



TAHOE FOREST HOSPITAL DISTRICT

2020-07-23 Regular Meeting of the Board of Directors

Thursday, July 23, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 23, 2020 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/97470452004>

If you prefer to use your phone, you may call in using the numbers below. (346) 248 7799 or (301) 715 8592, Meeting ID: 974 7045 2004

Meeting Book - 2020-07-23 Regular Meeting of the Board of Directors

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No related materials.

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No related materials.

17. ITEMS FOR BOARD ACTION

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17.3. Resolution 2020-06
Resolution may be distributed at a later time.

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24. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, July 23, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 23, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely:

Please use this web link: <https://tfhd.zoom.us/j/97470452004>

Or join by phone:

If you prefer to use your phone, you may call in using the numbers below.

(346) 248 7799 or (301) 715 8592

Meeting ID: 974 7045 2004

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

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

Subject Matter: Second Quarter 2020 Corporate Compliance Report

Number of items: One (1)

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

Subject Matter: January-June 2020 Risk Summary Report

Number of items: One (1)

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: January-June 2020 Disclosure Report

Number of items: One (1)

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

*Discussion will concern: Proposed new or additional services and facilities
Estimated Date of Disclosure: December 2020*

5.5. Approval of Closed Session Minutes ◆

06/25/2020

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

13. ACKNOWLEDGMENTS

13.1. July 2020 Employee of the Month..... ATTACHMENT

13.2. BETA HEART Program ATTACHMENT

14. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

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

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

Privilege Form with content changes

- NP-PA Privilege Form

15. CONSENT CALENDAR ◆

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

15.1. Approval of Minutes of Meetings

15.1.1. 06/25/2020..... ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – June 2020 ATTACHMENT

15.3. Informational Staff Reports

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
July 23, 2020 AGENDA – Continued

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

15.4. Policy Review

- 15.4.1. Inspection and Copying of Public Records, ABD-14 ATTACHMENT
- 15.4.2. Ticket and Pass Distribution Policy, ABD-27..... ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

- 16.1. **Behavioral Health Program Update** ATTACHMENT
The Board of Directors will receive an update on the District’s Behavioral Health program.
- 16.2. **COVID-19 Update**
The Board of Directors will receive an update on hospital and clinic operations related to COVID-19.

17. ITEMS FOR BOARD ACTION ♦

- 17.1. **Corporate Compliance Report** ♦ ATTACHMENT
The Board of Directors will review and consider approval of a Second Quarter 2020 Corporate Compliance Report.
- 17.2. **First Reading of Proposed Revisions to TFHD Board of Directors Bylaws** ♦ ATTACHMENT
The Board of Directors will review proposed revisions to the TFHD Board of Directors Bylaws.
- 17.3. **Resolution 2020-06** ♦ ATTACHMENT*
The Board of Directors will review and consider for approval a resolution regarding the General Obligation (GO) Bond Property Tax Rate Calculation.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

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

24. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is August 27, 2020 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



JULY 2020 EMPLOYEE OF THE MONTH

SUSIE GOOD

PHYSICAL THERAPIST – THERAPY SERVICES

We are honored to announce Susie Good as our July 2020 Employee of the Month! Here are a few of the great things Susie's colleagues have to say about her:

"Susie is always striving for excellence. She comes to work every day in a positive mood ready to work with a challenging patient population. She is flexible in order to accommodate the needs of others. She is a role model for her peers and is held in high regard by her patients past and present."

Another colleague says, *"Susie works hard each and every day that she is here. I have never seen a healthcare professional have so much empathy and genuine concern for the well-being of her patients. She has an incredible work ethic, she is caring and thoughtful, and treats every patient as a true individual. She is a pleasure to be around and I am proud to be her coworker."*

Thank you Susie, for your invaluable work and your ongoing commitment to our values!

Please join us in congratulating all of our terrific nominees!

Cynthia Lara

Juan Abarca Sanchez

Megan Shirley

BETA Healthcare Group (BETA), our liability carrier, through a coordinated effort, guides member healthcare organizations through the implementation of a reliable and sustainable culture of safety that is grounded in a philosophy of HEART: **H**ealing, **E**mpathy, **A**ccountability, **R**esolution, and **T**rust.

The overall goals of BETA HEART® (HEART) are to develop an empathic and clinically appropriate process that supports healing of both the patient and clinician after an adverse event. HEART seeks to ensure accountability for the development of reliable systems that support the provision of safe care; provide a mechanism for early, ethical resolution when harm occurs because of medical error or inappropriate care; and instill trust between clinicians and patients. There are five domains to achieve each year and we receive a 2% incentive/renewal credit for each on our premiums.

Culture of Safety: A process for measuring safety culture and staff engagement (Lead: Dawn Colvin)

Rapid Event Response and analysis: A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles (Lead: Todd Johnson)

Communication and transparency: A commitment to honest and transparent communication with patients and family members after an adverse event (Lead: Janet Van Gelder)

Care for the Caregiver: An organizational program that ensures support for caregivers involved in an adverse event (Lead: Stephen Hicks)

Early Resolution: A process for early resolution when harm is deemed the result of inappropriate care or medical error (Lead: Todd Johnson)

I am pleased to announce that our team has achieved validation in all five domains, which equates to a 10% premium savings. Accolades to everyone involved that has attended the Beta training sessions and for those that committed to making the necessary changes to our processes. We were the first Beta hospital to achieve all 5-domain validation. We will need to be revalidated for each domain every year to continue to receive the premium savings. I am so proud of the team. Thank you.

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the July 16, 2020 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the July 23, 2020 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Privilege Form With Changes</u> 1. NP-PA Privilege Form	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee consent agenda as presented.	
LIST OF ATTACHMENTS: <ul style="list-style-type: none"> NP-PA Privilege Form 	



**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

NAME: _____

Check which applies:

- Tahoe Forest Hospital (TFH), Inpatient, Oncology, ECC, Outpatient, Emergency, TFH Clinics
- Incline Village Community Hospital (IVCH), Inpatient, Outpatient, Emergency, Health Clinic

- Check which applies: Nurse Practitioner Physician Assistant
 Check one: Initial Change in Privileges Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Basic Education, Training, Licensure, and Experience	<p><u>Nurse Practitioner:</u></p> <ul style="list-style-type: none"> Certification from an accredited school for nurse practitioner training Current advance practice RN licensure to practice in California and/or Nevada, as appropriate. Provide evidence of Collaborative Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable. Provide evidence of completion of a program meeting AORN (Assoc. of periOperative Registered Nurses) standards for RN First Assistant Education Programs as an NP, if applying for surgical assist privileges, or provide certification with 9 months of appointment. <p><u>Physician Assistant:</u></p> <ul style="list-style-type: none"> Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant. Current California and/or Nevada license in good standing, as applicable. Provide evidence of Delegation of Service <u>or Practice</u> Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.
Certification:	<p>Nurse Practitioner: Current ANCC (American Nurses Credentialing Center) or AANP (American Academy of Nurse Practitioners) certification required. Current PNCB (Pediatric Nursing Certification Board) or ANCC certification is required if requesting to work in pediatrics.</p> <p>Physician Assistant: Current NCCPA (National Commission on Certification of Physician Assistants) certified</p> <p>NP and PA: Current BLS (Basic Life Support) certified (must submit copy & maintain current certification.)</p>
Clinical Competency References: 3	<p>Initial and Reappointment: At least one peer reference should have the same licensure as the applicant; e.g., nurse practitioner or physician assistant. Other references should include physicians with whom the applicant has worked and/or been employed.</p> <p>Reappointment: At least one reference from a supervising physician, if applicable.</p>
Proctoring/Evaluation:	<p>See "Proctoring New Applicant" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.</p>
Other:	<ul style="list-style-type: none"> Malpractice insurance in the amount of \$1m/\$3m Current, unrestricted DEA certificate in CA and/or NV, as applicable (Schedules II-V). Nevada Pharmacy Board Certificate, if applicable Ability to participate in federally funded program (Medicare or Medicaid) Physician Assistants must have an identified Physician Supervisor who is a member of the Hospital's medical staff. PA's must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California within six (6) months of being granted privileges and AHP membership. [CA Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612] Nurse Practitioners must have a Collaborative Agreement with a designated *supervising physician member of the Hospital's medical staff. Must function under defined standardized procedures or protocols.

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
☐	☐	<p>OUTPATIENT (Tahoe Forest/Incline Village Hospital)</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. • Specialty consultation with physician when level of competence or comfort exceeded per approved protocols. <p>Procedures and minor surgery including:</p> <ul style="list-style-type: none"> • Splinting & Casting: simple • Incision and drainage of non-facial abscess less than 5 cm in size • Suture non-facial laceration less than 5 cm in size • Wart removal with cryotherapy • Toenail removal • Excision and Biopsy • Joint Injections <u>Drain/Inject Joint</u> 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Actively seeing patients in occ health/health clinic setting (minimum of 100 in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>INPATIENT or OUTPATIENT HOSPITAL SETTING Core privileges for the inpatient or outpatient hospital setting include the following: [NOTE: Any patient requiring ICU or step-down ICU status will be transferred to the on-call physician.]</p> <ul style="list-style-type: none"> • History documentation and Physical examinations, • Preop/Preadmission • Dictation of admission H&P and initiation of admitting orders. • Obtain informed consent • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Specialty consultation with physician when level of competence exceeded per approved protocols. • Provision of patient education and make appropriate referrals 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Minimum of 5 patients managed in inpatient setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Procedures and minor surgery including:</p> <ul style="list-style-type: none"> • Apply and remove wound vacs • Arthrocentesis for joint & bursa aspirations to rule out infections • Casting, simple • Closed reductions of dislocations • Reductions of extremity fractures • Hardware removal requiring only local anesthesia • Suture non-facial-laceration less than 5 cm in size • Excision and Biopsy • Joint injections • Injections of hematoma blocks for reductions • Injections IM, IV, Intra articular, SQ and Tendon Sheaths • Traction and Insertion of Steinman Pins for Skeletal Traction • Wound care, assessment & dressing changes • Pronounce a patient death. 			

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	<p>PA/NP SURGICAL FIRST ASSIST – OPERATING ROOM Core privileges include: The supervising physician may delegate to a PA/NP only those tasks and procedures consistent with the supervising physician's specialty. The PA/NP may assist with any procedure/surgery approved by the Department of Surgery for the supervising physician/surgeon:</p> <ul style="list-style-type: none"> • Positioning, prepping and draping the patient • Manipulation tissue/bone • Providing retraction • Drilling, reaming, nail/plate and screw placement • Intraoperative fracture reductions • Providing hemostasis • Performing suturing and knot tying • *Providing closure of tissue layers with suture, staples, or steristrips • *Affixing and stabilize drains • Reduction of fractures/dislocations • Removal of external fixaters • Joint/tissue injections • Applying dressings and splints or casts <p>NOTE: *The PA/NP may surgically close all layers, affix and stabilize drains deemed appropriate by the supervising physician. The supervising physician is responsible for all aspects of the invasive/surgical procedure including wound closure and must be **immediately available (need not be present in the room) when the PA/NP closes the wound. [**Immediately available is defined as "able to return to the patient without delay, upon the request of the PA/NP or to address any situation requiring the supervising physician's services".]</p>		<p>Ten cases reviewed at random (list of patients are provided by practitioner if needed)</p> <p>Review and evaluation of care by surgeons and surgical supervisor</p>	<p>Actively assisting surgeons (minimum of 5 in two years) with annual review and favorable competency evaluations</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Fluoroscopy [Current CA Department of Health Services fluoroscopy certificate (required in CA only)]</p>		TFH Only	Maintain Current Fluoroscopy License (CA Only)

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

SKILLED NURSING FACILITY (SNF)				
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for the skilled nursing facility are limited to performing alternating federally mandated physician visits, at the option of the physician, after initial visit by the physician in the SNF, and medically necessary visits for the diagnosis or treatment of an illness or injury as needed.</p> <ul style="list-style-type: none"> • History documentation and Physical examinations. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Provision of patient education and make appropriate referrals. • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Pronounce a patient death. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>
<p>Minimum of 5 patients managed in Skilled Nursing setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>				
INPATIENT / OUTPATIENT CHEMOTHERAPY				
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Order adjustment per protocol. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored at random (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>
<p>Actively seeing patients in cancer center setting/inpatient (minimum of 100 in two years, including 5 inpatient cases)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>				

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

EMERGENCY DEPARTMENT (TFH or IVCH)					
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for physician assistants and nurse practitioners in emergency medicine include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician.</p> <p>Core privileges also include assisting the supervising physician with diagnosis and management in the following areas:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Perform a Medical Screening Examination. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays, ECGs, and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. <p>Procedures: Procedures within scope of practice may be performed with consultation when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Splinting & casting • Local anesthesia • Incision and drainage • Wound management and closure • Nail removal • Joint, bursa, and trigger point injection • Foreign body removal • Urinary bladder catheterization 		<p>3 and 6 month reviews through random chart review and physician feedback</p> <p>Ten cases proctored (list of patients seen are provided by practitioner)</p>	<p>Actively seeing patients in ER setting (minimum of 100 in two years, may include outpatient or ortho)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review as needed <u>Ongoing Chart Review Determined at the Practice Level</u></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>URGENT CARE – ADULT and PEDIATRIC MEDICINE (Must also request Outpatient General NP/PA Privileges)</p> <ul style="list-style-type: none"> • ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) <p>Management of general medical conditions privileges include:</p> <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> • Dislocation and Fracture Reductions • IM injections 		<p>Review of 10 cases proctored</p>	<p>Current demonstrated competence and provision of care for approximately 25 urgent care cases in past two years. Office records may be requested. *</p>

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**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		<ul style="list-style-type: none"> IV injections IO insertion <p style="text-align: center;">DIAGNOSES</p> <ul style="list-style-type: none"> Adult and Pediatric dislocations Adult and Pediatric fractures 			
☐	☐	<p>UROLOGY (Must also request Outpatient General NP/PA Privileges)</p> <p><u>Management of general medical conditions privileges include:</u></p> <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> Intercavernosal Injections for ED (Review of 3 proctored cases) Inject medications for Peyronie's Disease (Review of 10 proctored cases) Bladder Catheter Irrigation (Review of 3 proctored cases) Urodynamic Studies (Review of 5 proctored cases) Posterior tibial nerve stimulation (Review of 6 proctored cases) 	_____	See Procedures	<p><u>Current demonstrated competence and provision of care for approximately 25 cases in past two years. Office records may be requested.</u></p>
		<p>EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>			

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

_____ Date Applicant's Signature

DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- ☐ privileges as requested ☐ privileges with modifications (see modifications below) ☐ do not recommend (explain)

_____ Date Department Chair Signature

Modifications or Other Comments: _____

INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)

- ☐ privileges as requested ☐ privileges with modifications (see modifications below) ☐ do not recommend (explain)

_____ Date IDPC Chair/Designee Signature

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

Modifications or Other Comments: _____

Medical Executive Committee: _____ (date of Committee review/recommendation)
 privileges as requested privileges with modifications (see attached description of modifications) do not recommend (explain)

Board of Directors: _____ (date of Board review/action)
 privileges as requested privileges with modifications (see attached description of modifications) do not recommend (explain)

Department Review Dates: previously approved as separate privilege forms
IDPC Review Dates 10/14/08; 3/12; 4/13/16; 11/11/16; 2/6/17; 10/10/18; 1/9/18, 4/24/19
Medicine/Emerg Department: 5/5/16; 11/14/16
Surgery Department: 6/1/16
Medical Executive Committee: 10/15/08; 3/12; 6/15/16; 11/16/16; 3/16/17; 10/18/18, 5/16/19
Board of Directors: 10/28/08; 3/12; 6/23/16; 11/17/16; 3/23/17; 10/25/18, 5/23/19



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

Thursday, June 25, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 25, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:05 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel, Jim Hook of The Fox Group

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

General Counsel read the board into closed session.

Director Wong noted she will recuse herself from item 5.3. *Barbara Buckles v. TFHD* case.

Open Session recessed at 4:08 p.m.

Mary Brown, Vice Chair, joined the meeting at 4:10 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: 2020 Claims Summary Report

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; Existing Litigation (Gov. Code § 54956.9(d)(1)) ♦

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

Case Name: Adomitis v. Tahoe Forest Hospital District

Names of Parties: Plaintiff Frank Adomitis and Defendant Tahoe Forest Hospital District

Case Number: Eastern District of California 2:17-cv-01879-KJM-DB

Name of Case: Buckles v. Tahoe Forest Hospital, et al.

Name of Parties: Plaintiff Barbara Buckles and Defendant Tahoe Forest Hospital District

Case No.: Nevada County Superior Court Case No. TCU19-7218; San Francisco Superior Court

Case No. CGC-19-572936

Discussion was held on a privileged item.

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

Discussion will concern: Proposed new program

Estimated Date of Disclosure: December 2021

Discussion was held on a privileged item.

5.5. Approval of Closed Session Minutes

05/28/2020

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:03 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported the Board considered six items in closed session. There was no reportable action taken on items 5.1. and 5.2. On item 5.3., there was no reportable on the Frank Adomitis v. Tahoe Forest Hospital District case. The Board approved a settlement on the Barbara Buckles v. Tahoe Forest Hospital District case for \$275,000. Chair Wong recused herself for item 5.3. Buckles case and was not present for that item. The Board approved the settlement on a 4-0 vote. Item 5.4. had no reportable action. Item 5.5. Closed Session Minutes were approved on a 5-0 vote and item 5.6. Medical Staff Credentials were also approved a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. SAFETY FIRST

Svieta Schopp, Infection Control Preventionist, presented Safety First on mask wearing and hand washing.

13. ACKNOWLEDGMENTS

13.1. Samantha Smith was named June 2020 Employee of the Month.

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policies with content changes

- *Reporting Communicable Diseases, AIPC-105*
- *Labor – Cervical Ripening with Prostaglandin E1 (Cytotec) or E2 (Cervadil), DWFC-1488*

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings

15.1.1. 05/28/2020

15.2. Financial Reports

15.2.1. Financial Report – May 2020

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Gateway Mountain Center

Peter Mayfield, Executive Director of Gateway Mountain Center, presented a Youth Behavioral Health Report. Discussion was held.

16.2. TFHD Athletic Trainer Program

Anna Aldridge, TFHD Head Athletic Trainer and Dr. Nina Winans, Sports Medicine physician, provided an update on the athletic trainer program. Discussion was held.

16.3. COVID-19 Update

Harry Weis, President & Chief Executive Officer, provided an update on hospital and clinic operations related to COVID-19. Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

No committee reports.

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director McGarry gave an update from a recent Tahoe Institute for Rural Health Research meeting.

20. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 7:31 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
JUNE 2020 FINANCIAL REPORT - PRELIMINARY
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Board of Directors
Of Tahoe Forest Hospital District
JUNE 2020 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the twelve months ended June 30, 2020.

Activity Statistics

- ❑ TFH acute patient days were 456 for the current month compared to budget of 417. This equates to an average daily census of 15.2 compared to budget of 13.9.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Surgical cases, Laboratory tests, EKGs, Mammography, Medical and Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Cat Scans, PET CTs, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.5% in the current month compared to budget of 49.9% and to last month's 51.4%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 50.6% compared to budget of 50.0% and prior year's 52.7%.
- ❑ EBIDA was \$2,721,225 (8.0%) for the current month compared to budget of \$284,501 (1.0%), or \$2,436,724 (7.0%) above budget. Year-to-date EBIDA was \$15,617,845 (4.1%) compared to budget of \$12,172,939 (3.3%), or \$3,444,905 (.9%) above budget.
- ❑ Net Income was \$2,344,829 for the current month compared to budget of \$(114,959) or \$2,459,788 above budget. Year-to-date Net Income was \$23,686,888 compared to budget of \$7,188,794 or \$16,498,094 above budget. Without the COVID-19 Emergency Funding received from HHS, June's Net Income would have been \$2,211,339 and Year-to-date Net Income would have been \$10,165,460.
- ❑ Cash Collections for the current month were \$16,100,082, which is 162% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$74,093,490 at the end of June compared to \$76,482,962 at the end of May.

Balance Sheet

- ❑ Working Capital is at 112.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 255.0 days. Working Capital cash increased a net \$4,770,000. Accounts Payable increased \$1,452,000 and Accrued Payroll & Related Costs increased \$375,000. The District received \$1,588,000 from the State for the FY19 Outpatient Supplemental program. Cash collections were above target by 62%.
- ❑ Net Patient Accounts Receivable decreased approximately \$2,407,000 and Cash collections were 162% of target. EPIC Days in A/R were 89.6 compared to 102.1 at the close of May, a 12.50 days decrease.
- ❑ Inventories were adjusted at year-end after receiving the final counts from our Third Party vendor, increasing the value on the books \$317,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,196,000. The District recorded the estimated June FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs. The District received \$1,588,000 from the State's Outpatient Supplemental program and booked \$3,065,000 due from the Medicare program for incorrect withholds in prior periods.
- ❑ To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
- ❑ Accounts Payable increased \$1,452,000 due to the timing of the final check run in the month. We expect this variance to increase as we book the final FY20 accrued expenses.
- ❑ Accrued Payroll & Related Costs increased a net \$375,000 due to adjustments to the Employer's portion of Deferred Comp, Accrued Payroll and Payroll liability accounts.
- ❑ Comprehensive Liability Insurance Plan increased \$191,000 after recording additional amounts reported by our Third Party Administrator.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$34,186,390, compared to budget of \$29,590,790 or \$4,595,600 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,804,620, compared to budget of \$8,258,797 or \$454,177 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$26,381,771 compared to budget of \$21,331,993 or \$5,049,778 above budget.
- ❑ Current month’s Gross Revenue Mix was 38.2% Medicare, 14.8% Medi-Cal, .0% County, 4.1% Other, and 42.9% Insurance compared to budget of 38.7% Medicare, 16.1% Medi-Cal, .0% County, 3.1% Other, and 42.1% Insurance. Last month’s mix was 36.0% Medicare, 18.3% Medi-Cal, .0% County, 2.2% Other, and 43.5% Insurance. Year-to-date Gross Revenue Mix was 38.1% Medicare, 14.8% Medi-Cal, .0% County, 3.2% Other, and 43.9% Insurance compared to budget of 38.2% Medicare, 15.9% Medi-Cal, .0% County, 3.1% Other, and 42.8% Insurance.
- ❑ Current month’s Deductions from Revenue were \$17,605,476 compared to budget of \$14,815,727 or \$2,789,749 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .53% decrease in Medicare, a 1.32% decrease to Medi-Cal, County at budget, a 1.03% increase in Other, and Commercial was above budget .82% and 2) Revenues exceeded budget by 15.5%.

DESCRIPTION	June 2020 Actual	June 2020 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,042,807	6,054,319	11,512	Positive variance in Salaries & Wages due to mandatory one day per pay period PL for Management. This created a negative variance in PL/SL in the Benefits category.
Employee Benefits	2,156,199	2,189,723	33,524	We saw positive variances in Non-Productive relating to the year-end Accrued Payroll and Pension/Deferred Comp true-up. These were offset by negative variances in PL/SL and Other.
Benefits – Workers Compensation	122,403	78,105	(44,298)	
Benefits – Medical Insurance	727,124	1,177,057	449,933	
Medical Professional Fees	1,232,759	1,419,627	186,868	We saw positive variances in Multi-Specialty locums’ physician fees, Therapy fees in TFH IP, TC Occupational Therapy, and IVCH Therapy services, and Emergency Department locums’ fees due to the decrease in ED visits.
Other Professional Fees	239,365	179,112	(60,253)	Negative variance in Other Professional Fees related to consulting services provided to the Accounting department for the Cost Accounting/Decision Support implementation and to the I/T department for software conversion support and the Analytics Milestone project.
Supplies	1,957,354	2,037,378	80,024	Oncology Drugs Sold to Patients revenues were above budget by 68.68% creating a negative variance in Pharmaceuticals. The negative variance was offset by a positive variance in Patient & Other Medical Supplies as a result of true-up the year-end inventories.
Purchased Services	1,596,580	1,559,713	(36,867)	Annual software support contracts created a negative variance in Purchased Services.
Other Expenses	878,144	832,024	(46,120)	A year-end adjustment to the District’s Comprehensive Liability Insurance Plan created a negative variance in Insurance. Utilities and Marketing costs also came in above budget. These negative variances were mitigated, in most part, with positive variances in the remaining Other Expense categories.
Total Expenses	14,952,736	15,527,058	574,322	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
JUNE 2020 - PRELIMINARY

ASSETS	Jun-20	May-20	Jun-19	
CURRENT ASSETS				
* CASH	\$ 58,799,832	\$ 54,030,115	\$ 22,806,867	1
PATIENT ACCOUNTS RECEIVABLE - NET	19,186,443	21,593,893	27,216,443	2
OTHER RECEIVABLES	6,790,358	6,891,344	8,788,204	
GO BOND RECEIVABLES	9,727	(402,148)	272,775	
ASSETS LIMITED OR RESTRICTED	8,135,165	8,063,422	7,493,072	
INVENTORIES	3,828,579	3,511,287	3,484,526	3
PREPAID EXPENSES & DEPOSITS	2,537,508	2,374,721	2,523,870	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	8,040,941	6,844,731	8,364,538	4
TOTAL CURRENT ASSETS	<u>107,328,554</u>	<u>102,907,365</u>	<u>80,950,295</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,022	74,384,022	64,211,838	1
MUNICIPAL LEASE 2018	2,354,714	2,350,316	3,497,294	
TOTAL BOND TRUSTEE 2017	20,530	20,530	20,286	
TOTAL BOND TRUSTEE 2015	1,310,432	1,173,334	1,300,670	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	3,951,201	3,950,157	3,539,879	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,286	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,134,903	
WORKERS COMPENSATION FUND	22,144	47,043	23,688	
TOTAL	<u>83,184,268</u>	<u>83,066,627</u>	<u>73,731,844</u>	
LESS CURRENT PORTION	<u>(8,135,165)</u>	<u>(8,063,422)</u>	<u>(7,493,072)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>75,049,103</u>	<u>75,003,206</u>	<u>66,238,772</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(381,754)	(381,754)	451,785	
PROPERTY HELD FOR FUTURE EXPANSION	910,968	906,720	845,257	
PROPERTY & EQUIPMENT NET	176,432,490	177,035,861	176,297,500	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,791,406</u>	<u>1,791,406</u>	<u>1,791,406</u>	
TOTAL ASSETS	<u>361,130,766</u>	<u>357,262,803</u>	<u>326,575,015</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	387,885	391,118	426,674	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,847,362	1,782,460	1,370,780	5
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,414,174	5,437,879	5,698,631	
GO BOND DEFERRED FINANCING COSTS	421,658	423,593	444,873	
DEFERRED FINANCING COSTS	<u>162,283</u>	<u>163,323</u>	<u>174,767</u>	
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 8,233,363</u>	<u>\$ 8,198,373</u>	<u>\$ 8,115,725</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 7,140,035	\$ 5,687,901	\$ 9,187,432	6
ACCRUED PAYROLL & RELATED COSTS	13,621,818	13,246,346	16,869,034	7
INTEREST PAYABLE	537,185	435,999	488,376	
INTEREST PAYABLE GO BOND	1,528,943	1,248,454	1,526,854	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,024,606	23,690,397	2,432,390	
HEALTH INSURANCE PLAN	2,166,758	2,166,758	2,042,670	
WORKERS COMPENSATION PLAN	2,396,860	2,396,860	2,396,860	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,362,793	1,172,232	1,172,232	8
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,574,042	2,612,247	2,547,744	
TOTAL CURRENT LIABILITIES	<u>55,683,040</u>	<u>53,987,194</u>	<u>39,993,592</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	32,810,688	32,999,892	36,499,169	
GO BOND DEBT NET OF CURRENT MATURITIES	99,339,040	99,352,461	100,830,088	
DERIVATIVE INSTRUMENT LIABILITY	<u>1,847,362</u>	<u>1,782,460</u>	<u>1,370,780</u>	5
TOTAL LIABILITIES	<u>189,680,130</u>	<u>188,122,006</u>	<u>178,693,629</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	178,546,117	176,201,288	154,862,208	
RESTRICTED	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,134,903</u>	
TOTAL NET POSITION	<u>\$ 179,683,999</u>	<u>\$ 177,339,170</u>	<u>\$ 155,997,111</u>	

* Amounts included for Days Cash on Hand calculation











TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
JUNE 2020 - PRELIMINARY

1. Working Capital is at 112.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 255.0 days. Working Capital cash increased a net \$4,770,000. Accounts Payable increased \$1,452,000 (See Note 6) and Accrued Payroll & Related Costs increased \$375,000 (See Note 7). The District received remittance from the State for participation in the Outpatient Supplemental program in the amount of \$1,588,000 (See Note 4) and cash collections were above budget by 62%.
2. Net Patient Accounts Receivable decreased approximately \$2,407,000. Cash collections were 162% of target. EPIC Days in A/R were 89.6 compared to 102.1 at the close of May, a 12.50 days decrease. Under normal operations, Days in A/R would have been 67.3.
3. Inventories increased \$317,000 after adjusting the year-end values counted by our Third Party vendor.
4. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,196,000. The District recorded the estimated June FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs. The District received and recorded \$1,588,000 from the State for the FY19 Outpatient Supplemental program and booked a \$3,065,000 receivable due from the Medicare program for incorrect withholds in prior periods.
5. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
6. Accounts Payable increased \$1,452,000 due to the timing of the final check run in June. We expect this variance to increase as we book the final FY20 accrued expenses.
7. Accrued Payroll & Related Costs increased a net \$375,000 due to adjustments to the Employer's portion of Deferred Comp, Accrued Payroll and Payroll liability accounts.
8. Comprehensive Liability Insurance Plan increased \$191,000 after recording additional amounts reported by our Third Party Administrator.

**Tahoe Forest Hospital District
Cash Investment
June 2020 - Preliminary**

WORKING CAPITAL			
US Bank	\$ 57,647,639	0.01%	
US Bank/Kings Beach Thrift Store	96,980		
US Bank/Truckee Thrift Store	40,210		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,003</u>	0.05%	
Total			\$ 58,799,832
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
 Building Fund			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	<u>74,384,022</u>	1.08%	
			\$ 74,384,022
 Municipal Lease 2018			
			\$ 2,354,714
Bonds Cash 2017			
			\$ 20,530
Bonds Cash 2015			
			\$ 1,310,432
GO Bonds Cash 2008			
			\$ 3,951,201
 DX Imaging Education			
Workers Comp Fund - B of A	\$ 3,343		
	22,144		
 Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ <u>25,487</u>
TOTAL FUNDS			\$ 140,846,218
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	1.08%	
TOTAL RESTRICTED FUNDS			\$ <u>1,137,882</u>
TOTAL ALL FUNDS			\$ <u><u>141,984,100</u></u>

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
JUNE 2020 - PRELIMINARY**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16	<u>FY 2015</u> Jul 14 to June 15	<u>FY 2014</u> Jul 13 to June 14
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position		↑	4.6%		13.2%	13.1%	5.1%	14.4%	10.9%	2.19%	.001%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		89	69	68	55	57	60	75
<u>Gross Accounts Receivable</u> 365 Days					73	71	73	55	55	62	75
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 147 Days Budget 4th Qtr 146 Days Projected 4th Qtr 245 Days	60 Days A- 214 Days BBB- 129 Days	255	179	176	191	201	156	164
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		↓	13%		31%	35%	22%	17%	19%	18%	22%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		↓	18%		40%	42%	25%	18%	24%	23%	25%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 	↑	FYE Budget \$505,733 End 4th Qtr Budget \$505,733 End 4th Qtr Actual \$523,994		\$523,994	\$473,890	\$333,963	\$348,962	\$313,153	\$290,776	\$286,394
Debt Service Coverage: Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 12.80 With GO Bond 2.75	1.95	7.93 4.39	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77	3.28 1.59	2.18 1.29

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2020 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JUNE 2019
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE				OPERATING REVENUE				
\$ 34,186,390	\$ 29,590,790	\$ 4,595,600	15.5%	\$ 378,688,373	\$ 372,785,232	\$ 5,903,141	1.6%	1 \$ 358,355,251
Total Gross Revenue				Total Gross Revenue				
Gross Revenues - Inpatient				Gross Revenues - Inpatient				
\$ 2,973,044	\$ 2,627,287	\$ 345,757	13.2%	\$ 34,783,399	\$ 30,292,941	\$ 4,490,458	14.8%	\$ 35,823,807
4,831,575	5,631,510	(799,935)	-14.2%	53,268,416	67,060,780	(13,792,364)	-20.6%	59,157,733
7,804,620	8,258,797	(454,177)	-5.5%	88,051,816	97,353,721	(9,301,905)	-9.6%	94,981,540
Total Gross Revenue - Inpatient				Total Gross Revenue - Inpatient				
26,381,771	21,331,993	5,049,778	23.7%	290,636,557	275,431,511	15,205,046	5.5%	263,373,711
26,381,771	21,331,993	5,049,778	23.7%	290,636,557	275,431,511	15,205,046	5.5%	263,373,711
Total Gross Revenue - Outpatient				Total Gross Revenue - Outpatient				
Deductions from Revenue:				Deductions from Revenue:				
15,715,947	13,258,062	(2,457,885)	-18.5%	165,845,843	166,550,606	704,763	0.4%	2 160,654,490
-	-	-	0.0%	1,000,000	-	(1,000,000)	0.0%	2 -
2,176,283	1,051,724	(1,124,559)	-106.9%	15,292,435	13,379,124	(1,913,311)	-14.3%	2 13,478,925
-	-	-	0.0%	-	-	-	0.0%	2 -
(236,498)	505,941	742,439	146.7%	6,666,776	6,546,752	(120,024)	-1.8%	2 2,515,465
(50,256)	-	50,256	0.0%	(1,647,357)	-	1,647,357	0.0%	2 (7,173,354)
17,605,476	14,815,727	(2,789,749)	-18.8%	187,157,698	186,476,482	(681,216)	-0.4%	169,475,526
74,378	100,022	(25,643)	-25.6%	1,110,367	1,361,560	(251,194)	-18.4%	3 1,176,626
1,018,668	936,474	82,194	8.8%	12,668,243	11,631,085	1,037,158	8.9%	3 11,595,967
17,673,961	15,811,559	1,862,402	11.8%	205,309,285	199,301,395	20,891,749	10.5%	201,652,318
OPERATING EXPENSES				OPERATING EXPENSES				
6,042,807	6,054,319	11,512	0.2%	73,970,183	72,925,225	(1,044,958)	-1.4%	4 65,598,127
2,156,199	2,189,723	33,524	1.5%	24,751,499	22,640,087	(2,111,412)	-9.3%	4 20,486,850
122,403	78,105	(44,298)	-56.7%	934,390	937,260	2,870	0.3%	4 1,250,872
727,124	1,177,057	449,933	38.2%	12,517,789	14,124,684	1,606,895	11.4%	4 10,974,194
1,232,759	1,419,627	186,868	13.2%	16,992,074	17,198,291	206,217	1.2%	5 25,354,073
239,365	179,112	(60,253)	-33.6%	2,878,326	2,705,539	(172,787)	-6.4%	5 2,285,962
1,957,354	2,037,378	80,024	3.9%	28,443,843	26,835,577	(1,608,266)	-6.0%	6 25,235,043
1,596,580	1,559,713	(36,867)	-2.4%	20,164,982	19,207,458	(957,524)	-5.0%	7 16,752,251
878,144	832,024	(46,120)	-5.5%	9,038,353	10,554,335	1,515,982	14.4%	8 8,404,785
14,952,736	15,527,058	574,322	3.7%	189,691,440	187,128,456	(2,562,984)	-1.4%	176,342,157
2,721,225	284,501	2,436,724	856.5%	15,617,845	12,172,939	3,444,905	28.3%	25,310,161
NET OPERATING REVENUE (EXPENSE) EBIDA				NET OPERATING REVENUE (EXPENSE) EBIDA				
NON-OPERATING REVENUE/(EXPENSE)				NON-OPERATING REVENUE/(EXPENSE)				
565,128	509,562	55,566	10.9%	6,234,556	5,953,440	281,117	4.7%	9 6,372,055
412,919	412,919	0	0.0%	4,955,033	4,955,033	0	0.0%	5,220,232
99,609	159,880	(60,271)	-37.7%	1,812,439	1,925,280	(112,841)	-5.9%	10 1,775,147
-	-	-	0.0%	-	-	-	0.0%	-
(7,708)	88,155	(95,863)	-108.7%	1,282,178	1,057,862	224,316	21.2%	11 947,580
-	-	-	0.0%	(833,539)	-	(833,539)	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 (538,384)
-	-	-	0.0%	7,546	-	7,546	0.0%	13 18,969
133,490	-	133,490	100.0%	13,521,428	-	13,521,428	100.0%	14 -
(1,154,497)	(1,154,615)	118	0.0%	(13,853,962)	(13,855,386)	1,424	0.0%	15 (13,546,193)
(132,630)	(113,573)	(19,057)	-16.8%	(1,431,167)	(1,395,341)	(35,826)	-2.6%	16 (1,316,891)
(292,708)	(301,788)	9,080	3.0%	(3,625,470)	(3,625,033)	(437)	0.0%	(3,814,108)
(376,395)	(399,460)	23,065	5.8%	8,069,043	(4,984,145)	13,053,188	261.9%	(4,881,593)
\$ 2,344,829	\$ (114,959)	\$ 2,459,788	-2139.7%	\$ 23,686,888	\$ 7,188,794	\$ 16,498,094	229.5%	\$ 20,428,568
INCREASE (DECREASE) IN NET POSITION				INCREASE (DECREASE) IN NET POSITION				
NET POSITION - BEGINNING OF YEAR				NET POSITION - BEGINNING OF YEAR				
NET POSITION - AS OF JUNE 30, 2020				NET POSITION - AS OF JUNE 30, 2020				
8.0%	1.0%	7.0%		4.1%	3.3%	0.9%		7.1%
RETURN ON GROSS REVENUE EBIDA				RETURN ON GROSS REVENUE EBIDA				







TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2020 - PRELIMINARY

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>JUNE 2020</u>	<u>YTD 2020</u>
1) Gross Revenues			
Acute Patient Days were above budget 9.35% or 39 days. Swing Bed days were below budget 47.73% or 21 days. Inpatient Ancillary revenues were below budget due to Inpatient Surgical cases coming in below budget 15.88% and lower acuity in our patient population.	Gross Revenue -- Inpatient	\$ (454,177)	\$ (9,301,905)
	Gross Revenue -- Outpatient	5,049,778	15,205,046
	Gross Revenue -- Total	<u>\$ 4,595,600</u>	<u>\$ 5,903,141</u>
Outpatient volumes were above budget in the following departments: Home Health visits, Surgery cases, Laboratory tests, EKGs, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for June shows a .53% decrease to Medicare, a 1.32% decrease to Medi-Cal, 1.03% increase to Other, County at budget, and a .82% increase to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget 15.5% along with a shift from Bad Debt to Charity Care.	Contractual Allowances	\$ (2,457,885)	\$ 704,763
	Managed Care	\$ -	\$ (1,000,000)
	Charity Care	(1,124,559)	(1,913,311)
	Charity Care - Catastrophic	-	-
	Bad Debt	742,439	(120,024)
	Prior Period Settlements	50,256	1,647,357
	Total	<u>\$ (2,789,749)</u>	<u>\$ (681,216)</u>
3) Other Operating Revenue			
Retail Pharmacy revenues exceeded budget by 33.71%.	Retail Pharmacy	\$ 76,529	\$ 833,351
We witnessed negative variances in Thrift Store revenues, Fitness & Wellness classes offered at The Center, Children's Center revenues, Cafeteria sales, and Community Wellness classes due to temporarily closing down certain retail services stemming from COVID-19 and social distancing requirements.	Hospice Thrift Stores	(13,008)	(367,821)
	The Center (non-therapy)	(19,998)	(40,240)
	IVCH ER Physician Guarantee	(5,186)	68,505
	Children's Center	(1,841)	(125,777)
	Miscellaneous	21,390	651,317
	Oncology Drug Replacement	-	-
	Grants	24,309	17,823
	Total	<u>\$ 82,194</u>	<u>\$ 1,037,158</u>
Positive variance in Grants related to the Prime Sub Oxone program and SHIP Grant funds received.			
4) Salaries and Wages			
Positive variance related to greater use of Paid Leave.	Total	\$ 11,512	\$ (1,044,958)
Employee Benefits			
Negative variance in PL/SL related to mandatory one day per pay period use of PL for Management. This also led to a positive variance in Salaries and Wages.	PL/SL	\$ (150,941)	\$ (1,789,324)
	Nonproductive	141,100	(129,755)
	Pension/Deferred Comp	191,739	190,701
	Standby	(3,850)	(33,728)
	Other	(144,524)	(349,306)
	Total	<u>\$ 33,524</u>	<u>\$ (2,111,412)</u>
Positive variance in Non-Productive is the result of the year-end true-up of Accrued Payroll.			
Positive variance in Pension/Deferred Comp related to the year-end true-up of the employer's portion of Deferred Comp liability.			
Negative variance in Other related to Employer Payroll Taxes and year-end adjustments to Accrued Payroll Taxes.			
Employee Benefits - Workers Compensation	Total	<u>\$ (44,298)</u>	<u>\$ 2,870</u>
Employee Benefits - Medical Insurance	Total	<u>\$ 449,933</u>	<u>\$ 1,606,895</u>
5) Professional Fees			
Positive variance in Multi-Specialty Clinics related to budgeted locums physician fees for Neurology which is now a salaried position.	Multi-Specialty Clinics	\$ 43,180	\$ (648,937)
	Miscellaneous	(61,679)	(462,525)
	Information Technology	(44,698)	(129,995)
	The Center (includes OP Therapy)	(52,228)	(124,619)
	Human Resources	8,215	(81,501)
Consulting services provided to Accounting for the Cost Accounting/Decision Support software implementations created a negative variance in Miscellaneous.	Financial Administration	(20,040)	(34,099)
	Home Health/Hospice	10,056	(17,345)
	Truckee Surgery Center	-	(146)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Medical Staff Services	3,175	6,483
	Corporate Compliance	1,103	23,103
	Multi-Specialty Clinics Administration	1,368	23,528
	IVCH ER Physicians	4,727	29,337
	Managed Care	2,890	39,923
	Marketing	3,183	67,742
	Sleep Clinic	11,891	77,781
	Administration	42,684	174,011
	Oncology	17,435	183,184
Negative variance in Information Technology related to consulting services provided for the I/T Analytics Milestone project and software conversion support.			
Physical, Speech, and Occupational Therapies revenues exceeded budget, creating a negative variance in The Center (includes OP Therapy).			

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JUNE 2020 - PRELIMINARY

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>JUNE 2020</u>	<u>YTD 2020</u>
5) Professional Fees (cont.)	TFH/IVCH Therapy Services TFH IP Therapies, Tahoe City Occupational Therapy, and IVCH Therapies revenues were below budget, creating a positive variance in TFH/IVCH Therapy Services	TFH/IVCH Therapy Services TFH Locums Total	95,782 59,571 <u>\$ 126,615</u>
Positive variance in TFH Locums associated with a decrease in Emergency visits.			
6) Supplies	Oncology Drugs Sold to Patients revenues were above budget by 68.68%, creating a negative variance in Pharmacy Supplies Negative variance in Minor Equipment related to PPE and other supplies for use in treating COVID-19 patients and ensuring protection of Clinicians and Staff. Positive variance in Patient & Other Medical Supplies is a result of adjusting the year-end inventory being carried on the books after receiving final inventory counts from our third party vendor.	Pharmacy Supplies Minor Equipment Other Non-Medical Supplies Office Supplies Patient & Other Medical Supplies Food Total	\$ (177,766) (16,439) (7,226) 8,731 246,892 25,832 <u>\$ 80,024</u>
7) Purchased Services	Negative variance in Information Technology related to the receipt of an annual software support contract in June that started in January so 1/6th of the annual contract had to be written down in June. Human Resources Pre-Employment and Employee Health screenings came in below budget, creating a positive variance in this category.	Miscellaneous Medical Records Patient Accounting Diagnostic Imaging Services - All Information Technology Community Development Department Repairs The Center Pharmacy IP Home Health/Hospice Laboratory Multi-Specialty Clinics Human Resources Total	\$ 1,261 (9,117) (175) 2,471 (86,327) 214 (1,249) 9,366 5,960 1,122 2,105 10,619 26,883 <u>\$ (36,867)</u>
8) Other Expenses	Rental fees for the Mobile CT created the negative variance in Equipment Rent. An additional amount was booked to the District's Comprehensive Liability IBNR after receiving the year-end amounts from our Third Party Administrator, creating a negative variance in Insurance. An application fee for Radiation Oncology to participate in the Accreditation Program for Excellence created a negative variance in Dues and Subscriptions. Rural credits for the District's communication systems was budgeted in June. These credits have been decreasing over this past fiscal year which created a negative variance in Utilities. The quarterly transfer of Construction Labor to capitalized building projects created a positive variance in Miscellaneous.	Equipment Rent Insurance Physician Services Multi-Specialty Clinics Equip Rent Other Building Rent Dues and Subscriptions Multi-Specialty Clinics Bldg Rent Utilities Human Resources Recruitment Marketing Outside Training & Travel Miscellaneous Total	\$ (12,911) (192,315) 1,937 (828) 957 (17,745) (3,394) (35,367) 12,500 (10,992) 86,230 125,807 <u>\$ (46,120)</u>
9) District and County Taxes	This District received pass thru property tax revenues from the Town of Truckee, creating a positive variance in District and County taxes.	Total	<u>\$ 55,566</u>
10) Interest Income	The impact on the country's economy due to COVID-19 has caused interest rates to increasingly fall, creating a negative variance in Interest Income.	Total	<u>\$ (60,271)</u>
11) Donations		IVCH Operational Total	\$ (41,334) (54,529) <u>\$ (95,863)</u>
12) Gain/(Loss) on Joint Investment		Total	<u>\$ -</u>
13) Gain/(Loss) on Sale or Disposal of Assets		Total	<u>\$ -</u>
14) COVID-19 Emergency Funding	The District received additional funds through the HHS Stimulus program in June.	Total	<u>\$ 133,490</u>
15) Depreciation Expense		Total	<u>\$ 118</u>
16) Interest Expense		Total	<u>\$ (19,057)</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
JUNE 2020 - PRELIMINARY

	Current Status	Desired Position	Target	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16	<u>FY 2015</u> Jul 14 to June 15	<u>FY 2014</u> Jul 13 to June 14
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 1.9% 4th Qtr 1.9%	6.3%	5.7%	2.6%	7.4%	5.5%	1.0%	.01%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 4th Qtr 3.6%	4.0%	3.8%	3.3%	3.1%	3.4%	3.1%	3.2%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.8% 4th Qtr 1.8%	1.8%	.1%	.1%	-.0%	-.2%	1.6%	1.6%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 10.2% 4th Qtr 10.2%	1.9%	11.5%	4.8%	7.9%	11.3%	9.1%	4.9%
Operating Expense Variance to Budget (Under<Over>)		↑	-0-	\$390,872	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)	\$2,129,279
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 3.3% 4th Qtr 3.3%	4.1%	7.1%	4.5%	7.9%	7.3%	3.5%	2.0%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
JUNE 2020 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	JUNE 2019		
				OPERATING REVENUE						
\$ 2,050,045	\$ 2,000,144	\$ 49,901	2.5%	Total Gross Revenue	\$ 23,239,753	\$ 27,272,407	\$ (4,032,654)	-14.8%	1	\$ 23,964,802
				Gross Revenues - Inpatient						
\$ -	\$ 4,724	\$ (4,724)	-100.0%	Daily Hospital Service	\$ 16,423	\$ 113,150	\$ (96,727)	-85.5%		\$ 73,173
-	632	(632)	-100.0%	Ancillary Service - Inpatient	18,864	80,437	(61,574)	-76.5%		54,812
-	5,356	(5,356)	-100.0%	Total Gross Revenue - Inpatient	35,287	193,587	(158,301)	-81.8%	1	127,985
2,050,045	1,994,788	55,257	2.8%	Gross Revenue - Outpatient	23,204,466	27,078,820	(3,874,354)	-14.3%		23,836,817
2,050,045	1,994,788	55,257	2.8%	Total Gross Revenue - Outpatient	23,204,466	27,078,820	(3,874,354)	-14.3%	1	23,836,817
				Deductions from Revenue:						
863,159	810,903	(52,256)	-6.4%	Contractual Allowances	9,978,949	11,004,094	1,025,145	9.3%	2	8,650,889
193,005	85,147	(107,858)	-126.7%	Charity Care	1,284,244	1,276,740	(7,504)	-0.6%	2	1,075,385
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
(34,503)	85,147	119,650	140.5%	Bad Debt	1,281,998	1,276,740	(5,258)	-0.4%	2	1,126,439
14,300	-	(14,300)	0.0%	Prior Period Settlements	(215,232)	-	215,232	0.0%	2	55,089
1,035,961	981,197	(54,764)	-5.6%	Total Deductions from Revenue	12,329,959	13,557,574	1,227,615	9.1%	2	10,907,802
74,227	80,529	(6,302)	-7.8%	Other Operating Revenue	1,171,316	1,105,623	65,693	5.9%	3	1,122,082
1,088,311	1,099,476	(11,165)	-1.0%	TOTAL OPERATING REVENUE	12,081,110	14,820,456	(2,739,346)	-18.5%		14,179,082
				OPERATING EXPENSES						
377,674	334,860	(42,814)	-12.8%	Salaries and Wages	4,286,904	4,397,793	110,889	2.5%	4	3,942,282
149,770	156,506	6,736	4.3%	Benefits	1,616,295	1,474,094	(142,201)	-9.6%	4	1,333,733
3,013	4,303	1,290	30.0%	Benefits Workers Compensation	61,620	51,636	(9,984)	-19.3%	4	74,401
35,683	67,391	31,708	47.1%	Benefits Medical Insurance	710,135	808,692	98,557	12.2%	4	646,388
168,419	226,618	58,199	25.7%	Medical Professional Fees	2,803,129	2,956,196	153,067	5.2%	5	3,313,024
8,760	1,536	(7,224)	-470.3%	Other Professional Fees	28,386	18,435	(9,951)	-54.0%	5	21,350
50,870	51,337	467	0.9%	Supplies	579,620	714,608	134,988	18.9%	6	650,448
44,651	52,916	8,265	15.6%	Purchased Services	760,120	672,826	(87,294)	-13.0%	7	580,256
60,761	100,180	39,419	39.3%	Other	796,274	939,074	142,800	15.2%	8	861,365
899,600	995,647	96,047	9.6%	TOTAL OPERATING EXPENSE	11,642,482	12,033,354	390,872	3.2%		11,423,247
188,711	103,829	84,882	81.8%	NET OPERATING REV(EXP) EBIDA	438,627	2,787,102	(2,348,475)	-84.3%		2,755,835
				NON-OPERATING REVENUE/(EXPENSE)						
-	41,334	(41,334)	-100.0%	Donations-IVCH	589,048	496,003	93,045	18.8%	9	209,347
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
84,029	-	84,029	100.0%	COVID-19 Emergency Funding	3,693,119	-	3,693,119	100.0%	11	-
(65,676)	(65,043)	(633)	1.0%	Depreciation	(788,110)	(780,514)	(7,596)	-1.0%	12	(765,335)
18,353	(23,709)	42,062	177.4%	TOTAL NON-OPERATING REVENUE/(EXP)	3,494,057	(284,511)	3,778,568	1328.1%		(555,988)
\$ 207,064	\$ 80,120	\$ 126,944	158.4%	EXCESS REVENUE(EXPENSE)	\$ 3,932,684	\$ 2,502,591	\$ 1,430,093	57.1%		\$ 2,199,847
9.2%	5.2%	4.0%		RETURN ON GROSS REVENUE EBIDA	1.9%	10.2%	-8.3%			11.5%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JUNE 2020 - PRELIMINARY**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>JUNE 2020</u>	<u>YTD 2020</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 1 at 0 and Observation Days were above budget by 1 at 1.	Gross Revenue -- Inpatient	\$ (5,356)	\$ (158,301)
	Gross Revenue -- Outpatient	55,257	(3,874,354)
		<u>\$ 49,901</u>	<u>\$ (4,032,654)</u>
Outpatient volumes were above budget in Emergency Department visits, Laboratory tests, and Cat Scans.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 1.70% increase in Medicare, a 2.96% increase in Medicaid, a 3.23% decrease in Commercial insurance, a 1.42% decrease in Other, and County was below budget by .01%. We saw a negative variance in Contractuals due to revenues exceeding budget by 2.5% and the shift in Payor Mix from Commercial to Medicaid.	Contractual Allowances	\$ (52,256)	\$ 1,025,145
	Charity Care	(107,858)	(7,504)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	119,650	(5,258)
	Prior Period Settlement	(14,300)	215,232
	Total	<u>\$ (54,764)</u>	<u>\$ 1,227,615</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections which fell short of budget in June.	IVCH ER Physician Guarantee	\$ (5,186)	\$ 68,505
	Miscellaneous	(1,116)	(2,812)
	Total	<u>\$ (6,302)</u>	<u>\$ 65,693</u>
4) <u>Salaries and Wages</u>			
We saw negative variances in Technical and RN salaries along with physician salaries which were budgeted under Professional Fees but later joined the employment model.	Total	<u>\$ (42,814)</u>	<u>\$ 110,889</u>
<u>Employee Benefits</u>	PL/SL	\$ (21,123)	\$ (181,005)
Negative variance in PL/SL related to mandatory one day of PL per pay period for Management.	Standby	3,043	22,001
	Other	(15,437)	(27,885)
Positive variance in Pension/Deferred Comp related to the year-end true-up of the employer's portion of Deferred Comp liability.	Nonproductive	10,044	15,470
	Pension/Deferred Comp	30,209	29,217
Negative variance in Non-Productive is the result of the year-end true-up of Accrued Payroll.	Total	<u>\$ 6,736</u>	<u>\$ (142,201)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 1,290</u>	<u>\$ (9,984)</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ 31,708</u>	<u>\$ 98,557</u>
5) <u>Professional Fees</u>			
Fees to prepare and file the Foundation's FY19 tax returns created a negative variance in Foundation.	Multi-Specialty Clinics	\$ -	\$ (111,907)
	Foundation	(7,223)	(9,951)
	Administration	-	-
	Miscellaneous	776	1,070
Sleep Clinic Pro Fees are tied to collections which fell short of budget in June.	IVCH ER Physicians	4,727	29,337
	Sleep Clinic	11,891	77,781
IVCH Therapy volumes exceeded budget in June, however, an over accrual of estimated May fees created a positive variance in Therapy Services.	Therapy Services	40,806	156,787
	Total	<u>\$ 50,975</u>	<u>\$ 143,116</u>
6) <u>Supplies</u>			
Pharmacy revenues exceeded budget, creating a negative variance in Pharmacy Supplies.	Imaging Film	\$ -	\$ -
	Food	679	75
	Non-Medical Supplies	33	1,699
	Office Supplies	443	5,359
	Minor Equipment	2,085	10,572
	Patient & Other Medical Supplies	3,500	43,294
	Pharmacy Supplies	(6,272)	73,990
	Total	<u>\$ 467</u>	<u>\$ 134,988</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JUNE 2020 - PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		JUNE 2020	YTD 2020
7) <u>Purchased Services</u>	Miscellaneous	\$ 1,676	\$ (109,734)
Diagnostic Imaging and Cat Scan maintenance agreements and minor Facility repairs created a negative variance in Department Repairs.	Diagnostic Imaging Services - All	1,789	(5,675)
	Multi-Specialty Clinics	92	(4,655)
	Pharmacy	(491)	(4,512)
In Home Donor events planned for June did not take place due to continued Social Distancing requirements, creating a positive variance in Foundation.	Department Repairs	(1,673)	(2,740)
	Surgical Services	-	-
	Laboratory	992	109
	Foundation	3,075	4,757
	EVS/Laundry	525	13,797
	Engineering/Plant/Communications	2,281	21,358
	Total	\$ 8,265	\$ (87,294)
8) <u>Other Expenses</u>	Utilities	\$ 24,510	\$ 8,670
Telephone costs came in below budget creating a positive variance in Utilities.	Other Building Rent	(886)	(8,112)
	Equipment Rent	2,644	1,245
	Dues and Subscriptions	1,930	1,267
An additional amount was booked to the District's Comprehensive Liability IBNR after receiving the year-end amounts from our Third Party Administrator, creating a negative variance in Insurance.	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Marketing	3,337	10,912
	Insurance	(14,068)	(1,717)
Transfer of Laboratory Labor costs from TFH to IVCH and In Home Donor events not transpiring created a positive variance in Miscellaneous.	Outside Training & Travel	3,577	42,310
	Miscellaneous	18,372	88,227
	Total	\$ 39,417	\$ 142,801
9) <u>Donations</u>	Total	\$ (41,334)	\$ 93,045
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ 84,029	\$ 3,693,119
Funds received through Nevada's Rural Hospital Partnership for HHS Funding to prevent, prepare for, and respond to COVID-19 created a positive variance in COVID-19 Emergency Funding.			
12) <u>Depreciation Expense</u>	Total	\$ (633)	\$ (7,596)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2019		BUDGET FYE 2020	PRELIMINARY FYE 2020	PRELIMINARY JUNE 2020	PROJECTED JUNE 2020	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PRELIMINARY 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 25,310,161		\$ 12,072,919	\$ 15,617,845	\$ 2,721,225	\$ (823,382)	\$ 3,544,607	\$ 9,856,557	\$ 6,757,769	\$ 2,354,328	\$ (3,350,809)
Interest Income	1,322,573		1,854,579	1,554,599	-	500	(500)	414,192	423,396	387,673	329,339
Property Tax Revenue	7,435,543		7,125,000	7,928,820	6,532	-	6,532	496,314	96,653	4,303,508	3,032,345
Donations	968,991		1,060,000	1,282,178	835,574	850,000	(14,426)	75,072	69,371	198,420	939,315
Emergency Funds	-		-	13,521,428	133,490	49,461	84,029	-	-	-	13,521,428
Debt Service Payments	(3,938,422)		(5,031,900)	(4,863,882)	(352,818)	(1,011,408)	658,590	(1,522,582)	(1,060,089)	(1,291,601)	(989,609)
Property Purchase Agreement	(270,643)		(811,932)	(805,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(264,642)	(135,321)
2018 Municipal Lease	(1,148,646)		(1,717,332)	(1,574,216)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,332)
Copier	(24,163)		(64,560)	(62,040)	(4,950)	(5,380)	430	(16,235)	(16,139)	(16,001)	(13,665)
2017 VR Demand Bond	(853,995)		(792,912)	(790,555)	-	(658,159)	658,159	(620,221)	-	(170,334)	-
2015 Revenue Bond	(1,640,975)		(1,645,164)	(1,631,144)	(137,097)	(137,097)	(0)	(396,924)	(411,636)	(411,292)	(411,292)
Physician Recruitment	(145,863)		(180,000)	(263,670)	-	(15,000)	15,000	(152,500)	(111,170)	-	-
Investment in Capital											
Equipment	(3,296,438)		(5,320,498)	(3,468,675)	(106,620)	(50,000)	(56,620)	(688,769)	(983,613)	(1,382,675)	(413,618)
Municipal Lease Reimbursement	4,530,323		4,650,000	1,164,582	-	-	-	-	608,279	556,303	-
IT/EMR/Business Systems	(3,016,084)		(4,222,246)	(2,651,366)	(145,980)	(100,000)	(45,980)	(667,043)	(501,585)	(1,069,604)	(413,134)
Building Projects/Properties	(12,443,362)		(23,169,292)	(7,856,428)	(297,486)	(708,500)	411,014	(2,220,489)	(3,431,604)	(1,234,758)	(969,577)
Capital Investments	(916,898)		-	-	-	-	-	-	-	-	-
Change in Accounts Receivable	(2,492,148)	N1	2,451,297	6,981,852	2,407,450	(1,614,728)	4,022,178	(708,340)	1,165,101	3,075,661	3,449,430
Change in Settlement Accounts	265,612	N2	1,615,831	20,915,813	(1,862,001)	1,568,182	(3,430,183)	(4,680,479)	(410,433)	(805,682)	26,812,407
Change in Other Assets	(5,018,346)	N3	(2,400,000)	565,030	(498,441)	(500,000)	1,559	3,116,473	(479,352)	(1,407,249)	(664,842)
Change in Other Liabilities	7,647,518	N4	(695,000)	(4,245,457)	1,928,792	2,500,000	(571,208)	507,806	(5,762,386)	3,189,297	(2,180,174)
Change in Cash Balance	16,213,160		(10,189,310)	46,182,670	4,769,717	145,127	4,624,590	3,826,212	(3,619,663)	6,873,620	39,102,501
Beginning Unrestricted Cash	70,805,546		87,018,706	87,018,706	128,414,137	128,414,137	-	87,018,706	90,844,918	87,225,255	94,098,876
Ending Unrestricted Cash	87,018,706		76,829,396	112,820,839	112,803,317	108,178,727	4,624,590	90,844,918	87,225,255	94,098,876	112,820,839
Restricted Cash - Medicare Accelerated Pymts	-		-	20,380,537	20,380,537	20,380,537	-	-	-	-	20,380,537
Expense Per Day	486,737		516,504	522,193	522,193	521,130	1,063	519,036	509,924	518,350	522,193
Days Cash On Hand - Unrestricted	179		149	216	216	208	8	175	171	182	216
Days Cash On Hand - with Medicare Acc Pymts				255	255	247					255

Footnotes:

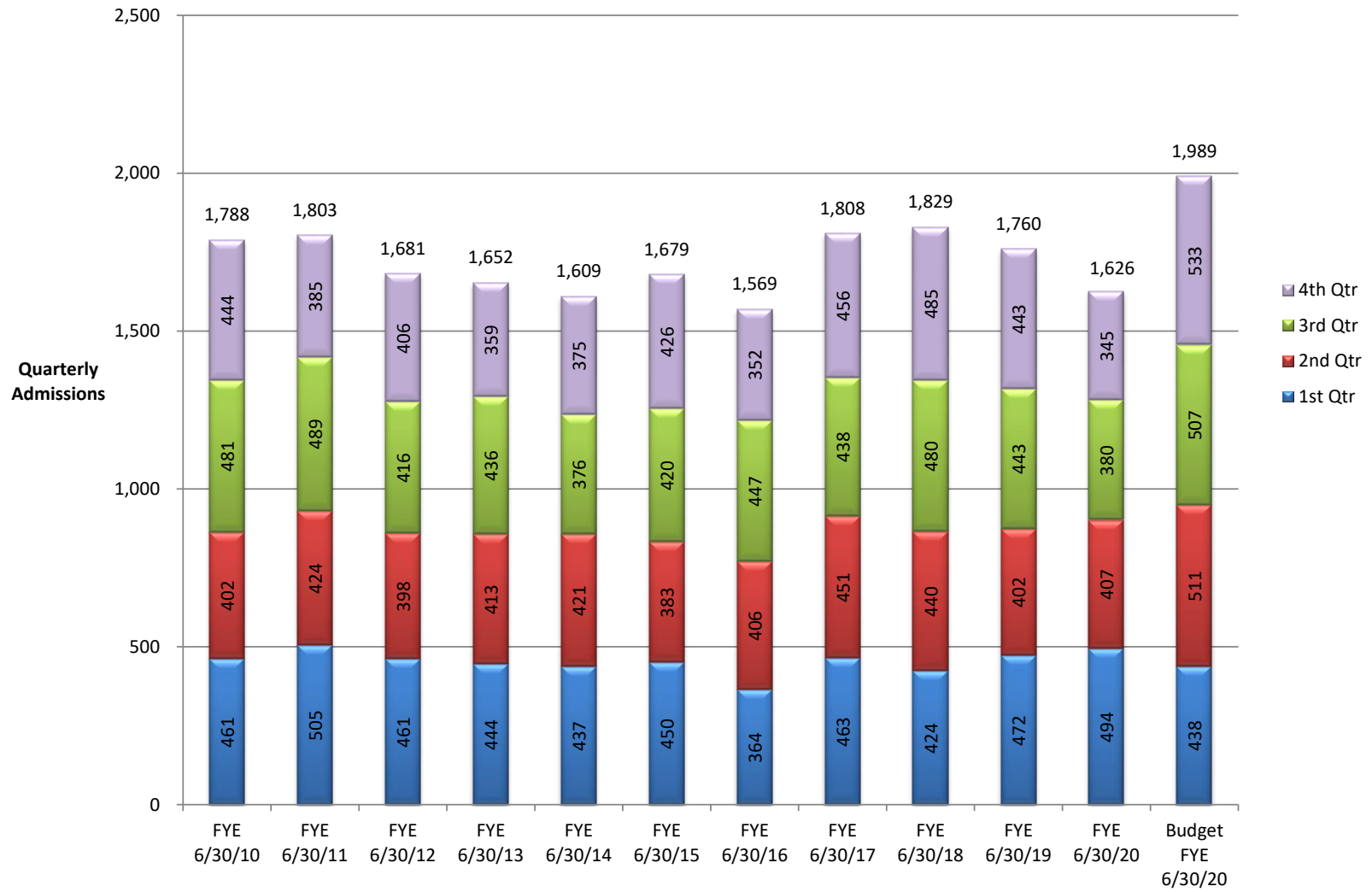
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

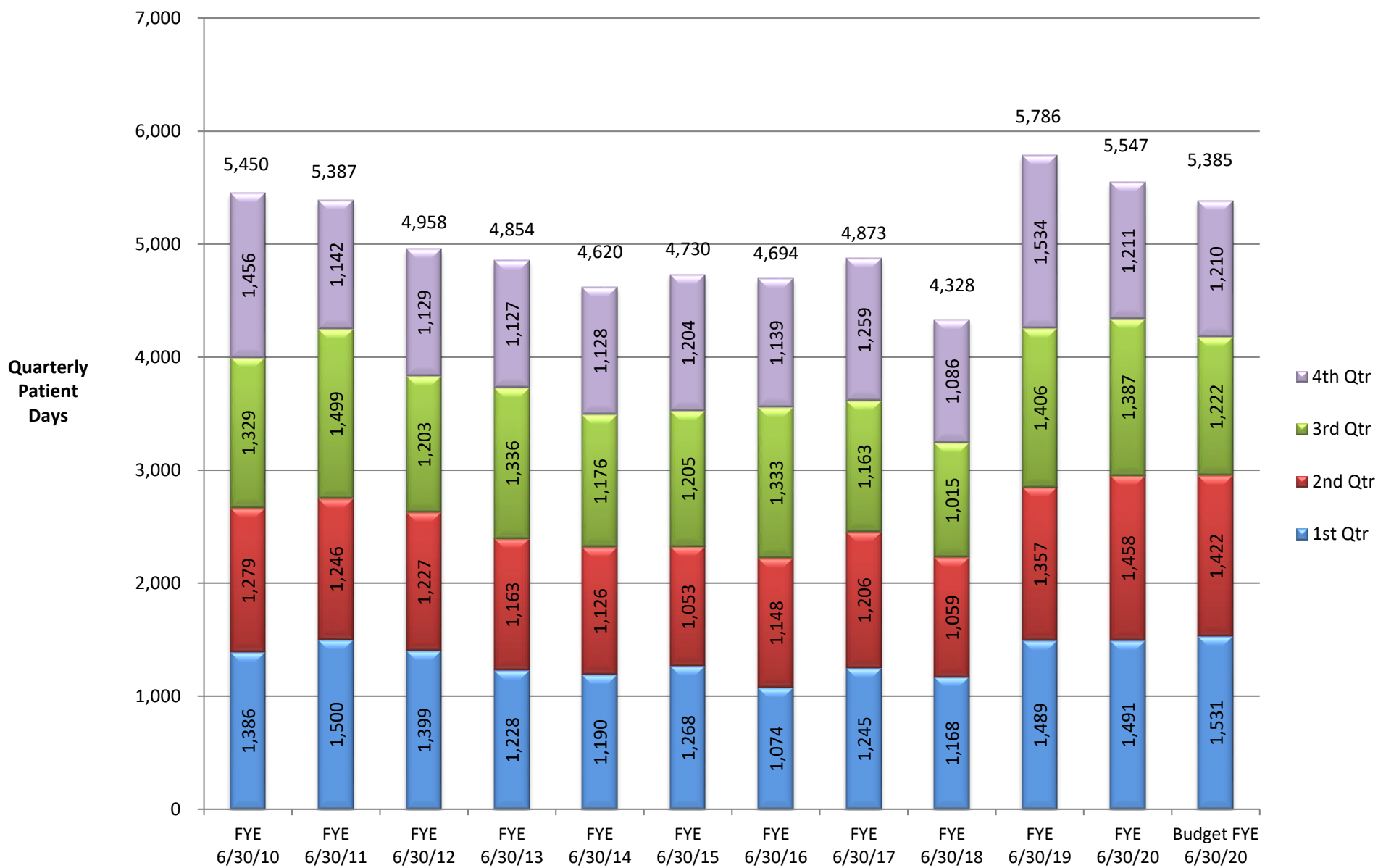
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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

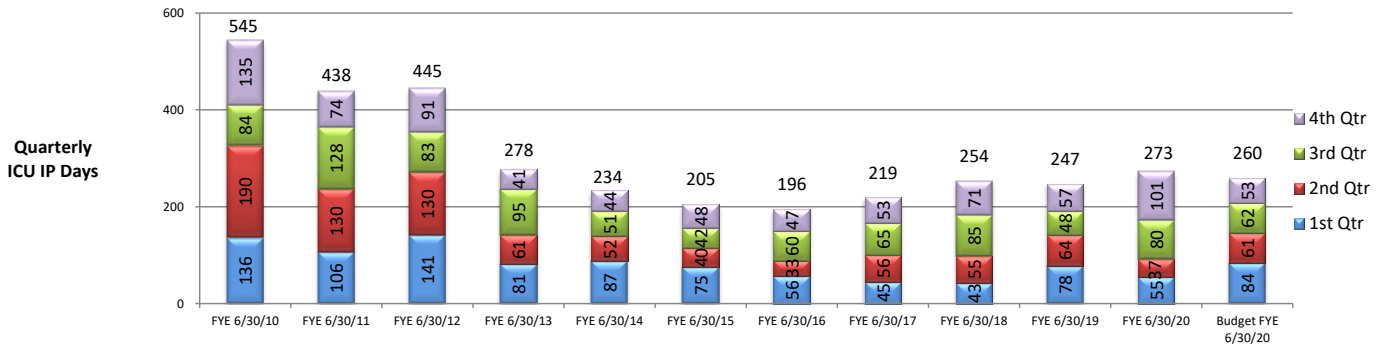
TOTAL TFH ADMISSIONS



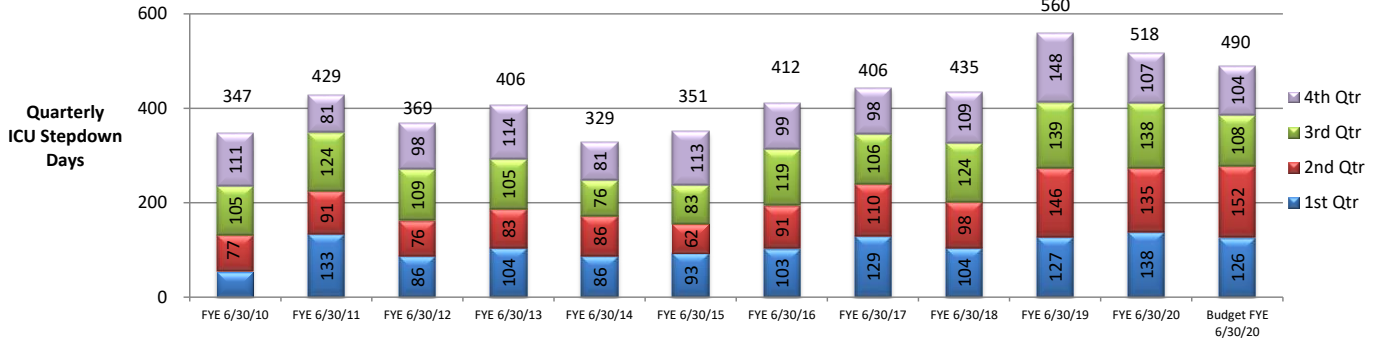
TOTAL TFH PATIENT DAYS



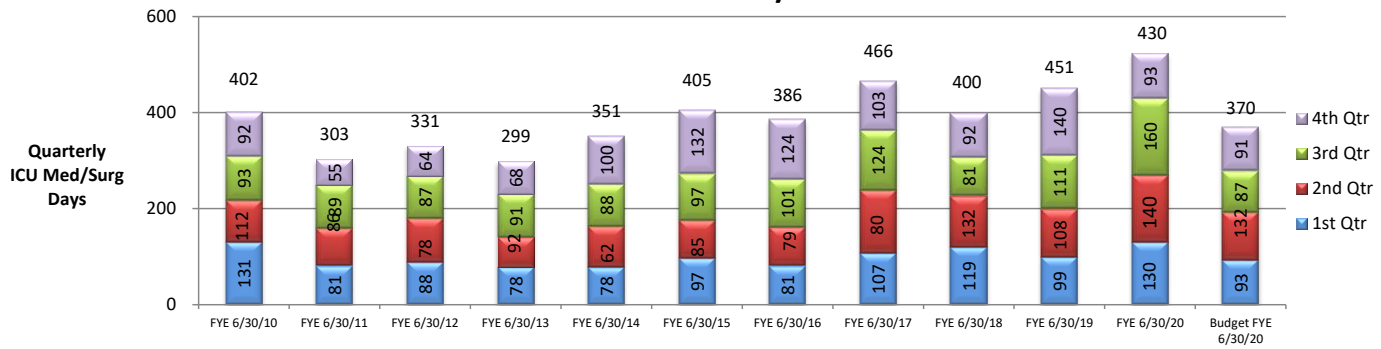
TOTAL TFH ICU INPATIENT DAYS



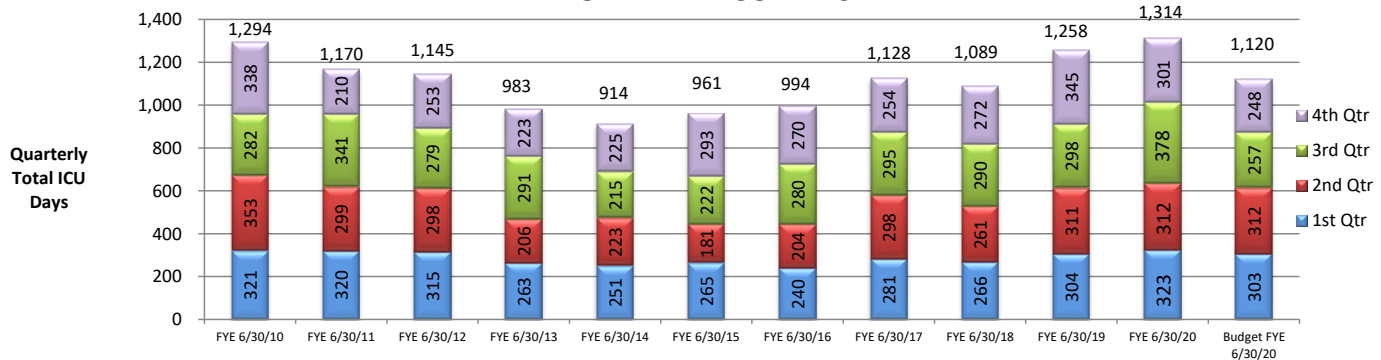
TOTAL TFH ICU STEPDOWN DAYS



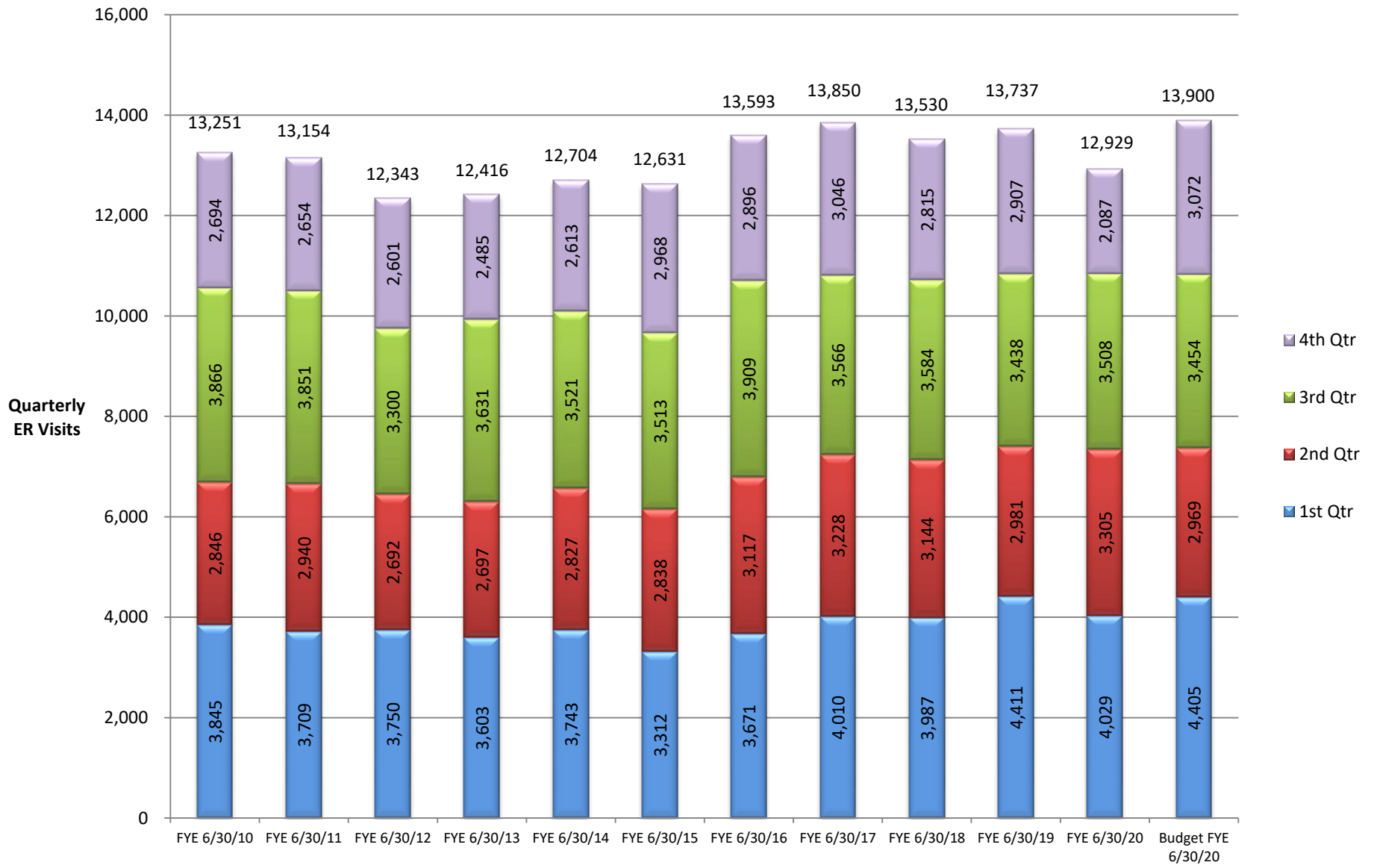
TOTAL TFH ICU MED/SURG DAYS



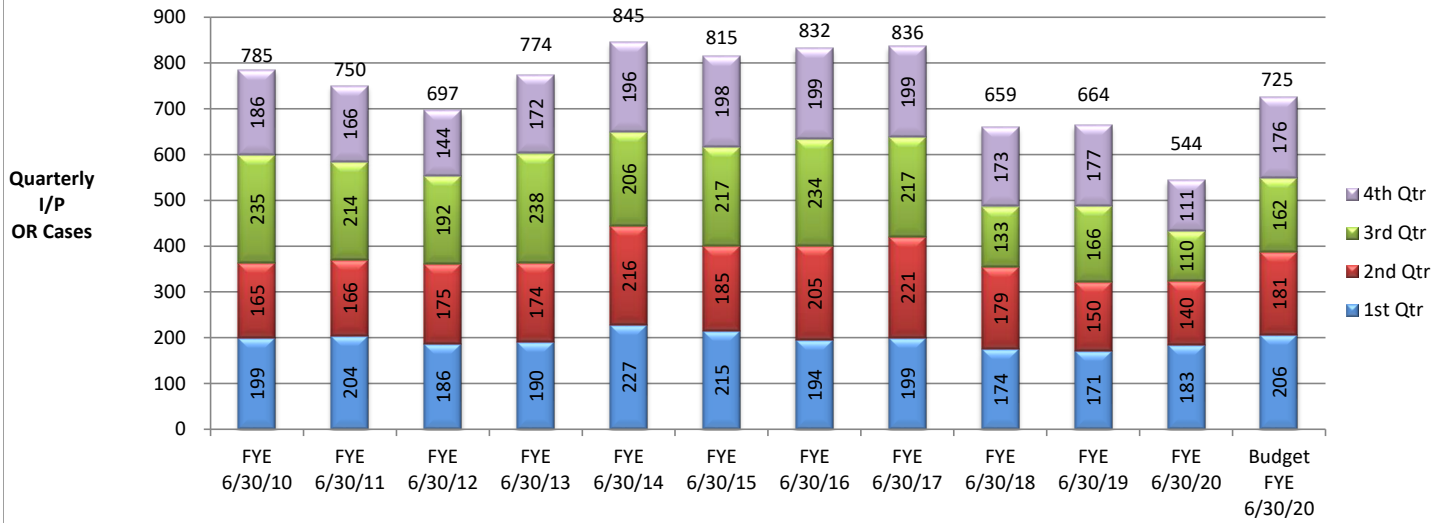
TOTAL TFH ICU DAYS



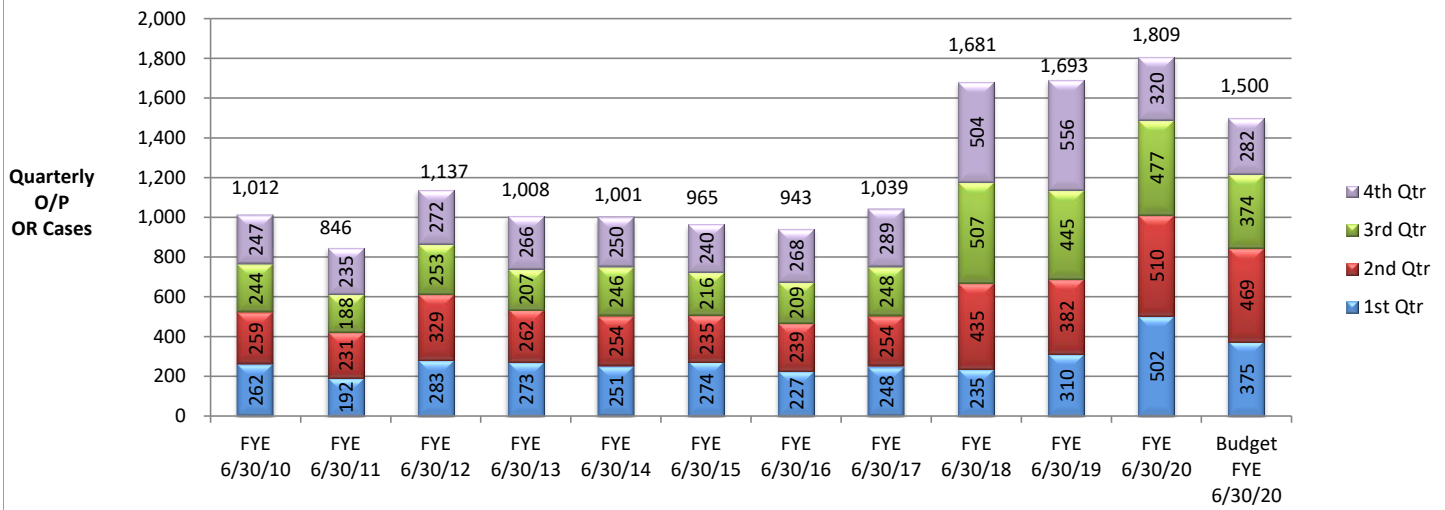
TOTAL TFH ER VISITS



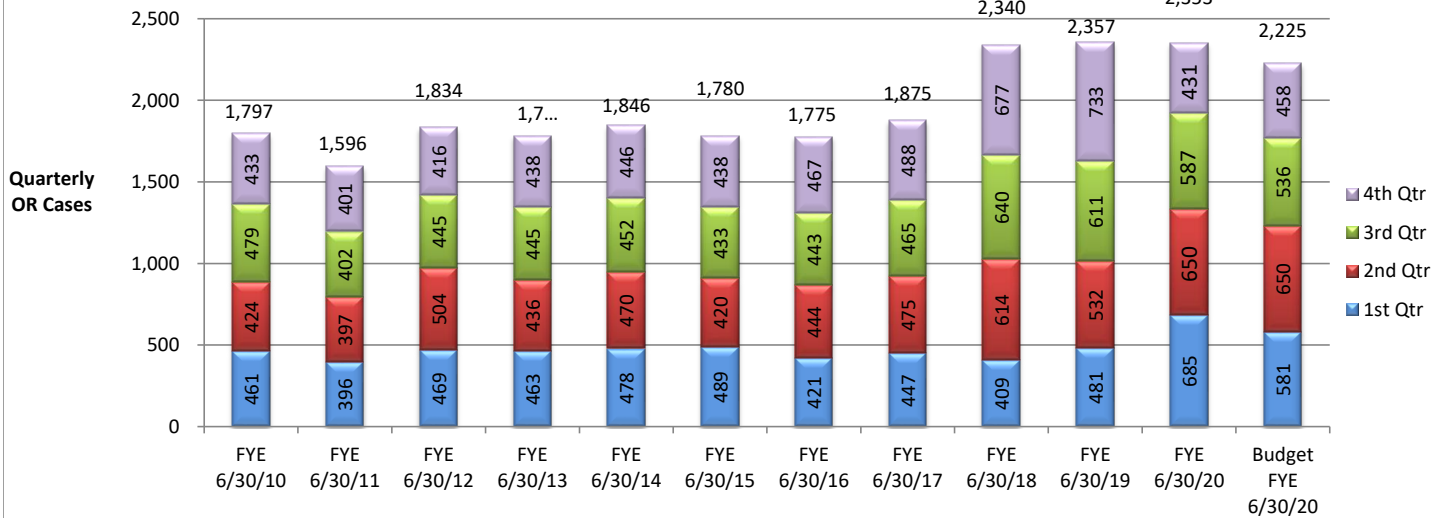
TOTAL TFH INPATIENT OR CASES



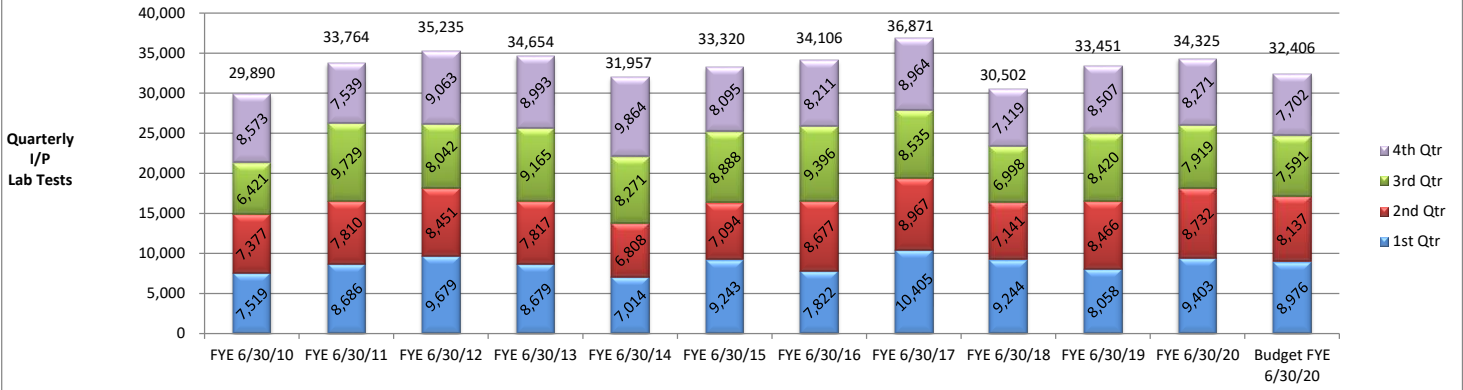
TOTAL TFH OUTPATIENT OR CASES



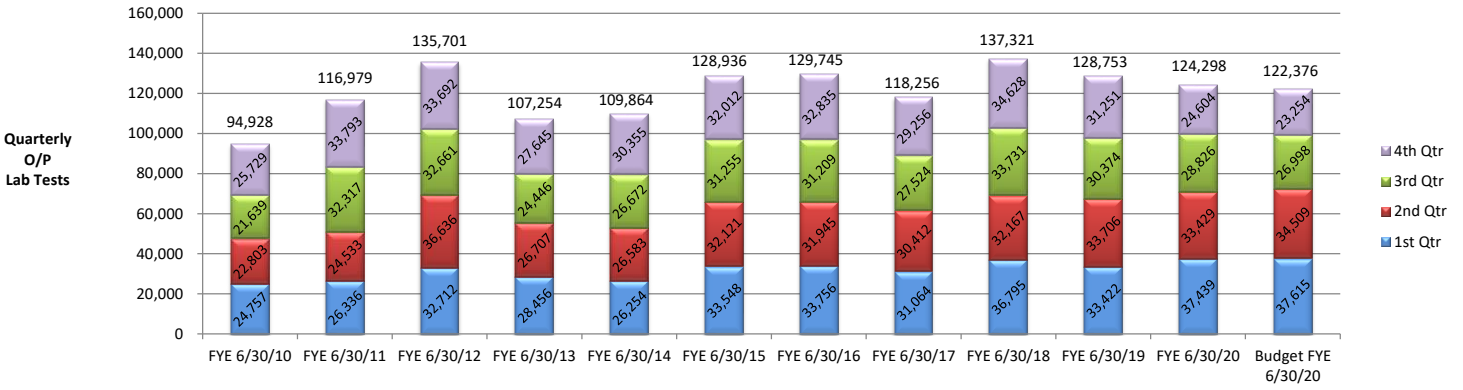
TOTAL TFH OR CASES



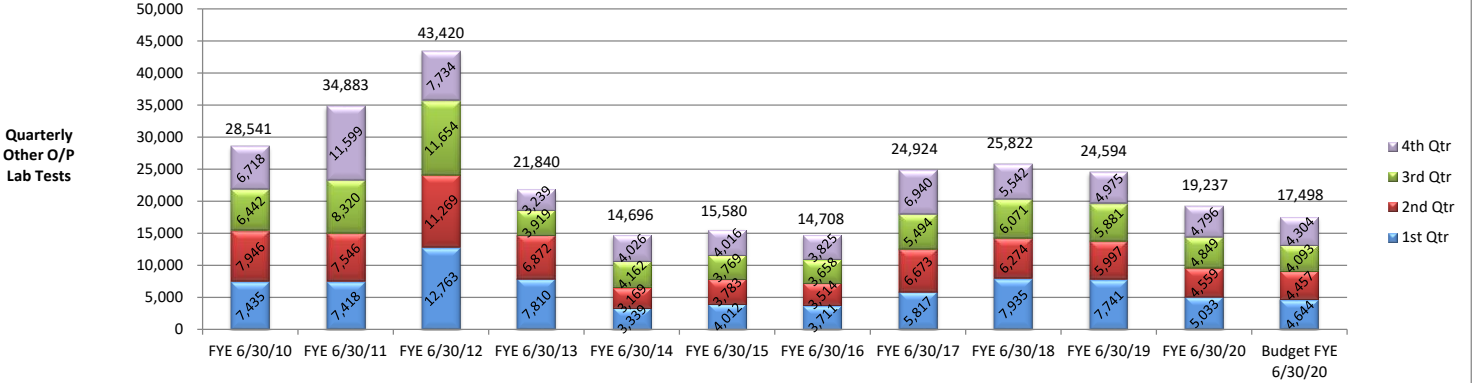
TOTAL TFH INPATIENT LAB TESTS



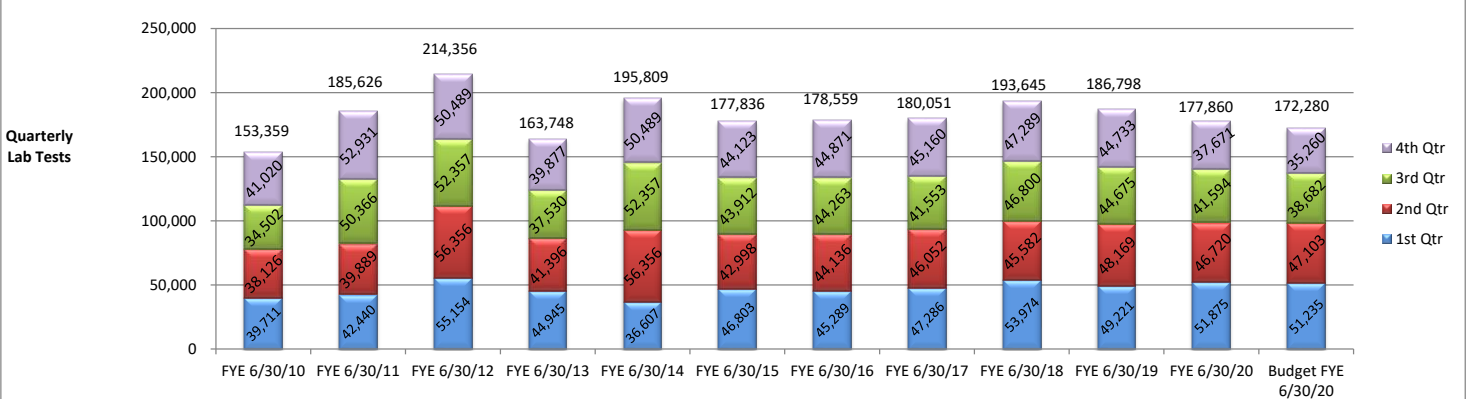
TOTAL TFH OUTPATIENT LAB TESTS



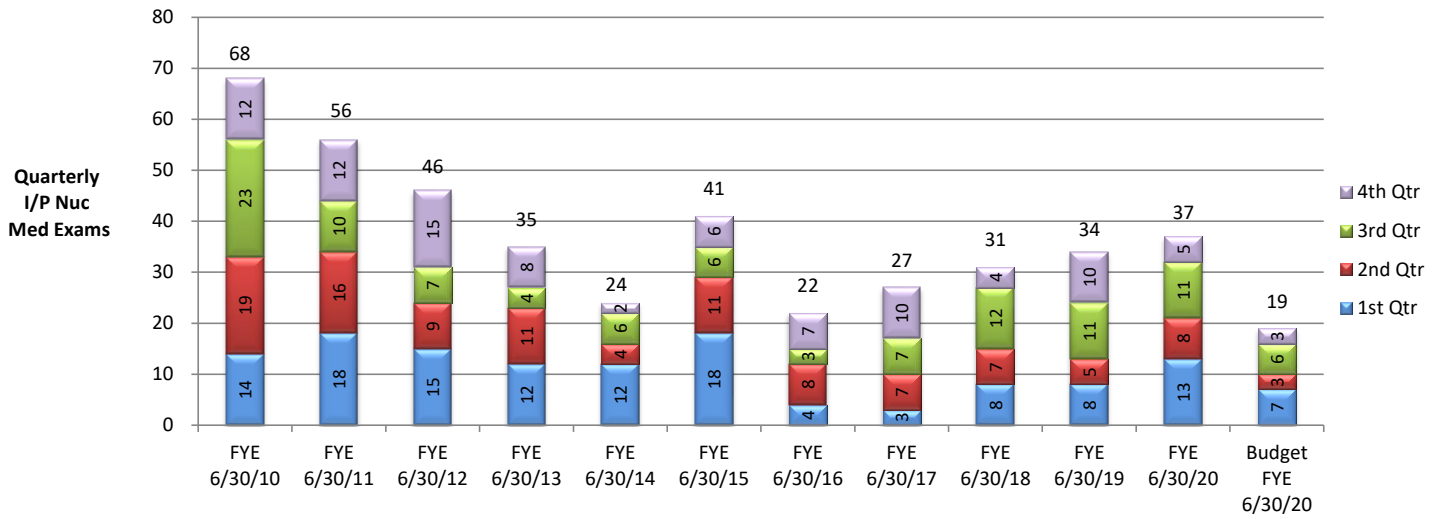
TOTAL TFH OTHER OUTPATIENT LAB TESTS



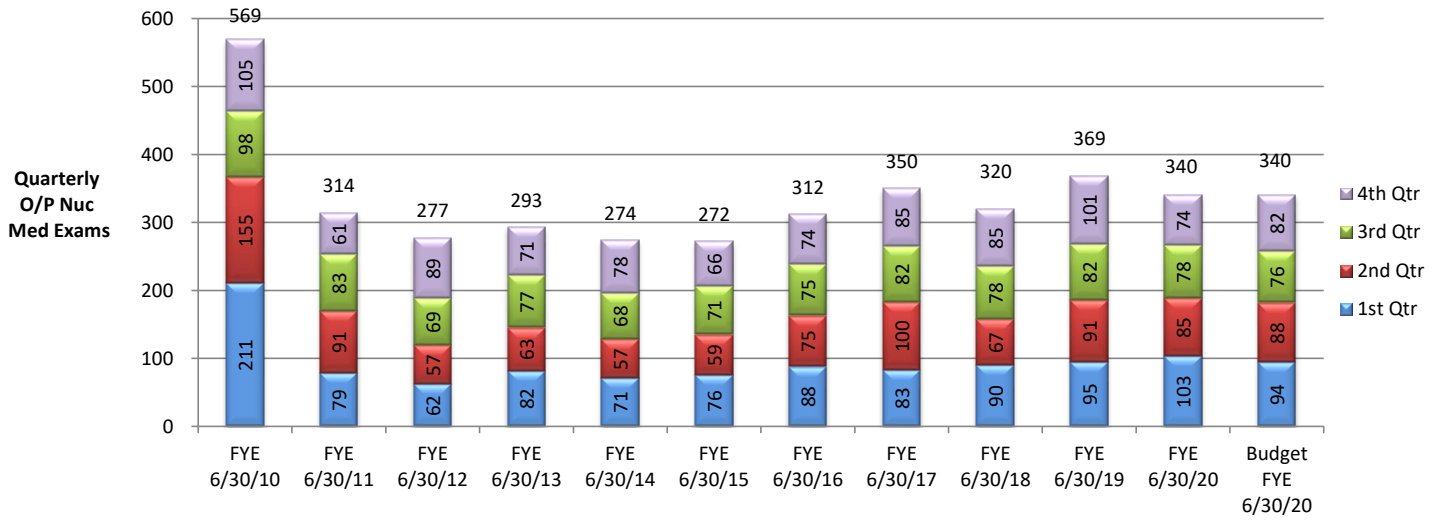
TOTAL TFH LAB TESTS



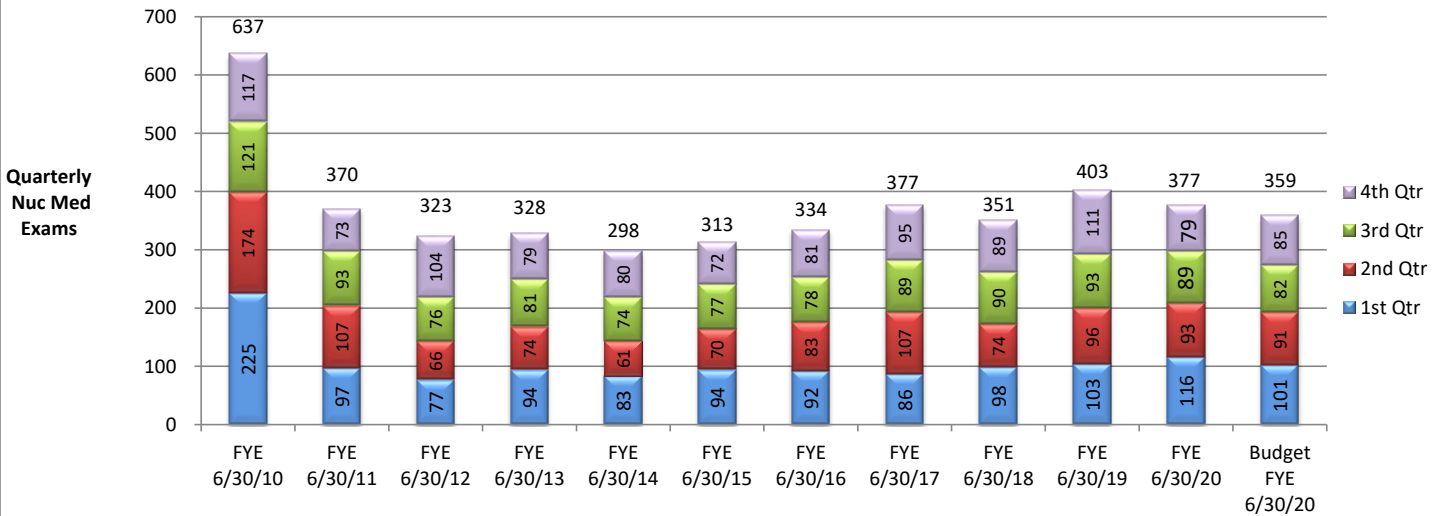
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



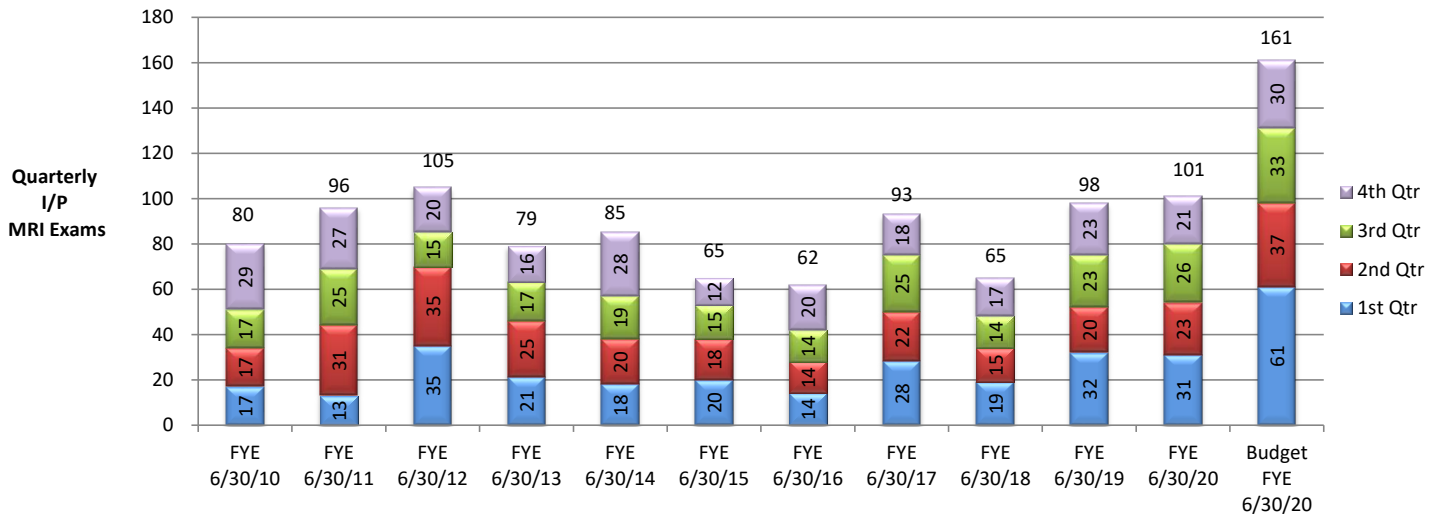
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



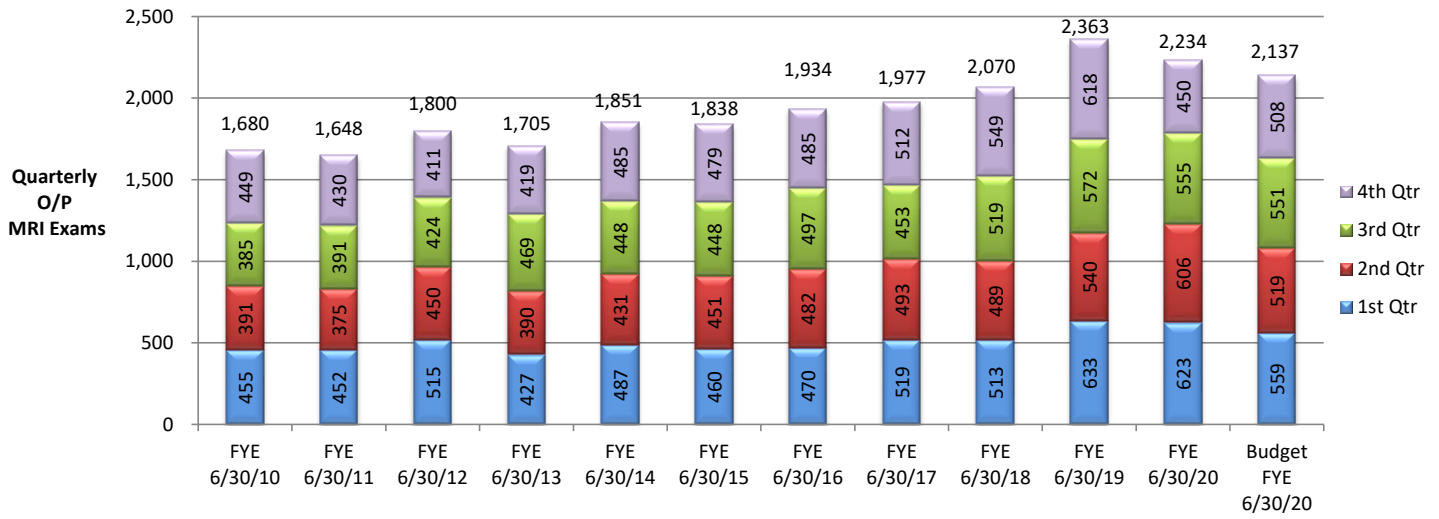
TOTAL TFH NUCLEAR MEDICINE EXAMS



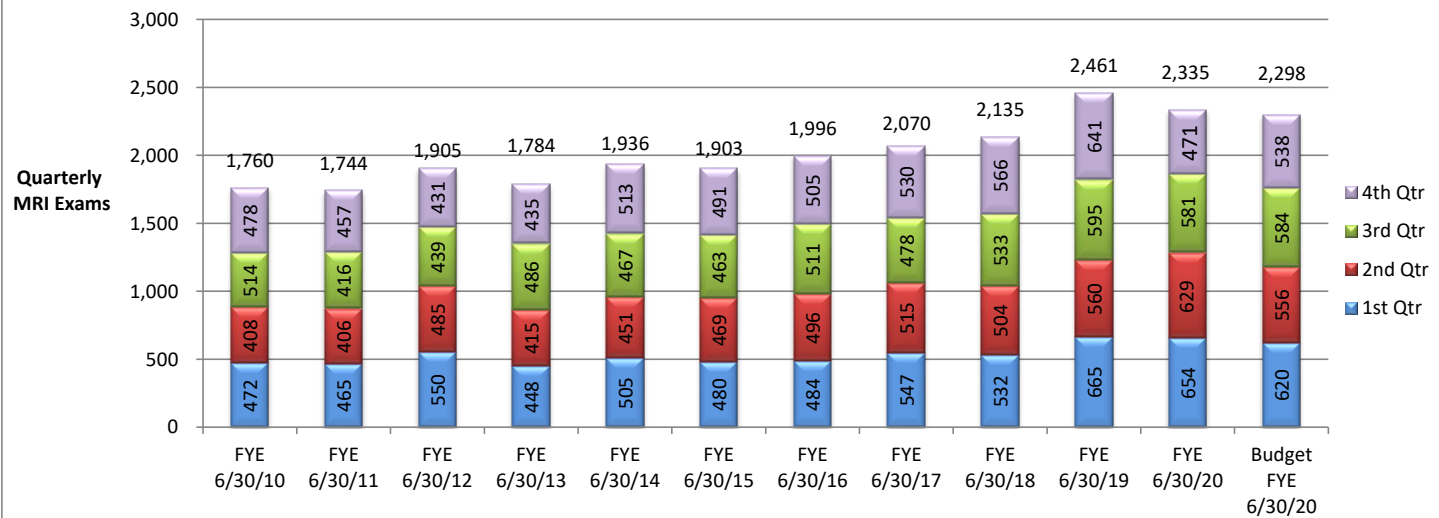
TOTAL TFH MRI INPATIENT EXAMS



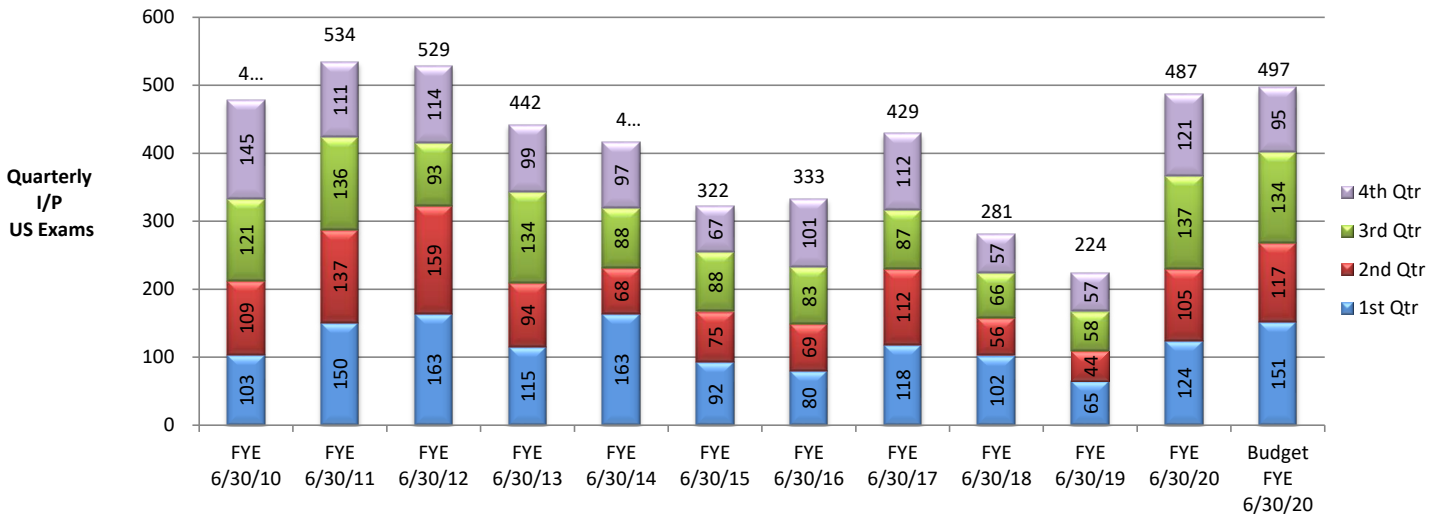
TOTAL TFH MRI OUTPATIENT EXAMS



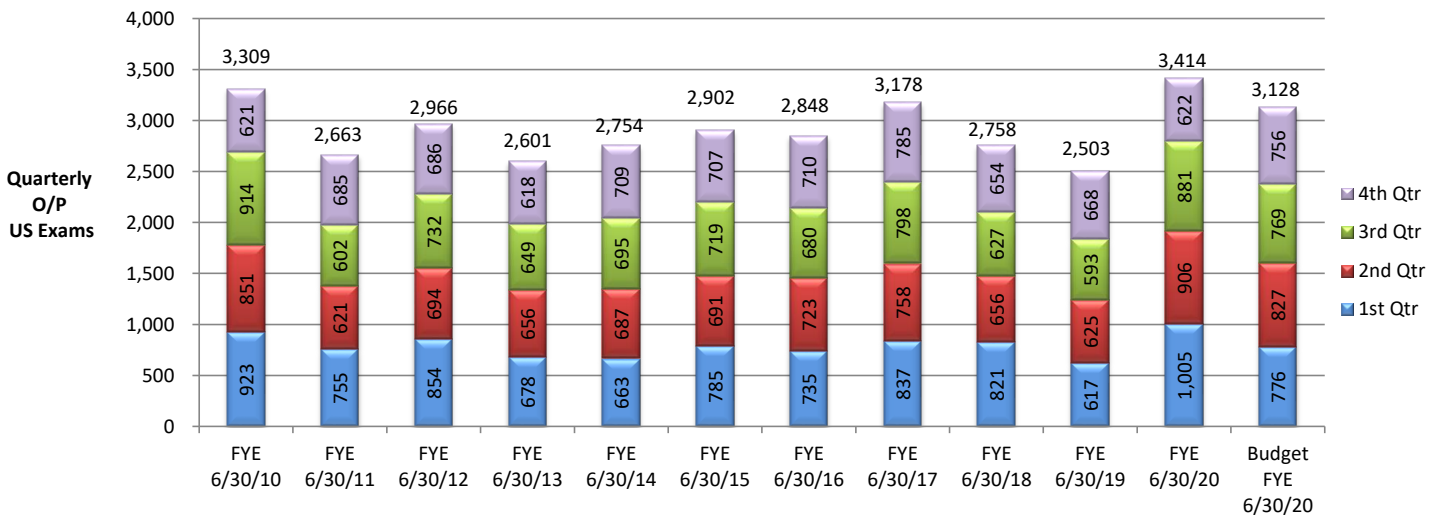
TOTAL TFH MRI EXAMS



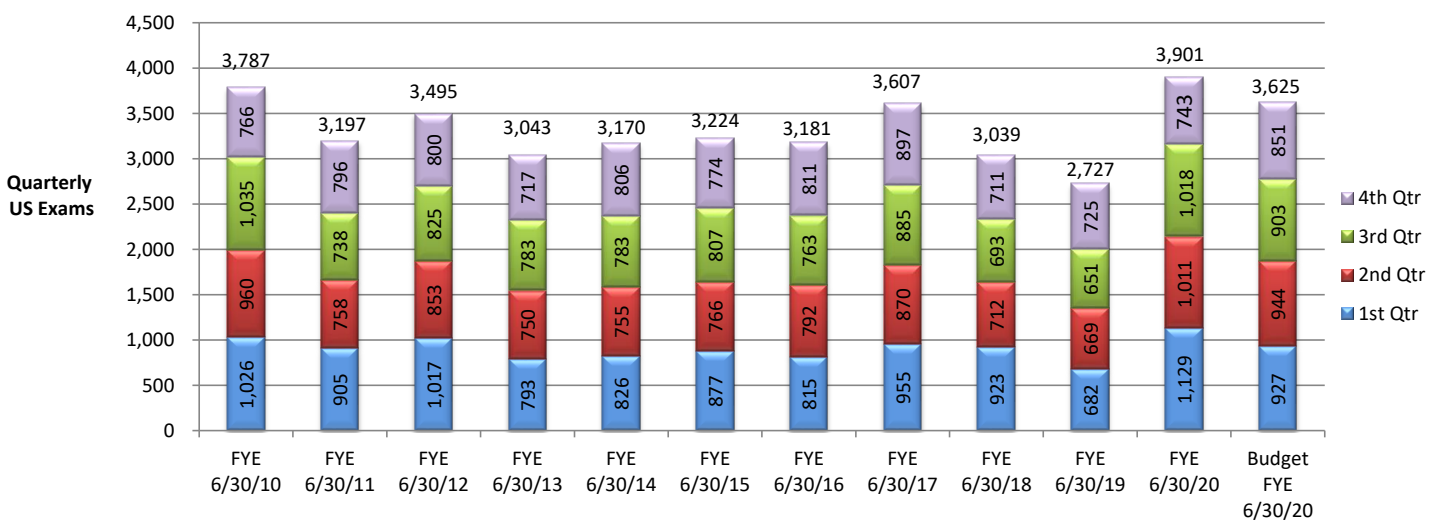
TOTAL TFH ULTRASOUND INPATIENT EXAMS



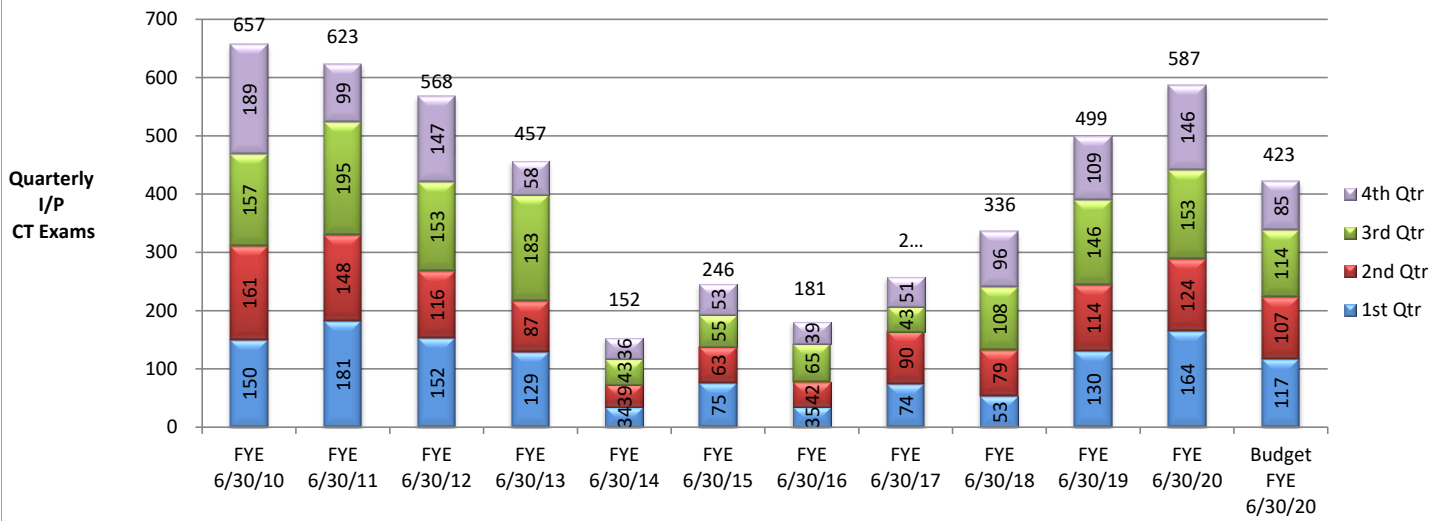
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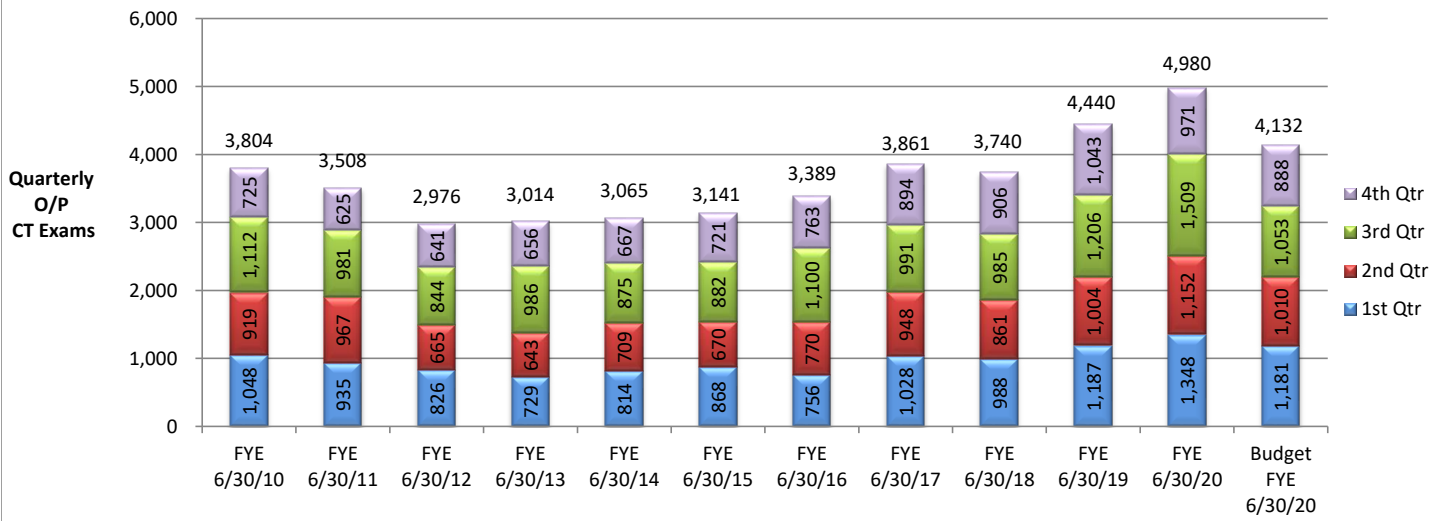
TOTAL TFH ULTRASOUND EXAMS



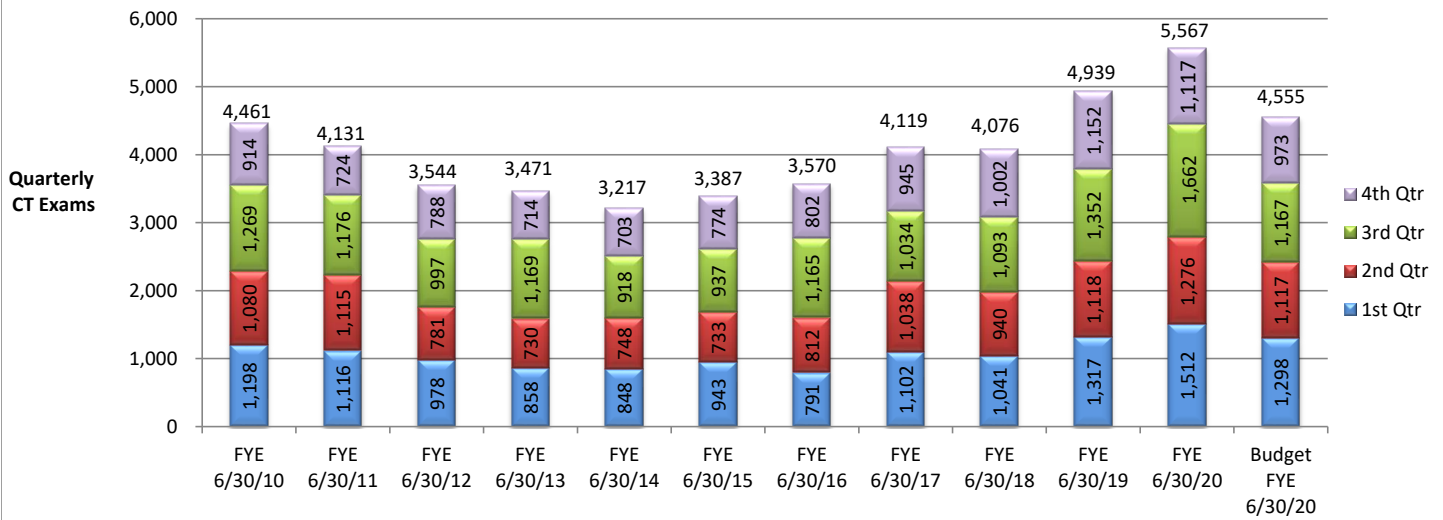
TOTAL TFH CT INPATIENT EXAMS



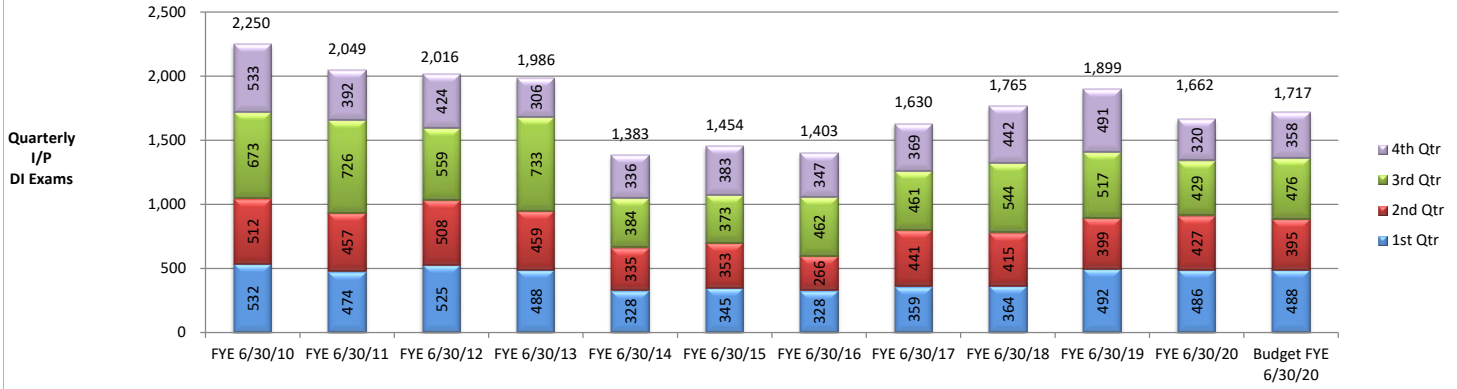
TOTAL TFH CT OUTPATIENT EXAMS



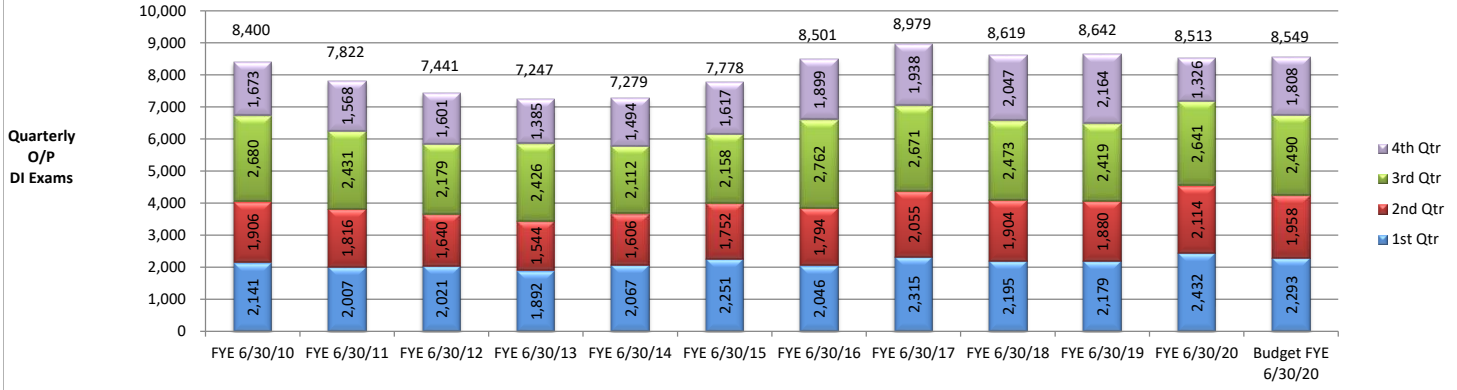
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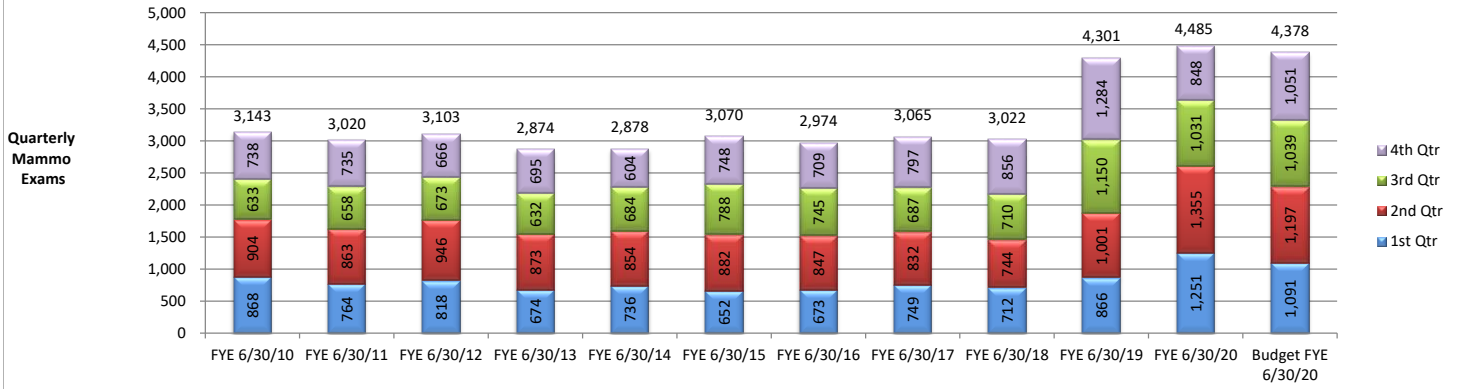
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



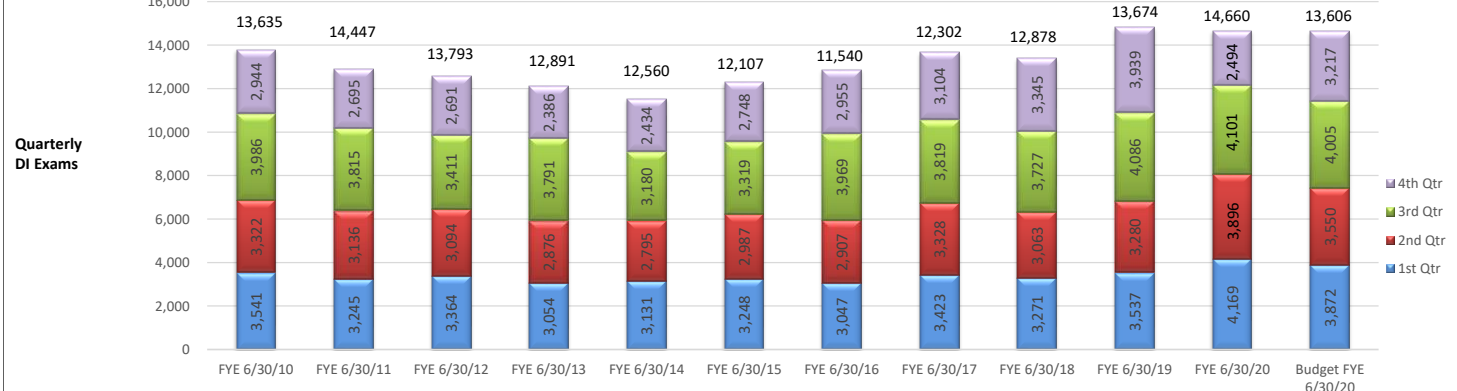
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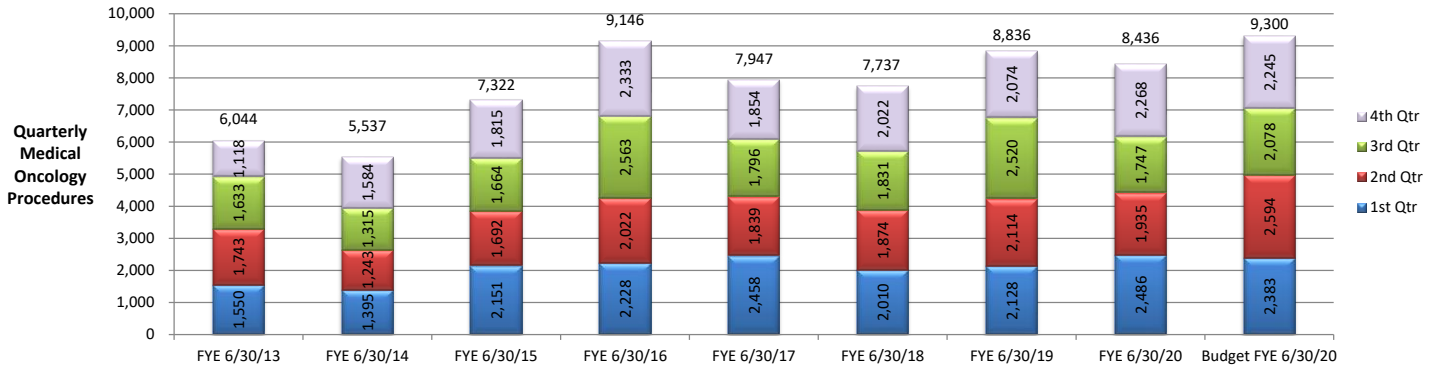
TOTAL TFH MAMMOGRAPHY EXAMS



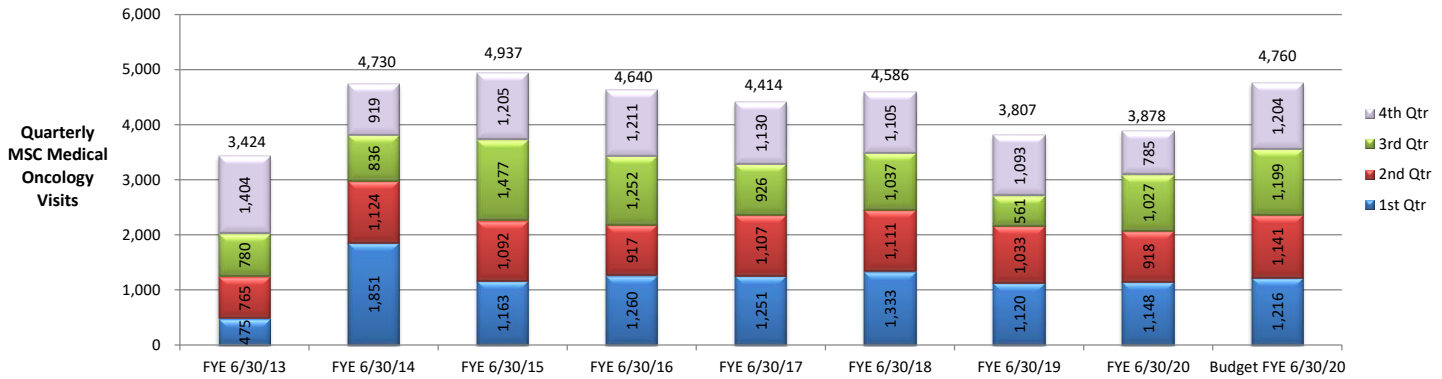
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



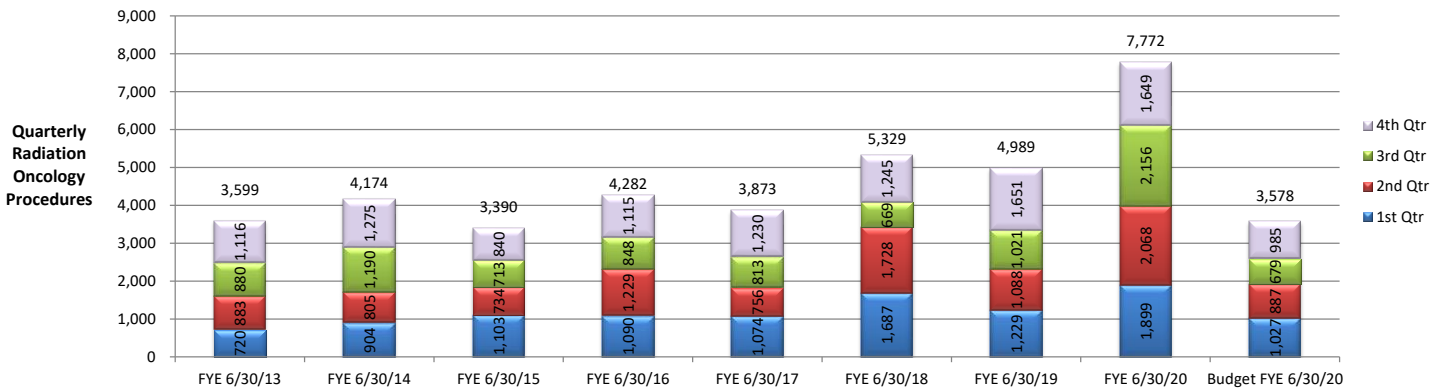
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



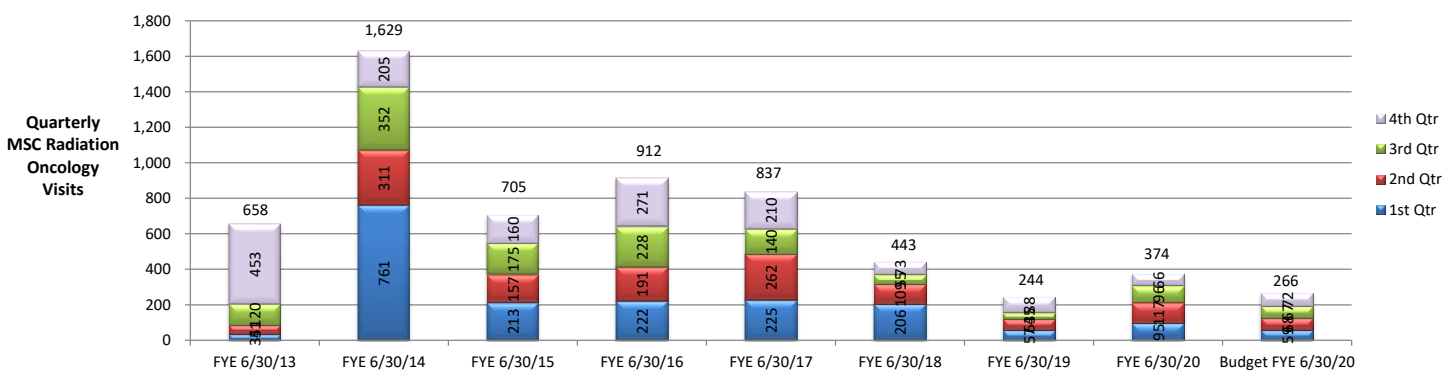
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



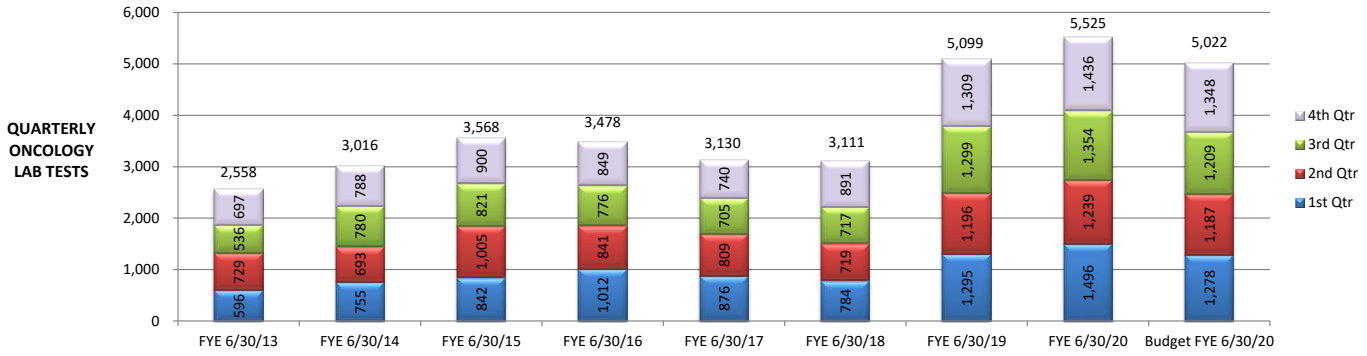
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



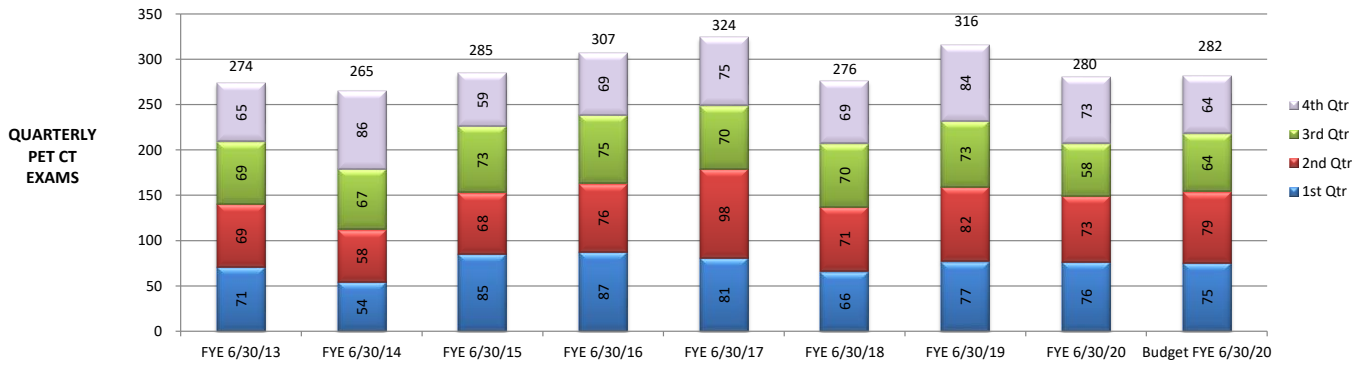
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



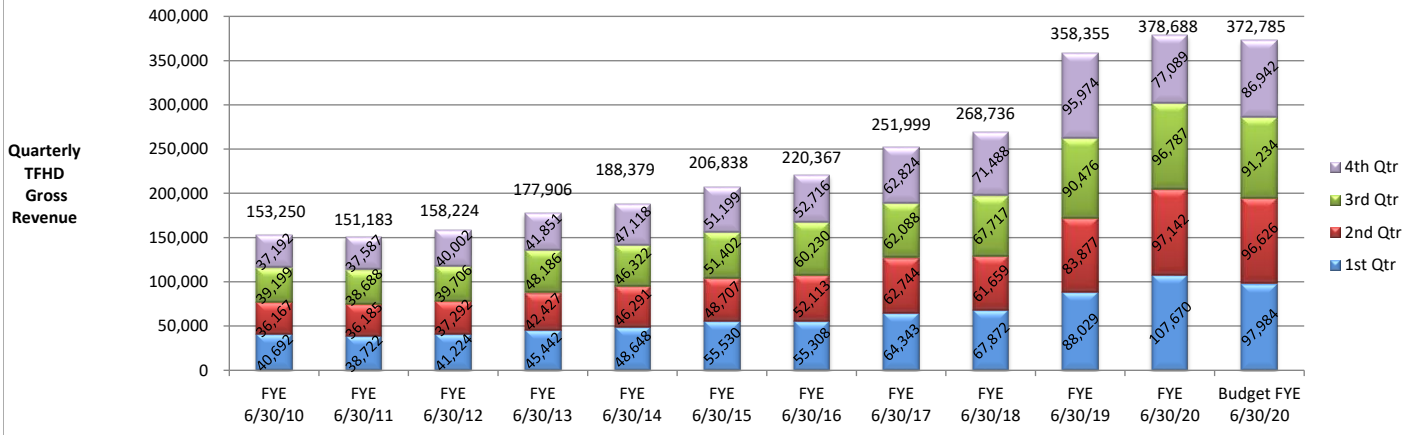
TOTAL TFH ONCOLOGY LABORATORY TESTS



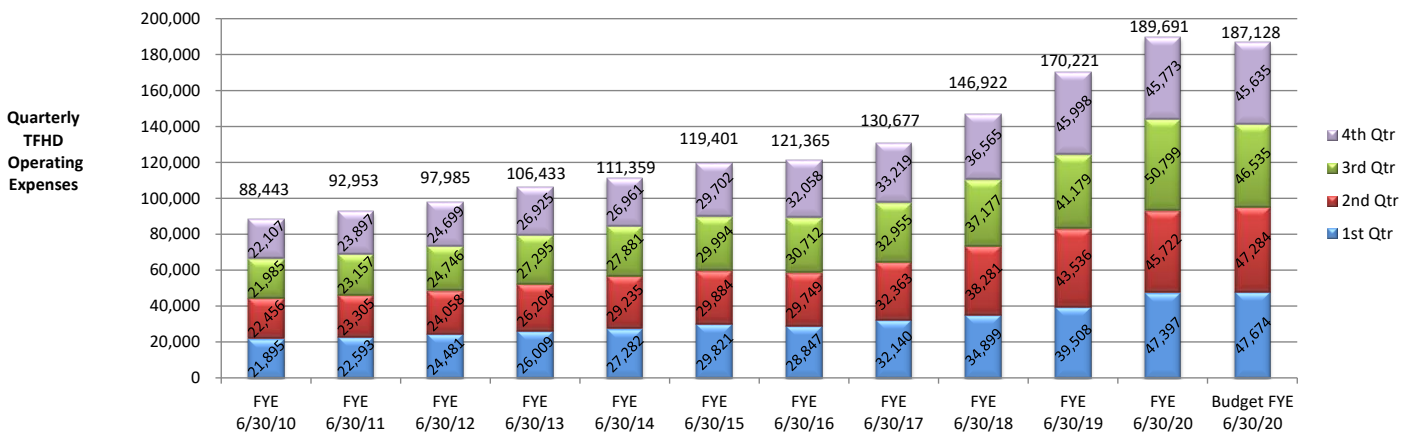
TOTAL TFH PET CT EXAMS



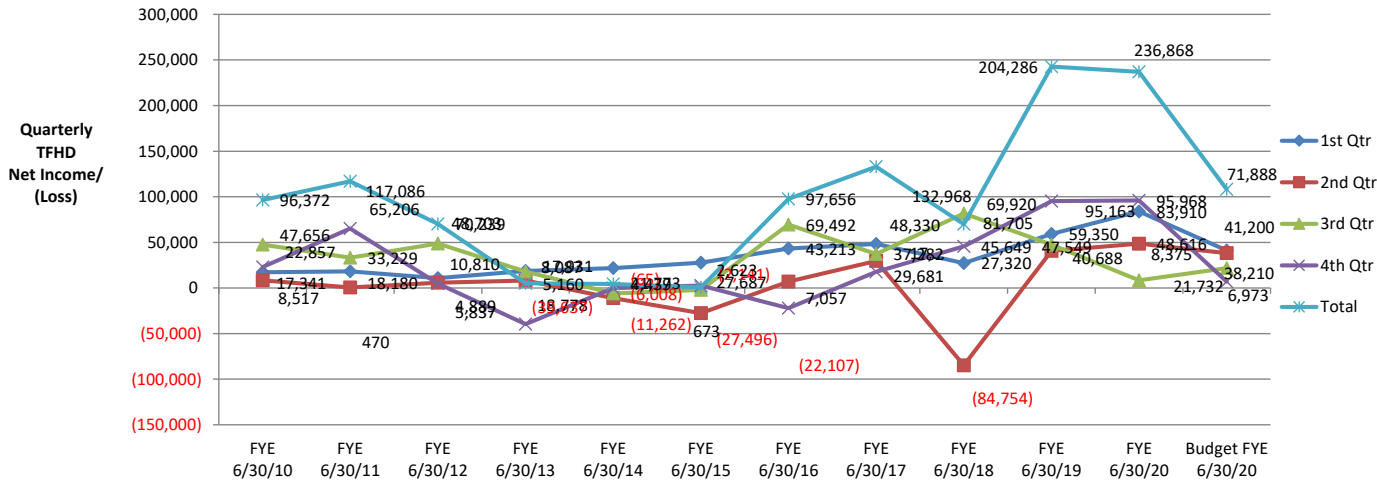
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





Board Informational Report

By: Harry Weis
CEO

DATE: July 14, 2020

Finance Strategies:

As of the moment of writing this report, our June YTD financials are not complete, but I do estimate that we have a reasonable possibility of achieving the budgeted Net Income for fiscal year 2020 without including any of the onetime federal monies to assist with the tremendous financial hit we took from COVID-19. This achievement of exceeding budget while excluding all federal monies is possibly very rare in the US this year.

We have still experienced growth in our provider office visits in fiscal year 2020 over the actual performance of fiscal year 2019, though the year over year increase was greatly diminished due to the nearly total shut down of office based provider services for many weeks.

People Strategies:

Our dedicated and amazing team has shown its skill and determination this fiscal year while facing many challenges. In my view, their care of COVID related patients has been superb!

They have initiated many innovative programs such as our drive thru COVID-19 testing clinic and our 7-day a week RN COVID-19 hotline along with many other programs.

They also initiated telemedicine within a very short period of time as well. As a critical access hospital system with rural health clinics, we have some important and tough federal policy changes we have to propose so that rural hospitals like ours, with our variables, can safely and sustainably utilize telemedicine.

Our team is still awaiting the final report across our region and across all industries as to who will be named the Best Place to Work in all of Northern Nevada and the Lake Tahoe region. Hopefully we will hear how we performed within 60 days.

We have worked to protect our team better than nearly all health systems in the country from the very hard hit we and other health systems experienced from the COVID-19 pandemic.

As we shared several months ago, our theme this year is on gratitude and thankfulness as we continue to focus on being the very best team of one of any health system in the country.

Another important theme of our team as we continue to deal with COVID-19 for an undetermined period of time is “successfully living with COVID-19!”

Service Strategies:

Our team continues to deliver on year over year over year improving patient satisfaction score performance, always with the recognition that this is a never-ending journey of improvement. Our latest June 30, 2020 scores should be available soon.

Quality Strategies:

We continue to have a long list of very focused Quality activities, where we measure year over year improvements in the quality of patient care our team provides. Please see other team member reports from time to time for these details. All of these activities tie back to our Strategic Plan.

Growth Strategies:

In alignment with our Strategic Plan under Growth, we continue to actively collaborate with many area health systems to the north, south, east and west of our health system, always looking for ways we can learn from each other and to begin to examine ways we can deliver high quality care at lower levels of cost.

We have been very active in a wide variety of media activities and marketing to speak about the pandemic and to make sure we are communicating that we are “open and safe” for all of the residents of the region.

We are hoping to have some surface parking completed in three areas of our campus this calendar year but with regret, our three level parking garage will not be started and finished this calendar year.

We have added additional advance practice provider support for our Endocrinologist and our Urologist and we have added two positions to our mental health team as these are just three examples of growing clinical needs in our region.

We are hopeful to have at least two different clinical lab equipment platforms by the first of September to allow us to perform quickly in-house COVID-19 lab tests.

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



Board COO Report

By: Judith B. Newland

DATE: July 2020

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

TFHS has successfully completed all five domains for the BETA HEART program. The program is a holistic approach to reducing harm in healthcare. It is a coordinated program designed to guide healthcare organizations in implementing a reliable and sustainable culture of safety grounded in a philosophy of transparency. The five domains of the program that the health system has completed are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. A multidisciplinary team of nonclinical, clinical and medical staff supported the completion of these domains through their participation and involvement in meeting criteria and attendance at BETA conferences. Tahoe Forest Health System is the first organization to complete all five domains

We continue to focus on our preparation in anticipation for the triennial unannounced deemed accreditation survey by the Healthcare Facilities Accreditation Program (HFAP) that can occur at any time for both TFHD and IVCH. HFAP is authorized by the Centers for Medicare and Medicaid Services (CMS) to survey hospital for compliance with the Medicare Conditions of Participation and Converge.

Growth: Ensure a Highly Sustainable Financial Future

The Primary Care Clinic at the Incline Health Center, located on the second floor of Incline Village Community Hospital, received their Rural Health Center (RHC) designation. The clinic had a successful survey in June with only one minor deficiency. A plan of correction has been submitted for that deficiency. Congratulations to the Incline Team and MSC leadership for such a wonderful job. The virtual survey required extra work prior to the survey and appreciate the staff's dedication to get this extra work done. This designation will have a positive impact for IVCH for both community services and revenue.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Moves:

- None at this time.

Projects in Progress:

Project: Tahoe City Physical Therapy Expansion

Estimated Start of Construction: October 2019

Estimated Completion: March 2020

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

Update Summary: Project Complete.

Project: ECC Interior Upgrades

Estimated Start of Construction: March 2020

Estimated Completion: November 2020

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

Update Summary: Project is on hold

Project: Security Upgrades

Estimated Start of Construction: Fall 2020

Estimated Completion: Winter 2020

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

Update Summary: Project is in procurement.

Project: Central Supply

Estimated Start of Construction: Fall 2020

Estimated Completion: Winter 2020

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

Update Summary: Project is in procurement.

Projects in Permitting:

Project: Site Improvements Phase 2

Estimated Start of Construction: Summer 2020

Estimated Completion: Winter 2020

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

Update Summary: Project is under Town of Truckee review.

Project: Campus Water Improvements

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high-pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

Update Summary: Electrical has been approved; water improvements and grading permit are under review. Project is being prepared for bid.

Project: Incline SPD Remodel

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

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

Update Summary: Project is submitted to Washoe County.

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 on Hold

Project: 2nd Floor MOB

Estimated Start of Construction: TBD

Estimated Completion: TBD

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

Update Summary: Project on Hold

Project: MRI Replacement

Estimated Start of Construction: TBD

Estimated Completion: TBD

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

Update Summary: Project on Hold

Project: Gateway Medical Office Building

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2024

Summary of Work: Create a new medical office building to house multiple hospital entities.

Update Summary: Project on Hold

Project: Incline Endoscopy

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

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

Update Summary: Project on Hold

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: July, 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Addition of COVID-19 processes and charges within the Mercy EPIC System
- Continued use of technology for many of our Wellness Programs that has seen some increase in those volumes
- Continued involvement in the telehealth services and opportunities that may come forward for improved reimbursement.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- **Level IV Trauma**
 - Transfer Transport Algorithm complete with all red box transfer information and education for staff and physicians
 - Preparing for the Level IV trauma review of data and policies and procedures for SSVEMS
- **COVID-19**
 - Updated Surge plan – all COVID positive patients are currently being housed on Med Surg or ICU
 - Developed a staffing plan that works for increase in COVID-19 patients for the departments
 - Developed and implemented plan for increased testing of suspected COVID-19 patients prior to admission to the hospital
 - Ongoing development of COVID-19 protocols
- **HFAP** readiness continues for the hospital, CMS survey for Home Health and Hospice, CDPH Mitigation plan for the ECC

Growth: Meets the needs of the community

Enhance and promote our value to the community

- **Care Coordination**
 - Movement of Promotoras under Care Coordination to facilitate better oversight of the work that needs to be done with in the communities
- **Wellness**
 - Reopening of some wellness programs, while others remain virtual as we continue to re-evaluate regularly.



Board Informational Report

By: Jake Dorst

DATE: July 14, 2020

Chief Information & Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Physical Database Server Migration in Cancer Center (Medonc Archiving)
- DSX Application/DB Upgrade
- MPower Radiology Dictation Implemented
- Dietary (DFM) POS upgrade
- EPCS Hardware and Configuration Staged
- Security Operation Center demonstration in progress (CI)
- Wellness (Suite 201) built for Psychologist MSC
- FYE21 portfolio candidates delivered to AC
- CancerLinq go live
- 340b program
- US bank lockbox project
- Urgent care
- PHQ-9 Electronic survey
- Electronic check in forms
- Facial plastics electronic solutions
- Cost accounting
- Suicide prevention
- Trauma center level IV
- Nuance One for Radiology



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

DATE: July 9, 2020

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- Since COVID-19 pandemic, I have been communicating with Medical Staff via memos anywhere from daily to weekly to keep the Med Staff informed. During the height of the Pandemic, we had weekly Medical Staff meetings to keep the Medical Staff updated and provide a forum to address questions. Very high attendance rates were noted.

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

- We have expanded our Medical Staff with multiple Advanced Practice Providers (APP). These APPs are working in the areas of Occupational Health, Orthopedics, Behavior Health, Endocrinology and Urology.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- As we revised services extensively for COVID-19, we have used standardized processes across the system to insure the most efficient, excellent care is provided in all locations.

Use technology to improve efficiencies

- During the COVID crisis, we implemented Tele-Health visits. We continue to explore long-term options.

Implement a focused master plan

- Continue to work with key stakeholders on development of a long term master plan, including each year's milestones, to ensure the space plan supports strategic growth plan.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- We are pleased to announce that we have successfully complete *all five BETA HEART domains*, the first hospital to complete all five! This will provide a 10% reduction in our BETA premiums to a discount of \$92,709!

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

- We have partnered with Renown's lab to provide faster COVID testing results for our community.

Define opportunities for growth

- Recent hires of APPs are in areas of community greatest need - Behavioral Health, Urology, Endocrinology.



Board CHRO Report

By: Alex MacLennan, PHR
Chief Human Resources Officer

DATE: July 2020

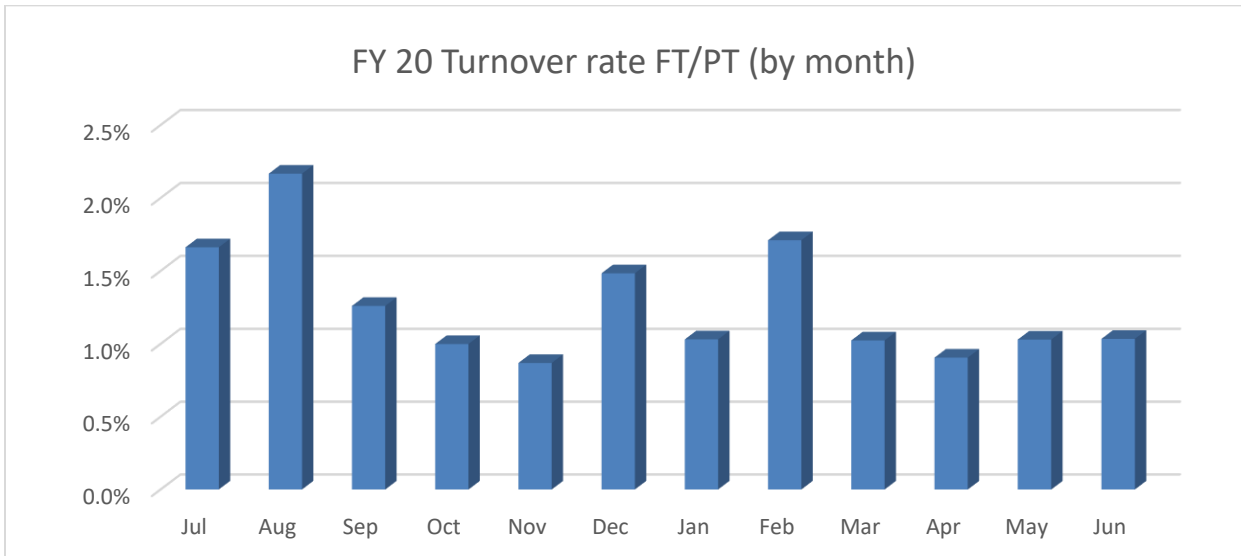
Priority One: Strengthen a highly-engaged culture that inspires teamwork

- **Goal – Build Trust**
 - We are working very hard on communication during the pandemic recognizing that good communication helps build trust. This includes transparent conversations with our two Unions, as well as consistent and relevant communication to all staff and management.
 - We held six virtual Town Hall meetings specific to COVID-19 and received great feedback from employees after each of these events.
- **Goal – Build a culture based on the foundation of our Values**
 - Our Values program which all employees attend at hire has been on hold due to the pandemic and social distancing requirements. We are exploring options to deliver this program virtually, although this is not our ideal solution. We would like to start this program up again by August depending on the status of distancing recommendations. Currently We have 122 people who need to complete this course.
 - Our newly launched Peer Support Program held 13 successful Resiliency Rounds. These virtual meetings allow employees to discuss and share their fears, frustrations, angers, wins, as well as discuss all the unknowns and share resources surrounding the pandemic. More Peer Supporters are receiving formal training in August.
- **Goal – Attract, develop and retain strong talent and promote great careers**
 - We are currently only onboarding the absolutely essential positions.
 - The Best Place to Work announcement and celebration has been postponed until August. The organization which puts this together has shared our final score however. In 2019 our engagement score was 83.46, our 2020 score increased to a remarkable 87.10.
 - During the peak, we had 153 employees on leave in one pay period for illness or forced quarantine which were all processed as official medical leaves. These were in addition to the normal medical leaves, which we process between 5-15 per pay period.
 - We are changing how we teach Advanced Cardiac Life Support and Pediatric Advanced Life Support utilizing the Resuscitation Quality Improvement program. This will save the organization about \$70k annually while also improving the quality of the education.
 - For the pandemic, we cross-trained many RNs and MAs to float if needed to Med Surg and ICU in the event of a surge. We also trained and re-trained staff to the new PPE protocols which changed frequently. The education department was creative in our delivery of education – creating QR code linked videos to the PPE stations and the new Hamilton ventilators. We initiated Mock Code Blues on simulated COVID patients and due to the lessons learned were able to add a practice change for announcing the need

for Level 3 PPE in the overhead page on a code thereby increasing patient and staff safety.

Stats for Fiscal Year 2020:

276	New Employees
153	Terminations
1012	Total Headcount June 30, 2020
11.69	Average Span of Control
6.7	Average Seniority Years



AGENDA ITEM COVER SHEET

ITEM	ABD-14 Inspection and Copying of Public Records ABD-27 Ticket and Pass Distribution Policy
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The following policies were reviewed by the Governance Committee at their July 15, 2020 meeting:</p> <ul style="list-style-type: none"> • ABD-14 Inspection and Copying of Public Records • ABD-27 Ticket and Pass Distribution 	
<p>SUMMARY/OBJECTIVES:</p> <p><u>ABD-14</u> General Counsel edited ABD-14 in accordance with AB 1819 which amended the Public Records Act to allow a requestor to use their own equipment to make a copy. It was also edited to reflect recent case law changes on the definition of extraction.</p> <p><u>ABD-27</u> General Counsel noted the Fair Political Practices Commission (FPPC) made slight changes to the regulations governing ticket and pass distribution:</p> <ol style="list-style-type: none"> 1. It adds language requiring an agency’s ticket distribution policy to include a provision prohibiting the disproportionate use of tickets or passes by the members of the agency’s governing board or chief administrative officer (2 CCR 18944.1(b)(4)); 2. It adds language requiring a written inspection report that includes findings and recommendations where the public purpose cited for the use of tickets involves the oversight or inspection of facilities; and 3. It replaces the term “face value” with “fair value” throughout the regulation, in accord with an amendment to the regulation governing valuation of gifts. <p>Edits were made to reflect these changes.</p> <p>Governance Committee is recommending approval of both policies.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via Consent Calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-14 Inspection and Copying of Public Records • ABD-27 Ticket and Pass Distribution 	

AGENDA ITEM COVER SHEET

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Inspection and Copying of Public Records, ABD-14

POLICY

Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District

The following Guidelines shall govern the accessibility for inspection and copying of all of the public records of the Tahoe Forest Hospital District. These Guidelines have been set by the Board of Directors and are to be administered by the [President and](#) Chief Executive Officer.

A. Purpose of Guidelines

The Guidelines are general rules to be followed by those charged with administration of the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** adopted by the Board of Directors. Certain legal requirements must be followed relating to the disclosure of records and the protection of the confidentiality of records. These Guidelines set forth the general rules contained in those laws.

B. Definitions

1. “Person” and “public records” are defined in the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District**. Those definitions apply here.
2. “Writing” means any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored.”
3. “Computer Records” means writings stored or maintained on a computer. Computer records are subject to disclosure as otherwise required or exempted by these guidelines. However, computer software, including computer mapping systems, computer programs and computer graphics systems, developed by Tahoe Forest Hospital District, are not “public records,” and are not subject to disclosure. The Hospital District may sell, lease, or license such software for commercial or noncommercial use.

C. Questions of Interpretation

1. If there is any question whether District records should be disclosed under these Guidelines, the records should not be made accessible to the public until the [President and](#) Chief Executive Officer has reviewed and made a decision. The decision may be reviewed by the Board of Directors upon its own initiative, or the applicant may petition the Board for review, which the Board may grant or reject. If the Board of Directors reviews the question, its decision is final. If the Board of Directors does not review the decision, either on its own initiative or by petition within ten (10) days of [the President and](#) Chief Executive Officer’s decision, the [President and](#) Chief Executive Officer’s decision is final.
2. The District shall justify the withholding of any record, or part thereof, by demonstrating that the record requested and withheld is exempt under Paragraph E of these Guidelines, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.

3. In the case of any denial of an Application for Inspection or Copying of Records, the District shall, within the period allowed under Section F of **Procedures Concerning Inspection**, notify the applicant of the decision to deny the application and shall set forth the names and positions of each person responsible for the denial of the request.

D. Following Procedures for Inspection and Copying

The Procedures referred to herein shall be followed at all times. Records of inspections shall be accurately maintained.

E. Records Subject to Inspection

All public records of the District are subject to inspection pursuant to these Guidelines except as follows:

1. Records set forth hereinafter as records subject to inspection only with authorization;
2. Records **NOT SUBJECT** to inspection (unless by Court Order); or
3. Records which may be withheld by exercise of judgment, pursuant to Section I below.

F. Records Subject to Inspection Only with Authorization

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), any records relating to patients of the Tahoe Forest Hospital District (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

1. Upon presentation of a **written** authorization therefore signed by an adult patient, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient, and then only upon the presentation of the same by such person above named or an attorney at law representing such person.
2. Where records relating to a minor patient are sought by a representative, and the minor is authorized by law to consent to medical treatment, or the District determines that access to the information would have a detrimental effect on the patient-provider relationship or the minor's physical or psychological well-being, the District shall not permit inspection of such records, absent a court order.
3. The following information must be provided for disclosure under subsections (1) and (2) of this Section F:
 - a. The name of the patient whose records are requested.
 - b. The name and signature of the requestor.
 - c. A statement of the relationship to the patient, if the requestor is a patient representative.
 - d. Identification of the portion of the patient record to be inspected or copied.
 - e. The date of the request.
4. Except when requested by a licensed physician, surgeon, or psychologist designated by request of the patient, the District may decline to permit inspection of mental health records sought by a patient or representative, if the District determines that access to records by the patient poses a substantial risk of significant adverse or detrimental consequences to the patient. The District must place a written record of the reason for

refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code Section 123115(b).

5. Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) which specifically commands the District to disclose specified records.
6. Upon subpoena, when permitted under Paragraph J below.

G. Records Not Subject to Inspection (Unless by Court Order)

The following records of the District are **not subject to inspection** by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

1. Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the Tahoe Forest Hospital District having the responsibility of evaluation and improvement of the quality of care rendered in the Hospital.
2. Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.
3. Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
4. Records of complaints to or investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
5. Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
6. The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired or all of the contract agreement obtained.
7. Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient, and psychotherapist and patient).
8. Library circulation records kept for the purpose of identifying the borrower of items available in any District libraries.
9. Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.
10. Records in the custody of or maintained by legal counsel to the District.
11. Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal

qualification for the license, certificate or permit applied for.

12. Records relating to any contract or amendment thereof, for inpatient services governed by Articles 2.6, 2.8 and 2.91 of Chapter 7 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within three years after the contract is fully executed. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
13. Records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates pursuant to Sections 10133 of the Insurance Code. However, the record shall be open to inspection within one year after the contract is fully executed.
14. Records relating to any contract, or amendment thereof, with the Major Risk Medical Insurance Program for health coverage pursuant to former Parts 6.3, 6.5, 6.6 or 6.7 of Division 2 of the Insurance Code, or Chapter 2 or Chapter 4 of Part 3.3 of Division 9 of the Welfare and Institutions Code. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within three years after the contract is fully executed. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
15. "Trade secrets," including but not limited to any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information which is not patented, which is known only to certain individuals within the Hospital District who are using it to fabricate, produce, or compound an article or service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.
16. Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or which provide instruction, advice or training to employees.
17. A final accreditation report of the American Osteopathic Association which has been transmitted to the State Department of Health Services pursuant to Subdivision (b) of Section 1282 of the Health and Safety Code.
18. Any other records the disclosure of which is prohibited or restricted by law.

H. Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals

In addition to the limitations upon disclosure of public records otherwise set forth in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant to Health and Safety Code Sections 128675, et seq., known as the Health Data and Advisory Council Consolidation Act. In case of doubt, consult the District legal counsel.

I. Discretionary Withholding of Records

In addition to the limitations upon disclosure of records set forth in these Guidelines, the District may, in its judgment, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such judgment shall be exercised by the District by and through the President and Chief Executive Officer whose decision shall be final unless overruled by the Board of Directors.

J. Compliance with Subpoena Duces Tecum

While a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is **not** an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

1. Subpoena in action where District is a party:

Immediately consult with legal counsel representing the District as to the proper response.

2. Subpoena in other actions:

- a. If the records sought to be discovered (which are ordered to be produced) fall within one of the categories in Paragraphs F, G, or H above, consult with the District's counsel prior to responding to the subpoena.
- b. If the records sought to be discovered are those which can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Exhibit "A" attached hereto.

3. If only a portion of the records may be disclosed or inspected :

If only portions of any requested records may be disclosed or inspected, any reasonably segregable portions shall be provided to the applicant after deletion of portions which are exempt and the segregated nondisclosable portions should be withheld unless and until a court orders their production.

HOW TO COMPLY WITH SUBPOENA DUCES TECUM:

- A. Except as provided in Paragraph E hereafter, when a Subpoena Duces Tecum is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of all or any part of the records of the District, it is sufficient compliance if the custodian or other qualified witness, within five days after the receipt of such subpoena, delivers by mail or otherwise, a true, legible, and durable copy of all the records described in such subpoena to the clerk of the court, or to the judge if there is no clerk, or to the deposition officer set forth in said subpoena, together with the affidavit described in Paragraph C hereinafter.
- B. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness, and date of subpoena clearly inscribed thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed and directed as follows:
 1. If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk.

2. If the subpoena directs attendance at a deposition, to the officer before who the deposition is to be taken at the place designated in the subpoena for the taking of the deposition or at this place of business.
 3. In other cases, to the officer, body or tribunal conducting the hearing, at a like address.
- C. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance each of the following:
1. The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.
 2. The copy is a true copy of all the records described in the subpoena.
 3. The records were prepared by the personnel of the District in the ordinary course of business at or near the time of the act, condition, or event.
- D. If the District has none of the records described, or only part thereof, the custodian or other qualified witness shall so state in the affidavit, and deliver the affidavit and such records as are available in the manner provided in Paragraph B above.
- E. Notwithstanding the procedure for sending records described above, the personal attendance of the custodian or other qualified witness and the production of the original records is required at the time and place designated if the Subpoena Duces Tecum contains a clause which reads:
“The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562, of the Evidence Code will not be deemed sufficient compliance with this subpoena.”
- F. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such subpoena is provided by Evidence Code section 1563).
- G. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District’s facilities with their own copy equipment, the sole fee for complying with the subpoena is provided by Evidence Code section 1563.
- H. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, when the personal attendance of the custodian of a record or other qualified witness is required, he shall be entitled to reimbursement at \$.20 per mile traveled, round trip, and to thirty-five dollars (\$35.00) for each day of actual attendance.

PROCEDURE

Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District

- A. The following Procedures govern the inspection and copying of all Tahoe Forest Hospital District public records. These Procedures have been set by the District Board of Directors and are administered by the District’s President and Chief Executive Officer under the Guidelines adopted by the Board of Directors.

B. Definitions

1. "Person" includes any natural person, corporation, partnership, limited liability company, firm or association.
2. "Public records" includes any writing containing information relating to the conduct of the business of the Tahoe Forest Hospital District prepared, owned, used or retained by the District regardless of physical form or characteristics.

C. Time of Inspection

The public records of the District subject to inspection and copying pursuant to the **Guidelines for Accessibility of the Public Records of the Tahoe Forest Hospital District** may be inspected at all times during the regular office hours of the District's administrative office, i.e., on Monday through Friday (holidays excepted) between 9:00 AM and 5:00 PM.

D. Place of Inspection

The public records of the District may be inspected at the administrative office of Tahoe Forest Hospital, Truckee, California.

E. Application For Inspection

Every person desiring to inspect the public records will be requested to fill out an Application for Inspection or Copying of Records, which may be obtained at the place of inspection. The form shall state:

1. The name of the applicant. (The application may also ask applicant for the purpose of the request, but response to such question is optional and will be disclosed as optional on the Application. The purpose is not required, but would make it easier to weigh the public interest in disclosure versus nondisclosure cases.)
2. Date of the application.
3. The address of the applicant.
4. The telephone number of the applicant.
5. The date that inspection is requested.
6. An exact as possible description of the records which the applicant desires to inspect.
7. Whether the applicant desires a copy of such records, with disclosure of costs to be borne by the applicant given.
8. Whether the applicant has specific authorization to inspect the records (when such authorization is required pursuant to District Guidelines or other law). When specific written authorization is required to inspect the subject records, a copy of such authorization must accompany the application and shall be permanently affixed thereto.

F. District's Response to Application For Inspection

1. Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date that it receives the application and determine within ten (10) days after the receipt of such application whether the request seeks copies of disclosable public records. The District shall immediately thereafter notify the person making the application of the District's determination and the reasons therefore.
2. In unusual circumstances, the District President and Chief Executive Officer, or his or her

designee, can extend the ten (10) day period by written notice to the applicant. Such notice shall set forth the reasons for the extension and the date on which a determination is expected to be made. Any such extension will not exceed fourteen (14) days. As used in this paragraph, “unusual circumstances” means:

- a. The need to search for and collect the requested records from field facilities;
- b. The need to search for, collect and appropriately examine a voluminous amount of separate and distinct records demanded in a single request;
- c. The need for consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application.
- d. The need to determine whether disclosure is authorized under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

G. ~~Fee for~~ Copying and Certifying Records

1. When the applicant requests a copy of an identifiable public record, the writing shall be copied (if it can be done so with equipment then available at the place of inspection) by the District for a charge of 10 cents (\$0.10) per page. The District shall request a deposit before copying any public records. If copying cannot be done by the District, for technical reasons, the District will obtain an estimate of the cost of copying from any available source and the applicant will be required to deposit the estimated amount with the District prior to copying.

~~—The applicant may photograph or otherwise copy the record, without making contact with the record, at no cost provided the requestor: (a) makes no contact with the record; and (b) —The applicant must uses their own equipment. The District may deny —A request to copy in this method may be denied if the method of copying would compromise electronic records; allow unauthorized access to secured systems; would jeopardize the integrity and preservation of the records; or would cause unreasonable burden to the orderly function of the agency District or its employees.~~

~~1.2.~~

2.3. The copying of records shall be accomplished by the District as soon as possible after the request without disruption of the normal business of the District. The applicant shall be given an estimate of the time needed to make the copies.

~~3.~~ When the applicant desires a certification of such copy(ies) of such records, a fee of \$1.75 shall be paid for such certification.

4. When the applicant requests a copy of identifiable and disclosable public records stored in electronic format, the District will charge the direct cost to produce the record. Costs for electronic records will include any CD, flash drive or other storage device necessary to provide documents to the applicant. The District shall not charge per page of the record requested or include such time spent searching for, compiling, and retrieving electronic records. The applicant shall be provided with an estimate of the total charge for a records request before any costs are incurred under this subdivision.

5. Under Government Code section 6253.9, the District can require the applicant to bear the actual cost of producing the record, including staff time and any specialized programming and computer services necessary to produce the record, if either:

- a. the record is one that is produced only at otherwise regularly scheduled intervals; or
- ~~b.~~ the request requires data compilation, extraction or programming.

~~e.b.~~ Extraction is defined to include removing required data or information from a database and the act or process of retrieving data out of data sources for further data processing or data storage. the creation of a requested record, such as to pulling certain data from a large database in order to construct a record that can be disclosed to the requestor. include document redaction. The District will provide the applicant with an estimate of the total charge for a records request before any costs are incurred under this subdivision. Such charges shall not include costs associated with:

- i. Maintaining and storing the information.
- ii. The initial conversion into electronic format; ~~or~~
- iii. The initial gathering of the information; or
- ~~iii.~~iv. Reaction where nonexempt portions of records are reasonably segregable from portions exempted by law.

H. Records Not to Be Removed

Inspecting parties cannot remove any records from the place of inspection whatsoever without an order of a court of competent jurisdiction.

I. Guidelines Available

A copy of the **District's Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District** is available upon request.

Related Policies/Forms:

[Subpoenas ALG-1920](#); [Release of Protected Health Information DHIM-3](#)

ABD-27 Ticket and Pass Distribution

POLICY:

A. Purpose of Policy

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

B. Limitations

1. This policy only applies to the District’s distribution of tickets and passes to a public official, or at the request of a public official, for which no consideration of equal value is provided by the public official. Reimbursement of actual and necessary expenses of any member of the District Board or any District committee incurred in the performance of official duties shall be governed by the District’s ABD-03 Board Compensation and Reimbursement Policy.
2. Nothing in this policy shall inhibit the District’s full compliance with the federal anti-kickback statute, which prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare and Medicaid). The unlawful acceptance of any gifts or business courtesies from vendors or others with whom the District presently conducts, or potentially could conduct business is strictly prohibited.

C. Official Duties; Ceremonial Roles

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

D. Public Purposes

1. The District may provide a ticket or pass to a person subject to this policy for any of the following District purposes provided the President and Chief Executive Officer or his or her designee, or the District Board, determines that providing the ticket or pass actually benefits the District by accomplishing one or more of the following:
 - a. Promotion of District-controlled or sponsored events, activities, or programs, including conventions and conferences.
 - b. Promotion of community programs and resources available to District employees, including nonprofit organizations and youth programs.
 - c. Highlighting the achievements of District officials, employees, or hospital stakeholders.
 - d. Promotion of private facilities available to District residents, including charitable and nonprofit facilities.
 - e. Promotion of public facilities available to District employees.
 - f. Promotion of District growth and development, including economic development and job creation opportunities, which contributes to the healthcare of the community in the future.
 - g. Promotion of special events conducted pursuant to a contract to which the District is party.

- h. Promotion of the District on a local, regional, state, or national scale.
 - i. Promotion of open government by participation of public officials at business or community events.
 - j. Implementation of written contracts under which tickets or passes are required to be made available for District use.
 - k. Furtherance of employment retention programs.
 - l. Furtherance of special outreach programs for veterans, teachers, emergency services, medical personnel and other civil service occupations.
 - m. To reward a hospital healthcare partner for its contributions to the District or the community.
 - n. To provide opportunities to those who are receiving services from county and state agencies consistent with the District's goals for the particular population (e.g., for use by juvenile wards in the custody of the Chief Probation Officer or mental health clients and seniors receiving services from the Health and Human Services Agency/Public Health); or
 - o. Any similar purpose stated in any District contract.
2. Tickets distributed under this section are not gifts within the meaning of the applicable FPPC regulations, and as such need not be reported on the employee's Form 700. However, the [President and](#) Chief Executive Officer or his or her designee shall report tickets distributed for a public purpose under this section on FPPC form 802 within 45 days of distribution. A completed Form 802 will be maintained as a public record and forwarded to the FPPC for posting on the FPPC web site.

E. Return of Tickets and Passes

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

F. [President and](#) Chief Executive Officer

- 1. The District delegates the authority to distribute any ticket and pass in accordance with this policy to the [President and](#) Chief Executive Officer or his or her designee and such authority includes the power to distribute such a ticket to the [President and](#) Chief Executive Officer provided that doing so is otherwise consistent with this Policy. [Tickets and passes must not be distributed disproportionately to Board Members, the President and Chief Executive Officer, political appointees, or department heads.](#)

G. Website Posting

- 1. This policy and Form 802 reports required by Section 18944.1 of the FPPC Regulations shall be posted on the District's website as required by that Section.

Behavioral Health Program Update

INTEGRATING BEHAVIORAL HEALTH

July 23, 2020

Eileen Knudson, RN Director of Behavioral Health
Jonathan Lowe, PMH-APRN ext. 3505
Katina Varzos, CNM, PMH-APRN ext. 4263



The Need

National:

- Between 20-30% seen in Primary Care have Mental Health Issues
- Mental health Issues affect 20% of all adults and is the leading cause of disability
- 19% of years of life lost to premature mortality
- \$238 Billion Health care costs for 2020
- 40 % of all patients seen in primary care have a mental illness.(SAMHSA)
- 80 % of patients with behavioral health concerns present in ED & PC.

The Need

TFHD Community:

- The California Healthcare Foundation reports that about 1 in 20 adults in California suffer from a serious mental illness
- TFHD CHNA revealed that 34% of respondents met criteria for SUD
- TFHD CHNA revealed that 57% of respondents had 1+ days with depressive symptoms
- 14% of Primary Care Patients score high on depression screenings indicating need for further treatment

Overview of Integrated Behavioral Health

GOALS

- Increase early identification of mental health needs and improve patient mental/behavioral health as evidenced by pre/post screenings
- Increase access to behavioral health services through integration of mental/behavioral health into primary care clinics for TFHS patients
- Reduce burden on primary care providers and improve patient outcomes

Behavioral Health Integration into Primary Care - \$600,000 over three years (2019-2022)

HRSA Objective	Baseline (July 2018 – June 2019)	April 2019 – March 2020
1.1 – Increase the proportion of unique patients who are screened annually for depression	11.8% (1211/10,292)	13.5% (1561/11,543)
1.2 – Increase the proportion of patients who have documented follow up after a depression screening score >9	63.2% (108/171)	75.7% (165/218)
2.1 – Increase mental/behavioral health services in primary care through Behavioral Health Intensivist	0	1.6 LCSW, PsyD Health Promotora (May: Psychiatric NP's)
2.2 – Increase care to BH services for patients with co-occurring disorders of opioid-use and depression.	32%	42%

The Behavioral Health Team

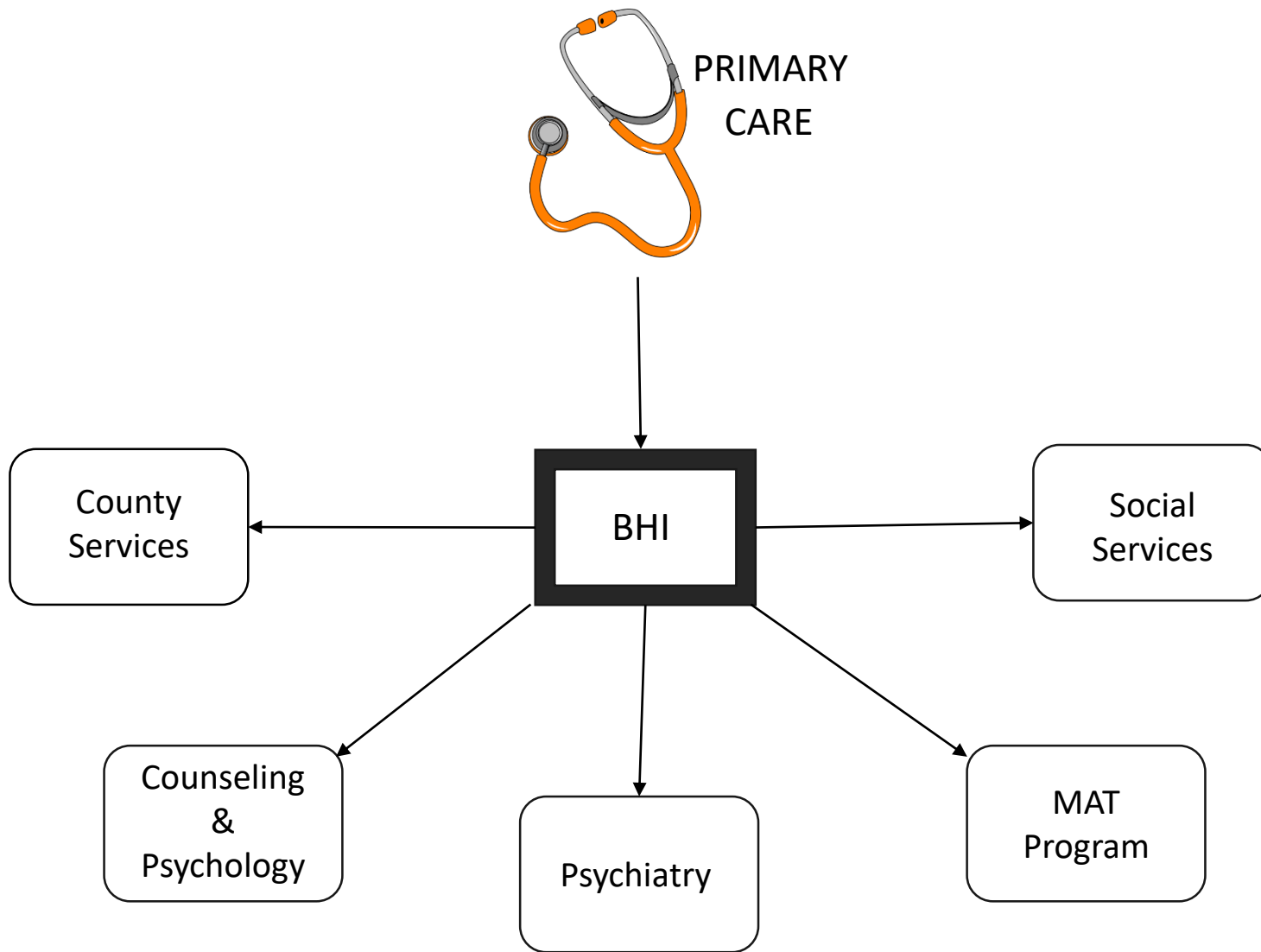
- Eileen Knudson, RN: Director Behavioral Health
 - Gail Prichard, MD: Medical Director
 - Jonathan Lowe, NP (1 FTE)*
 - Katina Varzos, NP (0.6 FTE)*
 - Sarah Redgrave, LCSW: Behavioral Health Intensivist (\$HRSA Grant) (1 FTE)*
 - Ann Ajari, LCSW: Community Health Therapist, Mental Health (\$PRIME) (0.8 FTE)*
 - Lynelle Tyler, PsyD: Clinical Psychologist: TBI, MAT (\$HRSA Grant) (1 FTE)*
 - Jane Newhart Parks, NP: MAT (1 FTE)*
 - Sunee Zrno, LMFT: PMAD, Mental Health (\$PRIME) (0.6 FTE)*
 - Lisa Stekert, LCSW: Youth Behavioral Health Navigator (\$Wellness Neighborhood) (0.6 FTE)
- * Provides reimbursable services



Integrated Behavioral Health Model



- Behavioral health is fully integrated into RHC
 - Psychiatry, psychology, and BHI
 - 72hr max response time
- Behavioral health receives referrals from PCPs
- Referrals go to BHI (assesses, diagnoses, and treatment plan)
 - Identifies acuity level
 - Ensures appropriate referrals to BH team and/or community resources
- Behavioral Health team stabilizes patient with ultimate goal of returning to PCP management
- Tele-psychiatry continues in ED and Inpatient



BHI: Behavioral Health Intensivist

Psychiatric Services:

- Provide psychiatric consultation and collaboration with TFHD providers
- Assess, diagnose, and treat mental health and substance use issues
 - Crisis care
 - Stabilization
 - Refer back to PCP for follow-up once stabilized
- Provide medication management
- Brief therapeutic interventions
- Psychoeducation and referral to community resources

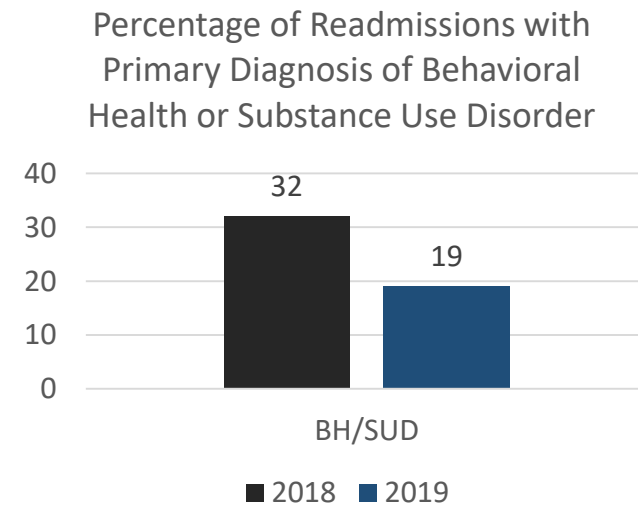


Psychiatric Services: Patient Monitoring Plan

- Use of color coded acuity chart easily understandable and accessible for entire team
 - Regular rounds for review, assessment, care planning
 - Quantifiable data to track patient progress
 - PHQ, GAD, SBIRT
- Low – purple (no issues)
- Mild – green (stable med regimen, symptoms well controlled)
- Moderate – yellow (symptomatic, possible med changes)
- Severe – orange (significant/severe symptoms, med changes)
- Extreme/Crisis – red (actively suicidal, safety concerns, etc.)

Psychiatric Services:

- Psychiatric referrals are stabilized and return back to PCP
- Reduce overall burden on healthcare system
 - The addition of behavioral health services decreased readmission rates of psychiatric patients by 40% in 2019



Medication Assisted Treatment (MAT):

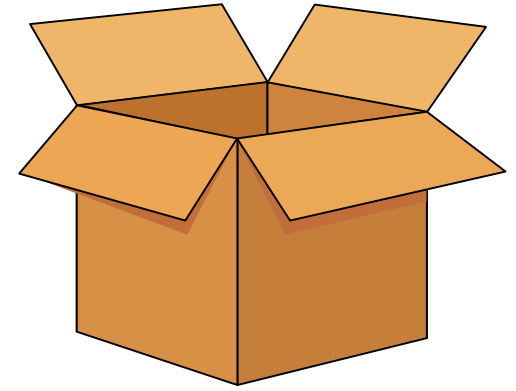
- *Medication, Counseling, and Support*

- MAT can be used to treat opioid use disorder, alcohol use disorder, and stimulant use disorder
- Can be initiated in the ED (ED Bridge program)
- Jane Newhart-Parks, APRN
 - MAT may be initiated in ED through the ED Bridge Program
 - Receives referrals and provides MAT for opioid use disorder
- Lynelle Tyler, PsyD
 - Provides individual and group counseling for MAT and general behavioral health patients
- Currently providing MAT treatment for 89 patients

Clinical Psychology & Counseling Services:

- Traumatic brain injury
- Mindfulness based relapse prevention
- Trauma
- Perinatal mood and anxiety disorders
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Short Term Solution Focused Therapy
- Group Therapy

Gaps in Service



- Bilingual Clinicians/Bicultural access
- After hours, weekends, holidays – Access/Triage unavailable
 - Refer to ED or Nevada County Crisis Hotline
- Pediatric Behavioral Health Intensivist (BHI); Grant funding to be pursued
- Child Psychiatry
- Coding and Billing for Behavioral Health Services by 2021
- Intensive Outpatient Program (9 hrs of group therapy/week)
 - Highly reimbursable, excellent generator of revenue
 - Captures higher level of care services in the region
 - Creates connections and self-sustaining supports beyond the duration of the group

Questions?



Eileen Knudson, RN Director of Behavioral Health eknudson@tfhd.com



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: July 23, 2020

2020 Compliance Program 1st Quarter Report (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 2nd Quarter 2020 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **April 1, 2020 – June 30, 2020**
Completed by: James Hook, Compliance Officer, The Fox Group

1. Written Policies and Procedures

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

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of June 30, 2020:

Jim Hook, The Fox Group – Compliance Consultants

Judy Newland, RN – Chief Operating Officer

Karen Baffone RN- Chief Nursing Officer

Harry Weiss – Chief Executive Officer

Crystal Betts – Chief Financial Officer

Jake Dorst – Chief Information and Innovation Officer

Alex MacLennan – Chief Human Resources Officer

Matt Mushet – In-house Legal Counsel

Helen Zurek, Interim Health Information Management Director

Scott Baker, Vice President of Physician Services

Todd Johnson, Privacy Officer and Risk Manager

3. Education & Training

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

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

4. Effective Lines of Communication/Reporting

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. No reports were made either directly to the Compliance Department or through the hot line in the 2nd Quarter of 2020.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Thirteen reports were made to the Privacy Officer in the 2nd Quarter of 2020.

4.3. The Compliance Department published three articles in the Pacesetter in the second quarter of 2020.

OPEN SESSION

5. Enforcing Standards through well-publicized Disciplinary Guidelines

- 5.1. New hires completed 100% of the required Health Stream courses in the 2nd quarter. New hires in the first six months of 2020 completed 97.6% of corporate compliance modules.
- 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

6. Auditing & Monitoring

- 6.1. Two audits were completed during the 2nd Quarter of 2020 as part of the 2020 corporate compliance work plan.
 - 6.1.1. Medical record documentation and billing for Transitional Care Management/Chronic Care Management:
 - 6.1.1.1.TCM: Four of 10 charts audited were non-billable (lack of documentation of timely post-hospital visit, lack of medication reconciliation, etc.); 2 cases rebilled as office visits.
 - 6.1.1.2.CCM: Auditor unable to find various documentation: chronic conditions, medical decision-making, Consents, etc.
 - 6.1.1.3.**Corrective Actions:** 1) Remind providers of MR documentation required to bill TCM. 2) Review all Medicare patient charts to document consent for CCM. 3) Use Bios CCM software with checklists in the Assessment Tool.
 - 6.1.2. Home Health Documentation for PPS: Auditing of Face-to-Face physician visits continues to show 100% compliance in 2020.

7. Responding to Detected Offenses & Corrective Action Initiatives

- 1.1. No investigations of suspected and actual compliance issues incidents were initiated during the 2nd Quarter of 2020.

8. Routine Compliance Support

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

AGENDA ITEM COVER SHEET

ITEM	TFHD Board of Directors Bylaws
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The Governance Committee began the biennial review of the Bylaws in accordance with Article X:</p> <p>ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS <i>Section 1. At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.</i></p>	
<p>SUMMARY/OBJECTIVES:</p> <p>The Board of Directors Bylaws were reviewed by the Governance Committee at their February 12, 2020 and July 15, 2020 meetings. General Counsel reviewed and provided edits as well.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> -Chief Executive Officer title was updated to President and Chief Executive Officer throughout the Bylaws. -Article IX. Auxiliary was removed because it is already addressed in Article II, section 3, item C. -Secretary duties were expanded to include countersigning documents, etc. -Minor edits to provide consistency throughout the document. 	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Move to approve the Board of Directors Bylaws as presented.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • TFHD Board of Directors Bylaws 	

BYLAWS OF THE BOARD OF DIRECTORS
TAHOE FOREST HOSPITAL DISTRICT

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**BYLAWS OF THE BOARD OF DIRECTORS
OF
TAHOE FOREST HOSPITAL DISTRICT**

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this District shall be "TAHOE FOREST HOSPITAL DISTRICT".

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of ~~said the~~ District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law"; and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and ~~the~~ "The Local Health Care District Law", the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws".

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the best mountain health system in the nation. We exist to make a difference in the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost-effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management, and community-based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section 1. Election.

There shall be five members of the Board of Directors who shall be elected for four-year terms as provided in "the Local Health Care District Law".

Section 2. Responsibilities.

Provides oversight for planning, operation, and evaluation of all District programs, services and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the **President and** Chief Executive Officer or designee with regard to long- and short-range plans for the development of programs and services.

2. Provides oversight to the **President and** Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the **President and** Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the President and Chief Executive Officer or designees and directs the President and Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the President and Chief Executive Officer.
2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints and re-appoints all Medical Staff members.
2. Ensures that the District Medical Staff is organized to support the objectives of the District.
3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.
4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.
3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.
4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee or-and management staff.
5. Receives and reviews reports of the District's auditors.
6. Approves policies which govern the financial affairs of the District.
7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization and replacement of the District's grounds, facilities, major equipment and other tangible assets.

2. Approves the acquisition, sale and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment ~~And~~ and Continuous Improvement ~~Of~~ of Quality ~~Of~~ of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system-wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in ARTICLE VIII of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers still vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws, or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by ~~"the~~ Local Health Care District Law" and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

~~-~~Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (~~15~~15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy, within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an election called for within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of

the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District ~~Boundaries~~boundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the Chair, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster, mass destruction, terrorist act, threatened terrorist activity or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (~~1~~) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular or special, shall be open to the public in accordance with the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code Sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement ~~Of~~ Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or President and Chief Executive Officer, ~~per-pursuant to~~ Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be Chair, Vice-Chair, Secretary and Treasurer who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. Chair. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which ~~he/she~~the Chair has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law.

B. Vice-Chair. The Vice-Chair shall perform the functions of the Chair in case of the Chair's absence or inability to act.

C. Secretary. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded ~~and, shall see that all records of the District are kept and preserved. Shall attest or countersign, on behalf of the District, all instruments in writing which he/she~~the Secretary has been authorized and obliged by the Board to attest/countersign as well as those charged to the secretary under the Local Health Care District Law. and shall see that all records of the District are kept and preserved.

D. Treasurer. The Treasurer will serve as the chairperson of the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

Section 1. Committee Authority.

No ~~Committee-committee~~ shall have the power to bind the District, unless the Board provides otherwise in writing.

Section 12. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as ~~he/she deems deemed~~ necessary or expedient. ~~No Ad Hoc Committees shall have the power to bind the District, unless the Board provides otherwise in writing, but~~ shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each Ad Hoc Committee chair.

Section 23. Standing Committees.

Standing Committees and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors.

The Chair shall recommend appointment of the members of these committees and the Chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made

annually at or before the ~~December-January~~ Board meeting, ~~following the election of Board Officers.~~

ARTICLE V. MANAGEMENT

Section 1. ~~President and~~ Chief Executive Officer.

The Board of Directors shall select and employ a President and Chief Executive Officer who shall act as its executive officer in the management of the District. The President and Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The President and Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The duties and responsibilities of the President and Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. ~~The~~ President and Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsels, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital (~~TFH~~), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long--Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital (~~IVCH~~), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services ~~to patients.~~

ARTICLE VIII. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists, oral surgeons, or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;
2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;
3. Provide verification of medical malpractice insurance coverage; and
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and ~~shall be deemed to~~ possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, ~~assignment assigned~~ to a particular staff category, or ~~granted or renewed be able to exercise~~ particular clinical privileges ~~solely merely because by virtue of the fact that~~ person: (1) holds a certain degree; (2) is he/she is duly licensed to practice in California, Nevada, or any other state; ~~;~~ (3) or that he/she is a member of any particular professional organization; ~~;~~ (4) or is certified by any particular specialty board; ~~;~~ (5) or that he/she had, or presently has, membership or privileges at this or any another health care facility; ~~;~~ or (6) requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of

Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation. The Executive Committee's response shall be considered by the Board before adopting a resolution.

If the Board's resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the President and Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the

applicant has exhausted or has waived his/her procedural rights under the Medical Staff Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The ~~Governing Body~~Board of Directors may delegate decision-making authority to a committee of the ~~Governing Body~~Board; however, any final decision of the ~~Governing Body~~Board committee must be subject to ratification by the full ~~Governing Body~~Board of Directors at its next regularly scheduled meeting.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall

be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the President and Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the President and Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even ~~if~~if the

Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same

rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to

conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) who's Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

~~ARTICLE IX. AUXILIARY~~

~~The formation of Auxiliary Organizations Bylaws shall be approved by the Board of Directors.~~

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

~~Section 1.~~ At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any Regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next Regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the ~~xx~~29th day of ~~Novemberxxxxx~~, 20~~18~~20.

REVISION HISTORY

1975

Revised – March, 1977

Revised – October, 1978

Revised – April, 1979
Revised – March, 1982
Revised – May, 1983
Revised – February, 1985
Revised – July, 1988
Revised – March, 1990
Revised – November, 1992
Revised – February, 1993
Revised – May, 1994
Revised – April, 1996
Revised – September, 1996
Revised – April, 1998
Revised – September, 1998
Revised – March, 1999
Revised – July, 2000
Revised – January, 2001
Revised – November, 2002
Revised – May, 2003
Revised – July, 2003
Revised – September, 2004
Revised – March, 2005
Revised – December, 2005
Revised – October, 2006
Revised – March, 2007
Revised – April, 2008
Revised – January, 2009
Revised – September, 2010
Revised – September, 2012
Revised – November, 2014
Revised – December, 2015
Revised – November, 2017
Revised – November, 2018
Revised - xxxxx 2020