



TAHOE FOREST HOSPITAL DISTRICT

2021-06-24 Regular Meeting of the Board of Directors

Thursday, June 24, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 24, 2021 will be conducted telephonically through Zoom.

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

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

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/94784117146>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 947 8411 7146



TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2021-06-24 Regular Meeting of the Board of Directors

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16.2. Approval of FY22 President & CEO Incentive Criteria
Materials may be distributed at a later time.

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23. ADJOURN



JUNE 2021 EMPLOYEE OF THE MONTH



CASSY KIEHN

PHYSICIAN INFORMATICS COORDINATOR - IT

We are honored to announce Cassy as our June 2021 Employee of the Month!

Cassy has been with the Tahoe Forest Health System since June of 2011.

Here are some of the great things Cassy's colleagues have to say about her:

"Cassy is honestly one of the hardest working employees at Tahoe Forest. She is accountable, responsible, and sees countless projects all the way through. She is a go-to for providers and staff and is always willing to jump in and try to help solve a problem even when it's not her job or area. She takes on anything that comes her way, gives it her all, and works hard to be a team player and do quality work all the time. She displays the system value of quality in so many ways. Cassy gives herself completely to this work and cares deeply about her job and her colleagues. If anyone deserves recognition and this award, it is her!"

Please join us in congratulating all of our Terrific Nominees!

**Oscar Aguilar • Daena Angeles Martinez • Casey Brumbach • Ashley Connor •
Claudia Granados Ramirez • Ryan Kasten • Allison Knox • Maison Power • Diana
Rodriguez Martinez • Michelle White**

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the June 17, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the June 24, 2021 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Policy with No Changes Approval</u> <ul style="list-style-type: none"> • Neonate Annual Policy Approval • CAH Services by Agreement or Arrangement <u>Rules and Regulation Changes</u> <ul style="list-style-type: none"> • Change in Composition of IDPC Committee 	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.	

POLICIES DUE FOR APPROVAL

Title	Department	Last Approved	Origination Date	Last Revised
Neonate - Abduction prevention and plan, DWFC-1445	Women and Family Center - DWFC	12/9/2020	6/1/1998	2/5/2019
Neonate - Adoption Guidelines, DWFC-1433	Women and Family Center - DWFC	6/10/2020	2/1/1982	7/25/2019
Neonate - Baptism of , DWFC-1434	Women and Family Center - DWFC	12/9/2020	1/1/2009	11/7/2019
Neonate - California Department of Public Health Screening , DWFC-1435	Women and Family Center - DWFC	12/9/2020	1/1/2010	12/9/2020
Neonate - Car Seat Challenge Test, DWFC-1436	Women and Family Center - DWFC	12/11/2020	2/1/2010	12/11/2020
Neonate - Circumcision Procedure, DWFC-1438	Women and Family Center - DWFC	5/12/2020	2/1/2006	2/5/2019
Neonate - Critical Congenital Heart Defect Screening, DWFC-1439	Women and Family Center - DWFC	5/12/2020	5/1/2013	5/12/2020
Neonate - Gavage Feeding, DWFC-1441	Women and Family Center - DWFC	12/9/2020	6/1/1991	12/9/2020
Neonate - Hearing Screen, DWFC-1442	Women and Family Center - DWFC	6/10/2020	5/1/1999	6/18/2019
Neonate - Infant Formula, DWFC-1443	Women and Family Center - DWFC	8/21/2020	4/1/2008	8/8/2019
Neonate - Infant Security Device Application, DWFC-1444	Women and Family Center - DWFC	12/9/2020	2/1/2011	2/5/2019
Neonate - Late Preterm Newborn, DWFC-1486	Women and Family Center - DWFC	8/21/2020	4/1/2014	6/13/2019
Neonate - Level of Care Guidelines, DWFC-1446	Women and Family Center - DWFC	12/9/2020	3/1/2009	5/8/2019
Neonate - Neonatal Abstinence Syndrome, DWFC-1805	Women and Family Center - DWFC	9/24/2020	6/26/2018	9/24/2020
Neonate - Neonatal Hypoglycemia Management Guideline, DWFC-1506	Women and Family Center - DWFC	12/9/2020	9/5/2018	7/10/2019
Neonate - Oxygen Administration, DWFC-1448	Women and Family Center - DWFC	12/9/2020	9/1/1991	5/8/2019
Neonate - Passive Cooling Prior to Transfer, DWFC-1801	Women and Family Center - DWFC	6/10/2020	6/26/2018	7/5/2019
Neonate - Pasteurized Donor Human Milk, DWFC-1804	Women and Family Center - DWFC	8/21/2020	12/4/2018	6/10/2020
Neonate - Patient Admission Care and Discharge of, DWFC-1449	Women and Family Center - DWFC	8/21/2020	1/1/2009	7/25/2019
Neonate - Phototherapy, DWFC-1450	Women and Family Center - DWFC	8/21/2020	1/1/2009	5/26/2020
Neonate - Preparation for and Management at Delivery, DWFC-1456	Women and Family Center - DWFC	5/26/2020	12/1/1991	5/26/2020
Neonate - Rooming In, DWFC-1457	Women and Family Center - DWFC	8/21/2020	3/1/2008	12/17/2018
Neonate - Sepsis Prevention and Management of, DWFC-1447	Women and Family Center - DWFC	5/12/2020	4/1/2011	5/12/2020
Neonate - Testing for Suspected Substance Abuse, DWFC-1459	Women and Family Center - DWFC	8/21/2020	4/1/1994	2/5/2019
Neonate - Transcutaneous Bili Monitoring, DWFC-1460	Women and Family Center - DWFC	5/12/2020	1/1/2009	5/12/2020

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

PURPOSE:

To identify providers who provide patient care services through agreements or arrangements.

POLICY:

The Chief Executive Officer, or designee, is principally responsible for the operation of Tahoe Forest Hospital District and the services furnished with providers or suppliers participating under Medicare to furnish other services to its patients by agreement or arrangement. All agreements or arrangements for providing health care services to the CAH's patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. A list will be maintained that describes the nature and scope of the services provided and the individual assigned to oversee the contract.

TAHOE FOREST HOSPITAL

- 1.0 The following services are available directly at Tahoe Forest Hospital:
 - 1.1 Emergency Services
 - 1.2 Inpatient Medical Surgical Care
 - 1.2.1 Medical Surgical Pediatric care
 - 1.3 Intensive Care and Step Down
 - 1.3.1 Step Down Pediatric care (age 7-17)
 - 1.4 Swing Program
 - 1.5 Obstetrical Services
 - 1.6 Inpatient and Outpatient Surgery
 - 1.7 Outpatient Observation Care
 - 1.8 Inpatient and Outpatient Pharmacy Service
 - 1.9 Medical Nutritional / Dietary Service
 - 1.10 Respiratory Therapy Services
 - 1.11 Rehabilitation Services that includes Physical, Occupational and Speech Therapy
 - 1.12 Inpatient and Outpatient Laboratory Services, including blood transfusion

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

- 1.13 Diagnostic Imaging Services that includes: PET CT, Radiation, CT Scan, MRI, Mammography and Ultrasound, Fluoroscopy, and Nuclear Medicine
 - 1.14 Home Health
 - 1.15 Hospice
 - 1.16 Skilled Nursing Care
 - 1.17 Outpatient Services that includes Wellness program, Cardiac Rehabilitation, Occupational Health Services, Multispecialty Clinics, Rural Health Clinic, and Audiology
 - 1.18 Medical and Radiation Oncology Services
- 2.0 Transfer Agreements provide other needed services as outlined in the Transfer Agreements
- 2.1 Renown Medical Center (Reno, NV)
 - 2.2 Saint Mary's Regional Medical Center (Reno, NV)
 - 2.3 Carson Tahoe Regional Healthcare (Carson City, NV)
 - 2.4 UC Davis Medical Center (Sacramento, CA)
 - 2.5 Sutter Memorial (Sacramento, CA)
 - 2.6 Incline Village Community Hospital (IVCH) (Incline Village, NV)
 - 2.7 California Pacific Medical Center (San Francisco, CA)
 - 2.8 Eastern Plumas District Hospital (Portola, CA)
 - 2.9 Truckee Surgery Center (Truckee, CA)
 - 2.10 Northern Nevada Medical Center (Sparks, NV)
 - 2.11 Children's Hospital & Research Center at Oakland dba: UCSF Benioff Children's Hospital Oakland (Oakland, CA)
 - 2.12 Davies Medical Center (San Francisco, CA)
 - 2.13 Western Sierra Medical Clinic (Grass Valley, CA)
 - 2.14 Tahoe Forest MultiSpecialty Clinics - Incline (Incline Village, NV)

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

- 2.15 Non-Emergent Patient Transport:
 - 2.15.1 Med-Express Transport
- 2.16 Emergency Transportation Agreements with:
 - 2.16.1 Truckee Fire Protection District
 - 2.16.2 Care Flight
 - 2.16.3 CALSTAR

3.0 The following services are provided to patients by Agreement or Arrangement:

- 3.1 Emergency Professional Services
- 3.2 On Call Physician Program
- 3.3 Hospitalist Services
- 3.4 Pathology and Laboratory Professional Services
- 3.5 Blood and Blood Products Provider: United Blood Services Reno, NV
- 3.6 Diagnostic Imaging Professional Services
- 3.7 Anesthesia Services
- 3.8 Rehabilitation Services
- 3.9 Pharmacy Services
- 3.10 Tissue Donor Services
- 3.11 Biomedical Services
- 3.12 Interpreter Services
- 3.13 Audiology Services
- 3.14 Physical Therapy Services

Incline Village Community Hospital

4.0 The following services are available directly at Incline Village Community Hospital:

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

- 4.1 Emergency Services
 - 4.2 Inpatient Medical Surgical Care
 - 4.3 Outpatient Observation Care
 - 4.4 Inpatient and Outpatient Surgery
 - 4.5 Inpatient Pharmacy Service
 - 4.6 Rehabilitation Services including Physical Therapy
 - 4.7 Laboratory Services
 - 4.8 Diagnostic Imaging Services including CT
 - 4.9 Home Health and Hospice
 - 4.10 Outpatient Services that include Occupational Health Services, Multispecialty Clinic, and a Rural Health Clinic
- 5.0 Transfer Agreements provide other needed services as outlined in the Transfer Agreements
- 5.1 Renown Regional Medical Center (Reno, NV)
 - 5.2 Saint Mary's Regional Medical Center (Reno, NV)
 - 5.3 Carson Tahoe Hospital (Carson City, NV)
 - 5.4 Tahoe Forest Hospital (Truckee, CA)
 - 5.5 Northern Nevada Medical Center (Sparks, NV)
 - 5.6 Hearthstone of Northern Nevada (Sparks, NV)
 - 5.7 Emergency Transportation Agreement with:
 - 5.7.1 North Lake Tahoe Fire Protection (Incline Village, NV)
- 6.0 The following services are provided to patients by Agreement or Arrangement:
- 6.1 Emergency Professional Services
 - 6.2 Medicine – On Call
 - 6.3 Pathology and Laboratory Professional Services

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

- 6.4 Blood and Blood Products Provider: United Blood Services Reno, NV
- 6.5 Diagnostic Imaging Professional Services
- 6.6 Anesthesia Services
- 6.7 Pharmacy Services
- 6.8 Rehabilitation Services
- 6.9 Tissue Donor Services
- 6.10 Biomedical Services
- 6.11 Interpreter Services
- 6.12 Sleep Disorder Center

ATTACHMENT B

CAH SERVICES BY AGREEMENT OR ARRANGEMENT

Title	Scope of Services	TFHD/IVCH/System	Responsible
Vituity	24/7 Physician Service for ED	TFHD	CEO
North Tahoe Emergency	24/7 Physician Service for ED	IVCH	CEO
North Tahoe Anesthesia Group	24/7 Anesthesia services	System	CEO
Hospitalist Program	24/7 Physicians Services for TFHD (Individual Contracts)	TFHD	CEO
Western Pathology Consultants	Pathology Consults and Reports	System	CEO
Silver State Hearing & Balance, Inc.	Audiology	TFHD	CEO
Quest Diagnostics	Labs not performed at TFHD	System	COO/Director of Lab Services
Virtual Radiologic	Read diagnostic imaging tests after hours	System	COO/Director of DI Services
North Tahoe Radiology Medical Group	Read diagnostic imaging tests during normal business hours	System	CEO
Cardinal Health	After hour pharmacist services	System	COO/Director of Pharmacy Services
Nevada & Placer Co. Mental Health	Mental Health assessments in the ER	TFHD	CEO
Agility Health Services	Provide rehab services for inpatient and outpatients	System	COO
Sierra Donor Services	24/7 Organ Donor Services	System	CNO

Rules and Regulations:

2.4 INTERDISCIPLINARY PRACTICE COMMITTEE

2.4-1 COMPOSITION

The Interdisciplinary Practice Committee ("IDPC") members shall be appointed by the Chief of Staff and approved by the Medical Executive Committee of the Medical Staff and shall include at least five (5) representatives of the various allied health professionals and, two (2) physicians, as voting members of the committee, two (2) registered nurses appointed by the director of nursing, and one clinical psychologist on the allied health staff. The Chief Nursing Officer and the Chief Executive Officer or designee may also attend meetings of the IDPC on an ex-officio basis without a vote.

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The chair of the Committee, who shall be a nurse practitioner or physician assistant, shall be appointed by the Chief of Staff, with the agreement of the Medical Executive Committee, and may attend meetings of the Medical Executive Committee on an ex-officio basis without a vote.

2.4-2 DUTIES

The Interdisciplinary Practice Committee shall establish written policies and procedure for the conduct of its business including serving as consultants regarding expanded role privileges to advanced practice nurses, whether or not employed by the facility and other allied health professionals. These policies and procedures will be administered by the Committee. The Committee shall be responsible for the formulation and adoption of standardized procedures and for initiating the preparation of such standardized procedure in accordance with Title 22.

2.4-3 MEETINGS

The Committee shall meet as often as necessary at the call of its Chair, but at least quarterly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.



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

Thursday, May 27, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for May 27, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

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

Staff in attendance: Judy Newland, Chief Operating Officer; Karen Baffone, Chief Nursing Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Home Health, Hospice, Palliative Care Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter Fiscal Year 2021 Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Approval of Closed Session Minutes

04/22/2021

Discussion was held on a privileged item.

5.4. 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 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there was no reportable action on items 5.1-5.2. Item 5.3. Closed Session Minutes was approved on a 5-0 vote. Item 5.4. Medical Staff Credentials was approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. SAFETY FIRST

Dr. Gail Pritchard, Medical Director of Behavioral Health, presented on the development of the Health System's Safety Planning for patients contemplating suicide.

13. ACKNOWLEDGMENTS

13.1. Wendy Lenz was named May 2021 Employee of the Month.

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policy Approvals with Changes

- Late Career Provider Policy

Program Approval

- Trauma Program Resolution

Privileges with Changes

- Audiology Privilege Form
- NP/PA Privilege Form (Cardiology and Women's Health addition)

New Privilege Form

- RNFA Privilege Form

Bylaws Change

- AHP Guidelines (Addition of RNFA's to AHP Staff)

Discussion was held.

No public comment was received.

ACTION: Motion made by Director King, to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director Chamblin. 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. 04/22/2021 Regular Meeting

15.1.2. 05/06/2021-05/07/2021 Special Meeting

15.2. Financial Reports

15.2.1. Financial Report – April 2021

15.3. Board Reports

15.3.1. President & CEO Board Report

15.3.2. COO Board Report

15.3.3. CNO Board Report

15.3.4. CMO Board Report

15.3.5. CHRO Board Report

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Clinic & Rural Health Clinic Update

Scott Baker, Vice President of Provider Services, provided an update on the clinics and Rural Health Clinics. Discussion was held.

16.2. 2021 Legislative Update

Ted Owens, Executive Director of Governance, presented a legislative update. Discussion was held.

17. ITEMS FOR BOARD ACTION

17.1. Ballot for Special District Representative & Alternate, Placer LAFCO

The Board of Directors considered a ballot for a Special District Representative and Alternate on Placer LAFCO Board. Discussion was held.

No public comment was received.

ACTION: Motion made by Director King, to nominate Fred Ilfeld and Rick Stephens to represent special districts on the Placer LAFCO Board, seconded by Director Chamblin. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

19. BOARD COMMITTEE REPORTS

Director McGarry provided an update from the Board Quality Committee.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

21. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

22. OPEN SESSION

Not applicable.

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

Not applicable.

24. ADJOURN

Meeting adjourned at 7:16 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Tuesday, June 15, 2021 at 10:00 a.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for June 15, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 10:00 a.m.

2. ROLL CALL

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

Staff in attendance: Judy Newland, Chief Operating Officer; Karen Baffone, Chief Nursing Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Don Penner and Christopher McCarry of Chandler Asset Management

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

No changes were made to the agenda.

4. ITEMS FOR BOARD DISCUSSION

4.1. Investment Management Services Presentation

Don Penner and Christopher McCarry of Chandler Asset Management presented on available investment management services.

4.2. Agreement with Chandler Asset Management

No discussion was held on this item.

5. ITEMS FOR BOARD ACTION

5.1. Resolution 2021-01

The Board of Directors considered approval of a resolution to authorize execution of an agreement with Chandler Asset Management for investment management services. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Chamblin, to approve Resolution 2021-01 as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

5.2. TFHD Investment Policy, ABD-15

Discussion was held.

ACTION: Motion made by Director Brown, to approve the TFHD Investment Policy, ABD-15 as presented, seconded by Director McGarry. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

6. ADJOURN

Meeting adjourned at 11:05 a.m.

**TAHOE FOREST HOSPITAL DISTRICT
MAY 2021 FINANCIAL REPORT
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13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
MAY 2021 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2021.

Activity Statistics

- ❑ TFH acute patient days were 437 for the current month compared to budget of 415. This equates to an average daily census of 14.1 compared to budget of 13.4.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Laboratory tests, EKGs, Diagnostic Imaging, Mammography, Medical Oncology procedures, Cat Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, and Outpatient Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 55.11% in the current month compared to budget of 50.88% and to last month's 48.29%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 49.56% compared to budget of 50.87% and prior year's 50.79%.
- ❑ EBIDA was \$5,662,011 (16.1%) for the current month compared to budget of \$1,453,590 (4.1%), or \$4,208,421 (12.0%) above budget.
- ❑ Net Income was \$5,240,458 for the current month compared to budget of \$960,660 or \$4,279,798 above budget. Net Income year-to-date was \$23,521,170 compared to budget of \$12,444,491 or \$11,076,679 above budget.
- ❑ Cash Collections for the current month were \$16,341,450, which is 75% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$87,406,992 at the end of May compared to \$87,544,480 at the end of April.

Balance Sheet

- ❑ Working Capital is at 139.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 271.3 days. Working Capital cash increased a net \$1,279,000. Accounts Payable increased \$435,000 and Accrued Payroll & Related Costs decreased \$1,441,000. The District received \$3,200,000 in Property Tax revenues from Nevada and Placer Counties and cash collections were below budget 25%.
- ❑ Net Patient Accounts Receivable increased approximately \$1,045,000 and Cash collections were 75% of target. EPIC Days in A/R were 69.4 compared to 69.1 at the close of April, a .30 days increase. A reduction to Self-pay reserves was made after performing an analysis on collection activity from prior fiscal years, leading to the increase in Net Accounts Receivable.
- ❑ Other Receivables and GO Bond Receivables decreased a net \$2,332,000 and \$1,509,000, respectively, after recording receipt of Property Tax revenues from Nevada and Placer Counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$846,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs, and remitted \$89,000 to participate in the DY15 Medi-Cal PRIME program.
- ❑ GO Bond Tax Revenue Fund increased \$1,927,000 after receiving its installment of Property Tax revenues from the counties.
- ❑ Accounts Payable increased \$435,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs decreased a net \$1,441,000. The District reversed the AB 650 liability reserve it booked in April after the bill failed legislation and accrued payroll days increased in May.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$3,791,000 due to repayment of FY21 overpaid Inpatient and Outpatient claims along with the Medicare Accelerated Payments received in FY20 starting their payback period.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$35,157,878 compared to budget of \$35,224,816 or \$66,938 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,499,624, compared to budget of \$8,144,817 or \$1,645,193 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$28,658,254 compared to budget of \$27,079,999 or \$1,578,255 above budget.
- ❑ Current month’s Gross Revenue Mix was 39.1% Medicare, 15.4% Medi-Cal, .0% County, 3.6% Other, and 41.9% Commercial Insurance compared to budget of 39.5% Medicare, 13.8% Medi-Cal, .0% County, 2.8% Other, and 43.9% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.2% Medicare, 16.3% Medi-Cal, .0% County, 2.6% Other, and 44.9% Commercial Insurance compared to budget of 39.5% Medicare, 13.5% Medi-Cal, .0% County, 2.9% Other, and 44.1% Commercial Insurance. Last month’s mix was 35.2% Medicare, 16.6% Medi-Cal, .0% County, 2.7% Other, and 45.5% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$15,785,041 compared to budget of \$17,304,989 or \$1,519,948 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .40% decrease in Medicare, a 1.60% increase to Medi-Cal, .00% decrease in County, a .80% increase in Other, and Commercial Insurance was below budget 2.00%, 2) Revenues were below budget by .20%, and 3) a reduction to Self-pay reserves was made based on an analysis of prior fiscal year collections received in the current fiscal year.

DESCRIPTION	May 2021 Actual	May 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,992,438	7,126,528	134,090	
Employee Benefits	(198,532)	2,369,875	2,568,407	The Assembly Bill 650 liability reserve that was booked in April was reversed after the bill failed legislation.
Benefits – Workers Compensation	60,528	82,503	21,975	
Benefits – Medical Insurance	1,298,896	1,240,032	(58,864)	
Medical Professional Fees	1,227,075	1,177,985	(49,090)	We saw negative variances in Outpatient Physical and Occupational Therapy fees, IVCH ER Physician fees, TFH Locums fees, and Anesthesia Quality Incentive bonuses.
Other Professional Fees	159,827	179,333	19,506	Professional fees for Information Technology, Managed Care, and Administration were below budget, creating a positive variance in Other Professional Fees.
Supplies	2,442,927	2,702,233	259,306	Positive variance in Supplies related to implant costs coming in below budget 53.01%.
Purchased Services	1,873,371	1,810,827	(62,544)	Outsourced billing and collections services for Patient Financial Services, Employee Health Screenings, and Security & Network Maintenance services provided to Information Technology created a negative variance in Purchased Services.
Other Expenses	920,903	870,980	(49,923)	Physician recruitment fees, Marketing, Utilities, and recruitment fees for key Director positions created a negative variance in Other Expenses.
Total Expenses	14,777,433	17,560,296	2,782,863	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MAY 2021

	May-21	Apr-21	May-20	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 78,728,938	\$ 77,449,928	\$ 54,030,115	1
PATIENT ACCOUNTS RECEIVABLE - NET	23,871,995	22,827,457	21,593,893	2
OTHER RECEIVABLES	7,284,293	9,616,360	6,891,344	3
GO BOND RECEIVABLES	(46,288)	1,463,097	(402,148)	4
ASSETS LIMITED OR RESTRICTED	8,538,286	8,223,732	8,063,422	
INVENTORIES	3,835,729	3,819,706	3,511,287	
PREPAID EXPENSES & DEPOSITS	2,374,593	2,562,723	2,374,721	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	13,862,171	13,016,393	6,844,731	5
TOTAL CURRENT ASSETS	138,449,717	138,979,396	102,907,365	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	74,384,022	1
MUNICIPAL LEASE 2018	724,306	724,183	2,350,316	
TOTAL BOND TRUSTEE 2017	20,531	20,531	20,530	
TOTAL BOND TRUSTEE 2015	1,192,086	1,054,978	1,173,334	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	3,845,520	1,918,783	3,950,157	6
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	18,248	18,642	47,043	
TOTAL	81,331,701	79,268,129	83,066,627	
LESS CURRENT PORTION	(8,538,286)	(8,223,732)	(8,063,422)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	72,793,415	71,044,397	75,003,206	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,687,352)	(1,617,352)	(381,754)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	906,720	
PROPERTY & EQUIPMENT NET	173,213,894	173,746,492	177,035,861	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,041,050	2,035,681	1,791,406	
TOTAL ASSETS	385,719,796	385,097,686	357,262,803	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	352,329	355,561	391,118	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,267,315	1,267,315	1,782,460	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,153,423	5,177,127	5,437,879	
GO BOND DEFERRED FINANCING COSTS	502,750	505,071	423,593	
DEFERRED FINANCING COSTS	150,840	151,880	163,323	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,426,657	\$ 7,456,955	\$ 8,198,373	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,676,847	\$ 6,241,952	\$ 5,687,901	7
ACCRUED PAYROLL & RELATED COSTS	14,813,968	16,255,451	13,246,346	8
INTEREST PAYABLE	420,409	341,151	435,999	
INTEREST PAYABLE GO BOND	1,133,211	851,325	1,248,454	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	20,230,148	24,020,923	23,690,397	9
HEALTH INSURANCE PLAN	2,311,155	2,311,155	2,166,758	
WORKERS COMPENSATION PLAN	2,173,244	2,173,244	2,396,860	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,362,793	1,362,793	1,172,232	
CURRENT MATURITIES OF GO BOND DEBT	1,715,000	1,715,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,828,809	3,828,809	2,612,247	
TOTAL CURRENT LIABILITIES	54,665,585	59,101,802	53,987,194	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,950,999	28,145,472	32,999,892	
GO BOND DEBT NET OF CURRENT MATURITIES	97,543,167	97,561,123	99,352,461	
DERIVATIVE INSTRUMENT LIABILITY	1,267,315	1,267,315	1,782,460	
TOTAL LIABILITIES	181,427,065	186,075,711	188,122,006	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	210,581,506	205,341,047	176,201,288	
RESTRICTED	1,137,882	1,137,882	1,137,882	
TOTAL NET POSITION	\$ 211,719,388	\$ 206,478,930	\$ 177,339,170	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
MAY 2021

1. Working Capital is at 139.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 271.3 days. Working Capital cash increased a net \$1,279,000. Accounts Payable increased \$435,000 (See Note 7) and Accrued Payroll & Related Costs decreased \$1,441,000 (See Note 8). The District received \$3,200,000 in Property Tax revenues from Nevada and Placer Counties and cash collections were below budget 25%.
2. Net Patient Accounts Receivable increased \$1,045,000. Cash collections were 75% of target. EPIC Days in A/R were 69.4 compared to 69.1 at the close of April, a .30 days increase. The increase in Net Patient Accounts Receivable is also attributed to reducing the reserve on Self-pay accounts due to prior fiscal years collection activity received in the current fiscal year.
3. Other Receivables decreased a net \$2,332,000 after recording receipt of Property Tax revenues from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$1,509,000 after recording receipt of Property Tax revenues from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare increased a net \$846,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs, and remitted \$89,000 to participate in the DY15 Medi-Cal PRIME program.
6. GO Bond Tax Revenue Fund increased \$1,927,000 after receiving installment on Property Tax revenues from the counties.
7. Accounts Payable increased \$435,000 due to the timing of the final check run in May.
8. Accrued Payroll & Related Costs decreased a net \$1,441,000. The District reversed the AB 650 liability reserve it booked in April and accrued payroll days increased in May.
9. Estimated Settlements, Medi-Cal & Medicare decreased \$3,791,000 due to the repayment of FY21 overpaid Inpatient and Outpatient claims along with the Medicare Accelerated Payments received in FY20 starting their payback period.

**Tahoe Forest Hospital District
Cash Investment
May 2021**

WORKING CAPITAL			
US Bank	\$ 78,262,169	0.01%	
US Bank/Kings Beach Thrift Store	73,938		
US Bank/Truckee Thrift Store	47,231		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,469</u>	0.05%	
Total			\$ 79,398,807
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,021</u>	0.32%	
Local Agency Investment Fund			\$ 74,384,021
Municipal Lease 2018			\$ 724,306
Bonds Cash 2017			\$ 20,531
Bonds Cash 2015			\$ 1,192,086
GO Bonds Cash 2008			\$ 3,181,415
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	18,248		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ 21,591
TOTAL FUNDS			\$ 158,922,756
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.32%	
TOTAL RESTRICTED FUNDS			\$ 1,137,882
TOTAL ALL FUNDS			<u>\$ 160,060,639</u>

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2020			
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%				
OPERATING REVENUE											
\$ 35,157,878	\$ 35,224,816	\$ (66,938)	-0.2%	\$ 410,558,300	\$ 383,775,333	\$ 26,782,967	7.0%	1 \$ 344,501,982			
Total Gross Revenue											
Gross Revenues - Inpatient											
\$ 3,186,410	\$ 3,059,743	\$ 126,667	4.1%	\$ 35,549,285	\$ 32,482,911	\$ 3,066,374	9.4%	\$ 31,810,355			
3,313,214	5,085,074	(1,771,860)	-34.8%	42,289,867	50,931,840	(8,641,973)	-17.0%	48,436,841			
6,499,624	8,144,817	(1,645,193)	-20.2%	77,839,152	83,414,751	(5,575,599)	-6.7%	80,247,196			
Total Gross Revenue - Inpatient											
28,658,254	27,079,999	1,578,255	5.8%	332,719,147	300,360,582	32,358,565	10.8%	264,254,787			
28,658,254	27,079,999	1,578,255	5.8%	332,719,147	300,360,582	32,358,565	10.8%	264,254,787			
Total Gross Revenue - Outpatient											
Deductions from Revenue:											
15,691,039	15,389,490	(301,549)	-2.0%	182,282,572	167,676,351	(14,606,221)	-8.7%	2 150,129,896			
-	-	-	0.0%	5,000,000	-	(5,000,000)	0.0%	2 1,000,000			
1,179,369	1,081,588	(97,781)	-9.0%	14,155,317	11,788,485	(2,366,832)	-20.1%	2 13,116,152			
-	-	-	0.0%	-	-	-	0.0%	2 -			
(1,085,367)	833,911	1,919,278	230.2%	6,144,274	9,104,471	2,960,197	32.5%	2 6,903,274			
-	-	-	0.0%	(500,210)	-	500,210	0.0%	2 (1,597,100)			
15,785,041	17,304,989	1,519,948	8.8%	207,081,954	188,569,307	(18,512,647)	-9.8%	169,552,222			
Total Deductions from Revenue											
95,371	106,136	10,765	10.1%	1,008,179	1,278,514	270,335	21.1%	1,035,989			
971,236	987,923	(16,687)	-1.7%	11,456,537	11,428,486	28,051	0.2%	3 11,649,575			
20,439,443	19,013,886	1,425,557	7.5%	215,941,062	207,913,026	8,028,036	3.9%	187,635,324			
Property Tax Revenue- Wellness Neighborhood											
Other Operating Revenue											
TOTAL OPERATING REVENUE				215,941,062				207,913,026	8,028,036	3.9%	187,635,324
OPERATING EXPENSES											
6,992,438	7,126,528	134,090	1.9%	74,779,255	77,313,793	2,534,538	3.3%	4 67,927,377			
(198,532)	2,369,875	2,568,407	108.4%	24,893,702	23,665,896	(1,227,806)	-5.2%	4 22,595,300			
60,528	82,503	21,975	26.6%	972,131	907,537	(64,594)	-7.1%	4 811,987			
1,298,896	1,240,032	(58,864)	-4.7%	13,543,778	13,640,355	96,577	0.7%	4 11,790,664			
1,227,075	1,177,985	(49,090)	-4.2%	12,728,379	12,976,492	248,113	1.9%	5 15,759,315			
159,827	179,333	19,506	10.9%	1,975,311	2,120,019	144,708	6.8%	5 2,638,961			
2,442,927	2,702,233	259,306	9.6%	28,951,135	28,748,710	(202,425)	-0.7%	6 26,486,489			
1,873,371	1,810,827	(62,544)	-3.5%	20,754,640	20,554,244	(200,396)	-1.0%	7 18,568,402			
920,903	870,980	(49,923)	-5.7%	9,276,622	9,988,690	712,068	7.1%	8 8,160,209			
14,777,433	17,560,296	2,782,863	15.8%	187,874,953	189,915,736	2,040,783	1.1%	174,738,703			
TOTAL OPERATING EXPENSE				187,874,953				189,915,736	2,040,783	1.1%	174,738,703
5,662,011	1,453,590	4,208,421	289.5%	28,066,109	17,997,290	10,068,819	55.9%	12,896,621			
NET OPERATING REVENUE (EXPENSE) EBIDA				28,066,109				17,997,290	10,068,819	55.9%	12,896,621
NON-OPERATING REVENUE/(EXPENSE)											
626,700	615,935	10,765	1.7%	6,995,605	6,664,262	331,343	5.0%	9 5,669,428			
417,352	417,352	(0)	0.0%	4,590,868	4,590,868	(0)	0.0%	4,542,114			
43,267	68,960	(25,693)	-37.3%	668,497	770,602	(102,105)	-13.3%	10 1,712,829			
-	-	-	0.0%	-	-	-	0.0%	-			
111,902	87,710	24,192	27.6%	573,359	964,808	(391,449)	-40.6%	11 1,289,886			
(70,000)	(133,333)	63,333	47.5%	(621,992)	(1,466,663)	844,671	57.6%	12 (833,539)			
-	-	-	0.0%	-	-	-	0.0%	12 -			
-	-	-	0.0%	-	-	-	0.0%	13 7,546			
-	-	-	100.0%	178,483	-	178,483	100.0%	14 13,387,938			
(1,155,915)	(1,155,923)	8	0.0%	(12,535,781)	(12,715,153)	179,372	1.4%	15 (12,699,465)			
(104,902)	(110,328)	5,426	4.9%	(1,193,791)	(1,241,608)	47,817	3.9%	16 (1,298,538)			
(289,956)	(283,303)	(6,653)	-2.3%	(3,200,186)	(3,119,916)	(80,270)	-2.6%	(3,332,762)			
(421,552)	(492,930)	71,378	14.5%	(4,544,938)	(5,552,800)	1,007,862	18.2%	8,445,438			
TOTAL NON-OPERATING REVENUE/(EXPENSE)				(4,544,938)				(5,552,800)	1,007,862	18.2%	8,445,438
\$ 5,240,458	\$ 960,660	\$ 4,279,798	445.5%	\$ 23,521,170	\$ 12,444,491	\$ 11,076,679	89.0%	\$ 21,342,059			
NET POSITION - BEGINNING OF YEAR				188,198,218							
NET POSITION - AS OF MAY 31, 2021				\$ 211,719,388							
16.1%	4.1%	12.0%		6.8%	4.7%	2.1%		3.7%			
RETURN ON GROSS REVENUE EBIDA											

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

		Variance from Budget	
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		MAY 2021	YTD 2021
1) Gross Revenues			
Acute Patient Days were above budget 5.31% or 22 days. Swing Bed days were above budget 4.35% or 1 day. Inpatient Ancillary revenues were below budget 34.80% due to lower acuity in our patients.	Gross Revenue -- Inpatient	\$ (1,645,193)	\$ (5,575,598)
	Gross Revenue -- Outpatient	1,578,255	32,358,565
	Gross Revenue -- Total	<u>\$ (66,938)</u>	<u>\$ 26,782,967</u>
Outpatient volumes were above budget in the following departments: Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, MRI exams, Cat Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical and Occupational Therapies.			
2) Total Deductions from Revenue			
The payor mix for May shows a .39% decrease to Medicare, a 1.63% increase to Medi-Cal, .78% increase to Other, .01% decrease in County, and a 2.01% decrease to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to the shift in Commercial to Medi-Cal and A/R over 120 days increasing in May.	Contractual Allowances	\$ (301,549)	\$ (14,606,221)
	Managed Care	-	(5,000,000)
	Charity Care	(97,781)	(2,366,832)
	Charity Care - Catastrophic	-	-
	Bad Debt	1,919,277	2,960,197
	Prior Period Settlements	-	500,210
	Total	<u>\$ 1,519,948</u>	<u>\$ (18,512,647)</u>
An adjustment was made to Bad Debt after performing a "look back" on prior fiscal year's A/R collections. We continue to see collections on older accounts based on concerted efforts by our third party vendors.			
3) Other Operating Revenue			
Retail Pharmacy revenues were below budget 3.32%.	Retail Pharmacy	\$ (9,568)	\$ (136,152)
	Hospice Thrift Stores	11,054	84,908
	The Center (non-therapy)	8,515	(12,068)
Truckee and Incline Village Thrift Store revenues exceeded budget by 14.22%.	IVCH ER Physician Guarantee	(4,705)	(183,397)
	Children's Center	20,810	110,842
Children's Center revenues were above budget 24.18%.	Miscellaneous	(36,044)	75,958
	Oncology Drug Replacement	-	-
Rebates and Refunds were below budget, creating a negative variance in Miscellaneous.	Grants	(6,750)	87,960
	Total	<u>\$ (16,687)</u>	<u>\$ 28,051</u>
4) Salaries and Wages			
	Total	<u>\$ 134,090</u>	<u>\$ 2,534,538</u>
Employee Benefits			
The District reversed the AB 650 liability reserve it booked in April after the bill failed to pass legislation, creating a positive variance in Nonproductive.	PL/SL	\$ 67,220	\$ (872,744)
	Nonproductive	2,487,076	(349,452)
	Pension/Deferred Comp	-	(165,691)
	Standby	803	(5,473)
	Other	13,307	165,554
	Total	<u>\$ 2,568,407</u>	<u>\$ (1,227,806)</u>
Employee Benefits - Workers Compensation			
	Total	<u>\$ 21,975</u>	<u>\$ (64,594)</u>
Employee Benefits - Medical Insurance			
	Total	<u>\$ (58,864)</u>	<u>\$ 96,577</u>
5) Professional Fees			
Physical Therapy and Occupational Therapy volumes were above budget 4.73%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (10,088)	\$ (184,138)
	TFH/IVCH Therapy Services	13,030	(118,665)
	Medical Staff Services	(9,270)	(110,890)
	Information Technology	13,000	(62,253)
IVCH Physical, Speech and Occupational Therapy volumes were below budget 10.48% along with Tahoe City Physical and Occupational Therapy volumes coming in below budget 20.8% creating a positive variance in TFH/IVCH Therapy Services.	IVCH ER Physicians	(54,140)	(21,552)
	Marketing	(2,500)	(5,608)
	Corporate Compliance	-	(5,199)
	Truckee Surgery Center	-	-
Legal services created a negative variance in Medical Staff.	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
IVCH ER Physicians is under contract with a new company effective April 2021 and is structured differently from the former contract, creating a negative variance in this category.	Multi-Specialty Clinics Administration	2,313	12,527
	Managed Care	3,535	14,790
	TFH Locums	(13,805)	16,595
	Financial Administration	2,460	31,761
Legal services provided to Human Resources created a negative variance in this category.	Home Health/Hospice	7,883	45,521
	Administration	7,108	52,150
	Human Resources	(9,260)	54,477
	Sleep Clinic	15,569	89,292
The Sleep Clinic was closed in April, creating a positive variance in Sleep Clinic Pro Fees.	Miscellaneous	(18,115)	150,876
	Oncology	6,270	195,149
A Quality Incentive Bonus paid to North Tahoe Anesthesia Group created a negative variance in Miscellaneous.	Multi-Specialty Clinics	16,427	237,987
	Total	<u>\$ (29,584)</u>	<u>\$ 392,821</u>

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

		Variance from Budget	
		Fav / <Unfav>	
		MAY 2021	YTD 2021
6) <u>Supplies</u>	Pharmacy Supplies	\$ (158,276)	\$ (647,578)
Oncology Drugs Sold to Patients revenues were above budget 6.19%, creating a negative variance in Pharmacy Supplies.	Patient & Other Medical Supplies	300,571	(85,199)
	Office Supplies	5,665	53,333
	Minor Equipment	58,836	138,476
Implant costs were under budget due to Surgery revenues coming in below budget 34.74% creating a positive variance in Patient & Other Medical Supplies.	Food	28,994	140,148
	Other Non-Medical Supplies	23,516	198,396
	Total	\$ 259,306	\$ (202,425)
7) <u>Purchased Services</u>	Patient Accounting	\$ (181,321)	\$ (1,107,362)
Outsourced billing and collection services created a negative variance in Patient Accounting.	Laboratory	313	(71,334)
	Home Health/Hospice	6,643	(6,962)
Services provided for increased security of the District's data and network maintenance created a negative variance in Information Technology.	Information Technology	(31,304)	7,348
	Diagnostic Imaging Services - All	(10,923)	8,429
Radiology reads exceeded budget, creating a negative variance in Diagnostic Imaging Services-All.	Pharmacy IP	(174)	14,537
	Community Development	679	27,343
Employee Health Screenings created a negative variance in Human Resources.	Human Resources	(8,520)	45,960
	Department Repairs	13,608	46,530
The Best of Tahoe Chefs event was cancelled due to continued social distancing requirements, creating a positive variance in Miscellaneous.	Miscellaneous	58,122	74,645
	The Center	1,130	74,825
	Multi-Specialty Clinics	41,368	253,508
	Medical Records	47,834	432,138
	Total	\$ (62,544)	\$ (200,396)
8) <u>Other Expenses</u>	Miscellaneous	\$ (70,547)	\$ (114,395)
Negative variance in Miscellaneous was related to physician recruitment fees and Dietary & Laboratory transfers exceeding budget.	Marketing	(13,287)	(103,310)
	Utilities	(42,295)	(79,344)
Natural Gas/Propane, Electricity, and Telephone costs exceeded budget, creating a negative variance in Utilities.	Human Resources Recruitment	(16,091)	(12,822)
	Multi-Specialty Clinics Equip Rent	456	(4,323)
Recruitment fees for key Director positions created a negative variance in Human Resources Recruitment.	Multi-Specialty Clinics Bldg Rent	1,447	(1,657)
	Equipment Rent	5,185	17,818
Budgeted Building Rent for anticipated increases in office space needs did not transpire in May creating a positive variance in Other Building Rent.	Insurance	4,160	62,976
	Dues and Subscriptions	6,478	72,272
	Physician Services	2,588	105,077
	Other Building Rent	26,395	173,931
	Outside Training & Travel	45,587	595,846
	Total	\$ (49,923)	\$ 712,068
9) <u>District and County Taxes</u>	Total	\$ 10,765	\$ 331,343
10) <u>Interest Income</u>	Total	\$ (25,693)	\$ (102,105)
11) <u>Donations</u>	IVCH	\$ (12,078)	\$ (296,765)
	Operational	36,270	(94,684)
	Total	\$ 24,192	\$ (391,449)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 63,333	\$ 844,671
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ -	\$ -
14) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 178,483
15) <u>Depreciation Expense</u>	Total	\$ 8	\$ 179,372
16) <u>Interest Expense</u>	Total	\$ 5,426	\$ 47,817

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MAY 2021

CURRENT MONTH				YEAR TO DATE					PRIOR YTD MAY 2020		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 2,038,137	\$ 2,160,537	\$ (122,400)	-5.7%	Total Gross Revenue	\$ 24,169,884	\$ 24,105,339	\$ 64,545	0.3%	1	\$ 21,189,708	
				Gross Revenues - Inpatient							
\$ -	\$ 4,311	\$ (4,311)	-100.0%	Daily Hospital Service	\$ 45,799	\$ 63,844	\$ (18,045)	-28.3%		\$ 16,423	
-	7,628	(7,628)	-100.0%	Ancillary Service - Inpatient	27,535	52,700	(25,166)	-47.8%		18,864	
-	11,939	(11,939)	-100.0%	Total Gross Revenue - Inpatient	73,334	116,544	(43,211)	-37.1%	1	35,287	
2,038,137	2,148,598	(110,461)	-5.1%	Gross Revenue - Outpatient	24,096,551	23,988,795	107,756	0.4%		21,154,421	
2,038,137	2,148,598	(110,461)	-5.1%	Total Gross Revenue - Outpatient	24,096,551	23,988,795	107,756	0.4%	1	21,154,421	
				Deductions from Revenue:							
749,759	853,674	103,915	12.2%	Contractual Allowances	8,935,899	9,476,061	540,162	5.7%	2	9,115,790	
90,043	86,421	(3,622)	-4.2%	Charity Care	1,102,417	964,214	(138,203)	-14.3%	2	1,091,239	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
85,404	86,421	1,017	1.2%	Bad Debt	687,524	964,214	276,690	28.7%	2	1,316,501	
-	-	-	0.0%	Prior Period Settlements	(196,004)	-	196,004	0.0%	2	(229,532)	
925,206	1,026,516	101,310	9.9%	Total Deductions from Revenue	10,529,835	11,404,489	874,654	7.7%	2	11,293,998	
76,301	81,537	(5,237)	-6.4%	Other Operating Revenue	863,638	1,045,537	(181,899)	-17.4%	3	1,097,089	
1,189,231	1,215,558	(26,327)	-2.2%	TOTAL OPERATING REVENUE	14,503,687	13,746,387	757,300	5.5%		10,992,799	
				OPERATING EXPENSES							
412,563	409,689	(2,874)	-0.7%	Salaries and Wages	4,389,253	4,679,441	290,188	6.2%	4	3,909,230	
124,567	130,544	5,977	4.6%	Benefits	1,415,457	1,419,469	4,012	0.3%	4	1,466,525	
1,525	5,089	3,565	70.0%	Benefits Workers Compensation	16,769	55,981	39,212	70.0%	4	58,607	
73,505	71,375	(2,130)	-3.0%	Benefits Medical Insurance	771,510	785,122	13,612	1.7%	4	674,452	
243,569	213,073	(30,496)	-14.3%	Medical Professional Fees	2,468,105	2,517,602	49,497	2.0%	5	2,634,710	
2,200	2,118	(82)	-3.9%	Other Professional Fees	21,678	23,293	1,616	6.9%	5	19,627	
40,337	56,728	16,391	28.9%	Supplies	578,242	648,296	70,054	10.8%	6	528,750	
43,095	50,493	7,398	14.7%	Purchased Services	721,956	692,772	(29,184)	-4.2%	7	715,469	
86,427	80,218	(6,209)	-7.7%	Other	927,873	891,520	(36,353)	-4.1%	8	735,513	
1,027,788	1,019,327	(8,461)	-0.8%	TOTAL OPERATING EXPENSE	11,310,843	11,713,496	402,653	3.4%		10,742,883	
161,444	196,231	(34,787)	-17.7%	NET OPERATING REV(EXP) EBIDA	3,192,844	2,032,891	1,159,953	57.1%		249,916	
				NON-OPERATING REVENUE/(EXPENSE)							
25,172	37,250	(12,078)	-32.4%	Donations-IVCH	112,985	409,750	(296,765)	-72.4%	9	589,048	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	3,609,091	
(67,653)	(67,653)	0	0.0%	Depreciation	(722,847)	(744,181)	21,334	2.9%	11	(722,434)	
(42,481)	(30,403)	(12,078)	-39.7%	TOTAL NON-OPERATING REVENUE/(EXP)	(606,798)	(334,431)	(272,367)	-81.4%		3,475,705	
\$ 118,962	\$ 165,828	\$ (46,866)	-28.3%	EXCESS REVENUE(EXPENSE)	\$ 2,586,046	\$ 1,698,460	\$ 887,586	52.3%		\$ 3,725,621	
7.9%	9.1%	-1.2%		RETURN ON GROSS REVENUE EBIDA	13.2%	8.4%	4.8%			1.2%	

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MAY 2021

Variance from Budget

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MAY 2021 YTD 2021

1) Gross Revenues

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

Gross Revenue -- Inpatient	\$	(11,939)	\$	(43,211)
Gross Revenue -- Outpatient		(110,461)		107,756
	\$	(122,400)	\$	64,545

Outpatient volumes were below budget in Emergency Department visits, Cat Scans, Drugs Sold to Patients, Respiratory Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 3.95% decrease in Medicare, a 2.99% increase in Medicaid, a .52% increase in Commercial insurance, a .44% increase in Other, and County was at budget. Contractual Allowances were below budget due to revenues falling short of budget by 5.7%.

Contractual Allowances	\$	103,915	\$	540,162
Charity Care		(3,622)		(138,203)
Charity Care-Catastrophic Event		-		-
Bad Debt		1,017		276,690
Prior Period Settlement		-		196,004
Total	\$	101,310	\$	874,654

3) Other Operating Revenue

IVCH ER Physician Guarantee	\$	(4,705)	\$	(183,397)
Miscellaneous		(532)		1,498
Total	\$	(5,237)	\$	(181,899)

4) Salaries and Wages

Total	\$	(2,874)	\$	290,188
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Employee Benefits

PL/SL	\$	2,409	\$	(44,258)
Pension/Deferred Comp		-		(10,117)
Standby		2,335		(37,797)
Other		(327)		3,849
Nonproductive		1,560		92,335
Total	\$	5,977	\$	4,012

Employee Benefits - Workers Compensation

Total	\$	3,565	\$	39,212
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Employee Benefits - Medical Insurance

Total	\$	(2,130)	\$	13,612
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5) Professional Fees

Physical, Speech, and Occupational Therapy volumes were below budget by 10.48%, creating a positive variance in Therapy Services.

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

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

Therapy Services	\$	4,494	\$	(27,208)
IVCH ER Physicians		(54,140)		(21,552)
Administration		-		-
Foundation		(83)		1,615
Miscellaneous		1,519		1,785
Multi-Specialty Clinics		2,062		7,181
Sleep Clinic		15,569		89,292
Total	\$	(30,578)	\$	51,113

6) Supplies

Minor Equipment purchases for the Emergency Department, Surgical Surgical Services, Physical Therapy, and the Foundation created a negative variance in this category.

Pharmacy revenues fell short of budget 55.67%, creating a positive variance in Pharmacy Supplies.

Implant and Lab supplies came in below budget, creating a positive variance in Patient & Other Medical Supplies.

Minor Equipment	\$	(10,876)	\$	(27,415)
Office Supplies		447		1,634
Food		249		6,581
Non-Medical Supplies		(812)		8,886
Pharmacy Supplies		14,125		31,647
Patient & Other Medical Supplies		13,257		48,721
Total	\$	16,391	\$	70,054

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MAY 2021

		Variance from Budget	
		Fav<Unfav>	
		<u>MAY 2021</u>	<u>YTD 2021</u>
7) <u>Purchased Services</u>			
Diagnostic Imaging exams were over budget 56.35%, creating a negative variance in Diagnostic Imaging Services - All.	Laboratory	\$ 756	\$ (86,749)
	Multi-Specialty Clinics	104	(12,546)
	Pharmacy	(597)	(2,706)
	Surgical Services	-	-
	Diagnostic Imaging Services - All	(2,142)	1,773
	Foundation	(137)	4,450
	Miscellaneous	1,502	11,197
	Engineering/Plant/Communications	2,803	12,887
	EVS/Laundry	1,855	14,019
	Department Repairs	3,254	28,490
	Total	\$ 7,398	\$ (29,184)
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Miscellaneous	\$ (13,459)	\$ (133,710)
	Equipment Rent	678	(6,283)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	556	4,234
	Marketing	1,029	4,447
	Other Building Rent	303	9,726
	Dues and Subscriptions	121	11,628
	Utilities	917	35,224
	Outside Training & Travel	3,646	38,381
	Total	\$ (6,209)	\$ (36,353)
9) <u>Donations</u>	Total	\$ (12,078)	\$ (296,765)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 3,064
12) <u>Depreciation Expense</u>	Total	\$ -	\$ 21,334

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED		BUDGET	PROJECTED	PROJECTED	PROJECTED	ACTUAL	ACTUAL	ACTUAL	PROJECTED	
	FYE 2020		FYE 2021	FYE 2021	MAY 2021	MAY 2021	1ST QTR	2ND QTR	3RD QTR	4TH QTR	
Net Operating Rev/(Exp) - EBIDA	\$ 23,464,178		\$ 11,554,001	\$ 28,919,224	\$ 5,662,011	\$ 1,453,591	\$ 4,208,420	\$ 12,044,806	\$ 3,813,478	\$ 7,647,949	\$ 5,412,991
Interest Income	1,554,599		877,531	603,588	-	-	243,422	159,577	118,625	81,963	
Property Tax Revenue	7,928,820		8,147,000	8,249,077	3,200,101	3,130,000	70,101	520,960	-	4,528,016	3,200,101
Donations	1,327,474		814,000	504,695	8,956	57,993	(49,037)	157,169	189,852	80,718	76,956
Emergency Funds	13,521,428		-	178,483	-	-	-	169,967	8,516	-	-
Debt Service Payments	(4,863,882)		(5,088,979)	(4,747,882)	(352,288)	(353,049)	761	(1,407,361)	(1,058,306)	(1,223,688)	(1,058,527)
Property Purchase Agreement	(805,927)		(811,932)	(744,267)	(67,661)	(67,661)	0	(135,321)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,332)	(1,574,216)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,332)
Copier	(62,040)		(62,160)	(58,614)	(4,419)	(5,180)	761	(14,320)	(14,691)	(14,681)	(14,921)
2017 VR Demand Bond	(790,555)		(852,391)	(862,705)	-	-	-	(697,303)	-	(165,402)	-
2015 Revenue Bond	(1,631,144)		(1,645,164)	(1,508,080)	(137,097)	(137,097)	(0)	(274,195)	(411,301)	(411,292)	(411,292)
Physician Recruitment	(263,670)		(287,500)	(145,360)	77,140	(25,000)	102,140	(22,500)	(100,000)	-	(22,860)
Investment in Capital											
Equipment	(3,468,675)		(3,509,190)	(2,300,198)	(180,648)	(340,352)	159,704	(529,968)	(407,461)	(343,272)	(1,019,497)
Municipal Lease Reimbursement	1,164,582		2,354,714	1,638,467	-	-	-	-	625,263	-	1,013,204
IT/EMR/Business Systems	(2,651,366)		(1,284,350)	(212,680)	-	(134,667)	134,667	(88,573)	(72,481)	114,447	(166,073)
Building Projects/Properties	(7,856,428)		(18,578,626)	(7,602,167)	(446,998)	(1,640,068)	1,193,070	(486,449)	(4,434,565)	(703,301)	(1,977,852)
Change in Accounts Receivable	(3,309,147)	N1	2,353,530	6,425,510	(1,044,539)	(716,510)	(328,029)	(924,092)	2,475,352	4,158,614	715,636
Change in Settlement Accounts	16,684,541	N2	(8,164,723)	(3,099,768)	(4,636,552)	(2,294,440)	(2,342,112)	1,300,582	(2,971,411)	3,131,002	(4,559,941)
Change in Other Assets	10,896	N3	(2,400,000)	(1,256,966)	(80,846)	(200,000)	119,154	(930,859)	230,662	(166,323)	(390,446)
Change in Other Liabilities	2,723,035	N4	900,000	(3,761,699)	(927,329)	(166,667)	(760,662)	(698,019)	993,342	(4,582,553)	525,531
Change in Cash Balance	45,966,385		(12,312,592)	23,392,322	1,279,009	(1,229,170)	2,508,178	9,349,085	(548,182)	12,760,234	1,831,184
Beginning Unrestricted Cash	87,018,706		132,985,091	132,985,091	151,833,949	151,833,949	-	132,985,091	142,334,176	141,785,994	154,546,228
Ending Unrestricted Cash	132,985,091		120,672,499	156,377,413	153,112,958	150,604,779	2,508,178	142,334,176	141,785,994	154,546,228	156,377,413
Operating Cash	112,604,555		110,482,231	137,093,746	133,284,291	130,776,113	2,508,178	121,953,638	121,405,457	134,165,691	137,093,746
Medicare Accelerated Payments	20,380,537		10,190,269	19,283,666	19,828,666	19,828,666	-	20,380,537	20,380,537	20,380,537	19,283,666
Expense Per Day	541,117		571,731	566,009	564,384	570,619	(6,235)	534,403	549,480	560,375	566,009
Days Cash On Hand	246		211	276	271	264	7	266	258	276	276
Days Cash On Hand - Operating Cash Only	208		193	242	236	229	7	228	221	239	242

Footnotes:

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

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

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

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



Board COO Report

By: Judith B. Newland

DATE: June 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

For a second year in a row, TFHS has successfully completed all five domains in 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 two years in a row.

We have received our second annual SCOR survey results, which was completed in March with a 90% participation rate from Health System staff. The SCOR Culture of Safety Survey was a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area. We are now able to compare 2020 results with 2021. Results are currently being shared. Staff are involved in developing action plans based on the new results.

The TFH Vaccine Clinic is now located in our Gateway building. Currently those eligible for vaccination are 12 years and older. The clinic continues to use California's self-scheduling program MyTurn and does accept walk-ins. Besides TFH Vaccine Clinic, both the Safeway and CVS Pharmacies in Truckee and Tahoe City are giving COVID vaccines. IVCH has ended their vaccine clinic. Vaccines remain available to Incline Village/Crystal Bay residents through Washoe County and the local fire department.

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

Growth: Foster and Grow Regional Relationships

Prioritize new and improve existing service lines to shrink outmigration.

New outpatient ultrasound services began in June at IVCH. This new service is available four days per week during normal business hours. We are excited to provide this new service to our Incline Village/Crystal Bay community.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- Outpatient Lab Services (10956 Donner Pass Rd Suite 260) back to TFH- Completed
- Occupational Health (10956 Donner Pass Rd Suite 230) to Levon Avenue Clinic– Completed
- Vaccine Clinic to Gateway - Completed

Planned Moves:

- N/A

Active Projects:

Project: ECC Interior Upgrades

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

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

Update Summary: The Project has commenced, starting with the rooms on the Southern end. Phase 1 has been completed and accepted by OSHPD. Phase 2 is underway, schedule thru the end of June.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: October 2021

Project: Security and Exiting

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

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

Update Summary: The Western entrance of Diagnostic Imaging complete and accepted by OSHPD. The Eastern entrance of Surgery has been completed and is awaiting OSHPD Fire Life Safety Signoff. This project has gone over allocated contract days, liquidated damages are being assessed.

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 2021

Projects in Implementation:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

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

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

The projects were bid together to provide economies of scale.

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

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

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

Start of Construction: August 2021

Project Budget: \$1,429,000

Estimated Completion: February 2021

Project: Underground Storage and Day Tank Replacement.

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

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

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

Start of Construction: June 2021

Project Budget: \$2,500,000

Estimated Completion: December 2021

Projects in Planning:

Project: Site Improvements Phase 2

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

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

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

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Tahoe Forest Nurse Call Replacement

Procurement Model: Design-Bid-Build

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

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

Update Summary: First round comments have been received, 5/17/21, staff are preparing response. Staff are preparing public bid package.

Start of Construction: Summer 2021

Estimated Completion: December 2021

Project: Medical Office Building Renovation

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

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

Update Summary: Project is in early design stages, the team is finalizing the program and working on Schematic Design. Site to be vacated by 6/7/21. An early demolition package is being submitted for permit 5/24/21. Demolition is tentatively scheduled to start 6/28/21

Start of Construction: Fall 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

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

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

Update Summary: Schematic Design has been completed, Design Development is 50% completed.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

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

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

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

Start of Construction: Spring 2022

Estimated Completion: Winter 2022

Project: Incline Village Community Hospital Site Improvements

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

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

Update Summary: Design has concluded. Submittal for permit to Washoe County was on 6/17/21.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

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

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

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary: Request for proposals have been released and are due 6/30/21.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: June, 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- New VS and Monitor projects kick off to provide new and improved monitoring of patients as well as EPIC integration
- Stroke-ready project reviewed for tele-stroke work with Renown Stroke Program
 - Evaluation of HFAP for Stroke Ready Hospital ROI as well as improved quality metrics for the stroke population
- Evaluation of Occupational Health and Wellness software for improved and more efficient documentation and maintenance of our records.
- Refining report writing in EPIC for the monitoring of discharge order to door times

Quality: Provide clinical excellence in clinical outcomes

- Refining report writing in EPIC for the monitoring of discharge order to door times
- Monitoring of readmissions added to the Daily morning huddle
- Addition of registered nurses to the Interdisciplinary Practice Council
- Review of QIP initiatives to optimize programs supported by the QIP program for sustainability
- Defining the role for Neuro Care Coordination

Growth: Meets the needs of the community

- Upcoming EVENTS
 - **Your Authentic Wellness – Free Virtual Workshop** – In the FREE series of workshops on how to address stress, insomnia, nutrition, lack of energy, feeling overwhelmed, or general habit change.
 - Post COVID-19 symptoms: Learning about the aftermath of COVID and Post COVID Syndrome August 12th, 5:15-6:30pm
 - August 26th, 5:15-6:30pm: Today's Youth: New Trends in Mental Health
 - Sierra Sun – August 6th COVID-19 Update: Due to our commitment to keep our community as healthy as possible, the following events will be offered with appropriate distancing or on a virtual platform.
 - Yoga Basics
 - Pilates Fundamental Workshop
 - Cooking Club: August 16th or Thursday August 19th

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



Board Informational Report

By: **Jake Dorst**

DATE: 06/24/2021

Chief Information and Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- HB Cost accounting functionality
- 21CCA (cures act) go live
- Ophthalmology in incline
- Ultrasound in IVCH
- Behavioral health at Incline
- Approval of FYE22 Projects portfolio
- IVCH Telehospitalist program
- Scan-Signature-Append functionality for Med Oncology.
- ClinDoc Informatics Position filled. Adam Whitman (TFHD Charge Nurse) in role now and doing a great job.
- Annual HIPAA Security Risk Analysis Complete. Zero High Risk items discovered across District. Information Technology team aggressively formulating plans to mitigate lower risk findings.
- Retired SolarWinds tools from TFHD environment. Leveraging other, more integrated, solutions to perform tasks efficiently and effectively.
- ServiceNow, new I.T. incident and project tracking tool, promoted to production. Solution is undergoing User Acceptance Testing prior to go live in June.
- Signed NDA and working on Statement Of Work with Gartner to assist in future Managed Service solutions such as Unified Communication and Productivity Tools.
- Scheduled Penetration testing of our network with Fortified Security.
- Covid kiosks deployed across district. Temperature Check, ensure mask is present and allows visitor/patient to fill out basic question prior to facility access. (Questionnaire under review for some changes).
- Electronic signature pads configured and tested. Once I.T. has deployment areas defined we will disseminate accordingly.
- Gateway Vaccine Clinic cabled to support June 8th Opening. Hardware defined and ready to deploy.
- Evaluating centralized reporting department in IT that will have the ability to define and relate data sets more effectively while migrating away from overly complex and non-standard

reporting practices across the district. Cost & Risk reduction, increased productivity, and standard reporting processes.

- Evaluating current list of TFHD technology Value Added Resellers to potentially reduce future operational and capital expenditure.
- TeleStroke Cart CER approved and processed through purchasing. Awaiting delivery information.

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

DATE: June 16, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- The operations team and the Joy in Medicine committee are working closely to provide resources to the physicians, PAs, and NPs to reduce burnout.

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

- We are excited to announce the plan to have a new cardiology NP and Ob/Gyn NP joining this summer. We also have a new internal medicine specialist joining the Incline Village team. We have two hospitalists that will join this fall along with a new orthopedic surgeon. The team is growing fast!

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- We are developing nursing protocols to help the physicians, PAs and NPs with inbox coverage and routine prescription refills.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- We are delving into the data from the SCOR survey and plan to have focus groups to really understand the data.

Identify and promote best practice and evidence-based medicine

- Working on standardizing stress EKG testing across the inpatient and outpatient settings. With new technology, a group is working on best practices with the care of patients with pulmonary emboli.

Growth: Meets the needs of the community

Define opportunities for growth and recapture outmigration

- Currently evaluating space and community needs to develop grow plans.

Housing Our Employees



TRUCKEE TAHOE
Workforce Housing Agency



TAHOE
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Excellence and compassion in all we do.



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UNIFIED SCHOOL DISTRICT

PATHWAYS TO POSSIBILITIES AND STUDENT SUCCESS



1-Year Update + Member Contributions

1. Housing Market Update
2. Housing Work Plan: 2020 Housing Survey
3. Housing Work Plan: Focus Areas, Targets, Activities
4. Year 1: Housing Successes + What's Next
5. 2021-22 Member Contributions



Housing Market Update

Average Sale Price: 96161*

May 2020	October 2020	March 2021
\$948,000	\$1,220,000	\$1,600,000

67% increase over 2020

Median Sale Price: 96161*

May 2020	October 2020	March 2021
\$692,000	\$834,000	\$1,220,000

72% increase over 2020

Average Rent – Landing Locals

May 2020	\$800/room
October 2020	\$1,000/room
March 2021	\$1,150/room

Average Rent – Publicly Advertised

Average Listing	\$6,000
Average Rent	\$1,668/room

23 houses, 83 bedrooms

*Data pulled from KJM Dickson Real Estate +
John Biebl & Anna McGee Market Reports, 2020 + 2021

Help wanted: Cost of living limits customer service workers and businesses

News [FOLLOW NEWS](#) | June 11, 2021

Miranda Jacobson
Special to the Sierra Sun

SFGATE

Travel // Tahoe

'Another family losing their home': SF transplants are displacing Tahoe locals

Julie Brown
April 8, 2021 | Updated: April 8, 2021 6:17 p.m.

LOCAL

Tahoe's new Gold Rush: Bay Area residents fleeing coronavirus push up home prices

J.K. Olsen
Aug. 25, 2020 | Updated: Aug. 25, 2020 2:12 p.m.



TRUCKEE TAHOE
Workforce Housing Agency

Member Agency Employee Survey

TFHD	TTWHA	
15%	16%	Considering leaving employment, in part due to housing
8%	11%	Planning to retire in next 5 years
42%	38%	Rent their homes
22%	22%	Cost burdened (spend more than 30% of income on housing)
28%	27%	Live outside the Tahoe-Truckee region
21%	20%	Somewhat or very dissatisfied with their housing
42%	43%	Found it difficult to find housing during their last / current housing search



Member Agency Employee Survey

Programs of Greatest Interest (TTWHA):

Program	Employee Interest
Employer-leased Rentals	400 employees
Deed-restricted Housing	500 employees
Down-payment Assistance	48%
Monthly Housing Stipend	47%
Home Repair/Renovation	44%
Homebuyer Education/Financial Counseling	34%
Mileage/Commute Reimbursement	51%



2021-2025 Housing Work Plan

Work Plan Focus Areas

- Lease and Build Workforce Housing
- Expand Housing Programs and Services
- Explore non-housing-related programs to ease the burden of housing costs



2021-2025 Housing Work Plan

Work Plan Targets

Year	% Employees Served	# Employees Served*
2021	1%	17
2022	1.5%	25
2023	2.5%	42
2024	5%	83
2025	10%	167
TOTAL	20%	333

*# Served is based on the total employee count from the employee housing needs survey in July 2020.



2021-2025 Housing Work Plan

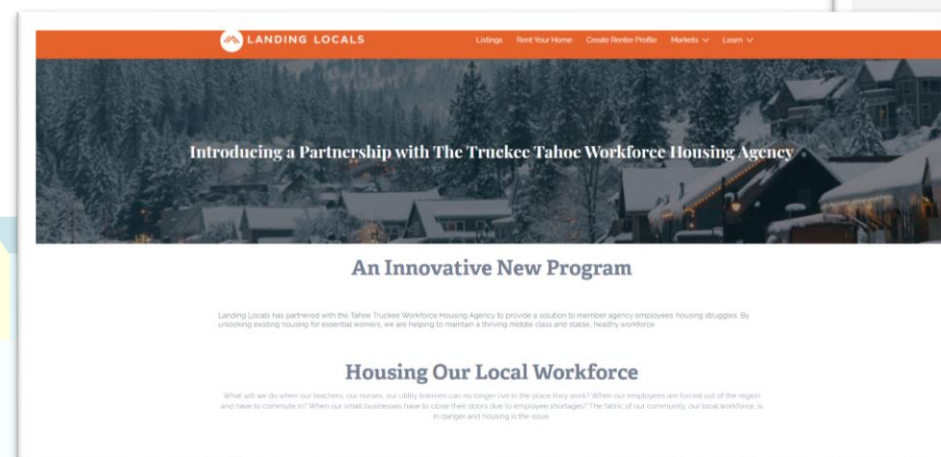
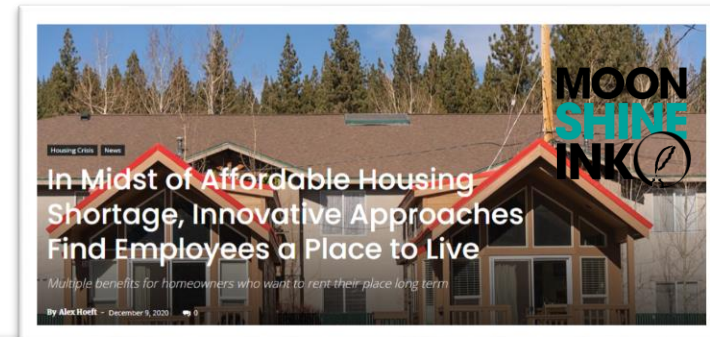
Housing Work Plan Activities

- Development of Workforce Housing
- Master Leasing Program
- Employee Concierge Program
- Housing Match Program
- Housing Education
(Pathway to Ownership, Housing Rebates, etc)
- Member Agency Collaborative Efforts
(Homeowners Insurance Access, Partnerships on Childcare and/or Transportation:
non-housing related programs to ease burden of employee housing costs)



TTWHA 1-year Report

- Agency Founding + Startup Activities
- Employee Housing Needs Assessment
- Employee Concierge Services
- Housing Match Program
- Housing Work Plan Developed
- Regional Partnerships + Developer Cultivation



TTWHA 1-year Report

Program	TFHD	TTAD	TTUSD	TDPUD
Employee Concierge	38	3	23	2
Housing Match	10		3	
Housing Purchase		1		
Hopkins Village Qualified Buyers	2		3	
<i>Hopkins Village Interest List</i>	15		23	
**TOTALS July '20 – May '21	50	4	29	2



**Totals do not include Hopkins Village Interest List



Current Efforts / Focus Areas

- **Master Leasing Program**
- **Workforce Housing**
 - Pursuing development on publicly-owned land
- **Employee Education Programs**
 - Pathway to Ownership (Education / Down Payment Assistance)
- **Member Agency Expansion**



2021-22 Member Contributions

Agency	Contribution	Employee Count
Tahoe Forest Hospital District	\$267,002	1327
Tahoe Truckee Unified School District	\$112,676	560
Truckee Donner Public Utility District	\$14,688	73
Truckee Tahoe Airport District	\$5,634	28



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PATHWAYS TO POSSIBILITIES AND STUDENT SUCCESS



**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2021-02**

RESOLUTION TO SUPPORT TAHOE FOREST HOSPITAL TRAUMA CENTER

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

WHEREAS, the Board of Directors at Tahoe Forest Hospital supports the Tahoe Forest Hospital Trauma Center; and

WHEREAS, Tahoe Forest Hospital desires to operate as a verified Trauma Center by the American College of Surgeons; and

WHEREAS, the Board of Directors of Tahoe Forest Hospital is recommitted to supporting verification of the Trauma Center by the American College of Surgeons by supporting:

1. Exceptional professional and paraprofessional personnel in trauma care and Hospital Administration who are promptly available to support acutely injured patients.
2. Utilization of sophisticated resources, equipment and ancillary services dedicated to providing the highest quality of trauma care.
3. The role of the Trauma Medical Director to ensure that trauma patient needs are a priority for the institution.
4. Capable resources to support the Trauma Performance Improvement and Patient Safety Plan.
5. Maintenance of a leadership role locally, regionally, state-wide and nationally in the delivery of care to trauma patients and the coordination of trauma care systems within the community.
6. Provision of education in trauma care for attending physicians, nurses, prehospital and other paramedical personnel.
7. Provision of trauma injury prevention programs to the community it serves.
8. Capable resources to support a trauma mass casualty response plan.

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby affirms that the Trauma Center is an institutional effort, the success of which is dependent upon a firm commitment of the medical staff and hospital leadership.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 24th day of June, 2021 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Art King
Secretary, Board of Directors
Tahoe Forest Hospital District