assess and Reassess Outpatient Rehab, DRHB-0077	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/14/2018	11/14/2016	2/14/2018	365 days	2/14/2019	No	Public	System
4692955	Back in Black Brace Application, DRHB-0004	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692965	Clarification Orders-ECC, DRHB-00005	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	11/1/2014	365 days	3/15/2019	No	Public	System
4692950	Clarification Orders-Inpatient, DRHB-00006	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692960	Clarification Orders-Outpatient, DRHB-00007	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
3991824	Competencies, DRHB-00008	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	9/8/2017	9/14/2010	12/7/2015	365 days	9/8/2018	No	Public	System
4584023	Complaint Policy, DRHB-0009	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4692954	Computer Downtime Procedure, DRHB-1612	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	12/9/2016	3/24/2017	365 days	3/15/2019	No	Public	System
4692953	CPM Ortho Protocols, DRHB-0010	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692951	CPM Set Up, DRHB-0011	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4584028	Cryotherapy, DRHB-0012	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4583573	Daily Treatment Notes Outpatient OT/PT/ST, DRHB-0416	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/23/2018	11/14/2016	2/23/2018	365 days	2/23/2019	No	Public	System
4583638	Discharges of patients from outpatient PT/OT/ST, DRHB-0013	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/23/2018	12/6/2016	2/23/2018	365 days	2/23/2019	No	Public	System
4692956	ECC Payers, DRHB-0014	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/24/2017	365 days	3/15/2019	No	Public	System
4692948	ECC Referral & Documentation, DRHB-0015	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4584043	Electrical Stim, DRHB-0016	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584050	Emergency Management, DRHB-0017	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584056	EMTALA TC and IV, DRHB-0018	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584067	EMTALA Truckee, DRHB-0019	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584084	Functional Documentation, DRHB-00020	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	6/20/2016	365 days	2/14/2019	No	Public	System
4584094	Hydrocollator Cleaning, DRHB-0021	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584099	Inservice Education, DRHB-0022	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584105	Inversion Traction, DRHB-0067	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/24/2012	3/3/2017	365 days	2/14/2019	No	Public	System
4584110	Iontophoresis and Medicare, DRHB-0023	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584118	Iontophoresis, DRHP-0025	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/23/2018	9/1/2000	2/23/2018	365 days	2/23/2019	No	Public	Incline Village Community Hospital, Tahoe Forest Hospital
4692961	IP Care Plan, DRHB-00026	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	12/9/2015	365 days	3/15/2019	No	Public	System
4692947	IP Multidisc Case Conf, DRHB-0027	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692949	Iron Mountain, DRHB-0069	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	2/11/2013	3/3/2017	365 days	3/15/2019	No	Public	System
4692963	JOBST Garments, DRHB-00028	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	12/9/2015	365 days	3/15/2019	No	Public	System
4584134	Light Therapy, DRHB-0030	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4584149	Massage Stone Heater, DRHB-0060	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/23/2010	3/3/2017	365 days	2/14/2019	No	Public	System
4704674	MBS - Speech Therapy (SLP), DRHB-1614	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	4/17/2018	12/9/2016	4/17/2018	365 days	4/17/2019	No	Public	System
4692959	MBS and Database, DRHB-00074	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	4/24/2014	11/15/2015	365 days	3/15/2019	No	Public	"Tahoe Forest Hospital"
3250402	Medical Records Release, DRHB-0031	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/3/2017	9/14/2010	3/3/2017	365 days	3/3/2018	No	Public	System
4704552	Medical TAR Documentation, DRHB-0032	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	4/17/2018	365 days	4/17/2019	Yes	Public	System
4692945	Medicare IP, DRHB-0033	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692942	Medication Use and Ordering, DRHB-0034	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4692946	Moist Heat, DRHB-0035	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692958	Monofilament Dry Needling, DRHB-00075	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	4/1/2014	3/3/2017	365 days	3/15/2019	No	Public	"Incline Village Community Hospital"
4412064	Negative Pressure Wound Therapy Procedure, DRHB-0071	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/28/2017	12/28/2017	12/28/2017	365 days	12/28/2018	No	Public	"Tahoe Forest Hospital"
4302203	Occupational Health Work Restrictions, DRHB-0036	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/19/2017	365 days	12/19/2018	No	Public	System
4158338	Outpatient Transfers, DRHB-00038	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	10/31/2017	9/14/2010	10/31/2017	365 days	10/31/2018	No	Public	System
4376269	Paraffin Cleaning Policy, DRHB-00070	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	5/21/2013	12/9/2016	365 days	12/19/2018	No	Public	System
4376271	Paraffin, DRHB-00039	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/9/2016	365 days	12/19/2018	No	Public	System
4692943	Patient Education, DRHB-0040	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4376252	Performance Evaluation, DRHB-00041	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/15/2015	365 days	12/19/2018	No	Public	System
4376280	Performance Improvements, DRHB-00042	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/19/2017	365 days	12/19/2018	No	Public	System
4692941	Phonophoresis, DRHB-0043	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4692940	Pool & Water Safety, DRHB-0044	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4376272	Pool Aide Duties, DRHB-00068	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	7/2/2011	12/9/2016	365 days	12/19/2018	No	Public	System
3991816	Pool Policies, DRHB-0045	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	9/8/2017	9/14/2010	9/8/2017	365 days	9/8/2018	Yes	Public	System
4376246	Preplacements, DRHB-00046	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/19/2017	365 days	12/19/2018	No	Public	System
4692939	Progress/Treatment Notes Policy, DRHB-0047	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/23/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4586613	Pulsed Lavage Procedure, DRHB-00048	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	2/14/2018	9/14/2010	7/2/2016	365 days	2/14/2019	No	Public	System
4383981	Pulsed Lavage, DRHB-00049	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/28/2017	9/14/2010	12/9/2016	365 days	12/28/2018	No	Public	System
3337185	QA - Functional Outcome Measures PT/OT/ST, DRHB-1613	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/24/2017	12/9/2016	3/24/2017	365 days	3/24/2018	No	Public	System
4704380	Recalibrating Instruments, DRHB-00050	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	4/17/2018	365 days	4/17/2019	No	Public	System
4692952	Referrals-Inpatient Procedure, DRHB 0052	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/14/2010	3/3/2017	365 days	3/15/2019	No	Public	System
4692938	Referrals-OP & IP, DRHB-0053	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	4/17/2018	9/14/2010	3/3/2017	365 days	4/17/2019	No	Public	System
4376273	Safety-Lok Syringe, DRHB 00055	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	12/19/2017	9/14/2010	12/15/2015	365 days	12/19/2018	No	Public	System
4692962	Saline Use, DRHB-00056	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Solberg, Ryan: Physical Therapist	3/15/2018	9/23/2010	12/15/2015	365 days	3/15/2019	No	Public	System
4619494	Scheduling therapy referrals from out of district providers - DRHB-0079	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/23/2018	2/23/2018	2/23/2018	365 days	2/23/2019	Yes	Public	System
4619459	Scheduling therapy referrals from TFHD providers - DRHB 0078	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/23/2018	2/23/2018	2/23/2018	365 days	2/23/2019	Yes	Public	System
4619508	Scheduling therapy treatment followups	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	Bowness, Denise: Occupational Therapist	2/23/2018	2/23/2018	2/23/2018	365 days	2/23/2019	No	Public	System
4692879	Scope of Care, DRHB-00057	Rehabilitation PT/OT - DRHB	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital									



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

Thursday, July 26, 2018 at 4:00 p.m.
Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

Board: Dale Chamblin, Board President; Randy Hill, Vice President; Alyce Wong, Secretary; Charles Zipkin, M.D., Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Operating Officer; Dr. Shawni Coll, Chief Medical Officer; Matt Mushet, In-House Counsel; Janet Van Gelder, Director of Quality and Regulations; Lorna Tirman, Patient Experience Specialist; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the posted agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

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

Subject Matter: Quality Assurance Report January 2018-June 2018

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assurance Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Number of Potential Cases: One (1)

Discussion was held on a privileged item.

5.4. Approval of Closed Session Minutes ◆

06/28/2018, 07/10/2018

Discussion was held on a privileged item.

5.5. TIMED ITEM – 4:30PM – Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Second Quarter 2018 Compliance Program Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Hearing (Health & Safety Code § 32155)

Subject Matter: Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported the board considered 7 items in closed session. There was no reportable action on items 5.1.-5.3., 5.5. and 5.6. Items 5.4. and 5.7. were both approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 16.1.1. will be moved up to accommodate an on-call physician.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Arlette Tormey was named July 2018 Employee of the Month.

12.2. Tahoe Forest Hospital received 2 CALNOC 2018 Performance Excellence Awards.

Item 16.1.1. was presented next to accommodate an on-call physician.

16.1. Board Education

16.1.1. Just Culture

Dr. Shawni Coll, Chief Medical Officer, and Alex MacLennan, Chief Human Resources Officer, presented on Just Culture.

Discussion was held.

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: *Annual Review of Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners*

Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Brown, to approve the Medical Executive Committee Meeting Consent Agenda as presented.

Director Wong asked the motion be retracted until edits are made.

Amended motion made by Director Wong, seconded by Director Hill, to accept Medical Executive Committee Meeting Consent Agenda with suggested corrections made by Director Wong for Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

14. CONSENT CALENDAR ◆

14.1. Approval of Minutes of Meetings

14.1.1. 06/04/2018

14.1.2. 06/28/2018

14.1.3. 07/10/2018

14.2. Financial Reports

14.2.1. Financial Report – June 2018

14.3. Staff Reports

14.3.1. CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CIIO Board Report

14.3.5. CMO Board Report

14.4. Policy Review

14.4.1. ABD-12 Guidelines for Business by TFHD Board of Directors

14.4.2. CEO Succession Policy

Director Chamblin requested item 14.4.2. be pulled from the consent calendar.

ACTION: Motion made by Director Hill, seconded by Director Zipkin, to approve the Consent Calendar as presented excluding item 14.4.2.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

15. ITEMS FOR BOARD ACTION ◆

15.1. Resolution 2018-05 ◆

The Board of Directors reviewed and considered for approval a resolution regarding the General Obligation (GO) Bond Property Tax Rate Calculation. Discussion was held.

ACTION: Motion made by Director Hill, seconded by Director Brown to set the 2018/19 fiscal year GO Bond tax rate per \$100,000 at \$20.89 and utilize approximately 75% (\$495,821.17) of the reserve (\$661,094.89) to fully cover the 2018/19 debt service requirement of \$4,994,450.02. Roll call vote taken.

Brown – AYE

Zipkin – AYE

Wong – AYE

Hill – AYE

Chamblin – AYE

15.2. Resolution 2018-06 ◆

The Board of Directors considered approval of a resolution expressing official intent regarding certain capital expenditures to be reimbursed with proceeds of an obligation. Discussion was held.

Discussion was held.

ACTION: Motion made by Director Hill, seconded by Director Zipkin, to approve Resolution 2018-06 which expresses the District's Official Intent Regarding Certain Capital Expenditures to be reimbursed with proceeds of an obligation. Roll call vote taken.

Brown – AYE

Zipkin – AYE

Wong – AYE

Hill – AYE

Chamblin – AYE

15.3. Approval of TFHD Rate Increase Proposal ◆

The Board of Director considered a rate increase for approval. Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Hill, to approve a 5% rate increase in aggregate to be effective August 1, 2018.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

15.4. Corporate Compliance Report ◆

The Board of Directors reviewed and considered acceptance of a Second Quarter 2018 Corporate Compliance Report. Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to accept the Second Quarter 2018 Corporate Compliance Report.

No public comment was received.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. Just Culture

The Board heard the item earlier to accommodate a physician's schedule.

16.2. Strategic Planning Update

The Board of Directors received an update on the Strategic Planning process. Discussion was held.

Director Brown will email her suggested edits to the CEO for the "View 2021" statement.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Item 14.4.2. was discussed.

ACTION: Motion made by Director Wong, seconded by Director Brown, to approve item 14.4.2 CEO Succession Plan policy.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

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

18.1. Governance Committee Meeting – No meeting held in July.

18.2. Quality Committee Meeting – No meeting held in July.

18.3. Executive Compensation Committee Meeting – No meeting held in July.

18.4. Finance Committee Meeting – No meeting held in July.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

20. ITEMS FOR NEXT MEETING

The August Regular Board Meeting will be held in Tahoe City.

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Zipkin shared a call he received from a community member who noted their family member who was experiencing an emotional crisis in Incline Village requested to go to Tahoe Forest Hospital after the ambulance driver asked where she wanted to go. Director Zipkin felt patients should be taken to the nearest hospital.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

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

Not applicable.

25. ADJOURN

Meeting adjourned at 7:42 p.m.

DRAFT



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, August 9, 2018 at 1:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 1:00 p.m.

2. ROLL CALL

Board: Dale Chamblin, Board President; Randy Hill, Vice President; Alyce Wong, Secretary; Charles Zipkin, M.D., Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Operating Officer; Karen Baffone, Chief Nursing Officer; Dr. Shawni Coll, Chief Medical Officer; Matt Mushet, In-House Counsel; Scott Baker, Executive Director of Physician Services; Ted Owens, Executive Director of Governance; Jaye Chasseur, Controller; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

CIIO acknowledged Director Wong's birthday.

5. ITEMS FOR BOARD ACTION

5.1. TFHD Fiscal Year 2019 Budget ♦

Board of Directors reviewed and considered for approval the FY2019 budget. Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Hill, to approve the Fiscal Year 2019 Budget.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

5.2. TFHD 3 Year Capital Plan – FY2020-2022 ♦

Board of Directors reviewed and considered for approval the FY2020-2022 Capital Plan. Discussion was held.

ACTION: Motion made by Director Wong, seconded by Director Zipkin, to approve the Three Year Capital Plan for Fiscal Years 2020-2022 as presented.

AYES: Directors Brown, Zipkin, Wong, Hill and Chamblin

Abstention: None
NAYS: None
Absent: None

6. ADJOURN

Meeting adjourned at 2:45 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT
JULY 2018 FINANCIAL REPORT - PRELIMINARY
INDEX**

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Board of Directors
Of Tahoe Forest Hospital District
JULY 2018 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the one month ended July 31, 2018.

Activity Statistics

Please excuse us for not including volumes this month as we are still in the process of exporting and loading them into our new system. We intend to have them available for the August month-end close.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.1% in the current month compared to budget of 53.6% and to last month's 55.1%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 51.1%, compared to budget of 53.6% and prior year's 51.8%.
- ❑ EBIDA was \$1,178,205 (4.4%) for the current month compared to budget of \$933,677 (3.6%), or \$244,528 (.8%) above budget.
- ❑ Cash Collections for the current month were \$11,642,861 which is 108% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$60,852,249 at the end of July compared to \$53,664,680 at the end of June. Legacy Gross Accounts Receivable was \$2,860,751 at the end of July compared to \$4,645,054 at the end of June, a reduction of \$1,784,303.

Balance Sheet

- ❑ Working Capital Days Cash on Hand is 19.4 days. S&P Days Cash on Hand is 161.3. Working Capital cash decreased \$8,901,000. Accounts Payable increased \$941,000, Accrued Payroll & Related Costs increased \$767,000, cash collections exceeded target by 8%, the District remitted principal and interest payments on the 2015 Revenue and 2017 Variable Rate Demand Bonds, and transferred \$8,000,000 to its Cash Reserve Fund held at LAIF.
- ❑ Net Patients Accounts Receivable increased approximately \$941,000 and Cash collections were at 108% of target. EPIC Days in A/R at the close of July were 77.8.
- ❑ Estimated Settlements, Medi-Cal and Medicare increased \$513,000 after booking estimated amounts in July for the FY19 Hospital Quality Assurance Fee, California Health & Wellness and Anthem Rate Range IGT, and the SNF Supplemental Reimbursement programs.
- ❑ Total Bond Trustee 2015 decreased \$1,134,000 after remitting the principal and interest payments due.
- ❑ GO Bond Tax Revenue Fund decreased \$2,916,000 after remitting the principal and interest payments due.
- ❑ Accounts Payable increased \$941,000 due to the timing of the final check run in July.
- ❑ Accrued Payroll & Related Costs increased a net \$767,000 due to three additional accrued payroll days over June.
- ❑ Interest Payable decreased a net \$369,000 after remitting payments on the 2015 Revenue and 2017 Variable Rate Demand bonds.
- ❑ Interest Payable G.O. Bond decreased \$1,542,000 after remitting the interest payments due at the close of July.
- ❑ Current Maturities of G.O. Bond Debt and G.O. Bond Debt Net of Current Maturities decreased \$1,158,000 after paying down the principal in July.
- ❑ Current Maturities of Other Long Term Debt and Other Long Term Debt net of Current Maturities decreased \$1,402,000 after paying down the principal in July.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$26,895,852, compared to budget of \$26,093,400 or \$802,452 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,083,061, compared to budget of \$6,584,738 or \$498,323 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$19,812,791 compared to budget of \$19,508,662 or \$304,129 above budget.
- ❑ Current month’s Gross Revenue Mix was 39.7% Medicare, 17.6% Medi-Cal, .0% County, 2.4% Other, and 40.3% Insurance compared to budget of 35.7% Medicare, 17.6% Medi-Cal, .0% County, 4.0% Other, and 42.7% Insurance. Last month’s mix was 38.7% Medicare, 18.3% Medi-Cal, .0% County, 4.8% Other, and 38.2% Insurance.
- ❑ Current month’s Deductions from Revenue were \$13,141,915 compared to budget of \$12,108,892 or \$1,033,023 over budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 4.04% increase in Medicare, a .03% increase to Medi-Cal, County at budget, a 1.65% decrease in Other, and Commercial was under budget 2.42%, 2) Revenues exceeded budget by 3.1%, and 3) additional reserves are being calculated due to the aging of the EPIC accounts receivable.

DESCRIPTION	July 2018 Actual	July 2018 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	4,839,619	5,403,032	563,413	Positive variance in Salaries and Wages was offset, in part, by a negative variance in Employee Benefits. We also saw a positive variance in RN and Clerical wages against budget.
Employee Benefits	1,694,410	1,522,183	(172,227)	Paid Leave and Long-Term Sick usage in the month aided in the negative variance in Employee Benefits.
Benefits – Workers Compensation	47,951	55,821	7,870	
Benefits – Medical Insurance	845,582	598,402	(247,180)	We saw greater usage of our self-insured health insurance in July, causing a negative variance in Benefits-Medical Insurance.
Professional Fees	1,952,691	2,124,328	171,637	We saw positive variances in Emergency Department Call coverage, Anesthesia Physician Income Guarantee, and less use of outside legal firms in July.
Supplies	2,246,582	2,157,323	(89,259)	Negative variance in Supplies related to Oncology Drugs Sold To Patients pharmacy costs, Patient Chargeable supplies, and Minor Equipment purchases.
Purchased Services	1,196,627	1,367,655	171,028	District wide repairs, Accounting, Business Office, Quality, Community Health Education and Employee Wellness bank purchased services came in below budget.
Other Expenses	648,381	660,983	12,602	Positive variance in Other expenses related to Marketing costs coming in below budget estimations.
Total Expenses	13,471,843	13,889,727	417,884	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
JULY 2018 - PRELIMINARY

	Jul-18	PRELIMINARY Jun-18	Jul-17	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 8,502,314	\$ 17,402,860	\$ 9,507,056	1
PATIENT ACCOUNTS RECEIVABLE - NET	24,818,734	23,877,409	17,877,058	2
OTHER RECEIVABLES	5,629,761	5,074,871	4,420,998	
GO BOND RECEIVABLES	213,291	(81,881)	575,119	
ASSETS LIMITED OR RESTRICTED	6,987,359	6,360,727	6,511,823	
INVENTORIES	3,130,060	3,125,792	2,983,540	
PREPAID EXPENSES & DEPOSITS	2,251,498	1,764,805	2,206,022	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,179,626	5,666,686	599,582	3
TOTAL CURRENT ASSETS	57,712,644	63,191,269	44,681,198	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	62,129,099	53,900,135	61,374,995	1
BANC OF AMERICA MUNICIPAL LEASE	-	-	246,537	
TOTAL BOND TRUSTEE 2017	19,948	19,925	3	3
TOTAL BOND TRUSTEE 2015	646,823	1,780,372	136,569	4
GO BOND PROJECT FUND	-	-	1	
GO BOND TAX REVENUE FUND	661,095	3,576,818	1,218,968	5
DIAGNOSTIC IMAGING FUND	3,229	3,217	3,186	
DONOR RESTRICTED FUND	1,387,084	1,384,882	1,148,504	
WORKERS COMPENSATION FUND	11,698	20,206	18,490	
TOTAL	64,858,976	60,685,553	64,147,253	
LESS CURRENT PORTION	(6,987,359)	(6,360,727)	(6,511,823)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	57,871,617	54,324,826	57,635,430	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	-	-	(301,864)	
PROPERTY HELD FOR FUTURE EXPANSION	859,389	841,020	836,353	
PROPERTY & EQUIPMENT NET	164,367,161	164,434,352	130,650,773	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,804,225	33,478,696	
TOTAL ASSETS	282,602,216	284,595,693	266,980,586	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	462,230	465,462	501,018	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,063,457	1,063,457	1,548,299	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,959,383	5,983,087	6,243,839	
GO BOND DEFERRED FINANCING COSTS	466,153	468,087	489,367	
DEFERRED FINANCING COSTS	186,210	187,250	198,693	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,137,431	\$ 8,167,343	\$ 8,981,216	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 7,565,950	\$ 6,625,192	\$ 3,959,731	6
ACCRUED PAYROLL & RELATED COSTS	10,451,037	9,683,894	9,007,773	7
INTEREST PAYABLE	498,700	868,124	112,212	8
INTEREST PAYABLE GO BOND	-	1,542,031	(2,087)	9
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	215,238	248,003	161,414	
HEALTH INSURANCE PLAN	1,312,436	1,312,436	1,211,751	
WORKERS COMPENSATION PLAN	1,886,361	1,886,163	1,703,225	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,184,419	1,184,419	858,290	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	860,000	1,145,000	10
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,454,876	1,409,645	1,286,563	11
TOTAL CURRENT LIABILITIES	25,899,017	25,619,906	19,443,871	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,520,363	26,967,372	26,948,680	11
GO BOND DEBT NET OF CURRENT MATURITIES	100,977,716	102,606,137	102,468,764	10
DERIVATIVE INSTRUMENT LIABILITY	1,063,457	1,063,457	1,548,299	
TOTAL LIABILITIES	153,460,553	156,256,872	150,409,614	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	135,892,010	135,121,282	124,403,684	
RESTRICTED	1,387,084	1,384,882	1,148,504	
TOTAL NET POSITION	\$ 137,279,094	\$ 136,506,164	\$ 125,552,188	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
JULY 2018 PRELIMINARY

1. Working Capital is at 19.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 161.3 days. Working Capital cash decreased a net \$8,901,000. Accounts Payable increased \$941,000 (See Note 6), Accrued Payroll & Related Costs increased \$767,000 (See Note 7), Cash Collections exceeded target by 8%, the District remitted the principal and interest payments due on the 2015 Revenue and 2017 Variable Rate Demand Bonds (See Note 11), and transferred \$8,000,000 to its Cash Reserve Fund held at LAIF.
2. Net Patient Accounts Receivable increased approximately \$941,000 and Cash collections were 108% of target. EPIC Days in A/R were 77.80 compared to 71.80 at the close of June, a 6.00 days increase.
3. Estimated Settlements, Medi-Cal and Medicare increased \$513,000 after booking 1/12th of the FY19 estimated receivable from the Hospital Quality Assurance Fee program, the California Health & Wellness and Anthem Rate Range IGT program, and the July estimated receivable from the SNF Supplemental Reimbursement program.
4. Total Bond Trustee 2015 decreased \$1,134,000 after remitting the principal and interest payments due.
5. GO Bond Tax Revenue Fund decreased \$2,916,000 after remitting the principal and interest payments due on the Series A (Refunded), B (Refunded), and C bonds.
6. Accounts Payable increased \$941,000 due to the timing of the final check run in the month.
7. Accrued Payroll & Related Costs increased a net \$767,000 due to three additional accrued payroll days over June.
8. Interest Payable decreased a net \$369,000 after remitting payments on the 2015 Revenue and 2017 Variable Rate Demand Bonds.
9. Interest Payable G.O. Bond decreased \$1,542,000 after remitting payments on the Series A (Refunded), B (Refunded), and C bonds.
10. Current Maturities of G.O. Bond Debt and G.O. Bond Debt Net of Current Maturities decreased \$1,158,000 after paying the principal payments due at the close of July and adjusting the current portion due in FY19.
11. Current Maturities of Other Long Term Debt and Other Long Term Debt Net of Current Maturities decreased \$1,402,000 after paying the principal payments due at the beginning of July and adjusting the current portion due in FY19.

**Tahoe Forest Hospital District
Cash Investment
July 2018**

WORKING CAPITAL			
US Bank	\$ 7,288,325		
US Bank/Kings Beach Thrift Store	47,981		
US Bank/Truckee Thrift Store	158,051		
US Bank/Payroll Clearing	2,553		
Umpqua Bank	<u>1,005,405</u>	0.40%	
Total			\$ 8,502,314
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>62,129,099</u>	1.94%	
Local Agency Investment Fund			\$ 62,129,099
Banc of America Muni Lease			\$ -
Bonds Cash 2017			\$ 19,948
Bonds Cash 2015			\$ 646,823
GO Bonds Cash 2008			\$ 661,095
DX Imaging Education	\$ 3,229		
Workers Comp Fund - B of A	11,698		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 14,927</u>
TOTAL FUNDS			\$ 71,974,206
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,364	0.03%	
Foundation Restricted Donations	297,286		
Local Agency Investment Fund	<u>1,081,434</u>	1.94%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,387,084</u>
TOTAL ALL FUNDS			<u>\$ 73,361,290</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
JULY 2018

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 2017		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 26,895,852	\$ 26,093,400	\$ 802,452	3.1%	Total Gross Revenue	\$ 26,895,852	\$ 26,093,400	\$ 802,452	3.1%	1	\$ 22,449,704
Gross Revenues - Inpatient										
\$ 2,658,521	\$ 2,255,869	\$ 402,652	17.8%	Daily Hospital Service	\$ 2,658,521	\$ 2,255,869	\$ 402,652	17.8%		\$ 1,918,858
4,424,540	4,328,869	95,671	2.2%	Ancillary Service - Inpatient	4,424,540	4,328,869	95,671	2.2%		3,507,233
7,083,061	6,584,738	498,323	7.6%	Total Gross Revenue - Inpatient	7,083,061	6,584,738	498,323	7.6%	1	5,426,090
19,812,791	19,508,662	304,129	1.6%	Gross Revenue - Outpatient	19,812,791	19,508,662	304,129	1.6%		17,023,613
19,812,791	19,508,662	304,129	1.6%	Total Gross Revenue - Outpatient	19,812,791	19,508,662	304,129	1.6%	1	17,023,613
Deductions from Revenue:										
12,732,182	10,914,725	(1,817,457)	-16.7%	Contractual Allowances	12,732,182	10,914,725	(1,817,457)	-16.7%	2	9,775,411
960,986	848,943	(112,043)	-13.2%	Charity Care	960,986	848,943	(112,043)	-13.2%	2	783,595
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	49,831
(441,242)	345,224	786,466	227.8%	Bad Debt	(441,242)	345,224	786,466	227.8%	2	227,572
(110,011)	-	110,011	0.0%	Prior Period Settlements	(110,011)	-	110,011	0.0%	2	(11,446)
13,141,915	12,108,892	(1,033,023)	-8.5%	Total Deductions from Revenue	13,141,915	12,108,892	(1,033,023)	-8.5%		10,824,964
57,002	88,190	31,188	35.4%	Property Tax Revenue- Wellness Neighborhood	57,002	88,190	(31,188)	-35.4%		56,957
839,109	750,706	88,403	11.8%	Other Operating Revenue	839,109	750,706	88,403	11.8%	3	505,143
14,650,048	14,823,404	(173,356)	-1.2%	TOTAL OPERATING REVENUE	14,650,048	14,823,404	(173,356)	-1.2%		12,186,840
OPERATING EXPENSES										
4,839,619	5,403,032	563,413	10.4%	Salaries and Wages	4,839,619	5,403,032	563,413	10.4%	4	4,172,007
1,694,410	1,522,183	(172,227)	-11.3%	Benefits	1,694,410	1,522,183	(172,227)	-11.3%	4	1,375,321
47,951	55,821	7,870	14.1%	Benefits Workers Compensation	47,951	55,821	7,870	14.1%	4	47,151
845,582	598,402	(247,180)	-41.3%	Benefits Medical Insurance	845,582	598,402	(247,180)	-41.3%	4	807,995
1,952,691	2,124,328	171,637	8.1%	Professional Fees	1,952,691	2,124,328	171,637	8.1%	5	1,508,101
2,246,582	2,157,323	(89,259)	-4.1%	Supplies	2,246,582	2,157,323	(89,259)	-4.1%	6	1,476,335
1,196,627	1,367,655	171,028	12.5%	Purchased Services	1,196,627	1,367,655	171,028	12.5%	7	806,363
648,381	660,983	12,602	1.9%	Other	648,382	660,983	12,601	1.9%	8	556,524
13,471,843	13,889,727	417,884	3.0%	TOTAL OPERATING EXPENSE	13,471,844	13,889,727	417,883	3.0%		10,749,796
1,178,205	933,677	244,528	26.2%	NET OPERATING REVENUE (EXPENSE) EBIDA	1,178,204	933,677	244,527	26.2%		1,437,045
NON-OPERATING REVENUE/(EXPENSE)										
585,956	554,768	31,188	5.6%	District and County Taxes	585,956	554,768	31,188	5.6%	9	449,543
374,886	374,886	(0)	0.0%	District and County Taxes - GO Bond	374,886	374,886	(0)	0.0%		404,013
117,861	129,643	(11,782)	-9.1%	Interest Income	117,861	129,643	(11,782)	-9.1%	10	70,980
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
-	86,961	(86,961)	-100.0%	Donations	-	86,961	(86,961)	-100.0%	11	-
-	-	-	0.0%	Gain/ (Loss) on Joint Investment	-	-	-	0.0%	12	-
-	-	-	0.0%	Loss on Impairment of Asset	-	-	-	0.0%	12	-
-	-	-	0.0%	Gain/ (Loss) on Sale of Equipment	-	-	-	0.0%	13	-
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	-
(1,059,977)	(1,059,977)	0	0.0%	Depreciation	(1,059,977)	(1,059,977)	0	0.0%	15	(967,356)
(103,376)	(87,091)	(16,285)	-18.7%	Interest Expense	(103,376)	(87,091)	(16,285)	-18.7%	16	(93,967)
(320,625)	(314,074)	(6,551)	-2.1%	Interest Expense-GO Bond	(320,625)	(314,074)	(6,551)	-2.1%		(322,902)
(405,275)	(314,884)	(90,391)	-28.7%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(405,275)	(314,884)	(90,391)	-28.7%		(459,690)
\$ 772,931	\$ 618,793	\$ 154,138	24.9%	INCREASE (DECREASE) IN NET POSITION	\$ 772,930	\$ 618,793	\$ 154,137	24.9%		\$ 977,355
NET POSITION - BEGINNING OF YEAR					136,506,164					
NET POSITION - AS OF JULY 31, 2018					\$ 137,279,094					
4.4%	3.6%	0.8%		RETURN ON GROSS REVENUE EBIDA	4.4%	3.6%	0.9%			6.4%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
JULY 2018

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 2017		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE						
\$ 2,038,831	\$ 2,336,230	\$ (297,399)	-12.7%	Total Gross Revenue	\$ 2,038,831	\$ 2,336,230	\$ (297,399)	-12.7%	1	\$ 1,979,189
				Gross Revenues - Inpatient						
\$ 14,601	\$ 17,546	\$ (2,945)	-16.8%	Daily Hospital Service	\$ 14,601	\$ 17,546	\$ (2,945)	-16.8%		\$ -
15,124	23,784	(8,660)	-36.4%	Ancillary Service - Inpatient	15,124	23,784	(8,660)	-36.4%		103
29,725	41,330	(11,605)	-28.1%	Total Gross Revenue - Inpatient	29,725	41,330	(11,605)	-28.1%	1	103
2,009,106	2,294,900	(285,794)	-12.5%	Gross Revenue - Outpatient	2,009,106	2,294,900	(285,794)	-12.5%		1,979,086
2,009,106	2,294,900	(285,794)	-12.5%	Total Gross Revenue - Outpatient	2,009,106	2,294,900	(285,794)	-12.5%	1	1,979,086
				Deductions from Revenue:						
635,660	927,395	291,735	31.5%	Contractual Allowances	635,660	927,395	291,735	31.5%	2	660,008
77,679	112,471	34,792	30.9%	Charity Care	77,679	112,471	34,792	30.9%	2	66,822
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	5,619
7,978	107,652	99,674	92.6%	Bad Debt	7,978	107,652	99,674	92.6%	2	61,515
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
721,316	1,147,518	426,202	37.1%	Total Deductions from Revenue	721,316	1,147,518	426,202	37.1%	2	793,964
102,883	62,973	39,910	63.4%	Other Operating Revenue	102,883	62,973	39,910	63.4%	3	74,041
1,420,398	1,251,685	168,713	13.5%	TOTAL OPERATING REVENUE	1,420,398	1,251,685	168,713	13.5%		1,259,266
				OPERATING EXPENSES						
337,912	437,051	99,139	22.7%	Salaries and Wages	337,912	437,051	99,139	22.7%	4	313,208
110,962	108,551	(2,411)	-2.2%	Benefits	110,962	108,551	(2,411)	-2.2%	4	90,225
3,727	4,912	1,185	24.1%	Benefits Workers Compensation	3,727	4,912	1,185	24.1%	4	2,357
49,813	35,246	(14,567)	-41.3%	Benefits Medical Insurance	49,813	35,246	(14,567)	-41.3%	4	67,080
252,100	274,353	22,253	8.1%	Professional Fees	252,100	274,353	22,253	8.1%	5	216,831
39,933	83,200	43,267	52.0%	Supplies	39,933	83,200	43,267	52.0%	6	46,278
40,963	44,726	3,763	8.4%	Purchased Services	40,963	44,726	3,763	8.4%	7	36,568
81,251	70,173	(11,078)	-15.8%	Other	81,251	70,173	(11,078)	-15.8%	8	53,465
916,662	1,058,212	141,550	13.4%	TOTAL OPERATING EXPENSE	916,662	1,058,212	141,550	13.4%		826,012
503,735	193,473	310,262	160.4%	NET OPERATING REV(EXP) EBIDA	503,735	193,473	310,262	160.4%		433,254
				NON-OPERATING REVENUE/(EXPENSE)						
-	36,961	(36,961)	-100.0%	Donations-IVCH	-	36,961	(36,961)	-100.0%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	
(59,302)	(59,302)	(0)	0.0%	Depreciation	(59,302)	(59,302)	(0)	0.0%	11	(64,277)
(59,302)	(22,341)	(36,961)	-165.4%	TOTAL NON-OPERATING REVENUE/(EXP)	(59,302)	(22,341)	(36,961)	-165.4%		(64,277)
\$ 444,433	\$ 171,132	\$ 273,301	159.7%	EXCESS REVENUE(EXPENSE)	\$ 444,433	\$ 171,132	\$ 273,301	159.7%		\$ 368,977
24.7%	8.3%	16.4%		RETURN ON GROSS REVENUE EBIDA	24.7%	8.3%	16.4%			21.9%

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL JULY 2018	BUDGET JULY 2018	DIFFERENCE	PROJECTED 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 10,813,239		\$ 8,876,838	\$ 9,151,849	\$ 1,178,205	\$ 933,677	\$ 244,528	\$ 4,036,367	\$ 1,058,382	\$ 1,911,636	\$ 2,145,464
Interest Income	667,478		1,232,724	1,219,283	231,207	244,648	(13,441)	231,207	331,763	331,763	324,550
Property Tax Revenue	6,938,847		6,965,000	6,967,670	132,670	130,000	2,670	417,670	90,000	3,660,000	2,800,000
Donations	1,449,325		800,000	790,000	-	10,000	(10,000)	20,000	95,000	250,000	425,000
Debt Service Payments	(2,078,463)		(3,058,371)	(3,058,289)	(736,020)	(736,102)	82	(1,012,134)	(560,614)	(414,171)	(1,071,370)
Bank of America - 2012 Muni Lease	(103,515)		-	-	-	-	-	-	-	-	-
Copier	(11,482)		(11,520)	(11,438)	(878)	(960)	82	(2,798)	(2,880)	(2,880)	(2,880)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,401,687)	(598,045)	(598,045)	0	(598,045)	(146,443)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,645,164)	(137,097)	(137,097)	(0)	(411,291)	(411,291)	(411,291)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(222,500)	(35,000)	-	(35,000)	(182,500)	-	(20,000)	(20,000)
Investment in Capital											
Equipment	(2,764,413)		(2,911,369)	(2,911,369)	(228,345)	(182,634)	(45,711)	(547,903)	(950,000)	(1,200,000)	(213,466)
Municipal Lease Reimbursement	219,363		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(4,184,396)		(3,986,507)	(3,986,507)	-	(520,636)	520,636	(1,561,907)	(889,600)	(1,025,000)	(510,000)
Building Projects/Properties	(4,890,940)		(15,438,772)	(15,438,772)	(722,189)	(908,914)	186,725	(2,726,743)	(7,133,973)	(4,295,774)	(1,282,282)
Capital Investments	-		(452,000)	(452,000)	-	-	-	(452,000)	-	-	-
Change in Accounts Receivable	(5,713,005)	N1	3,103,131	2,863,223	(941,325)	(301,417)	(639,908)	479,328	965,104	1,172,497	246,294
Change in Settlement Accounts	6,898,578	N2	1,609,698	1,522,326	(545,706)	(458,333)	(87,373)	1,312,627	(2,729,510)	2,911,430	27,778
Change in Other Assets	(5,090,026)	N3	(2,812,500)	(2,906,056)	(343,556)	(250,000)	(93,556)	(696,056)	(750,000)	(730,000)	(730,000)
Change in Other Liabilities	(3,713,799)	N4	375,000	563,478	1,338,478	(750,000)	2,088,478	1,038,478	(2,100,000)	1,525,000	100,000
Change in Cash Balance	(1,608,748)		(5,884,628)	(5,897,664)	(671,581)	(2,789,712)	2,118,131	356,435	(12,573,448)	4,077,381	2,241,968
Beginning Unrestricted Cash	72,911,743		71,302,995	71,302,995	71,302,995	71,302,995	-	71,302,995	71,659,430	59,085,982	63,163,363
Ending Unrestricted Cash	71,302,995		65,627,210	65,405,331	70,631,414	68,513,283	2,118,131	71,659,430	59,085,982	63,163,363	65,405,331
Expense Per Day	408,638		448,115	447,015	437,910	450,865	(12,955)	448,850	448,566	447,106	448,115
Days Cash On Hand	174		146	146	161	152	9	160	132	141	146

Footnotes:

N1 - Change in Accounts Receivable reflects the 60 day delay in collections.

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

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

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



Board Informational Report

By: Harry Weis
CEO

DATE: 8/16/18

The Health System's summer patient volumes continue to be strong and we are grateful that patients are choosing us for their healthcare needs as they do have choices across this region.

Our financial performance is strong and well above budget for the month of July. Please see the complete financial report included in the board packet information.

Our provider office visits continue to grow year over year. We were just below 68,000 visits as fiscal year 2018 ended. This was a 15% increase over the previous fiscal year. Based on the first few weeks of fiscal year 2019, the Health System is forecasting provider office visits to be in the 74,000 to 80,000 range. As a reference point, in 2015, we had 47,000 provider office visits.

We are working to find office space for several new physician providers who are joining us this fiscal year in the specialties of Family Practice, Neurology, Orthopedics and mental health.

Administration has moved to Spring Lane from Pine Avenue on our campus. We hope to take down our old Administration building within two months to create important additional patient parking.

We were pleased to collaborate with Barton Health in South Lake Tahoe and the Tahoe Fund a few weeks ago in support of a healthy Lake Tahoe region from the perspectives of ever improving the trails, quality of the forests and water quality which are important topics to all of us. The CEO of Barton Health, our Board President, Dale Chamblin, and I were able to sit at the same table and visit with several federal Senators and Representatives at this event. We were very happy Ted Owens and Judy Newland were able to attend as well.

Our senior management team has been focused on continuing to develop our strategic plan which looks forward to 2021 and to begin to share it with key internal stakeholders. We remain on target for a late September strategic plan presentation.

We received an unannounced but expected General Acute Care Hospital Relicensing Survey from California Department of Public Health last week. This particular survey happens every three years. Our team performed well and with these types of surveys we will always have opportunities to improve.

We are now approximately 10 months post go live on our new EPIC electronic health record system and on the installation of several related important business software applications. We have performed some very in depth reviews with Mercy EPIC our partner in this post go live

journey. As a result of all of these discussions, it is our team's conclusion we need to activate and develop the Physician Billing module of EPIC, a module we have not activated to date.

All of the research and team conclusions reached well in advance of our 11/1/2017 "go live" concluded we should try to have a single billing module accomplish all hospital and physician billing activities regardless of the work locations of physician work. An important part of this pre-go live conclusion is the fact that all hospital based inpatient and outpatient physician activities that our health system bills for, have to be placed on the patient's "hospital" bill when the patient is a Medicare patient. This is known as method 2 billing for physician services on Medicare patients.

The level of complexity and customization that has been required by Mercy EPIC out of St. Louis has been enormous. There are version updates every few months from EPIC and the variety of customization that was built for our health system is not guaranteed to optimally perform after each EPIC version update. After all of this input, we have concluded we have to have a "vanilla" or more "native" EPIC software build in the hospital and physician topic areas.

The Health System will activate the Physician Billing module of EPIC and have this module talk to the Hospital Billing module as needed for physician services. The time frame for completing this important change is calendar year 2019. We have included the resources needed for this important change in our fiscal year 2019 budget that was approved a week ago.

We believe our ability to extract critical management reports on physician services will be improved and the module will be more efficient and accurate for all providers who use it. It will also appear more standard to providers who have learned to use EPIC in other health systems.

We continue to be very active at the state and federal level on healthcare regulatory or legislative changes. A highlight of our August Board of Director meeting will be a presentation from California Hospital Association on future possible changes, challenges or opportunities that lie ahead either at the state or federal level.

Keeping you informed.

Harry



Board COO Report

By: Judith B. Newland

DATE: August 2018

Just Do It” – Demonstrate measurable improvements annually in both Quality and Patient Satisfaction.

Tahoe Forest Hospital District (TFHD) had their unannounced General Acute Care Hospital Relicensing Survey (GACHLRS) in August. The GACHLRS was implemented March, 2016 by California Department of Public Health (CDPH). The purpose of the GACHLRS is to promote quality of care in hospitals and verify compliance with State regulations and statutes. This survey is conducted by CDPH at TFH and merged California’s licensing regulations and statute requirements with elements of the former stand-alone Medication Error Reduction Plan (MERP) survey and Patient Safety Licensing Survey (PSLS) into one survey process. There were four CDPH surveyors on the Tahoe Forest Hospital campus for three days. We had a successful survey with some minor deficiencies. A plan of correction will be put into place to correct the deficiencies. Thank you to all the staff who assisted in the survey process and answering surveyor’s questions.

We have a new member of our leadership team, Nick Vu, our new Director of Pharmacy. Nick brings with him leadership and clinical experience in both inpatient and outpatient pharmacy services. Nick has a Doctorate of Pharmacy and also a Bachelor of Science in Biochemistry. We look forward to Nick being a member of our team and bringing his experience and knowledge to further our pharmacy services.

Develop solid connections and relationships within the communities we serve.

IVCH was present at Sierra Nevada College orientation in Incline Village for two days in August. We answered questions on IVCH and Health System services along with a welcome letter to the parents and students outlining what services IVCH had to offer to the local students. Additionally, we gave a short presentation explaining local healthcare services to all incoming freshman students.

Creating and implementing a New Master Plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

Projects in Progress:

Project: TFH Fire Alarm Replacement Project

Start of Construction: 3/12/2018

Estimated Completion: 7/12/2019

Summary of Work: Remove and replace existing Fire Alarm System.

Update Summary: Loop transition is 90% complete, Chime and Strobe replacement is 90% complete. When a department’s work area is to be effected, engineering will coordinate with the Director. Anticipate early completion fall of 2018.

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00

Estimated Start of Construction: 4/30/2018

Estimated Completion: 11/7/2018

Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

Update Summary: Construction to the special procedures room is 95% complete and we are awaiting certification of the room.

Project: TFHD Retail Pharmacy

Estimated Start of Construction: 8/18/2018

Estimated Completion: 11/7/2018

Summary of Work: To improve security of the Retail Pharmacy. An enclosure and door will be installed to limit access to the medication area of the Pharmacy.

Update Summary: Project will commence 8/18/2018.

Project: IM Cardiology Expansion

Estimated Start of Construction: 6/11/2018

Estimated Completion: 10/1/2018

Summary of Work: Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.

Update Summary: Utilities and drywall are in progress.

Projects in Permitting:

Project: 3rd Floor MOB

Estimated Start of Construction: 9/5/2018

Estimated Completion: 6/10/2019

Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms. Phase 2 reconstruct and integrate the 3rd Floor MOB adjacent suite for increased flexibility and additional exam rooms.

Update Summary: Comments have been received by the Town and resubmitted for their review.

Project: Cancer Center 2nd Floor

Estimated Start of Construction: 9/5/2018

Estimated Completion: 6/10/2019

Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.

Update Summary: Comments have been received by the Town and resubmitted for their review.

Project: Administration House Renovation

Estimated Start of Construction: 7/30/2018

Estimated Completion: 8/27/2018

Summary of Work: Renovate the new Administration Services house, old home health house, in preparation for the site improvement project.

Update Summary: Plans are under review by the Town.

Project: Tahoe City Physical Therapy Expansion

Estimated Start of Construction: 8/13/2018

Estimated Completion: 10/31/2018

Summary of Work: Lease and renovate the remainder of the second floor of existing building.

Update Summary: Comments have been received by the County and resubmitted for their review.

Project: Tahoe Forest Hospital Site Improvements

Estimated Start of Construction: 8/20/2018

Estimated Completion: 10/15/2018

Summary of Work: Demolish the existing curves building to increase patient parking. Demolish the North Levon Apartments for additional parking and snow storage.

Update Summary: Project is in the process of being designed. Entitlement permit is under review from the town.

Projects in Design:

Project: Day tank and Underground Storage tank replacement.

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remove and replace the 30-year-old underground storage tank and existing day tank.

Update Summary: Project is in the process of being designed.

Project: Center for Health and Sports Performance Renovation

Estimated Start of Construction: 9/10/2018

Estimated Completion: 11/16/2018

Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.

Update Summary: Project is in the process of being designed.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: August 2018

Strategy Two: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, outpatient and inpatient services.

- Managers and Directors will begin training on the different Mercy EPIC modules that will allow patient tracers for Quality to be completed.
- Home Health and Hospice had a success launch in Mercy EPIC that has moved that service from paper to an electronic health record.

Strategy Four: Care Coordination

- The Care Coordination team continues to collaborate with community partners to provide Mental/Behavioral health services while we develop a Behavioral Health Program for the District.
- Readmission rate for all patients is currently at 4.6% and the care coordinators will be working with Primary Care Providers to improve the immunization of our high risk patients.

Strategy Six: Just Do IT

- We completed our General Acute Care Hospital Relicensing Survey last week along with Medication Error Reduction Plan (MERP).
- Community Health Improvement Report is completed and will go to the board in September.
- The Condition Code 44 rate improved from 3.6% to 1.4% with a lot of great teamwork between the physicians and Case Management staff.
- The Skilled Nursing Facility Assessment has been completed for 2018 and the gaps are currently being addressed as they ready for their annual CDPH Survey.
- The Skilled Nursing Facility has achieved a 4 star rating.



Board Informational Report

By: Jake Dorst **DATE: 08/16/2018**

CIIO

-
- Epic Certifications and Credentialing completed.
 - Very large Epic education effort and a special note of praise to the following staff members that have successfully completed these achievements:
 - Gina Watson: Beaker Certification
 - Jen Buchanan Ingalls: ASAP, Orders Credentialed. ASAP Certification
 - Jen Tirdel: Clarity Ambulatory Certification
 - Ivy Gillette: Clarity Inpatient Certification
 - Paul Moon: Clin Doc, Home Health Credentialed
 - Jen Sartoris: Ambulatory, Grand Central, Cadence Credentialed
 - Kris Stotts: Ambulatory, Orders, Grand Central, Cadence Credentialed
 - Natalie deRyk: Optime, Anesthesia Credentialed
 - Epic Certifications currently in progress:
 - Dave Goldsworthy: Clarity Inpatient Certification
 - Kris Stotts: Ambulatory Certification
 - Mirth Interface Engine Certification completed: Ivy Gillette
 - Home Health and Hospice successful go-live and data transmissions live
 - Pyxis project to replace all machines successful with all interface work completed
 - Physician Onboarding/Training process improvement work underway to create a smoother set up with Mercy for correct access and training.
 - Many new physicians getting training and at the elbow support
 - Training for help desk on Epic, more classes underway
 - BCA Audit done for Mercy for yearly audit to assure patient record availability during downtimes
 - Peds Clinic set up with M Modal Fluency Direct Voice recognition microphones
 - Mirth Server upgrade in progress
 - Xcelera large upgrade in progress
 - Ortho Order Sets, new build to go live 8/23/18
 - Home Health/Hospice Epic Modules: Go live completed August 1st.
 - Medication Bar Code Scanning for Immunizations in Peds Office: Go live this month.
 - MSC Providers Procedure charge training completed for each provider.
 - Mercy established date for major version upgrade. Project started on Mercy end. April 10, 2019 Version upgrade of Epic to 2018 Version.
 - HPE Network install underway
 - Palo Alto enhanced firewall and security programs are being implemented as well as new end point anti-virus protection.

AGENDA ITEM COVER SHEET

ITEM	ABD-06 Conflict of Interest Code
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The Fair Political Practices Commission (FPPC) requires a biennial review of the District’s Conflict of Interest Code. The deadline to let the FPPC know whether or not the District’s code needs to be amended is October 1, 2018.</p> <p><i>“The biennial review examines current programs to ensure that the agency’s code includes disclosure by those agency officials who make or participate in making governmental decisions.”</i></p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Since 2016, a number of director level titles have been added or changed. These additions and corrections are reflected in the redline version of the policy.</p> <p>General Counsel has also reviewed and provided edits to the redlined policy.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION:</p> <p>Board approval via consent calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-06 Conflict of Interest Code 	

ABD-06 Conflict of Interest Code

PURPOSE:

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Tahoe Forest Hospital District (District)**.

Individuals holding designated positions shall file their statements of economic interests with the **District**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **District**.

Appendix A

Designated Positions

Designated Positions	Category
1. Members of the Board of Directors	1, 2
2. Chief Executive Officer	1, 2
3. Chief Nursing Officer	1, 2
4. Chief Human Resources Officer	1, 2
5. Chief Information and Innovation Officer	1, 2
6. Administrator, Incline Village Community Hospital (IVCH)/ Chief Operations Officer	1, 2
7. Chief Facilities Development Officer	1, 2
7. Chief Medical Officer	1, 2
8. In-House Counsel	1, 2
8.9. General Counsel	1, 2
9.10. Consultants	*
10.11. Buyer	1
11.12. Compliance Officer	3
12.13. Controller	3
13.14. Coordinator, OR Materials Coordinator	3
14.15. Director, Children's Center	3
15.16. Executive Director, Governance and Business Development	3
16.17. Director, Diagnostic Imaging	3
17. Director, Education	3
18. Director, Emergency Services	3
19. Director, Facilities Management	2, 3
20. Director, Health Information Management	3
21. Director, Infection Control	3
22.21. Director, Information Technology Operations	3
23.22. Director, IVCH Patient Care Services	3
24.23. Director, Laboratory Services	3
25.24. Director, Marketing & Communications	3
26.25. Director Manager, Materials Management	1

27.26.	Director, Medical Staff Services	3	
28.27.	Director, Nutrition Services & Environmental Services , TFH & IVCH	3	3
29.28.	Director, Pharmacy	3	
30.29.	Director, Quality & Regulations	3	
31.30.	Director, Rehabilitation Services	3	
	Manager, Respiratory Therapy	3	
32.31.	Director, Support Services & Respiratory Care	2, 3	
33.32.	Director, Surgical Services	3	
34.33.	Executive Director, Tahoe Forest Health System Foundation		3
35.34.	Executive Director, IVCH Foundation & Community Outreach		3
36.35.	Executive Director, Physician Services	3	
37.36.	Administrative Director, Acute Services	3	
38.37.	Manager, Information Technology Operations	3	
39.38.	Manager, Nursing Informatics	3	
40.39.	Director, Revenue Cycle	3	
40.	Purchasing Assistant	3	
41.	<u>Director, Access Center</u>	3	

* Consultants/new positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

Note: The positions of General Counsel and Compliance Officer are filled by outside consultants, but act in a staff capacity.

Officials Who Manage Public Investments

It has been determined that the positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200. These positions are listed for informational purposes only:

- Chief Financial Officer

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

Appendix B

Disclosure Categories

1. An individual holding a designated position in this category must report investments, sources of income, business positions in business entities and income (including receipt of gifts, loans and travel payments) from sources of the type ~~to that~~ provide:
 - medical/health care treatment, facilities, services, products, equipment, machines
 - medical insurance products and services

- and other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

The medical/health care sources include the full range of products and services including: medical providers, hospitals, pharmaceutical products/facilities, transportation companies and consultants.

2. All interests in real property within 2,000 feet from property owned or used by the District or that may be acquired by the District for its use.
3. All investments, business positions, and sources of income, including receipt of loans, gifts, and travel payments, from sources that provide, or have provided, in the last two years, services, supplies, materials, machinery, or equipment of the type utilized by designated employee's department or division.

All disclosure required herein shall be in accordance with the Political Reform Act and the regulations of the Fair Political Practices Commission.

Related Policies/Forms: Conflict of Interest Policy ABD-07

References: Government Code Section 81000, et seq

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

RESOLUTION NO. 2018-07

RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT TO FORM A LIMITED LIABILITY COMPANY AND AUTHORIZE THE EXECUTION OF NECESSARY DOCUMENTS

WHEREAS, Tahoe Forest Hospital District (“District”) is a local health care district duly formed and organized under the laws of the State of California;

WHEREAS, the District as the authority establish, maintain, and carry on its activities through one or more corporations, joint ventures, or partnerships for the benefit of the District under Health and Safety Code section 32121, subdivision “o”; and

WHEREAS, District is contemplating forming and operating a limited liability company as a “special purpose entity” for the purpose of acquiring and managing a particular parcel of real property.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the Tahoe Forest Hospital District that:

SECTION 1. The District hereby approves the formation of a single member limited liability company (the “**LLC**”) under the laws of California.

SECTION 2. The District, as the sole member of the LLC, authorizes, directs, and empowers the Chief Executive Officer of the District to approve the name of the LLC and the form of operating agreement for the LLC.

SECTION 3. Any officer of the District so designated by the Chief Executive Officer of the District, be and is hereby authorized, directed, and empowered, acting alone, in the name of the LLC, and on behalf of the LLC, to execute any and all documents or instruments evidencing the formation, qualification to do business, or conduct of the business of the LLC.

SECTION 4. All actions heretofore taken by the Manager of the Company or the officers and directors of the District as the sole Member of the Company, in connection with the transaction contemplated by this resolution be, and they hereby are, approved, ratified, and affirmed in all respects.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Tahoe Forest Hospital District duly called and held in the District this 23rd day of August, 2018 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

APPROVED:

DALE CHAMBLIN
President, Board of Directors
Tahoe Forest Hospital District

ATTEST:

MARTINA ROCHEFORT, Clerk of the Board
Tahoe Forest Hospital District

AGENDA ITEM COVER SHEET

ITEM	Skilled Nursing Facility: Facility Wide Assessment
RESPONSIBLE PARTY	Karen Baffone, Chief Nursing Officer
ACTION REQUESTED?	Approval of the Facility Wide Assessment
<p>BACKGROUND:</p> <p>The intent of the Skilled Nursing Facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary <i>person-centered</i> care and services the residents require.</p> <p><i>CMS Requirement §483.7(e): Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents.</i></p> <p>Purpose: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about direct care staff needs, as well as capabilities to provide services to the residents at TFHD. A competency-based approach will focus on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable, physical, mental and psychosocial well-being.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>2018 Facility Wide Assessment has been completed and is needing Board Approval.</p> <p>The Assessment has been completed and the Gap Analysis is attached.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>The Board of Directors moves approval of the 2018 Skilled Nursing Facility Wide Assessment. No other action is needed.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Gap Analysis 	

Gap Analysis from Facility Assessment 2018

Upon reviewing the Facility Wide Assessment for the Tahoe Forest Extended Care Center (ECC) gaps were identified in the following areas:

Safety and Satisfaction of Residents:

- Increase risk for injury to residents and infection control
 - Floors are damaged and in need of repair
 - New floors ordered on 6/19/18
 - Engineering and DON to monitor and tape areas of floor until new floor product in place
- Increase Resident satisfaction and reduce potential injury in rooms
 - Resident rooms are outdated
 - Remodeling plans 60% complete
 - Remodel budgeted for fy19
 - Plan to start remodels Oct 2018
- Increase in Emergency room visits due to facility not having a proper exam room for Medical Director.
 - Building design does not include an exam room that is appropriate for residents
 - DON and Medical Director requesting Engineering assistance to redesign space for appropriate medical exam room.

Safety and Satisfaction of Staff:

- Increased risk of injury to staff
 - Chairs used by employees need to be replaced
 - New ergonomic chairs ordered on 7/10/18

Education/Training of Staff:

- New hospitalist orientation lacks depth in geriatric issues for ECC residents
 - Medical Director to chair new team and facilitate interactions with new providers
 - Team to be implemented to provide new orientation to new hospitalist/providers in the ECC
- All ECC employees' knowledge of gerontology is inconsistent through the department
 - Develop and implement a team to improve education for staff with emphasis on geriatrics topics and Geriatric Certification
 - Yearly meeting with team to decide on education topics.
 - Establish department wide education goals for Registered nurses which would include certification in Gerontological Nursing



3142 Tiger Run Court • Suite 113 • Carlsbad, CA 92010

August 15, 2018

TO: Tahoe Forest Healthcare District (TFHD) Board of Directors

FROM: Karma Bass and Erica Osborne
Via Healthcare Consulting

SUBJECT: Monthly Strategic Planning Project Update

The TFHD Strategic Planning process continues to move forward and remains on schedule. The Administrative Council has spent the last several weeks further developing the strategic goals and identifying metrics and dashboard measures to round out the strategic plan. These will be incorporated into the draft strategic plan document and presented to the Strategic Planning Task Force on August 27 for review and discussion.

In addition to the work around goals and metrics, members of the AC will be conducting stakeholder feedback sessions with a select group of participants over the next few weeks. By sharing the draft document with these key groups or individuals, we will ensure that the broad range of perspectives have been accurately captured in the final plan.

The following are a list of key dates and next steps:

- AC to conduct feedback sessions with key stakeholders on draft plan: Aug 13-27
- SPTF to review the draft strategic plan: August 27
- Presentation to the full Board: Sept 27



MULTNOMAH GROUP

**Retirement Plans Oversight Presentation to Tahoe Forest
Hospital District Board of Directors**

August 23, 2018

Comprehensive Retirement Plan Consulting

Multnomah Group is a 100% fee-for-service independent retirement plan consulting firm.

Across the U.S., we serve our investment consulting clients as fiduciaries to their plan. Our focus within the retirement plan marketplace, and our conflict-free structure, enable us to serve as a trusted partner for our clients. Within this partnership, we seek to learn about each client, their culture, and their goals. We provide:

- Clear Focus
- Independence
- Total Plan Health Approach
- Breadth of Experience
- Proprietary and Independent Investment Research

A Closer Look at Multnomah Group



Retirement plan consultants to 104 clients sponsoring 177 plans (as of 03/31/2018)



More than **\$19 billion** in assets under advisement (as of 03/31/2018)*

8 Consultants



- Investment Committee
- Technical Services Committee
- Vendor Services Committee

* We provide fiduciary investment advisory services to retirement plan clients with approximately \$19,492,593,864 in plan assets.

Introduction to Multnomah Group

- Originally engaged February 1, 2015 to work with a Board Retirement Plan Committee.
- Board delegated Plan Administration and Fiduciary duties to Tahoe Forest Hospital District Retirement Plan Committee (RPC) on January 25, 2018.
- Work collaboratively with Chief Human Resources Officer to set agendas, goals, manage vendors and set RPC strategy.
- Fiduciary to investments in both:
 - ✓ 401(a) (Employer Contribution)
 - ✓ 457(b) (Employee Contribution)
- Meet with RPC quarterly
- Coordinate Fidelity's Attendance and agenda items for two to three meetings/year
- Assist Committee with plan compliance, operation and design questions.

Retirement Plan Committee

Committee Membership

- Chief Human Resources Officer, as Committee Chair
- Chief Executive Officer
- Chief Financial Officer
- Benefits Coordinator

Annual Fiduciary Program



Quarter 1

Fiduciary Governance

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of asset class coverage
- Review of Investment Policy Statement (if applicable)
- Review of Charter for Committee (if applicable)
- Fiduciary education
- Other business



Quarter 2

Vendor Fees and Services

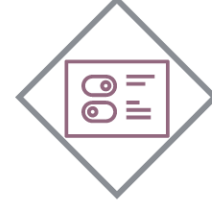
- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Annual review of insurance and bonding (as prepared by Risk Management and reported to Committee)
- Annual review of fee disclosure notices
- Annual review of costs and services to evaluate reasonableness
- Fiduciary education
- Other business



Quarter 3

Engagement

- Review of minutes of previous quarterly meeting of Committee and reports on action items
- Quarterly investment review
- Review of participant utilization and demographic data (as prepared by third-party service provider and report to Committee)
 - Participation
 - Contributions
 - Investment performance
 - Retirement readiness
- Review of participant education and advice offerings
- Review of required participant disclosures and notices (as prepared by Human Resources and reported to Committee)
- Fiduciary education
- Other business



Quarter 4

Plan Operations

- Review of minutes of previous quarterly meeting and reports on action items
- Quarterly investment review
- Review of 404(c) compliance procedures (as prepared by Human Resources)
- Regulatory update
- Review of plan testing results (if applicable)
- Review of government filings and audit (as prepared by Benefits and reported to Committee)
- Review of any year closing amendments to the Plan
- Annual review of claims and appeals, participant inquiries, issues, and complaints (as prepared by Human Resources and reported to Committee)
- Review of proposed annual report to Board on activities during the year
- Fiduciary education
- Other business

Breakdown of Plans – June 30, 2018

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none">• Plan Assets of \$39,469,496• Active Participants – 381• Terminated participants – 248• Total participants – 629• TFHD Contributes 3% plus 3% above Social Security Wage Base (\$128,700)• Active Plan Investments:<ul style="list-style-type: none">• Offers 17 core investments<ul style="list-style-type: none">• 4 Index Funds• 13 actively managed funds• Suite of 11 Vanguard Target Date Funds• Self-Directed Brokerage Acct• All score in top half of Multnomah Group’s peer group ranking!	<ul style="list-style-type: none">• Plan Assets of \$49,530,629• Active participants – 767• Terminated participants – 191• Total Participants – 958• Participation Rate – 75.4%• Ave. Deferral Rate – 8.7%• Same investments• Adding brokerage

Q2, 2018 Activities

“Inaugural” Retirement Plan Committee Meeting

- Conducted a plan governance review and fiduciary training
- Approved written Investment Policy Statement
- Reviewed investment performance: no Watch List or Removal Recommendations
- Reviewed annual fee benchmarking:
 - ✓ 401(a): Pays 0.17% which is within MG Peer Universe of 0.16%-0.28%
 - ✓ 457(b): Same
- Conducted annual share class review: all investments have lowest expense ratios available to the plans
- Received the Fidelity Annual Plan Review

Q3, 2018 Activities

- Reviewed investment performance: no Watch List or Removal recommendations
- Reviewed the Fidelity Annual Plan Education calendar; discussing 2018 onsite education efforts
- Committee discussed and approved amending plans to allow greatest flexibility for distribution options allowed
- As fiduciary education, discussed proposed Securities and Exchange Commission investor Best Interest Rule and potential impact on participant education and advice efforts. Final rules are at least a year away.

Questions

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Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.



QUALITY COMMITTEE AGENDA

Thursday, August 9, 2018 at 9:00 a.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, RN, Chair; Charles Zipkin, M.D., Board Member

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES OF: 05/08/2018 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

6.2. Patient & Family Centered Care (PFCC)

6.2.1. Follow up on previous Patient Experience presentation

Provide status report on mental health coordination and resources for patients in our community.

6.2.2. Patient & Family Advisory Council Update ATTACHMENT

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.3. Performance Improvement Initiatives ATTACHMENT

Provide status report on the Quality Assurance/Performance Improvement Plan (#AQPI-05) priorities for 2018.

6.4. Patient Safety

6.4.1. Beta HEART Program ATTACHMENT

Provide update regarding the Beta Healthcare Group culture of safety program.

6.5. Quality Star Rating ATTACHMENT

Review the Hospital Compare Quality star rating program.

6.6. Board Quality Education ATTACHMENT

The Committee will review and discuss topics for future board quality education. Identify best practice topics for review at future meetings.

6.6.1. The Joint Commission (2017). The essential role of leadership in developing a safety culture. *Sentinel Event Alert*, 57.

6.6.2. Patient Safety Network (2017). High Reliability. *Patient Safety Primer*, 31.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

The date and time of the next committee meeting will be confirmed.

9. ADJOURN

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.