



TAHOE FOREST HOSPITAL DISTRICT

2021-09-23 Regular Meeting of the Board of Directors

Thursday, September 23, 2021 at 4:00 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for September 23, 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/89281077919>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 892 8107 7919



Meeting Book - 2021-09-23 Regular Meeting of the Board of Directors

Agenda Packet Contents

AGENDA

2021-09-23 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	4
--	---

ITEMS 1 - 11 See Agenda

12. ACKNOWLEDGMENTS

12.1. August 2021 Employee of the Month.pdf	7
12.2. Best Places to Work 2021.Press Release.pdf	8

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1.a. MEC Cover Sheet.pdf	9
13.1.b. Moderate and Deep Sedation- ANS-1301-Draft.pdf	10
13.1.c. Moderate Sedation Policy Amendment to include use of Propofol at IVCH.pdf	17

14. CONSENT CALENDAR

14.1. Approval of Meeting Minutes	
14.1.1. 2021-08-26 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	18
14.2. Financial Report	
14.2.1. Financial Report - August 2021.pdf	23
14.3. Board Reports	
14.3.1. CEO Board Report - September 2021.pdf	36
14.3.2. COO Board Report - September 2021.pdf	38
14.3.3. CNO Board Report - September 2021.pdf	42
14.3.4. CMO Board Report - September 2021.pdf	46

15. ITEMS FOR BOARD DISCUSSION

15.1. Behavioral Health Annual Report.pdf	47
15.2. Fiscal Year 2021 Annual Accomplishments Report Materials will be distributed at a later time.	
15.3. COVID-19 Update No related materials.	

ITEMS 16 - 21: See Agenda

22. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 23, 2021 at 4:00 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for September 23, 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/89281077919>

Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(346) 248 7799 or (301) 715 8592

Meeting ID: 892 8107 7919

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

5.1. Conference with 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.

Name of Case: Tahoe Forest Hospital District v. Modernizing Medicine, Inc. et al.

Names of Parties: Plaintiff Tahoe Forest Hospital District; Defendant Modernizing Medicine, Inc.

Case No. CU21-058759 (Nev. County Super. Ct.)

5.2. Approval of Closed Session Minutes ◆

08/26/2021

5.3. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦
Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGMENTS

12.1. September 2021 Employee of the Month..... ATTACHMENT

12.2. TFHS awarded 3rd Place for the 2021 Greater Reno-Tahoe Best Places to Work in Extra-Large Business category ATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

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

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

Policy Approval with Changes

- *Moderate and Deep Sedation, ANS-1301*
 - *Moderate Sedation Use of Propofol at IVCH by Non-Anesthesiologists Policy (IVCH Addendum)*

14. CONSENT CALENDAR ♦

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

14.1. Approval of Minutes of Meetings

14.1.1. 08/26/2021 Regular Meeting ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – August 2021..... ATTACHMENT

14.3. Board Reports

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

14.3.2. COO Board Report ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
September 23, 2021 AGENDA – Continued

- 14.3.3. CNO Board Report ATTACHMENT
- 14.3.4. CMO Board Report ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

- 15.1. **Behavioral Health Annual Report** ATTACHMENT*
The Board of Directors will receive an annual report on Behavioral Health.
- 15.2. **Fiscal Year 2021 Annual Accomplishments Report** ATTACHMENT*
The Board of Directors will receive an FY21 Annual Accomplishments presentation.
- 15.3. **COVID-19 Update**
The Board of Directors will receive an update on hospital and clinic operations related to COVID-19.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

19. CLOSED SESSION CONTINUED, IF NECESSARY

20. OPEN SESSION

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

22. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is October 28, 2021 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



EMPLOYEE OF THE MONTH

STEPHEN HICKS

NON-CLINICAL EDUCATOR - EDUCATION

We are honored to announce Stephen Hicks as our August 2021 Employee of the Month!

Stephen has been with the Tahoe Forest Health System since July of 2014.

Here are some of the great things Stephen's colleagues have to say about him:

"I totally enjoy working with Stephen, if he says he will do something, he does it! He goes above and beyond and really cares about the employees at TFHS. Thank you Stephen for all you do!"

"He is teaching so many education classes demonstrating all the values, creating classes for the staff to learn and has so much knowledge about the Tahoe Forest System."

"He is my go to person with so much and he has been exceeding in his role in education within the district, GO STEPHEN!!"

Please join us in congratulating all of our Terrific Nominees!

Ram Neadeau



FOR IMMEDIATE RELEASE

September 17, 2021

Contact: Paige Nebeker Thomason

Director of Marketing and Communications, TFHS

pthomason@tfhd.com

530.582.6290

**Tahoe Forest Health System Receives the Best Places to Work Award
for a Third Year in a Row**

www.tfhd.com

(Tahoe/Truckee, Calif.) – Tahoe Forest Health System is proud to be awarded 3rd place for the 2021 Greater Reno-Tahoe Best Places to Work in the Extra-Large Business category. The recognition took place at the 14th Annual Greater Reno-Tahoe Best Places to Work celebration, presented by the Northern Nevada Human Resources Association, held on Friday, August 27, 2021, at the Atlantis Casino Resort Spa in Reno.

“We are honored to be receiving this recognition among organizations across all industries for a third year in a row” says Harry Weis, President and CEO of Tahoe Forest Health System. “The Best Places to Work Award reflects our commitment to the community we serve as we continually strive to provide high quality healthcare delivery every day,” Weis added.

Best Places to Work winners are determined entirely on the basis of employees’ responses to the Employee Engagement Survey that measures key areas that make up an organization’s culture, including trust in leadership and employee engagement.

Tahoe Forest Health System provides an array of medical services reaching the communities of Truckee, North Lake Tahoe, Donner Summit, the Sierra Valley in California and Incline Village in Nevada.

For a complete list of the 2021 Greater Reno-Tahoe Best Places to Work Award winners, visit:

https://nnhra.org/2021_Best_Places_to_Work_Winners

#####

About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
<p>BACKGROUND: During the September 16, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the September 23, 2021 meeting.</p>	
<p>Policy Approval – With Changes</p> <ol style="list-style-type: none"> 1. Moderate and Deep Sedation, ANS-1301 <ol style="list-style-type: none"> a. Moderate Sedation Use of Propofol at IVCH by Non-Anesthesiologists Policy (IVCH Addendum) 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



Origination Date:	N/A
Last Approved:	N/A
Last Revised:	N/A
Next Review:	N/A
Department:	Nursing Services - ANS
Applicabilities:	System

Moderate and Deep Sedation, ANS-1301

RISK:

In order to provide sedation safely, the American Society of Anesthesiologists (ASA) provides guidelines for patient selection and evaluation and in how to administer sedation, monitor patients and recover patients. Tahoe Forest Hospital District (TFHD) will follow these guidelines to prevent avoidable complications.

POLICY:

- A. All patients who receive procedural sedation shall be provided a safe and comparable level of care consistent with, or in excess of, the minimum recognized standards for such procedures.
- B. The administration of procedural sedation will be directed and supervised by a qualified and credentialed physician.
- C. All physicians directing and supervising the administration of procedural sedation shall be appropriately privileged by the TFHD Medical Staff department.
 - 1. Administration of Propofol, Etomidate, and Ketamine sedation by a non-anesthesiologist requires an additional competency and specific privileges in addition to moderate and deep sedation privileges.
 - 2. Administration of Nitrous Oxide requires an additional competency as directed by Medical Staff if:
 - a. Administered by a non-anesthesiologist provider; or
 - b. Administered at concentrations greater than 50% nitrous oxide.
 - 3. Patient self-administration of Nitrous Oxide at fixed concentrations of 50% nitrous oxide/ 50% oxygen is considered Light/Minimal Sedation (Anxiolysis) and does not require additional provider competency or privilege.
- D. All Registered Nurses (RN's) who administer procedural sedation and/or monitor the sedated patient will have completed the appropriate procedural sedation competencies, and will have current ACLS (for Adult Procedural Sedation) and PALS (for Pediatric Procedural Sedation) certification.
 - 1. Administration of medications for procedural sedation by a RN is a specialized skill that requires specific knowledge and competencies including, but not limited to:
 - a. An understanding of the principles of oxygen delivery, transport and uptake, and respiratory physiology.
 - b. Demonstrated competency in airway management appropriate to the age of the patient including monitoring patient oxygenation and ventilation (e.g. skin color, respiratory rate, pulse oximetry, secondary confirmation of endotracheal tube placement), initiation of resuscitative measures, and utilization of oxygen delivery devices (e.g. nasal cannula, mask, basic airway techniques, oral/nasal airways, bag valve mask).
 - c. Demonstrated knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition, and complications related to procedural sedation and analgesia.
 - d. Ability to initiate cardiac resuscitation procedures (e.g. CPR, cardioversion, defibrillation)
 - e. Identification and differentiation of the various levels of sedation.
 - f. Demonstrated competence in pre-procedural, procedural, and post-procedural nursing care from the initial patient evaluation to patient discharge (e.g. patient assessment and monitoring, IV fluid administration, medication administration).
 - g. The ability to recognize complications and intervene appropriately.
 - h. Knowledge of the legal/liability ramifications associated with an independently licensed RN administering procedural sedation.
- E. Patients will be classified for sedation by the physician using the following ASA Classifications:
 - 1. Class I: Normal, healthy patient;

2. Class II: Patient with mild systemic disease – No functional limitations; has a well-controlled disease of one body system; controlled hypertension or diabetes without systemic effects; cigarette smoking without chronic obstructive pulmonary disease (COPD); mild obesity; pregnancy;
 3. Class III: Patient with severe systemic disease – Some functional limitation; has a controlled disease of more than one body system or one major system; no immediate danger of death; controlled congestive heart failure (CHF); stable angina; old heart attack; poorly controlled hypertension; morbid obesity; chronic renal failure; bronchospastic disease with intermittent symptoms;
 4. Class IV: Patient with severe systemic disease that is a constant threat to his/her life – Has at least one severe disease that is poorly controlled or at end stage; possible risk of death; unstable angina; symptomatic COPD; symptomatic CHF; hepatorenal failure;
 5. Class V: Moribund patient not expected to survive without the operation - Not expected to survive > 24 hours without surgery; imminent risk of death; multiorgan failure; sepsis syndrome with hemodynamic instability; hypothermia; poorly controlled coagulopathy.
- F. Nursing Services will administer procedural sedation and monitor the patient who is ASA Class I or Class II and for Class III on a case by case basis.
1. The RN or physician may request an anesthesia consult to determine the need for Monitored Anesthesia Care (MAC) by an Anesthesia Provider for the following:
 - a. ASA Class III or above;
 - b. Patients who present with conditions that may contraindicate nurse-administered/monitored sedation including, but not limited to, obesity, airway obstruction, severe snoring/ obstructive sleep apnea, poorly controlled asthma, chronic pulmonary problems, poorly controlled gastroesophageal reflux (GERD), failed sedation history, poly-pharmacy history, or anticipated increased length or difficulty of case;
 - c. Patients for whom the RN and physician cannot agree on the appropriate ASA classification(s).
- G. An Anesthesia provider will administer sedation for the patient who is:
1. ASA Class III based on RN or physician assessment of patient condition.
 2. ASA Class IV or V.
 3. Pregnant or an OB patient undergoing a procedure on the OB unit with risk of hemorrhage.
 4. Patient not meeting NPO guidelines per policy NPO Guidelines for Elective or Scheduled Procedures, DPS-55.
- H. Anesthetic agents, including etomidate, ketamine and Propofol, may only be administered by an Anesthesia provider or appropriately privileged physician.
1. RNs may prepare and label anesthetic agents for administration by the physician and may monitor patients receiving these medications.
 2. RN's are not permitted to administer anesthetic agents, including subsequent doses administered during a procedure, by any route for procedural sedation.
- I. When Propofol is administered for sedation, the physician performing the procedure and a second provider qualified to manage the airway will be present.
- J. A pre-sedation assessment will be performed for each patient receiving procedural sedation. See paragraph 2.0 under "Procedure".
- K. For non-emergent cases, the History & Physical and Consent will be on the patient's chart prior to administration of procedural sedation and/or beginning the procedure.
1. For emergent cases in the ED and Urgent Care, the patient must be assessed by the physician prior to administration of sedation. The written H & P must be completed within 24 hours.
- L. Sufficient numbers of qualified staff will be present to evaluate the patient, assist with the procedure, provide the sedation, and monitor and recover the patient. See Procedure.
- M. A "Time Out" will be conducted prior to starting the procedure in per policy Time Out for Procedures Done Outside the OR, ANS-114.
- N. Each patient's physiological status will be monitored based on the type of sedation administered.
- O. When deep sedation occurs unexpectedly a physician and a practitioner qualified to manage the airway are required to be at the bedside.
- P. The patient's status is assessed immediately after the procedure and/or the administration of procedural sedation.
- Q. All patients will be scored post-procedure by the RN utilizing the criteria outlined in the Electronic Medical Record (EMR)

PEDIATRIC PATIENTS:

- A. For the purposes of this policy, in order to determine appropriate medication dosing, patients receiving procedural sedation will be categorized as follows:
 - 1. Adult: patients over 16 years of age;
 - 2. Pediatric: patients under age 12 years;
 - 3. Patients between the ages of 12 and 16 years will be assessed individually to determine if they fall into the "Adult" or "Pediatric" category.
- B. For pediatric patients under 5 years of age requiring procedural sedation, Monitored Anesthesia Care (MAC) with an Anesthesia Provider will be considered by the physician responsible for the procedural sedation.
 - 1. In the event of a medical necessity involving a pediatric patient less than 5 years of age, an RN with procedural sedation competency and current PALS certification can administer procedural sedation if a physician with procedural sedation/anesthesia privileges is in attendance.
- C. Children under the age of 12 years who are undergoing an MRI will receive MAC, (Monitored Anesthesia Care), administered by an Anesthesia Provider.

EXCEPTIONS TO THIS POLICY: This policy does not apply to the following:

- A. Epidural anesthesia/analgesia given for patients in labor.
- B. Patients receiving medication administered for Light/Minimal sedation as defined below. These patients will be assessed as appropriate for the medication administered.
- C. Rapid Sequence Intubation (RSI), continuous analgesia infusions or continuous sedation infusions for ventilated patients.
- D. Immediate threat to life or limb when Anesthesia provider is indicated, but is unavailable.
 - 1. A Rapid Response or Code Blue/ Code White should be called if needed to notify qualified staff: Respiratory Therapist; RN with sedation competency and ACLS/ PALS; appropriately privileged physician if indicated to administer anesthetic agents.
 - a. The portable monitor with ETCO2 will be brought from the ICU for patient monitoring during the emergency sedation if ETCO2 is not available in the unit.
- E. If moderate sedation is administered in a Multispecialty Clinic off hospital premises, the physician must have additional airway management training, skills, and privileges.

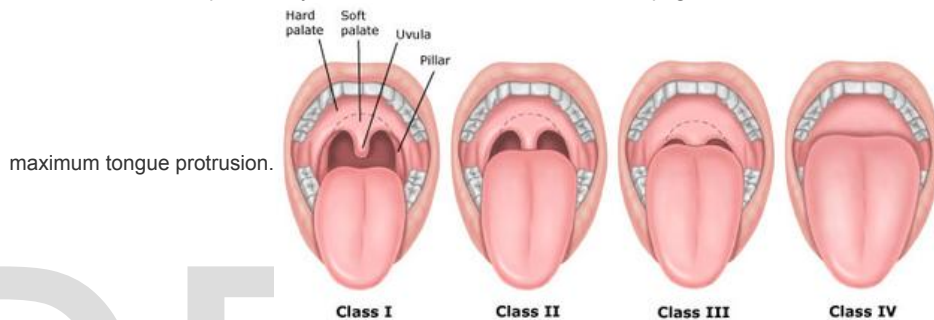
PROCEDURE:

- A. Pre-Procedure Patient Education:
 - 1. At a minimum, the following topics will be covered:
 - a. Review of planned procedure and goals of sedation.
 - b. NPO Instructions for non-urgent/non-emergent procedures per policy NPO Guidelines for Elective or Scheduled Procedures, DPS-55.
 - c. The requirement to have a responsible adult drive the out-patient home post-procedure.
 - d. Explanation of expected changes in behavior due to sedation.
 - e. Review of out-patient post-procedure discharge instructions, with patient signature where applicable.
 - f. Review of procedure-specific discharge instructions, diagnosis, and follow-up (where applicable).
- B. Pre-Procedure Assessment:
 - 1. The RN will evaluate NPO status and discuss with physician prior to procedure.
 - 2. A pre-procedure assessment will be performed by an RN and documented prior to the beginning of procedural sedation. The assessment will include, but is not necessarily limited to:
 - a. Vital signs, including a pain assessment;
 - b. Level of consciousness;
 - c. Height, weight, age;
 - d. Current medications, drug and food allergies;
 - i. For Propofol sedation, the patient will be assessed for egg, egg product, or soy product allergy.

- e. Verification of NPO status.
3. The RN will also review and verify the following information from the patient's History & Physical, paying particular attention to the following:
- a. The patient's medical and surgical history;
 - b. History of previous experiences with anesthesia and/or procedural sedation;
 - c. Any history of airway problems, such as sleep apnea, asthma, head and neck abnormalities, cervical spine disease or trauma;
 - d. Present complaints and diagnosis;
 - e. Nicotine/alcohol use;
 - f. Recreational drug use;
 - g. Narcotic tolerance.

4. The physician directing and supervising the administration of procedural sedation will assess and document the patient's ASA Classification based on the criteria listed above and the Mallampati Airway Classification.

- a. Verification of Mallampati Airway Classification: Patient is examined upright, head neutral, maximum mouth opening,



- i. Class 1: Full visibility of tonsils, uvula and soft palate.
- ii. Class 2: Visibility of hard and soft palate, upper portion of tonsils and uvula.
- iii. Class 3: Soft and hard palate and base of the uvula are visible.
- iv. Class 4: Only Hard Palate visible.

- b. The physician will also assess neck flexion, head/neck extension, verification of loose teeth and/or dentures.

C. Intravenous Access:

- 1. Venous access will be established for all cases using IV medications.
 - a. IV access will be continuously maintained until the patient meets discharge criteria.

D. Emergency equipment and medications:

- 1. The following will be available in the area where sedation is being administered:
 - a. Adult or pediatric code cart as appropriate with defibrillator;
 - b. Reversal agents.
- 2. Difficult airway carts are maintained at both Tahoe Forest Hospital and Incline Village Community Hospital. Practitioners administering procedural sedation and/or monitoring the procedural sedation patient will be familiar with these carts and their locations.
 - a. At TFH: Equipment room, Surgery Department;
 - b. At IVCH: PACU.
- 3. When deep sedation with propofol is being performed by a physician/anesthesiologist, the following equipment will be readily available in the area where the sedation is being administered:
 - a. Suction: set up, turned on, with suction device attached, function tested;
 - b. Bag valve mask device, with mask sized appropriately for the patient;
 - c. Laryngoscope blade, with light checked;
 - d. ET tube with stylet or LMA sized for the patient;
 - e. OPA's in appropriate sizes for the patient.

E. Intra-Procedure:

1. While procedural sedation is being administered and the procedure is being performed,
 - a. Anesthesia Sedation: Anesthesia will maintain airway and give appropriate sedation. The RN will "circulate the room and the RN/tech will assist the proceduralist during the procedure.
 - b. RN Sedation: A single RN will exclusively maintain patient airway, give and record medication utilized. A second RN will "circulate" the procedure and a RN/tech will assist the proceduralist during the procedure.
2. Medications:
 - a. Medications and dosing for sedation will be administered in accordance with Tahoe Forest Pharmacy IV Administration Guidelines.
 - b. The RN will document all medications administered, including dose, route, and time(s).
 - c. Once the recommended total dose is given, additional dosing will be based on patient assessment, response to sedation (not to exceed moderate sedation when deep sedation could occur), and physician discretion.
3. The patient will be continuously monitored by a single RN. Monitoring parameters are listed for each type of sedation in Appendix 1 for adults and Appendix 2 for pediatrics. Monitoring and documentation will include:
 - a. Blood pressure;
 - b. Heart rate and EKG rhythm;
 - c. Respiratory rate;
 - d. SpO₂
 - e. Aldrete score.
 - f. ETCO₂
4. Oxygen will be available and administered per Appendix 1 for Adults and Appendix 2 for Pediatrics.

F. Post-procedure:

1. The following will be monitored continuously post procedure until the patient has a total score of 7, without any zeros in any category, and with a score of 2 in both the Airway and Respiratory categories, using the "Scoring Criteria for Discontinuation of Sedation Monitoring" on the Procedural Sedation Record.
 - a. Blood pressure;
 - b. Heart rate and EKG rhythm;
 - c. Respiratory rate;
 - d. SpO₂;
 - e. ETCO₂;
 - f. Level of consciousness/sedation scale.
2. A minimum of 2 hours must elapse after the last administration of reversal agents (naloxone/Narcan and flumazenil/Romazicon), before discontinuing SpO₂ monitoring to ensure that patients do not become re-sedated after reversal agents have abated.

G. DEFINITIONS:

1. Light/Minimal Sedation (Anxiolysis): A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
2. Moderate Sedation / Analgesia: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
3. Deep Sedation / Analgesia: A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
4. Anesthesia: Consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Anesthesia is delivered by a competent Anesthesia Provider or MD.

Related Polices/Forms:

[NPO Guidelines for Elective and Scheduled Procedures policy DPS-55](#); [MRI - Monitored Anesthesia Care, ANS-1407](#); [Time-Out for Invasive Procedures Done Outside the OR, ANS-114](#); [Time Out for Surgical and Invasive Procedures, DPS-27](#), [Nitrous Oxide Use, DEDI-229](#)

References:

AORN, ASPAN, ASA and ENA guidelines; 42 CFR 416.42, 482.52(a); Title 22 Sections 70213, 70233, 70263, 70237(a)(3)

Appendix 1 ADULT Monitoring Requirements

Sedation	BP, HR, RR (minimum frequency)	LOC	SpO ₂	ET CO ₂	ECG	Oxygen	Personnel	Emergency Equipment available in area of sedation	Other
Moderate Sedation	Q 10	Monitored continuously Documented Q10 minutes		Per MD Order	RN	Crash Cart Suction (checked) BVM in patient-appropriate size			
Deep Sedation	Q 10	Monitored continuously Documented Q10 minutes		Per MD Order	Physician	Crash Cart Suction (checked) BVM in patient-appropriate size			
Sedation with Propofol (Applies to all Procedural Sedations involving Propofol)	Q 5	Monitored continuously Documented Q5 minutes		Per MD Order	RN Physician 2nd Physician or RT to monitor airway <u>RN</u> <u>Physician</u> <u>2nd</u> <u>Physician</u> <u>or RT to monitor airway</u> <u>IVCH</u> <u>ED: 2</u> <u>RNs and Physician</u>	Crash Cart Suction (checked) BVM in patient-appropriate size	Non-anesthesiologists supervising administration of propofol must have completed the competency for propofol sedation		
Nitrous Oxide (IVCH ER Only)		Refer to policy Nitrous Oxide Use, DEDI-229 for monitoring requirements							

Appendix 2 PEDIATRIC Monitoring Requirements

Sedation	BP, HR, RR (minimum frequency)	LOC	SpO ₂	ET CO ₂	ECG	Oxygen	Personnel available in area of sedation	Emergency Equipment available in Other area of sedation
Moderate Sedation/ Deep Sedation	Q 10	Monitored continuously Documented Q10 minutes		Per MD Order	Physician RN In MRI sedation provided by Anesthesia in pediatrics <12 yrs	Crash Cart Suction (checked) BVM in patient-appropriate size	Physician must calculate dosages by patient weight (kg) and determine which reversal agents should be available with the appropriate dose calculated	
Nitrous Oxide (IVCH ER Only)		Refer to policy Nitrous Oxide Use, DEDI-229 for monitoring requirements						

All revision dates:

Attachments

No Attachments

Moderate Sedation Use of Propofol at IVCH by Non-Anesthesiologists Policy (IVCH Addendum)

Incline Village Community Hospital (IVCH):

- A. IVCH Emergency Department will follow the above policy with the exception of limitation of availability of hospital services.
 - 1. When using Propofol for Moderate Sedation a second physician or respiratory therapist may be substituted for a qualified nurse (defined below) with additional training in moderate sedation and airway monitoring for sedation.
 - 2. The qualified RN will be solely dedicated to monitoring the airway throughout the moderate sedation procedure.
- B. Experience, Training and Educational Requirements for qualified RNs to monitor the patient airway during a moderate sedation with propofol:
 - 1. A licensed registered nurse with at least two-years ED experience.
 - 2. Completed orientation, annual training and submission of completed skills checklist for moderate sedation.
 - 3. Completion of initial training and one hour of annual training and skills checklist with respiratory therapy in the in airway monitoring for moderate sedation.
 - 4. Current BLS and ACLS certifications.
 - 5. A list of all qualified Emergency Department RN's is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.



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

Thursday, August 26, 2021 at 4:00 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for August 26, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 14.2.1. should read "Financial Report – July 2021".

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

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

Number of Potential Cases: One (1)

Discussion was held on a privileged item.

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

Property Parcel Number: 019-640-007

Agency Negotiator: Judith Newland; Jennifer Pancake, Esq.

Negotiating Parties: Jeffrey Camp

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assurance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Third & Fourth Quarter Fiscal Year 2021 Patient Complaint & Grievance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Third & Fourth Quarter Fiscal Year 2021 Service Excellence Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Hearing (Health & Safety Code § 32155)

Subject Matter: Fourth Quarter Fiscal Year 2021 Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

5.7. Approval of Closed Session Minutes

07/22/2021

Discussion was held on a privileged item.

5.8. Hearing (Health & Safety Code § 32155)

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel stated there was no reportable action on items 5.1.-5.6. Item 5.7. Approval of Closed Session Minutes was approved on a 4-0 vote. Item 5.8. Medical Staff Credentials was approved on a 4-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 14.2.1. should read “Financial Report – July 2021”.

10. INPUT – AUDIENCE

Public comment was received from Stephanie Bacon, Lynn McKechnie, and Jessica Thompson.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Maison Power was named August 2021 Employee of the Month.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Privilege Form with Changes

- Family Medicine Privilege Form
- Internal Medicine Privilege Form
- NP-PA Privilege Form
- Neurology Privilege Form

New Policy Approval

- Stroke Alert Patient in the Emergency Department, DED-2101
- Stroke Alert Clinical Guidelines
- Management of Patients At-Risk for Depression, Self-Harm, and/or Suicide, AGOV-2102
- Standardized Procedures – Nurse Refills, DTMSC-2103
- Standardized Procedure – Electronic Medical Record In-Basket Management by the Registered Nurse, DTMSC-2104
- Standardized Procedure Pre-Surgery Clinic RN Process, DTMSC-2105
- Neuro Trauma Transfer Guidelines
- Trauma Surgeon and ED Responsibilities in the ED

Annual Policy Approval – No Changes

- Hospice Policy and Procedures 2021-2022
- Home Health Policy and Procedures 2021-2022

Annual Policy Approval – With Changes

- Policy Procedure Structure and Approval, AGOV-9
- Quality Assessment-Performance Improvement-QA-PI Plan, AQPI-05

Discussion was held.

Standardized Procedure Pre-Surgery Clinic RN Process, DTMSC-2105 was pulled from the MEC Consent Agenda.

ACTION: Motion made by Director Chamblin, to approve the Medical Executive Committee Consent Agenda excluding Standardized Procedure Pre-Surgery Clinic RN Process, DTMSC-2105, seconded by Director Brown. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings

14.1.1. 07/22/2021 Regular Meeting

14.2. Financial Reports

14.2.1. Financial Report – July 2021

14.3. Board Reports

14.3.1. President & CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CIIO Board Report

14.3.5. 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

Brown – AYE

Wong – AYE

15. ITEMS FOR BOARD DISCUSSION

15.1. Patient & Family Advisory Council Annual Report

Lorna Tirman, Patient Experience Specialist, provided an annual update from the Patient & Family Advisory Council. Discussion was held.

15.2. Medical Office Building Renovation Project

Judy Newland, Chief Operating Officer, reviewed cost escalation on the Medical Office Building renovation project. Discussion was held.

15.3. Board Education

15.3.1. Physician Burnout

Samantha Smith, Chair of the Joy of Medicine Committee, presented on Provider Burnout. Discussion was held.

15.4. COVID-19 Update

COO provided an update on hospital and clinic operations related to COVID-19. Discussion was held.

16. ITEMS FOR BOARD ACTION

16.1. TFHD Board of Directors Vacancy

Discussion was held.

ACTION: Motion made by Director Brown, to pursue appointment for the board vacancy, seconded by Director Chamblin . Roll call vote taken.

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

Director McGarry provided an update from the August 17, 2021 Board Quality Committee meeting.

Director Chamblin provided an update from the August 23, 2021 Board Finance Committee meeting.

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

Chair Wong gave best wishes to Alex MacLennan and the Human Resources team at tomorrow's Northern Nevada Best Places to Work Award Ceremony.

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 7:37 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
AUGUST 2021 FINANCIAL REPORT - PRELIMINARY
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW

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

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

Activity Statistics

- ❑ TFH acute patient days were 506 for the current month compared to budget of 356. This equates to an average daily census of 16.3 compared to budget of 11.5.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Laboratory tests, Oncology Laboratory tests, Diagnostic Imaging exams, Radiation Oncology procedures, MRI exams, Ultrasound exams, Briner Ultrasound exams, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapy, and Outpatient Physical Therapy, PT Aquatic Therapy, Speech Therapy, and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 52.64% in the current month compared to budget of 49.76% and to last month's 49.43%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 51.09% compared to budget of 49.86% and prior year's 53.36%.
- ❑ EBIDA was \$5,379,288 (12.5%) for the current month compared to budget of \$2,461,071 (6.1%), or \$2,918,217 (6.4%) above budget. Year-to-Date EBIDA was \$8,360,152 (10.0%) compared to budget of \$4,693,303 (5.8%) or \$3,666,849 (4.2%) above budget.
- ❑ Net Income was \$5,027,761 for the current month compared to budget of \$2,123,260 or \$2,904,501 above budget. Year-to-Date Net Income was \$7,674,291 compared to budget of \$4,013,169 or \$3,661,122 above budget.
- ❑ Cash Collections for the current month were \$20,071,200, which is 73% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$92,523,783 at the end of August compared to \$87,688,193 at the end of July.

Balance Sheet

- ❑ Working Capital is at 161.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 287.8 days. Working Capital cash increased a net \$3,809,000. Accounts Payable increased \$427,000 and Accrued Payroll & Related Costs increased \$1,651,000. The District received \$991,000 from the Medicare program for reimbursement of prior period withholds, \$280,000 in Property Tax Revenues and cash collections were below target 27%.
- ❑ Net Patient Accounts Receivable increased approximately \$995,000 and cash collections were 73% of target. EPIC Days in A/R were 67.1 compared to 67.9 at the close of July, a .80 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$737,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs.
- ❑ GO Bond Tax Revenue Fund increased \$159,000 after recording receipt of Property Tax Revenues from Placer County.
- ❑ Accounts Payable increased \$427,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased \$1,651,000. Accrued payroll days increased 7 days in August.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$810,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$43,092,158 compared to budget of \$40,562,603 or \$2,529,555 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,556,121, compared to budget of \$6,856,865 or \$1,699,256 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$34,536,037 compared to budget of \$33,705,738 or \$830,299 above budget.
- ❑ Current month’s Gross Revenue Mix was 37.7% Medicare, 16.5% Medi-Cal, .0% County, 2.3% Other, and 43.5% Commercial Insurance compared to budget of 37.2% Medicare, 16.1% Medi-Cal, .0% County, 2.7% Other, and 44.0% Commercial Insurance. Year-to-Date Gross Revenue Mix was 37.8%, 15.60% Medi-Cal, .0% County, 2.6% Other, and 43.9% Commercial Insurance. Last month’s mix was 37.9% Medicare, 14.7% Medi-Cal, .0% County, 3.1% Other, and 44.3% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$20,407,867 compared to budget of \$20,379,068 or \$28,799 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .58% increase in Medicare, a .34% increase to Medi-Cal, County at budget, a .38% decrease in Other, and Commercial Insurance was below budget .54%, and 2) Revenues were above budget 6.20%.

DESCRIPTION	August 2021 Actual	August 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,839,649	7,837,359	(2,290)	
Employee Benefits	2,181,383	2,314,187	132,804	
Benefits – Workers Compensation	78,018	102,419	24,401	
Benefits – Medical Insurance	1,473,602	1,408,155	(65,447)	
Medical Professional Fees	1,344,346	1,258,072	(86,274)	We saw negative variances in Outpatient Physical Therapy, Speech Therapy, and Occupational Therapy as well as a positive variance in Radiology professional fees as the group did not join the physician employment model in August.
Other Professional Fees	98,948	201,967	103,019	We saw positive variances in reduced legal fees, marketing, Managed Care consulting services, and Information Technology consulting services.
Supplies	2,790,082	3,048,891	258,809	Drugs Sold to Patients volumes were below budget 26.57% and Patient Chargeable supply costs came in below budget estimations.
Purchased Services	1,664,428	1,924,913	260,485	Outsourced billing and collections services came in below budget along with positive variances in outsourced coding, services provided to Human Resources, IVCH Foundation, Central Scheduling, and the TFH Emergency Department.
Other Expenses	954,005	1,043,662	89,657	Budgeted building rent for anticipated increases in office space did not transpire in August, and Marketing, Outside Training & Travel, and Utilities were below budget, creating a positive variance in Other Expenses.
Total Expenses	18,424,462	19,139,625	715,163	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
AUGUST 2021 PRELIMINARY

ASSETS	Aug-21	Jul-21	Aug-20	
CURRENT ASSETS				
* CASH	\$ 95,583,916	\$ 91,774,971	\$ 65,944,700	1
PATIENT ACCOUNTS RECEIVABLE - NET	36,264,145	35,269,461	31,254,948	2
OTHER RECEIVABLES	8,718,476	8,228,492	7,971,583	
GO BOND RECEIVABLES	839,071	578,502	834,703	
ASSETS LIMITED OR RESTRICTED	9,765,356	9,494,524	7,962,231	
INVENTORIES	4,294,832	4,290,186	3,821,491	
PREPAID EXPENSES & DEPOSITS	3,490,956	3,233,262	3,239,355	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	8,621,432	7,884,930	10,130,722	3
TOTAL CURRENT ASSETS	<u>167,578,184</u>	<u>160,754,329</u>	<u>131,159,732</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,201	74,384,201	74,384,021	1
MUNICIPAL LEASE 2018	724,672	724,549	2,354,714	
TOTAL BOND TRUSTEE 2017	20,532	20,532	20,530	
TOTAL BOND TRUSTEE 2015	278,684	141,587	278,641	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	702,483	543,516	899,680	4
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	16,542	(816)	(3,181)	
TOTAL	77,274,104	76,960,558	79,081,395	
LESS CURRENT PORTION	(9,765,356)	(9,494,524)	(7,962,231)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>67,508,748</u>	<u>67,466,034</u>	<u>71,119,164</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,721,250)	(1,661,250)	(1,140,359)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	907,183	
PROPERTY & EQUIPMENT NET	173,098,201	173,437,782	175,742,630	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,807,837</u>	<u>1,805,718</u>	<u>1,791,406</u>	
TOTAL ASSETS	<u>409,180,792</u>	<u>402,711,685</u>	<u>379,579,756</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	342,632	345,864	381,420	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,387,922	1,387,922	1,847,362	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,082,309	5,106,013	5,366,765	
GO BOND DEFERRED FINANCING COSTS	495,787	498,108	523,638	
DEFERRED FINANCING COSTS	147,719	148,760	160,203	
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 7,456,369</u>	<u>\$ 7,486,668</u>	<u>\$ 8,279,388</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 8,011,028	\$ 7,583,660	\$ 6,506,754	5
ACCRUED PAYROLL & RELATED COSTS	18,520,120	16,869,289	21,910,407	6
INTEREST PAYABLE	184,682	104,218	188,870	
INTEREST PAYABLE GO BOND	276,140	0	283,303	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	21,894,150	22,703,812	22,023,994	7
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,171,369	
WORKERS COMPENSATION PLAN	3,180,976	3,180,976	2,173,244	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,704,145	1,704,145	1,362,793	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,715,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,952,678	3,952,678	3,828,809	
TOTAL CURRENT LIABILITIES	<u>62,072,602</u>	<u>60,447,461</u>	<u>62,164,542</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,700,060	25,896,197	29,685,602	
GO BOND DEBT NET OF CURRENT MATURITIES	95,544,300	95,562,256	97,704,767	
DERIVATIVE INSTRUMENT LIABILITY	1,387,922	1,387,922	1,847,362	
TOTAL LIABILITIES	<u>184,704,885</u>	<u>183,293,837</u>	<u>191,402,273</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	230,794,395	225,766,633	195,318,988	
	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,137,882</u>	
TOTAL NET POSITION	<u>\$ 231,932,277</u>	<u>\$ 226,904,516</u>	<u>\$ 196,456,870</u>	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 161.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 287.8 days. Working Capital cash increased a net \$3,809,000. Accounts Payable increased \$427,000 (See Note 5) and Accrued Payroll & Related Costs increased \$1,651,000 (See Note 6). The District received \$991,000 from the Medicare Program for reimbursement on prior period withholds that the District challenged and we received \$280,000 in Property Tax Revenues from Placer County. Cash collections were below target 27%.
2. Net Patient Accounts Receivable increased \$995,000. Cash collections were 73% of target. EPIC Days in A/R were 67.1 compared to 67.9 at the close of July, a .80 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$737,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs.
4. GO Bond Tax Revenue Fund increased \$159,000 after recording receipt of Property Tax Revenues from Placer County.
5. Accounts Payable increased \$427,000 due to the timing of the final check run in August.
6. Accrued Payroll & Related Costs increased a net \$1,651,000. Accrued payroll days increased 7 days in August.
7. Estimated Settlements, Medi-Cal & Medicare decreased a net \$810,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

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

WORKING CAPITAL			
US Bank	\$ 94,131,084	0.01%	
US Bank/Kings Beach Thrift Store	289,475		
US Bank/Truckee Thrift Store	147,829		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,528</u>	0.01%	
Total			\$ 95,583,916
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,201</u>	0.22%	
Local Agency Investment Fund			\$ 74,384,201
Municipal Lease 2018			\$ 724,672
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 278,684
GO Bonds Cash 2008			\$ 708,247
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	16,542		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 19,886</u>
TOTAL FUNDS			\$ 171,720,137
 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>	0.22%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,137,882</u>
TOTAL ALL FUNDS			<u>\$ 172,858,020</u>

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD AUG 2020
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 43,092,158	\$ 40,562,603	\$ 2,529,555	6.2%	\$ 83,255,012	\$ 81,015,914	\$ 2,239,098	2.8%	1 \$ 73,838,023
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,839,804	\$ 2,808,283	\$ 1,031,521	36.7%	\$ 7,037,421	\$ 5,959,504	\$ 1,077,917	18.1%	\$ 6,078,179
4,716,317	4,048,582	667,735	16.5%	8,190,091	8,437,231	(247,140)	-2.9%	7,986,696
8,556,121	6,856,865	1,699,256	24.8%	15,227,512	14,396,735	830,777	5.8%	14,064,875
Total Gross Revenue - Inpatient								
34,536,037	33,705,738	830,299	2.5%	68,027,500	66,619,179	1,408,321	2.1%	59,773,148
34,536,037	33,705,738	830,299	2.5%	68,027,500	66,619,179	1,408,321	2.1%	59,773,148
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
19,237,369	18,182,630	(1,054,739)	-5.8%	37,968,732	36,225,203	(1,743,529)	-4.8%	31,595,140
-	-	-	0.0%	-	-	-	0.0%	-
1,533,595	1,443,166	(90,429)	-6.3%	2,953,367	2,886,242	(67,125)	-2.3%	2,855,543
-	-	-	0.0%	-	-	-	0.0%	-
(363,097)	753,272	1,116,369	148.2%	(200,877)	1,506,777	1,707,654	113.3%	(179,938)
-	-	-	0.0%	-	-	-	0.0%	-
20,407,867	20,379,068	(28,799)	-0.1%	40,721,222	40,618,222	(103,000)	-0.3%	34,270,745
92,650	113,114	20,464	18.1%	180,131	224,445	44,314	19.7%	157,373
1,026,809	1,304,047	(277,238)	-21.3%	2,054,978	2,633,401	(578,423)	-22.0%	1,864,590
23,803,750	21,600,696	2,203,054	10.2%	44,768,899	43,255,538	1,513,361	3.5%	41,589,241
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
7,839,649	7,837,359	(2,290)	0.0%	14,972,283	15,942,662	970,379	6.1%	13,119,492
2,181,383	2,314,187	132,804	5.7%	4,802,329	4,660,189	(142,140)	-3.1%	4,414,065
78,018	102,419	24,401	23.8%	172,782	204,838	32,056	15.6%	163,281
1,473,602	1,408,155	(65,447)	-4.6%	2,931,962	2,816,310	(115,652)	-4.1%	2,611,859
1,344,346	1,258,072	(86,274)	-6.9%	2,480,140	2,559,553	79,413	3.1%	2,060,258
98,948	201,967	103,019	51.0%	362,586	403,933	41,347	10.2%	397,138
2,790,082	3,048,891	258,809	8.5%	5,293,234	6,108,316	815,082	13.3%	5,485,660
1,664,428	1,924,913	260,485	13.5%	3,534,926	3,818,683	283,757	7.4%	2,997,464
954,005	1,043,662	89,657	8.6%	1,858,506	2,047,751	189,245	9.2%	1,537,969
18,424,462	19,139,625	715,163	3.7%	36,408,747	38,562,235	2,153,488	5.6%	32,787,186
TOTAL OPERATING EXPENSE								
5,379,288	2,461,071	2,918,217	118.6%	8,360,152	4,693,303	3,666,849	78.1%	8,802,055
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
683,336	662,872	20,464	3.1%	1,371,840	1,327,527	44,313	3.3%	1,286,769
419,536	419,536	(0)	0.0%	839,071	839,071	0	0.0%	834,703
37,212	48,093	(10,881)	-22.6%	74,495	96,154	(21,659)	-22.5%	171,991
-	-	-	0.0%	-	-	-	0.0%	-
18,761	136,564	(117,803)	-86.3%	98,477	273,129	(174,652)	-63.9%	114,459
(60,000)	(60,000)	-	0.0%	(60,356)	(120,000)	59,644	49.7%	-
-	-	-	0.0%	-	-	-	0.0%	-
800	-	800	0.0%	800	-	800	0.0%	-
101,692	-	101,692	100.0%	101,692	-	101,692	100.0%	169,967
(1,164,048)	(1,164,048)	0	0.0%	(2,328,096)	(2,328,096)	0	0.0%	(2,308,994)
(104,604)	(104,688)	84	0.1%	(209,617)	(209,894)	277	0.1%	(225,964)
(284,210)	(276,140)	(8,070)	-2.9%	(574,166)	(558,026)	(16,140)	-2.9%	(586,333)
(351,526)	(337,811)	(13,715)	-4.1%	(685,861)	(680,135)	(5,726)	-0.8%	(543,402)
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 5,027,761	\$ 2,123,260	\$ 2,904,501	136.8%	\$ 7,674,291	\$ 4,013,169	\$ 3,661,122	91.2%	\$ 8,258,653
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				224,257,986				
NET POSITION - AS OF AUGUST 31, 2021				\$ 231,932,277				
12.5%	6.1%	6.4%		10.0%	5.8%	4.2%		11.9%
RETURN ON GROSS REVENUE EBIDA								

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>AUG 2021</u>	<u>YTD 2022</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were above budget 42.14% or 150 days. Swing Bed days were above budget 1200.00% or 42 days. Inpatient Ancillary revenues were above budget 16.50% due to the higher acuity levels in our patients.	Gross Revenue -- Inpatient	\$ 1,699,256	\$ 830,777
	Gross Revenue -- Outpatient	830,299	1,408,321
	Gross Revenue -- Total	<u>\$ 2,529,555</u>	<u>\$ 2,239,098</u>
<p>Outpatient volumes were above budget in the following departments: Clinic visits, Home Health visits, Laboratory tests, Oncology Lab tests, EKG, Diagnostic Imaging, Radiation Oncology procedures, MRI, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Outpatient Physical, Speech, and Occupational Therapies.</p>			
2) <u>Total Deductions from Revenue</u>			
The payor mix for August shows a .58% increase to Medicare, a .34% increase to Medi-Cal, .38% decrease to Other, County at budget, and a .54% decrease to Commercial when compared to budget. We saw a negative variance in contractals due to revenues exceeding budget by 6.20%	Contractual Allowances	\$ (1,054,739)	\$ (1,743,529)
	Managed Care	-	-
	Charity Care	(90,429)	(67,125)
	Charity Care - Catastrophic	-	-
	Bad Debt	1,116,369	1,707,654
	Prior Period Settlements	-	-
	Total	<u>\$ (28,799)</u>	<u>\$ (103,000)</u>
We continue to see collections on older Aged A/R which is creating a positive variance in Bad Debt.			
3) <u>Other Operating Revenue</u>			
Retail Pharmacy revenues were below budget 8.61%	Retail Pharmacy	(81,559)	(165,443)
	Hospice Thrift Stores	(7,219)	7,780
	The Center (non-therapy)	(1,582)	(1,745)
IVCH ER Physician Guarantee is tied to collections which were below budget in August.	IVCH ER Physician Guarantee	(27,750)	(73,236)
	Children's Center	(4,453)	(5,704)
Radiology Physician Guarantee revenues were budgeted starting in July, however, the Radiology Group did not join the District's physician employment model during the month, creating a negative variance in Miscellaneous.	Miscellaneous	(179,843)	(335,408)
	Oncology Drug Replacement	-	-
	Grants	25,167	(4,667)
	Total	<u>\$ (277,238)</u>	<u>\$ (578,423)</u>
Positive variance in Grants related to funding for the PRIME Sub Oxone program.			
4) <u>Salaries and Wages</u>	Total	<u>\$ (2,290)</u>	<u>\$ 970,379</u>
<u>Employee Benefits</u>	PL/SL	\$ 73,632	\$ 34,209
	Nonproductive	37,952	(202,773)
	Pension/Deferred Comp	-	-
	Standby	13,965	(7,395)
	Other	7,255	33,819
	Total	<u>\$ 132,804</u>	<u>\$ (142,140)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 24,401</u>	<u>\$ 32,056</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (65,447)</u>	<u>\$ (115,652)</u>
5) <u>Professional Fees</u>			
Outpatient Physical Therapy, PT Aquatic Therapy, Speech Therapy, and Occupational Therapy volumes exceeded budget by 63.74%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (37,266)	\$ (65,124)
	Administration	19,510	(53,411)
	TFH/IVCH Therapy Services	(4,247)	(15,547)
	Oncology	(3,054)	(3,621)
	Home Health/Hospice	(1,596)	(1,792)
Positive variance in Administration related to reduced use of external law firms.	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
The Radiology Group did not join the physician employment model in August, creating a negative variance in Miscellaneous.	Respiratory Therapy	-	-
	Financial Administration	-	-
	Corporate Compliance	667	1,333
Occupational Health Physician Fees and Oncology Physician Production Bonuses came in below budget, creating a positive variance in Multi-Specialty Clinics.	Multi-Specialty Clinics Administration	6,350	6,403
	Marketing	9,878	9,672
	Medical Staff Services	9,459	10,325
	Managed Care	14,312	14,478
	Human Resources	14,170	18,508
	TFH Locums	21,629	19,079
	Information Technology	19,417	19,583
	IVCH ER Physicians	279	29,118
	Miscellaneous	(118,282)	52,001
	Multi-Specialty Clinics	65,520	79,754
	Total	<u>\$ 16,745</u>	<u>\$ 120,760</u>

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>AUG 2021</u>	<u>YTD 2022</u>
6) <u>Supplies</u>	Food	\$ (3,719)	\$ (2,187)
Drugs Sold to Patients volumes were below budget by 26.57%, creating a positive variance in Pharmacy Supplies.	Office Supplies	6,063	7,473
	Minor Equipment	7,093	25,455
	Other Non-Medical Supplies	2,660	38,645
Medical Supplies Sold to Patients revenues were at budget, however, the mix of patient chargeable supplies were lower in cost. This created a positive variance in Patient & Other Medical Supplies.	Pharmacy Supplies	51,146	313,362
	Patient & Other Medical Supplies	195,566	432,335
	Total	\$ 258,809	\$ 815,082
7) <u>Purchased Services</u>	Department Repairs	\$ (23,316)	\$ (16,906)
Facility wide minor maintenance projects coupled with small equipment repairs created a negative variance in Department Repairs.	Pharmacy IP	(4,787)	702
	The Center	619	2,110
Outsourced billing and collections services came in below budget, creating a positive variance in Patient Accounting.	Community Development	1,642	3,190
	Information Technology	525	6,285
Services provided for MSC Orthopedics and Occupational Health were below budget, creating a positive variance in Multi-Specialty Clinics.	Medical Records	11,660	8,840
	Diagnostic Imaging Services - All	15,363	14,902
Outsourced Lab testing came in below budget, creating a positive variance in Laboratory.	Home Health/Hospice	15,296	16,349
	Human Resources	17,666	19,154
Positive variance in Miscellaneous related to services coming in below budget for SNF outsourced billing and collections, IVCH Stewardship, Emergency Department, Oncology, and Central Scheduling.	Patient Accounting	40,145	19,801
	Multi-Specialty Clinics	33,616	49,639
	Laboratory	33,702	59,368
	Miscellaneous	118,354	100,324
	Total	\$ 260,485	\$ 283,757
8) <u>Other Expenses</u>	Insurance	\$ (34,884)	\$ (37,534)
The Excess Boiler & Risk insurance policy renewal was not received during the July month close so the monthly write-off for July and August created a negative variance in Insurance.	Equipment Rent	(9,338)	(17,572)
	Multi-Specialty Clinics Bldg Rent	(6,461)	(8,919)
Equipment rentals for Surgery, Pharmacy, and Nursing Administration created a negative variance in Equipment Rent.	Physician Services	91	91
	Multi-Specialty Clinics Equip Rent	2,323	2,535
Natural Gas/Propane and Electricity utilization was below budget, creating a positive variance in Utilities.	Human Resources Recruitment	1,128	2,879
	Dues and Subscriptions	(254)	4,471
Budgeted Building Rent for anticipated increases in office space needs did not transpire in August, creating a positive variance in Other Building Rent.	Miscellaneous	3,890	7,604
	Utilities	21,817	11,196
	Marketing	14,995	27,682
	Outside Training & Travel	43,477	90,589
	Other Building Rent	52,873	106,223
	Total	\$ 89,657	\$ 189,245
9) <u>District and County Taxes</u>	Total	\$ 20,464	\$ 44,313
10) <u>Interest Income</u>	Total	\$ (10,881)	\$ (21,659)
11) <u>Donations</u>	IVCH	\$ (75,596)	\$ (151,193)
	Operational	(42,207)	(23,459)
	Total	\$ (117,803)	\$ (174,652)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ -	\$ 59,644
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ 800	\$ 800
14) <u>COVID-19 Emergency Funding</u>	Total	\$ 101,692	\$ 101,692
The District received additional funding from the HHS Stimulus Funding program.			
15) <u>Depreciation Expense</u>	Total	\$ -	\$ -
16) <u>Interest Expense</u>	Total	\$ 84	\$ 277

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
AUGUST 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD AUG 2020	
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE					
\$ 2,775,425	\$ 2,400,516	\$ 374,909	15.6%	Total Gross Revenue	\$ 5,775,741	\$ 5,055,392	\$ 720,349	14.2% 1	\$ 4,751,105
				Gross Revenues - Inpatient					
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ 9,186	\$ (9,186)	-100.0%	\$ 23,054
3,744	1,317	2,427	184.3%	Ancillary Service - Inpatient	3,744	6,540	(2,796)	-42.8%	17,819
3,744	1,317	2,427	184.3%	Total Gross Revenue - Inpatient	3,744	15,726	(11,982)	-76.2% 1	40,873
2,771,681	2,399,199	372,482	15.5%	Gross Revenue - Outpatient	5,771,997	5,039,666	732,331	14.5%	4,710,232
2,771,681	2,399,199	372,482	15.5%	Total Gross Revenue - Outpatient	5,771,997	5,039,666	732,331	14.5% 1	4,710,232
				Deductions from Revenue:					
431,033	930,486	499,453	53.7%	Contractual Allowances	1,825,246	1,970,526	145,280	7.4% 2	1,754,469
130,820	111,688	(19,132)	-17.1%	Charity Care	273,114	236,402	(36,712)	-15.5% 2	229,557
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0% 2	-
(30,209)	59,408	89,617	150.9%	Bad Debt	(56,488)	125,746	182,234	144.9% 2	(17,491)
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0% 2	-
531,644	1,101,582	569,938	51.7%	Total Deductions from Revenue	2,041,871	2,332,674	290,803	12.5% 2	1,966,535
61,431	93,869	(32,439)	-34.6%	Other Operating Revenue	129,394	204,313	(74,919)	-36.7% 3	183,851
2,305,212	1,392,803	912,409	65.5%	TOTAL OPERATING REVENUE	3,863,263	2,927,031	936,232	32.0%	2,968,421
				OPERATING EXPENSES					
459,527	438,010	(21,517)	-4.9%	Salaries and Wages	912,526	1,004,952	92,426	9.2% 4	824,299
142,779	137,059	(5,720)	-4.2%	Benefits	312,360	300,453	(11,907)	-4.0% 4	256,302
3,810	6,364	2,554	40.1%	Benefits Workers Compensation	5,595	12,728	7,133	56.0% 4	3,049
82,369	78,711	(3,658)	-4.6%	Benefits Medical Insurance	163,818	157,422	(6,396)	-4.1% 4	149,535
231,421	251,652	20,232	8.0%	Medical Professional Fees	478,550	524,150	45,600	8.7% 5	425,786
3,012	2,252	(760)	-33.7%	Other Professional Fees	4,763	4,504	(259)	-5.8% 5	4,087
53,789	61,827	8,038	13.0%	Supplies	116,273	144,368	28,095	19.5% 6	103,668
73,360	87,905	14,545	16.5%	Purchased Services	144,050	155,355	11,305	7.3% 7	130,428
107,778	101,154	(6,624)	-6.5%	Other	207,001	198,321	(8,680)	-4.4% 8	165,171
1,157,844	1,164,934	7,090	0.6%	TOTAL OPERATING EXPENSE	2,344,936	2,502,253	157,317	6.3%	2,062,325
1,147,367	227,869	919,498	403.5%	NET OPERATING REV(EXP) EBIDA	1,518,327	424,778	1,093,549	257.4%	906,096
				NON-OPERATING REVENUE/(EXPENSE)					
-	75,596	(75,596)	-100.0%	Donations-IVCH	-	151,193	(151,193)	-100.0% 9	18,918
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0% 10	-
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0% 11	3,064
(75,434)	(75,434)	-	0.0%	Depreciation	(150,868)	(150,868)	-	0.0% 11	(131,352)
(75,434)	162	(75,596)	46664.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(150,868)	325	(151,193)	46520.9%	(109,370)
\$ 1,071,933	\$ 228,031	\$ 843,902	370.1%	EXCESS REVENUE(EXPENSE)	\$ 1,367,459	\$ 425,103	\$ 942,356	221.7%	\$ 796,726
41.3%	9.5%	31.8%		RETURN ON GROSS REVENUE EBIDA	26.3%	8.4%	17.9%		19.1%

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

Variance from Budget	
Fav<Unfav>	
AUG 2021	YTD 2022

1) Gross Revenues

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

Gross Revenue -- Inpatient	\$ 2,427	\$ (11,982)
Gross Revenue -- Outpatient	372,482	732,331
	<u>\$ 374,909</u>	<u>\$ 720,349</u>

Outpatient volumes were above budget in Emergency Department visits, Clinic visits, Laboratory tests, Diagnostic Imaging, Ultrasounds, Cat Scans, and Physical Therapy.

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 3.58% increase in Medicare, a 1.15% increase in Medicaid, a 2.33% decrease in Commercial insurance, a 2.40% decrease in Other, and County was at budget. Contractual Allowances were below budget as a result of a large refund from the Medicare Program from incorrect withholds realized in July and August.

Contractual Allowances	\$ 499,453	\$ 145,280
Charity Care	(19,132)	(36,712)
Charity Care-Catastrophic Event	-	-
Bad Debt	89,617	182,234
Prior Period Settlement	-	-
Total	<u>\$ 569,938</u>	<u>\$ 290,803</u>

3) Other Operating Revenue

IVCH ER Physician Guarantee is based on collections which came in below budget in August.

IVCH ER Physician Guarantee	\$ (27,750)	\$ (73,236)
Miscellaneous	(4,689)	(1,683)
Total	<u>\$ (32,439)</u>	<u>\$ (74,919)</u>

4) Salaries and Wages

Total	<u>\$ (21,517)</u>	<u>\$ 92,426</u>
-------	--------------------	------------------

Employee Benefits

PL/SL	\$ (7,814)	\$ (4,982)
Pension/Deferred Comp	-	-
Standby	2,341	318
Other	(7,083)	(2,739)
Nonproductive	6,836	(4,505)
Total	<u>\$ (5,720)</u>	<u>\$ (11,907)</u>

Employee Benefits - Workers Compensation

Total	<u>\$ 2,554</u>	<u>\$ 7,133</u>
-------	-----------------	-----------------

Employee Benefits - Medical Insurance

Total	<u>\$ (3,658)</u>	<u>\$ (6,396)</u>
-------	-------------------	-------------------

5) Professional Fees

Contracted physician services for ENT came in below budget, creating a positive variance in Multi-Specialty Clinics.

Speech and Occupational Therapy volumes were below budget 17.28%, creating a positive variance in Therapy Services.

Foundation	\$ (760)	\$ (260)
Administration	-	-
Miscellaneous	1,500	1,500
Multi-Specialty Clinics	6,941	7,021
Therapy Services	11,511	7,962
IVCH ER Physicians	279	29,118
Total	<u>\$ 19,472</u>	<u>\$ 45,341</u>

6) Supplies

Ophthalmic surgical instruments and department I/T transfers created a negative variance in Minor Equipment.

Medical Supplies Sold to Patients revenues fell below budget 50.18%, creating a positive variance in Patient & Other Medical Supplies.

Drugs Sold to Patients revenues exceeded budget, however, the volume of prescriptions was lower, creating a positive variance in Pharmacy Supplies.

Minor Equipment	\$ (7,426)	\$ (11,047)
Patient & Other Medical Supplies	5,004	(289)
Non-Medical Supplies	957	(38)
Office Supplies	36	370
Food	980	2,298
Pharmacy Supplies	8,487	36,800
Total	<u>\$ 8,038</u>	<u>\$ 28,095</u>

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

		Variance from Budget	
		Fav<Unfav>	
		AUG 2021	YTD 2022
7) <u>Purchased Services</u>			
Laboratory volumes exceeded budget by 11.90%, creating a negative variance in this category.	Laboratory	\$ (11,414)	\$ (6,913)
Cleaning services at the Therapy Offices and COVID Clinic along with security services provided for the COVID Clinic created a negative variance in Miscellaneous.	Miscellaneous	(5,852)	(5,960)
Stewardship expenses came in below budget, creating a negative variance in Foundation.	Multi-Specialty Clinics	(589)	(2,281)
	Engineering/Plant/Communications	505	(1,721)
	EVS/Laundry	327	(786)
	Surgical Services	-	-
	Pharmacy	(97)	403
	Diagnostic Imaging Services - All	1,567	1,569
	Department Repairs	3,143	6,482
	Foundation	26,954	20,511
	Total	\$ 14,545	\$ 11,305
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor cost for IVCH tests resulted in the TFH Lab created a negative variance in Miscellaneous.	Miscellaneous	\$ (5,089)	\$ (7,132)
Electricity and Telephone costs exceeded budget, creating a negative variance in Utilities.	Utilities	(3,087)	(6,453)
	Insurance	(3,571)	(5,158)
	Equipment Rent	(468)	(317)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	100	200
	Other Building Rent	174	748
	Marketing	1,742	1,302
	Dues and Subscriptions	1,178	2,003
	Outside Training & Travel	2,397	6,127
	Total	\$ (6,624)	\$ (8,680)
9) <u>Donations</u>	Total	\$ (75,596)	\$ (151,193)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ -
12) <u>Depreciation Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL AUG 2021	BUDGET AUG 2021	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 45,127,978		\$ 22,035,877	\$ 25,789,023	\$ 5,379,288	\$ 2,461,071	\$ 2,918,217	\$ 11,547,868	\$ 6,271,207	\$ 4,890,449	\$ 3,079,498
Interest Income	604,065		509,726	489,994	493	-	493	62,231	142,799	143,111	141,852
Property Tax Revenue	8,358,581		8,320,000	8,250,929	280,445	375,000	(94,555)	450,929	-	4,600,000	3,200,000
Donations	647,465		1,320,000	1,245,778	119,260	110,000	9,260	255,778	330,000	330,000	330,000
Emergency Funds	(3,621,517)		-	101,692	101,692	-	101,692	101,692	-	-	-
Debt Service Payments	(4,874,699)		(5,016,439)	(4,927,706)	(352,448)	(353,188)	741	(1,631,588)	(1,059,565)	(1,176,986)	(1,059,565)
Property Purchase Agreement	(744,266)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,384)		(63,840)	(63,473)	(4,579)	(5,320)	741	(15,593)	(15,960)	(15,960)	(15,960)
2017 VR Demand Bond	(989,752)		(778,177)	(689,811)	-	-	-	(572,390)	-	(117,421)	-
2015 Revenue Bond	(1,508,081)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(320,000)	-	(20,000)	20,000	(30,000)	(90,000)	(140,000)	(60,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(6,619,450)	(464,406)	(439,001)	(25,404)	(1,588,150)	(3,668,550)	(690,250)	(672,500)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(1,315,027)	-	(117,528)	117,528	(235,056)	(249,471)	(556,250)	(274,250)
Building Projects/Properties	(7,418,233)		(29,614,464)	(29,614,464)	(312,240)	(2,250,054)	1,937,814	(3,109,752)	(10,208,080)	(9,476,066)	(6,820,566)
Change in Accounts Receivable	(5,512,026)	N1	(2,149,377)	(2,415,971)	(994,684)	(1,990,795)	996,111	(1,987,755)	(817,626)	1,836,988	(1,447,578)
Change in Settlement Accounts	1,958,514	N2	(22,397,159)	(16,611,747)	(1,546,165)	(2,638,049)	1,091,884	(1,828,735)	(8,914,148)	(5,664,148)	(204,716)
Change in Other Assets	(842,282)	N3	(2,400,000)	(3,168,101)	(459,262)	(200,000)	(259,262)	(1,368,101)	(600,000)	(600,000)	(600,000)
Change in Other Liabilities	(5,046,163)	N4	(893,000)	(48,879)	2,158,663	250,000	1,908,663	1,994,121	(5,330,000)	(600,000)	3,887,000
Change in Cash Balance	28,692,345		(38,539,313)	(29,265,621)	3,808,945	(4,812,545)	8,621,490	2,531,789	(24,193,434)	(7,103,151)	(500,825)
Beginning Unrestricted Cash	132,985,091		161,677,436	161,677,436	166,159,171	166,159,171	-	161,677,436	164,209,225	140,015,791	132,912,640
Ending Unrestricted Cash	161,677,436		123,138,123	132,411,815	169,968,116	161,346,626	8,621,490	164,209,225	140,015,791	132,912,640	132,411,815
Operating Cash	142,794,949		123,138,123	132,411,815	152,318,167	144,728,769	7,589,397	149,668,600	131,706,862	130,835,408	132,411,815
Medicare Accelerated Payments	18,882,487		-	-	17,649,950	16,617,857	1,032,093	14,540,625	8,308,928	2,077,232	-
Expense Per Day	570,926		629,671	623,548	589,310	625,357	(36,047)	604,348	618,286	624,832	623,548
Days Cash On Hand	283		196	212	288	258	30	272	226	213	212
Days Cash On Hand - Operating Cash Only	250		196	212	258	231	27	248	213	209	212

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 Informational Report

By: Harry Weis
President and CEO

DATE: September 13, 2021

The month of July was very busy overall for our health system. The first half of August was also very busy. The second half of August and September month to date were a bit slower in terms of overall activity and revenue generation, even though we have been receiving patients from fire impacted areas and COVID related patients.

Our team is privileged to receive and treat patients from Quincy, South Lake Tahoe and Susanville due to either fires, healthcare needs or COVID-19 needs.

This month is a very important month in the very busy 12 months our team faces each year as we share a small portion of the important accomplishments and forward progress achieved over the previous fiscal year.

Further, our team is actively engaged in research, and preparation for a new three-year Strategic Plan that will consider our changing regional healthcare needs, the changes in the more distant region, state and federal changes as well as market force changes.

It is vitally important that we have the optimal people, clinical and business structure in place to meet the unmet healthcare needs and to make the critical progress necessary to serve our patients better in each new year across our region.

Our Master Plan over the next 10 years is a vital component of our Strategic Plan. We plan on making a presentation on this vital topic before the end of the month to the Town. Every month and year this Master Plan is delayed, increases the cost of healthcare materially.

It is very likely the next two to seven years will illustrate profound changes vs the last few decades. Many major events seem to follow a 40 to 60 year cycle and we are now at 57 years since Medicare and Medicaid started. Our health system existed for 16 years before Medicare or Medicaid existed.

For the past 13 years or so we have seen the rapid growth of high deductible health plans being actively sold which has really increased the average family's household budget stress. As a result providers have really increased resources and services to improve responsiveness to patients. Healthcare payors have done very little to help hurting families when a need arises relative to these high deductible plans. All of the family stress mitigation is resting on the providers of care.

I am very proud of our large and growing healthcare team as they have been a winner three years in a row in the competition of Best Places to Work versus companies in all industries, not

just healthcare for Northern Nevada and the Lake Tahoe region. We came in third place this year. In these three years, we have placed highest against other healthcare systems.

We are collaborating with other area partners on the critical topic of workforce housing and these efforts will only grow in size and complexity in the years ahead!

We continue to lead the State of California relative to rural areas and many urban areas on the vital need to employ healthcare providers based on the strong conclusions of two federal agencies that healthcare providers must be employees. This transition is never easy and our focus is on treating people as we'd hope to be treated if roles were reversed.

We are also active in several state and federal legislative matters to protect high quality and sustainable healthcare!

By: **Judith B. Newland**

DATE: **September 2021**

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

The Incident Command continues to meet regarding the pandemic. To be compliant with the State of California mandate on COVID vaccination and testing, the following requirements have been implemented across the entire health system. Both TFH and IVCH have processes in place for vaccination and testing of employees:

- a. All workers who work in or provide services in health care facilities have their first dose of a one dose regimen or the second dose of a two-dose regiment completed by September 30, 2021. This includes TFH employees, physicians and contracted staff. Exemptions for qualifying medical condition or sincerely-held religious belief, observance, or practice conflicts with the vaccine requirement must submit required documentation of these exemptions. As of September 15th, approximately 88% of health system employees have completed their vaccination.
- b. We continue to test employees or contracted staff who are unvaccinated or partially vaccinated for COVID. Based on location of work, employees are tested 1-2 times per week.
- c. The State of California also mandated that Acute Care Hospitals and Skilled Nursing Facilities verify visitors are fully vaccinated or for unvaccinated or incompletely vaccinated visitors, verify documentation of a negative COVID test within 72 hours of visiting. TFH continues to screen visitors. We are also monitoring vendors for the same requirement on entering the hospital.

Third dose vaccines continue to be available for moderately or severely immunocompromised people at the Gateway Vaccine clinic. We also provide first doses at this location. For Incline Village residents, Washoe County will be providing the third dose vaccines for moderately to severely immunocompromised people at the Reno-Sparks Livestock Events Center drive-through vaccine clinic. We are waiting for further direction from CDC and CPDH on future administration of booster shots to employees and others in our communities. Both TFH and IVCH have a plan in place to provide this service if approved. Besides TFH Vaccine Clinic, the Safeway and CVS Pharmacies in Truckee and Tahoe City are giving COVID vaccines. Vaccines remain available to Incline Village/Crystal Bay residents through Washoe County and the local fire department.

The Strategic Planning process continues. Recently, the Medical Executive Committee and Directors provided input through focus groups on the strategic plan. Our health system goal is to have a draft Strategic Plan presented to the board by January/February 2022.

Congratulations to the Diagnostic Imaging Department for their successful accreditation from the American College of Radiology Committee on Computed Tomography Accreditation of the Commission on Quality and Safety. The team worked hard to make this survey successful.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- N/A

Planned Moves:

- 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 3 is underway. There were sewer drains found that need to be in repair, staff and contractor are correcting these issues.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: October 2021

Project: Security and Exiting

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

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

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

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 2021

Projects in Implementation:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

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

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

The projects were bid together to provide economies of scale.

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

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

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

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. OSHPD comments have been received, staff are working with Design-Build team on response. 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 unnecessarily put the District at risk. All non-weather dependent work is scheduled to commence September of 2021.

Start of Construction: September 2021

Project Budget: \$2,500,000

Estimated Completion: December 2022

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. Staff are working with the Town to go before the Planning Commission.

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Tahoe Forest Nurse Call Replacement

Procurement Model: Design-Bid-Build

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

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

Update Summary: OSHPD has approved and permitted the project. Staff have released the bid, which is due before the end of the month.

Start of Construction: Summer 2021

Estimated Completion: December 2021

Project: Medical Office Building Renovation

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

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

Update Summary: Project is at 75% design completion. Demolition is completed. A minor use permit is required for additional mechanical upgrades; this permit has been submitted to the Town.

Start of Construction: Fall 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

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

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

Update Summary: Project is at 90% design completion. The Temporary MRI plan will be submitted to OSHPD the first week of September.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

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

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

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

Start of Construction: Spring 2022

Estimated Completion: Winter 2022

Project: Incline Village Community Hospital Site Improvements

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

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

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

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

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

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

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary: Project has been awarded. Staff are working on site validation and programing of the remodel spaces.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: September, 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- Initializing project for Stork (EPIC platform) implementation in OB
 - Consistency with EPIC utilization throughout the district
 - Will allow improved documentation of OB cases
 - OB nurses to train for emergent C-sections
- Vetting for tele-stroke/neuro programs with Dr. Kreiss and Dr. Young
 - Awaiting service agreements/pricing for final decisions prior to the end of this month

Quality: Provide clinical excellence in clinical outcomes

- Daily review of readmissions added to the daily huddle
- Review of any readmission – source of readmission
- Met with Truckee Police Department on the care of the 5150 patients
 - County Crisis Worker to begin working with the TPD on mental/behavioral health visits over the next several months
- Integration of Interdisciplinary Practice Council with Nursing Leadership Council for improved nursing practice throughout the District
 - Case Reviews that originate in the outpatient environment

Growth: Meets the needs of the community

- Screening for COVID vaccination and testing has gone well with our visitors and vendors. The registration employees have done a phenomenal job of working with our community to ensure safety for our employees and patients in the hospital
- The Community Health Needs Assessment is complete and the results are pending. Expect to see an increase in behavioral health and substance misuse issues as front runner issues.

Upcoming EVENTS- This month I added some of the details for the Board in the event that community members ask any of you about the programming that we have available for overall health and wellness. I feel it is important for community member to get back to activities that will promote a healthier lifestyle. We have added digital scan codes for all of our programming as a feature for easier access to our programs related to health and wellness.

Your Authentic Wellness – Free Virtual Workshop –
September 9th, 5:15-6:30pm: Identifying Hidden Sugars
September 23rd, 5:15-6:30pm: Create your Wellness Vision

Mindfulness in Community

As we come out of quarantine and the pandemic and back into our work and socializing, it is a good time to redefine how we are a part of our community. In this 4-week mindfulness workshop series we will Investigate your role in your community, explore how you're impacted by others, and gain greater appreciation for your relationships.

Thursdays, September 9-30 5:45-6:45pm, Cost \$80

Self-Massage Basics

Get ready to improve mobility and range of motion through the use of foam rollers, therapy balls, stretching and other myofascial release techniques. Deep breathing and deep tissue self-massage will be employed to bring more ease and suppleness to the body and mind.

Tuesday, September 7th 12:30-1:30pm; Cost \$20

Baby Massage

For parents and infant's newborn to crawling, this hands-on workshop promotes bonding and communication, while improving baby's circulation and digestion, easing tension, increasing relaxation, and reducing fussiness. Led by Linda Mackenzie, RN, Certified Infant Massage Instructor.

Wednesdays, September 8 – 29 | 1:00 pm - 2:30 pm
\$60; Pre-registration required.

Diabetes Self-Management – FREE

Join us for 6-weekly classes and learn decision-making strategies, understanding common symptoms, exercise tips for strength, flexibility, and endurance, healthy eating at home, and more!

Introduction Class, September 8th 1:00-2:00PM. Weekly classes Weds Sept 15 to Oct 20th , 1:00-3:00pm at the Donner Conference Room, 10998 Donner Pass Rd. There is a \$20 fee for class material. Please call 530-587-3769 to register.

Sierra Sun – September 10th

Boot Camp

Kick it up a notch with this 6-week, results driven fitness and weight loss program. Boot Camp is designed to help you reach your goals in a safe and supportive atmosphere.

- Pre and post-fitness testing and biometric screening
- Two weekly energizing classes led by a certified personal trainer
- Accountability and supplemental information on nutrition and stress relief
- Support from your coach and fellow Boot Campers

Mondays and Wednesdays, September 13th – October 20th | 5:30pm - 6:30pm \$240, Pre-registration required.

Intro to the Pilates Reformer

Have you always wanted to try Pilates Reformer Classes? This Workshop will introduce you to the benefits of Pilates and how to use the Reformer. You will learn beginner exercises and appropriate modifications while experiencing the flow and enjoyment of a group Pilates class. People fall in love with the Reformer, come and find out why!

Saturday, September 18th 9:00 – 10:30am. Please call 530-587-3769 to register.

Raising Healthy Eaters – Toddler Edition, In-Person and Virtual

Nourishing a toddler is tough! Do you ever wonder if you are “doing it right” or curious on how to do it better? Join us for a one-hour class, plus a 30-minute Q & A. Appropriate for parents of toddlers aged 12 months to 4 years, or anyone interested in learning!

Saturday, September 18th, 1:00-2:30PM

\$35. Pre-registration required. Call 530-587-3769 to register!

Prevent T2 Diabetes

The Prevent T2 lifestyle change program can help you lose weight, become more physically active, and reduce stress. With Prevent T2, you get:

- A proven program to prevent or delay type 2 diabetes
- A CDC-approved curriculum and trained lifestyle coach
- A year-long program with weekly meetings for the first 6 months, then once or twice a month for the second 6 months
- Support from others like you as you learn new skills

Wednesday, September 22nd at 5:15PM. Please call 530-587-3769 for more information or to register.

Sierra Sun – September 17th

Prevent T2 Diabetes

The Prevent T2 lifestyle change program can help you lose weight, become more physically active, and reduce stress. With Prevent T2, you get:

- A proven program to prevent or delay type 2 diabetes
- A CDC-approved curriculum and trained lifestyle coach
- A year-long program with weekly meetings for the first 6 months, then once or twice a month for the second 6 months
- Support from others like you as you learn new skills

Wednesday, September 22nd at 5:15PM. Please call 530-587-3769 for more information or to register

Cooking Club: Fall Back to Fun American Favorites!

Come get inspired at our monthly Healthy Supportive Cooking Club! Each month we will choose a different health topic and our Registered Dietitian will do a fun and interactive cooking demo. You get to taste test and take home easy, healthy, and delicious recipes!

Monday, September 20th, 5:15-6:45PM, \$30. Please call 530-587-3769 to register.

Birthing with Confidence

Our goal is to make you as prepared as possible to welcome your baby to the world! Get concise evidenced-based information that will guide you through your birth journey. Learn what to expect during labor, delivery, and postpartum.

October 30th -31st, 9:00-12:30 (virtual) \$125 per couple.

October 2nd, 9:00-4:30 (in-person) \$125 per couple.

Please call 530-587-3769 to register.

Postpartum Exercise and Education

This class is designed to provide education and exercises with a focus on getting mothers back to exercise safely while learning to tackle things like back or neck pain, wrist pain, abdominal separation and even bladder control when sneezing or running.

This complimentary class is offered the fourth Thursday of every month. Please call 530-582-7421 to register.

Sierra Sun – September 24th

ACL Post-Op Rehab Workshop

This workshop is for patients 4 months or more post-op ACL reconstruction surgery. It is small group setting, focuses on single leg strengthening and return-to-sport training, and neuromuscular re-education. 4 week series begins the first Wednesday of each month.

October 6th – 27th, 4:00-5:00pm, \$80. Call 530-587-3769 to register.

Infant Nutrition: When & How to Introduce Solid Foods to Your Baby; In-person and Virtual

Learn how to introduce solids to your baby in a way that allows him/her to be a part of family meals and intuitively choose what and how much to eat using a *Baby-Led* style. Skip pureed “baby foods” and go straight to finger foods with the understanding that babies can feed themselves right from the start. Appropriate for parents of babies 3-8 months and caregivers of infants.

Saturday, October 2nd 10:00-12:00pm

\$45. Please call 530-587-3769 to register. Pre-registration required.

Bringing Mindfulness into Everyday Life

As we come out of the pandemic and back into our daily routines and responsibilities, juggling all the to-dos while maintaining our health and happiness can be overwhelming.

In this 4-week mindfulness workshop series we will explore basic mindfulness techniques to help calm and focus the mind, go into mindful movement practices to reduce stress and strengthen our body, and investigate how you can incorporate these tools into your daily life to live with more presence and improve your overall well-being.

Thursdays October 7-28, 5:45-6:45pm; Cost \$80. Please call 530-587-3769 to register.

Virtual Infant CPR – Be prepared for life threatening emergencies!

This class is appropriate for expecting parents, grandparents, siblings and others who are caregivers for infants and children. Registered participants will receive the American Heart Association *Infant CPR Anytime Training Kit*, including a DVD and an inflatable Mini Baby personal CPR manikin, which allows for hands on practice even in a virtual class.

October 30th, 1:00pm – 2:30pm, Cost \$20 per person/ \$25 per couple PLUS \$40 for CPR Anytime Kit Please call 530-587-3769 to register

Moonshine Ink (September 9th – October 14th)

Cooking Club: Fall Back to Fun American Favorites!

Come get inspired at our monthly Healthy Supportive Cooking Club! Each month we will choose a different health topic and our Registered Dietitian will do a fun and interactive cooking demo. You get to taste test and take home easy, healthy, and delicious recipes!

Monday, September 20th, 5:15-6:45PM, \$30. Please call 530-587-3769 to register.

Your Authentic Wellness – Free Virtual Workshop –

Make 2020 the year of purpose, power and possibilities! In this FREE series of workshops, you will learn a variety of topics from experts in their fields. Whether its stress, insomnia, nutrition, lack of energy, feeling overwhelmed, or general habit change, we have you covered!

September 23rd, 5:15-6:30pm: Create your Wellness Vision with Lucy Navabpour – National Board Certified Health and Wellness Coach.

Creating a Wellness Vision is an integral part of working towards your best self. A vision keeps you on track and reminds you of your hopes for yourself, especially when life gets hard! During this workshop, you will create your own Wellness Vision to help you get started, or refocus your efforts, on your wellness journey.

Registration requested, but not required. **Call 530-587-3769 for more information**

Bringing Mindfulness into Everyday Life

As we come out of the pandemic and back into our daily routines and responsibilities, juggling all the to-dos while maintaining our health and happiness can be overwhelming.

In this 4-week mindfulness workshop series we will explore basic mindfulness techniques to help calm and focus the mind, go into mindful movement practices to reduce stress and strengthen our body, and investigate how you can incorporate these tools into your daily life to live with more presence and improve your overall well-being.

Thursdays October 7-28, 5:45-6:45pm; Cost \$80. Please call 530-587-3769 to register.

Virtual Infant CPR – Be prepared for life threatening emergencies!

This class is appropriate for expecting parents, grandparents, siblings and others who are caregivers for infants and children. Registered participants will receive the American Heart Association *Infant CPR Anytime Training Kit*, including a DVD and an inflatable Mini Baby personal CPR manikin, which allows for hands on practice even in a virtual class.

October 30th, 1:00pm – 2:30pm, Cost \$20 per person/ \$25 per couple PLUS \$40 for CPR Anytime Kit



Board CMO Report

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

DATE: September 14, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- Working on our burnout reduction strategies

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

- Actively recruiting and interviewing for many specialties (anesthesia, radiology, occupational health, etc.). Claire Ward NP and Kristy Howard DO are both joining the Women's Center this fall with Michael Jernick MD joining the Orthopedic Center.

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Engaging with a consultant to help with elbow to elbow support to improve workflow, decrease time in the EHR (Electronic Health Record), and in turn reduce burn out.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- Working with Quality Department to restructure Event Reporting.

Prioritize the patient and family perspective

- Continue to work on visitor policy during this pandemic that keeps our hospital, staff and patients safe while also giving patients and families their time together.

Identify and promote best practice and evidence-based medicine

- Working closely with nursing staff to allow Propofol to be used in ED at IVCH.



PRIME & Behavioral Health Annual Board Report FY 2021



Eileen Knudson

Director PRIME/QIP and Behavioral Health

Public Hospital Redesign & Incentives Medical (PRIME) Program

- ▶ Goal: Help change primary healthcare delivery to maximize care value for MediCal patients
 - ▶ Utilized evidence based data driven quality improvement methods and best practice tools such as the Patient Health Questionnaire for approved PRIME protocols
 - ▶ Established baseline for 17 DHCS approved protocols and met target performances for most all metrics for each year resulting in Financial compensation
 - ▶ Improve capacity to provide point of care services, complex care management and population health management
 - ▶ Team included Care Coordinators, Health Coach and Health Promotoras
- ▶ 5 year project ended July 1, 2021

PRIME: Metric Achievement for Chronic Pain

PRIME Metric (Medi-Cal Only)	2016 Baseline	2017	2018	2019	2020
SBIRT/CRAFFT (Screening for Brief Intervention and Referral to treatment) Alcohol and Drug screening	2%	4%	23%	40%	37%
CURES/PDMP (Prescription Drug monitoring check)	9%	9%	55%	67%	63%
MED AGREEMENT & URINE TOXICOLOGY	5%	9%	35%	42%	33%
Screening for Clinical Depression and Follow-Up	5%	19%	50%	47%	54%
TRMT OF CHRONIC PAIN With MULTIMODAL THERAPY	76%	84%	91%	89%	92%

PRIME: Metric Achievement for Million Hearts

PRIME Metric (Medi-Cal Only)	2016 Baseline	2017	2018	2019	2020
Controlling Blood Pressure	73%	76%	72%	71%	72%
Ischemic Vascular Disease and use of Antithrombotic	66%	88%	83%	87%	88%
Screening for high BP and Follow-up Documented	10%	57%	74%	66%	60%
Tobacco Assessment	94%	92%	95%	95%	94%

PRIME: Metric Achievement for Integrated Behavioral Health

PRIME Metric (Medi-Cal Only)	2016 Baseline	2017	2018	2019	2020
HbA1c Poor Control (>9%)	0%	0%	21%	20%	22%
Depression Remission or Response for Adolescents and Adults	0%	0%	4%	14%	24%

PRIME Transition to QIP

➤ Overview

- Department of Health Care Services(DHCS)
 - Implemented new program: Directed Payments Quality Incentive Pool (QIP)
 - District Public Hospitals have adopted QIP (2017)
 - Expanded to District Hospitals in January 2021

➤ Opportunities

- Continues quality improvement efforts and include some Inpatient
- Target Population: Managed Care participants (Ca Health and Wellness and Blue Cross Anthem partnership)
- Successful improvement efforts will result in greater Incentive payment than PRIME

PRIME Transition to QIP

Team

- ▶ Continue with RN and LMFT Coordinators
- ▶ Filled open Health Coach position
- ▶ Added Health Promotora to address Disparities
- ▶ Eileen Knudson, Director of PRIME/QIP
 - ▶ Retirement replacement is Maria Martin, Director of Wellness/Community Health

QIP Metric Focus Areas

➤ Primary Care Access and Preventative care

- Immunization
- Well Child Visits
- Breast and Cervical Cancer Screening
- Depression Screening and Follow up
- Tobacco Screening

➤ Behavioral Health

- Depression Remission and Response
- Substance Use Disorders

➤ Care Coordination

- Medication Reconciliation

➤ Care of Acute and Chronic conditions-Cardiovascular

- Controlling Blood Pressure

➤ Care of Acute and Chronic conditions-Diabetes

➤ Maternal and Perinatal Health

- Exclusive Breast Milk Feeding



Challenges

- ▶ Develop strong partnerships with both Medical Managed Care Plans
 - ▶ Identifying assigned Managed Care participants and ensuring continuous enrollment
 - ▶ Updating medical provider list to reflect current staffing levels
- ▶ Identify Gaps In care and begin implementation plan
- ▶ Develop new metric Queries (IT and QIP team)
 - ▶ Tracking 16 metrics but report on 10 to assure that we meet metric goals
 - ▶ Query development identifying baseline performance (2020)
 - ▶ Pay for Performance vs Pay for Reporting
 - ▶ Competing Priorities
 - ▶ Pandemic
 - ▶ Space Limitations
 - ▶ Increase in demand for services

Behavioral Health

- Increased Behavioral Health team by 2 FTE hired early winter 2020
 - Behavioral Health Intensivist(LCSW) Adult
 - Integral part of the Primary Care team in Incline Village
 - Identifies, triages and manages patients with mental and behavioral health problems
 - Space: IVHS (Dedicated Space)
 - Behavioral Health Intensivist(LCSW)Pediatric
 - Integral part of the Primary Care team with Pediatric Department
 - Identifies, triages and manages patients with mental and behavioral health problem
 - Triage assessment and referrals in partnership with Youth Behavioral Health Navigator
 - Space: Levon (awaiting space in RHC Pediatric clinic to attain sustainability)

Integrative Behavioral Health Model of Care into Primary Care

- ▶ Applied and received Grant Award (\$600,000) to support Behavioral Health Intensivist (BHI) Grant ends August 2022
- ▶ Recruited additional Psychiatric NP to address Adult and Pediatric patient needs
- ▶ Patient health Questionnaires (PHQ) Screening utilization in Primary Care up from 12% to 54%
- ▶ Improved workflow processes
 - ▶ Created Behavioral Health Templates in EPIC to standardize medical records across all clinicians and to optimize billing
 - ▶ Identified need for “Release of Information” and “Treatment Agreements” specific for Behavioral Health patients.
 - ▶ Provider collaboration and communication (Ex: PCP’s referral process to BHI)
 - ▶ Identified appropriate level of care for “High Risk Behavioral Health patients”
 - ▶ Identified need for ED Follow up

Grant Objectives

Objective	Baseline (July 2018 – June 2019)	July 2020 – June 2021
1.1 – Increase the proportion of unique patients who are screened annually for depression	11.8% (1,211/10,292)	46.2% (6,900/14,915)
1.2 – Increase the proportion of patients who have documented follow up after a depression screening score >9	63.2% (108/171)	74.0% (778/1052)
2.1 – Increase mental/behavioral health services in primary care through Behavioral Health Intensivist	0:4	3:8
2.2 – Increase care to BH services for patients with co-occurring disorders of opioid-use and depression (MAT).	32% (26/81)	61% (109/179)
3.0 Elevated PHQs (>9) rescreened within 2-8 months	20.2% (34/168)	39.3% (413/1052)

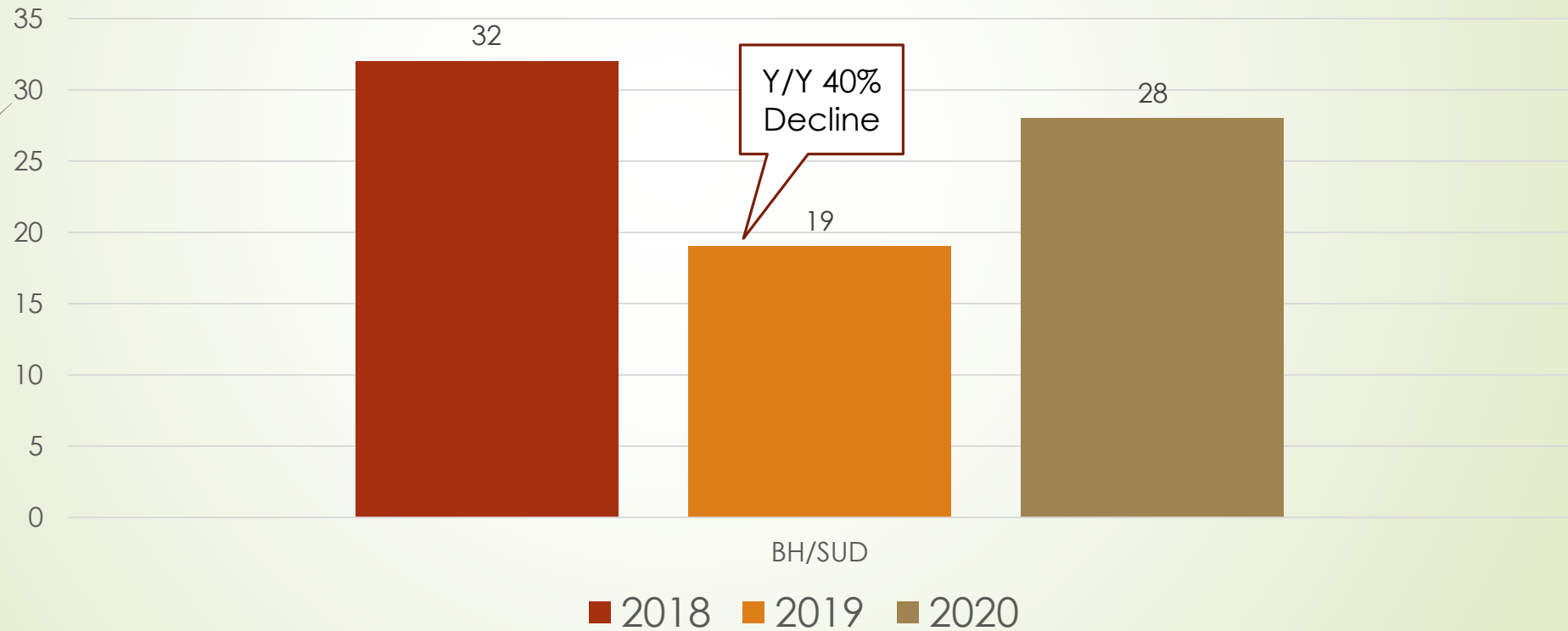
Behavioral Health Intensivist Referrals and Encounters

Behavioral Health Intensivist
Nov 2019 - June 2021



2018-2020 Readmission Diagnosis Detail

Percentage of Readmissions with Primary Diagnosis of Behavioral Health or Substance Use Disorder



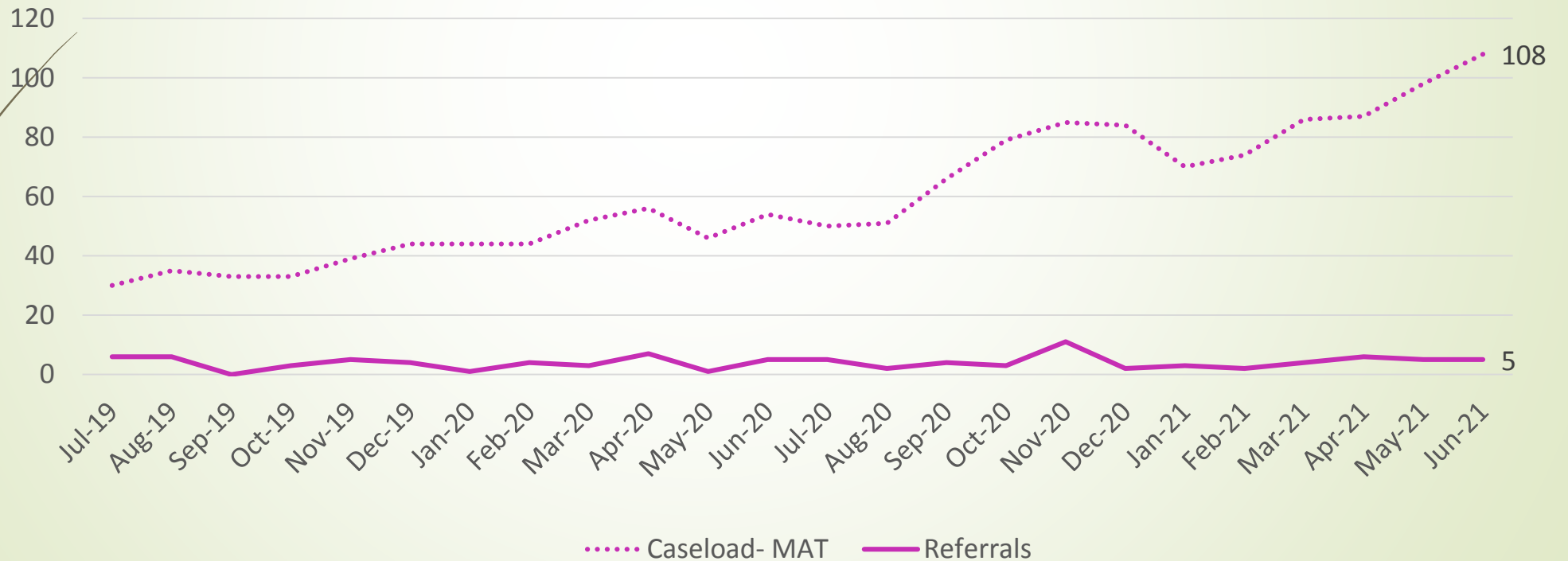
Medication Assisted Treatment

- ▶ Program provides Medication as well as individual and group Counseling support for patients experiencing Opioid and Stimulant Use Disorder
 - ▶ Awarded State Opioid Response Grant(\$368,000) which ends 9/22
 - ▶ Augment staffing costs, medications, patient copays, medication storage boxes
- ▶ Partnered with CA ED Bridge program(education and mentoring support)
 - ▶ CA Bridge Grant (\$100,000)funds Substance Use Navigator position
 - ▶ Hired and trained Substance Use Navigator to improve patient access and follow through
 - ▶ Treat Acute Withdrawal (buprenorphine treatment) in the ED to help patients begin their sobriety
- ▶ Identified new Detox protocols for ICU patients



Medication Assisted Treatment Patient Caseload and Referrals

Medication Assisted Treatment (Rx)
July 2019 – June 2021



Behavioral Health Transition

- Behavioral Health will have designated space in the Rural Health Clinic upon the MSC Primary Care remodel completion in 2022
- Prescribing Nurse Practitioners will continue to receive clinical oversight with the current Medical Director (Dr. Gail Prichard, Psychiatrist)
- Psychotherapy team will continue to receive clinical oversight
 - A lead clinical Psychologist may be considered for this role currently served by Dr. Prichard
- Operations in transition to MSC Management team
- Workflow Processes and Behavioral Health policies and procedures under development for transition clarity.
- **Thank you for this opportunity and your unyielding support as we build these very important programs for our community**