



TAHOE FOREST HOSPITAL DISTRICT

# 2022-01-27 Regular Meeting of the Board of Directors

Thursday, January 27, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for January 27, 2022 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation 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/89523586051>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 895 2358 6051



Meeting Book - 2022-01-27 Regular Meeting of the Board of Directors

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Oral update.

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22. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, January 27, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for January 27, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation 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.

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**Or join by phone:**

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(346) 248 7799 or (301) 715 8592

Meeting ID: 895 2358 6051

Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto: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. ITEMS FOR BOARD ACTION ♦**

**5.1. Resolution 2022-01 Authorizing Remote Teleconference Meetings ♦ ..... ATTACHMENT**

The Board of Directors will consider approval of a resolution authorizing remote teleconference meetings of the Board of Directors and the District's other legislative bodies pursuant to Government Code Section 54953(e).

**6. CLOSED SESSION**

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

*Subject Matter: Fourth Quarter 2021 Corporate Compliance Report*

*Number of items: One (1)*

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

*Property Parcel Numbers: 018-630-020*

*Agency Negotiator: Harry Weis*

*Negotiating Party: Truckee Donner Recreation and Park District*

*Under Negotiation: Price & Terms of Payment*

**6.3. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1)) ♦**

*The 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: Waal v. Tahoe Forest Hospital District*

*Name of Claimant: Anna Waal*

*Case No. ADJ13776462*

**6.4. Hearing (Health & Safety Code § 32155)**

*Subject Matter: First & Second Quarter Fiscal Year 2022 Disclosure Summary Report*

*Number of items: One (1)*

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

*Subject Matter: 2021 Patient Safety Report*

*Number of items: One (1)*

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

*Subject Matter: 2021 Risk Management Report*

*Number of items: One (1)*

**6.7. Approval of Closed Session Minutes ♦**

*12/16/2021 Regular Meeting*

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

*Subject Matter: Medical Staff Credentials*

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

**7. DINNER BREAK**

**8. OPEN SESSION – CALL TO ORDER**

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

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

**11. INPUT – AUDIENCE**

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

**12. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**January 27, 2022 AGENDA – Continued**

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**13. 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.

**13.1. Approval of Minutes of Meetings**

13.1.1. 12/16/2021 Regular Meeting ..... ATTACHMENT

**13.2. Financial Reports**

13.2.1. Financial Report – December 2021 ..... ATTACHMENT

**13.3. Board Reports**

13.3.1. President & CEO Board Report ..... ATTACHMENT

13.3.2. COO Board Report ..... ATTACHMENT

13.3.3. CNO Board Report ..... ATTACHMENT

13.3.4. CIO Board Report ..... ATTACHMENT

13.3.5. CMO Board Report ..... ATTACHMENT

**13.4. Approve Fourth Quarter 2021 Corporate Compliance Report**

13.4.1. Fourth Quarter 2021 Corporate Compliance Report ..... ATTACHMENT

**13.5. Approve Annual Resolution Authorizing Board Compensation**

13.5.1. Resolution 2022-02 ..... ATTACHMENT

**13.6. Approve Revised Committee Charter**

13.6.1. Governance Committee Charter ..... ATTACHMENT

**14. ITEMS FOR BOARD ACTION ♦**

**14.1. 2022 Corporate Compliance Work Plan** ♦ ..... ATTACHMENT

The Board of Directors will review and consider approval of 2022 Corporate Compliance Work Plan.

**14.2. Resolution 2022-03** ♦ ..... ATTACHMENT

The Board of Directors will consider approval of a resolution recognizing and honoring the efforts of the valued employee and healthcare professional of the Tahoe Forest Hospital District.

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. Trauma Program Update** ..... ATTACHMENT\*

The Board of Directors will receive a trauma program update.

**15.2. Wellness Neighborhood Update** ..... ATTACHMENT

The Board of Directors will receive an annual update from the Wellness Neighborhood.

**15.3. Medical Staff Press Ganey Engagement Survey Results** ..... ATTACHMENT

The Board of Directors will review results from the Medical Staff Press Ganey Engagement Survey.

**15.4. 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 February 24, 2022 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](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

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

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2022-01**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE FOREST  
HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE  
MEETINGS OF THE BOARD OF DIRECTORS PURSUANT TO GOVERNMENT  
CODE SECTION 54953, SUBDIVISION (e)**

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

WHEREAS, Government Code section 54953, subdivision (e), as amended by Assembly Bill No. 361, allows legislative bodies to hold open meetings by teleconference without reference to otherwise applicable requirements in Government Code section 54953, subdivision (b)(3), so long as the legislative body complies with certain requirements, there exists a declared state of emergency, and one of the following circumstances is met:

1. State or local officials have imposed or recommended measures to promote social distancing.
2. The legislative body is holding the meeting for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
3. The legislative body has determined, by majority vote, pursuant to option 2, that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

WHEREAS, the Governor of California proclaimed a state of emergency pursuant to Government Code section 8625 on March 4, 2020;

WHEREAS, the District previously adopted Resolution No. 2021-04 finding that the requisite conditions exist for the District to conduct teleconference meetings under Government Code section 54953, subdivision (e);

WHEREAS, the District subsequently adopted resolutions at least every 30 days finding conditions exist to continue conducting meetings by teleconference, but more than thirty days have passed since the last such resolution, Resolution No. 2021-07, was adopted; and

WHEREAS, the Board of Directors desires to hold and continue to hold its public meetings by teleconference consistent with Government Code section 54953, subdivision (e).

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District does hereby resolve as follows:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Conditions for Initial Teleconferencing Meeting are Met. The Board of Directors found on October 28, 2022 and hereby finds and declares the following, as required by Government Code section 54953, subdivision (e)(3):



1. The Governor of California proclaimed a state of emergency on March 4, 2020, pursuant to Government Code section 8625, which remains in effect.
2. The Board of Directors has determined that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

Section 3. Conditions for Continued Teleconferencing Meeting are Met. Although more than thirty days have passed since Resolution No. 2021-07 was adopted, this Resolution is adopted in the spirit of continuing the findings made in Resolution No. 2021-07. In keeping with Resolution No. 2021-04 and Section 2 above, the District hereby finds and declares the following, as required by Government Code section 54953(e)(3):

1. The District has reconsidered the circumstances of the state of emergency declared by the Governor pursuant to his or her authority under Government Code section 8625; and
2. The state of emergency continues to directly impact the ability of members of the District to meet safely in person.

Section 4. Meeting Requirements. All meetings held pursuant to Government Code section 54953, subdivision (e) shall comply with the requirements of that section and all other applicable provisions of the Ralph M. Brown Act (Government Code section 54950 et seq.).

Section 5. Application. This authority granted by this Resolution to conduct teleconference meetings pursuant to Government Code section 54953, subdivision (e), shall apply to all legislative bodies of the District.

Section 4. Effective Date. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 27th day of January, 2022 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

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Alyce Wong  
Chair, Board of Directors  
Tahoe Forest Hospital District

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Martina Rochefort  
Clerk of the Board  
Tahoe Forest Hospital District



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

Thursday, December 16, 2021 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for December 16, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation 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, Secretary

Staff in attendance: Harry Weis, President & Chief Executive Officer; Judy Newland, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Dr. Shawni Coll, Chief Medical Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

Absent: Bob Barnett, Board Member

## 3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

General Counsel read the board into Closed Session.

*Director Barnett joined the meeting at 4:02 p.m.*

## 4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

## 5. CLOSED SESSION

### 5.1. Conference with Real Property Negotiator (Gov. Code § 54956.8)

*Property Parcel Numbers: 094-110-025-000*

*Agency Negotiator: Judith Newland*

*Negotiating Party: Daniels Matthew*

*Under Negotiation: Price & Terms of Payment*

Discussion was held on a privileged item.

**5.2. Liability Claim (Gov. Code § 54956.95)**

*Claimant: Donald Ladd*

*Claim Against: Tahoe Forest Hospital District*

Discussion was held on a privileged item.

**5.3. Conference with Labor Negotiator (Government Code § 54957.6)**

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

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

Discussion was held on a privileged item.

**5.4. Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Mary Brown*

*Unrepresented Employee: President & Chief Executive Officer*

Discussion was held on a privileged item.

**5.5. Approval of Closed Session Minutes**

11/18/2021 Regular Meeting

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:00 p.m.

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

General Counsel noted there was no reportable action taken on item 5.1. Item 5.2. Liability Claim was denied on a 5-0 vote. Items 5.3. and 5.4. had no reportable action. Item 5.5. Closed Session Minutes was approved on a 5-0 vote. Item 5.6. Medical Staff Credentials was approved on a 5-0 vote.

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

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. ACKNOWLEDGMENTS**

**12.1.** Joji Huerto was named December 2021 Employee of the Month.

**12.2.** Sara Wojcik was named 2021 Employee of the Year.

**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:

Policies with Changes

- Use of Communication Networks, DIT-2101
- Sentinel/Adverse Event/Error or Unanticipated Outcome, AQPI-1906

Discussion was held.

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

**Barnett – AYE**

**McGarry - AYE**

**Chamblin – AYE**

**Brown – AYE**

**Wong – AYE**

**14. CONSENT CALENDAR**

**14.1. Approval of Minutes of Meetings**

14.1.1. 11/15/2021 Special Meeting

14.1.2. 11/18/2021 Regular Meeting

**14.2. Financial Reports**

14.2.1. Financial Report – November 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. CIO Board Report

14.3.5. CMO Board Report

14.3.6. CHRO Board Report

**14.4. Approve Board Policies**

14.4.1. CEO Succession Plan, ABD-28

14.4.2. Post-Issuance Compliance Procedures for Outstanding Tax-Exempt Bonds, ABD- 23

14.4.3. Fiscal Policy, ABD-11

14.4.4. Financial Assistance Program Full Charity Care and Discount Charity Care Policies, ABD-09

14.4.5. Credit and Collection Policy, ABD-08

**14.5. Approve Resolution for Continued Remote Teleconference Meetings**

14.5.1. Resolution 2021-07

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

**Barnett – AYE**

**McGarry - AYE**

**Chamblin – AYE**

**Brown – AYE**  
**Wong – AYE**

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. 2021 Cancer Center Quality Report**

Dr. Melissa Kaime presented an annual quality report from the District’s Gene Upshaw Memorial Tahoe Forest Cancer Center.

**16. ITEMS FOR BOARD ACTION**

**16.1. Resolution 2021-08**

The Board of Directors reviewed and considered approval of a resolution authorizing execution and delivery of a loan and security agreement, promissory note, and certain action in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program. Discussion was held.

No public comment was received.

**ACTION: Motion made by Director Brown, to approve Resolution 2021-08 authorizing execution and delivery of a loan and security agreement, promissory note, and certain action in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program as presented, seconded by Director Chamblin. Roll call vote taken.**

**Barnett – AYE**  
**McGarry - AYE**  
**Chamblin – AYE**  
**Brown – AYE**  
**Wong – AYE**

**16.2. President & CEO Employment Agreement**

The Board of Directors reviewed and considered approval of a new Employment Agreement for the President & CEO. Director Brown reviewed the changes to include a new annual base salary of \$657,494, an updated incentive compensation target of 30% of base salary, a one time signing bonus of \$30,000 and an increased auto allowance of \$900 per month.

**ACTION: Motion made by Director Brown, to approve Employment Agreement as presented, seconded by Director McGarry. Roll call vote taken.**

**Barnett – AYE**  
**McGarry - AYE**  
**Chamblin – AYE**  
**Brown – AYE**  
**Wong – AYE**

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

Not applicable.

**18. BOARD OFFICER ELECTION**

**18.1. Election of 2022 Board Officers**

Director Chamblin proposed all officers to remain in their current officer positions. Discussion was held.

**ACTION:** Motion made by Director Chamblin, to elect Alyce Wong as Board Chair, seconded by Director Brown. Roll call vote taken.

Barnett – AYE

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

**ACTION:** Director Wong nominated Mary Brown as Vice Chair, Michael McGarry as Secretary and Dale Chamblin as Treasurer. Directors Brown, McGarry and Chamblin accepted. Roll call vote taken.

Barnett – AYE

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

**19. BOARD COMMITTEE REPORTS**

Director Chamblin provided an update from the December Finance Committee meeting.

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

Thank you to Karen Baffone for her work as CNO and Executive Director of Population Health.

**21. CLOSED SESSION CONTINUED, IF NECESSARY**

Not applicable.

**22. OPEN SESSION**

Not applicable.

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

Not applicable.

**24. ADJOURN**

Meeting adjourned at 7:00 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
DECEMBER 2021 FINANCIAL REPORT  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**DECEMBER 2021 FINANCIAL NARRATIVE**

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

**Activity Statistics**

- ❑ TFH acute patient days were 489 for the current month compared to budget of 455. This equates to an average daily census of 15.8 compared to budget of 14.7.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Surgery cases, Oncology Lab, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, Nuclear Medicine, Ultrasound, CAT scan, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, and Outpatient Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 55.82% in the current month compared to budget of 49.93% and to last month's 50.81%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 51.81% compared to budget of 49.82% and prior year's 49.14%.
- ❑ EBIDA was \$4,469,115 (11.0%) for the current month compared to budget of \$2,539,005 (6.2%), or \$1,930,110 (4.8%) above budget. Year-to-Date EBIDA was \$22,717,186 (9.3%) compared to budget of \$14,065,929 (5.8%) or \$8,651,257 (3.5%) above budget.
- ❑ Net Income was \$3,964,474 for the current month compared to budget of \$2,205,473 or \$1,759,001 above budget. Year-to-Date Net Income was \$19,320,023 compared to budget of \$12,047,349 or \$7,272,674 above budget.
- ❑ Cash Collections for the current month were \$22,608,578, which is 122% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$93,320,009 at the end of December compared to \$97,211,553 at the end of November.

**Balance Sheet**

- ❑ Working Capital is at 21.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 243.6 days. Working Capital cash decreased a net \$3,857,000. Accounts Payable decreased \$1,888,000 and Accrued Payroll & Related Costs increased \$1,349,000. The District remitted \$3,365,000 to Noridian for the TFH FY21 Medicare As Filed Cost Report settlement and completed the purchase of the three condominium suites at Martis Outlook. Cash Collections were above target by 22%.
- ❑ Net Patient Accounts Receivable increased approximately \$304,000 and cash collections were 122% of target. EPIC Days in A/R were 72.2 compared to 74.3 at the close of November, a 2.10 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,019,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$535,000 to the State to participate in the Calendar Year 2021 NDPH IGT program.
- ❑ Accounts Payable decreased \$1,888,000 due to the timing of the final check run in December.
- ❑ Accrued Payroll & Related Costs increased \$1,349,000 as a result of three additional accrued payroll days in December.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,343,000. The District remitted funds to Noridian for payment on the TFH FY21 As Filed Medicare Cost Report and continues repayment of the Medicare Accelerated Payments received in FY20.



**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$40,618,788 compared to budget of \$40,974,990 or \$356,202 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,255,036, compared to budget of \$8,020,420 or \$234,616 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$32,363,753 compared to budget of \$32,954,570 or \$590,818 below budget.
- ❑ Current month’s Gross Revenue Mix was 37.2% Medicare, 16.8% Medi-Cal, .0% County, 2.1% Other, and 43.9% Commercial Insurance compared to budget of 37.1% Medicare, 16.6% Medi-Cal, .0% County, 2.7% Other, and 43.6% Commercial Insurance. Year-to-Date Gross Revenue Mix was 38.4%, 16.7% Medi-Cal, .0% County, 2.4% Other, and 42.5% Commercial Insurance compared to budget of 37.4% Medicare, 16.2% Medi-Cal, .0% County, 2.6% Other, and 43.8% Commercial Insurance. Last month’s mix was 38.3% Medicare, 17.5% Medi-Cal, .0% County, 2.4% Other, and 41.8% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$17,945,794 compared to budget of \$20,516,376 or \$2,570,582 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .12% increase in Medicare, a .24% increase to Medi-Cal, County at budget, a .65% decrease in Other, and Commercial Insurance was above budget .29%, 2) Revenues were below budget .90%, and 3) the District received \$1,496,000 from the Medicare program for underpayment on Inpatient Claims through November 2021.

DESCRIPTION	December 2021 Actual	December 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,470,600	8,094,399	623,799	
Employee Benefits	2,459,203	2,322,044	(137,159)	Increased use of Paid Leave/Sick Leave offset, in part, the positive variance in Salaries & Wages.
Benefits – Workers Compensation	95,941	102,419	6,478	
Benefits – Medical Insurance	1,504,310	1,408,155	(96,155)	
Medical Professional Fees	1,488,211	1,280,716	(207,495)	Radiology Physician fees and Medical & Radiation Oncology Physician Incentive Bonuses created a negative variance in Medical Professional Fees.
Other Professional Fees	295,778	206,966	(88,812)	Legal services provided to Administration, Physician Group Fair Market Valuations, and consulting fees for Human Resources created a negative variance in Other Professional Fees.
Supplies	2,719,342	3,049,943	330,601	Drugs Sold to Patients revenues were below budget 7.72% and Implant supplies were below budget, creating a positive variance in Supplies.
Purchased Services	2,116,070	1,997,791	(118,279)	Outsourced coding services, facility wide maintenance projects, along with increased use of the Employee Wellness Bank created a negative variance in Purchased Services.
Other Expenses	1,094,781	854,015	(240,766)	Negative variances in Physician Recruitment fees, Insurance, Equipment Rent, and Utilities created a negative variance in Other Expenses.
Total Expenses	19,244,235	19,316,448	72,213	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
DECEMBER 2021

	Dec-21	Nov-21	Dec-20	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 12,639,565	\$ 16,496,850	\$ 67,401,974	1
PATIENT ACCOUNTS RECEIVABLE - NET	41,588,138	41,284,097	27,941,225	2
OTHER RECEIVABLES	12,002,910	11,406,642	10,979,644	
GO BOND RECEIVABLES	2,462,591	2,043,055	2,458,135	
ASSETS LIMITED OR RESTRICTED	9,490,052	9,872,747	8,038,530	
INVENTORIES	4,273,342	4,283,492	3,827,658	
PREPAID EXPENSES & DEPOSITS	2,714,193	2,756,471	2,718,879	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	14,553,732	13,535,094	13,121,288	3
<b>TOTAL CURRENT ASSETS</b>	<u>99,724,524</u>	<u>101,678,449</u>	<u>136,487,333</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	54,384,201	54,384,201	74,384,021	1
* CASH INVESTMENT FUND	79,954,890	79,944,775	-	1
MUNICIPAL LEASE 2018	725,156	725,033	1,736,531	
TOTAL BOND TRUSTEE 2017	20,532	20,532	20,531	
TOTAL BOND TRUSTEE 2015	827,081	689,981	827,041	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	757,106	757,106	945,655	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	8,615	24,749	(1,275)	
TOTAL	<u>137,824,570</u>	<u>137,693,366</u>	<u>79,059,493</u>	
LESS CURRENT PORTION	<u>(9,490,052)</u>	<u>(9,872,747)</u>	<u>(8,038,530)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>128,334,518</u>	<u>127,820,619</u>	<u>71,020,963</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,990,588)	(1,840,310)	(1,940,357)	
PROPERTY HELD FOR FUTURE EXPANSION	924,072	909,072	909,072	
PROPERTY & EQUIPMENT NET	174,326,991	173,499,882	176,449,767	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,822,064</u>	<u>1,820,826</u>	<u>1,828,443</u>	
<b>TOTAL ASSETS</b>	<u>403,141,581</u>	<u>403,888,537</u>	<u>384,755,221</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	329,702	332,935	368,491	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,217,157	1,242,989	1,658,300	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,987,490	5,011,195	5,271,946	
GO BOND DEFERRED FINANCING COSTS	486,504	488,825	514,354	
DEFERRED FINANCING COSTS	<u>143,558</u>	<u>144,598</u>	<u>156,042</u>	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 7,164,411</u>	<u>\$ 7,220,542</u>	<u>\$ 7,969,133</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 7,521,732	\$ 9,409,538	\$ 6,630,560	4
ACCRUED PAYROLL & RELATED COSTS	17,443,443	16,094,479	21,051,683	5
INTEREST PAYABLE	505,295	424,832	519,335	
INTEREST PAYABLE GO BOND	1,380,701	1,104,560	1,415,096	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	14,870,377	19,213,158	22,425,422	6
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,275,881	
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	
<b>TOTAL CURRENT LIABILITIES</b>	<u>54,908,030</u>	<u>59,433,049</u>	<u>63,397,824</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	24,909,856	25,108,611	28,919,702	
GO BOND DEBT NET OF CURRENT MATURITIES	95,472,478	95,490,433	97,632,945	
DERIVATIVE INSTRUMENT LIABILITY	1,217,157	1,242,989	1,658,300	
<b>TOTAL LIABILITIES</b>	<u>176,507,520</u>	<u>181,275,082</u>	<u>191,608,771</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	232,660,590	228,696,115	199,977,700	
RESTRICTED	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,137,882</u>	
<b>TOTAL NET POSITION</b>	<u>\$ 233,798,472</u>	<u>\$ 229,833,998</u>	<u>\$ 201,115,582</u>	

\* Amounts included for Days Cash on Hand calculation












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

1. Working Capital is at 21.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 243.6 days. Working Capital cash decreased a net \$3,857,000. Accounts Payable decreased \$1,888,000 (See Note 4) and Accrued Payroll & Related Costs increased \$1,349,000 (See Note 5). The District remitted \$3,365,000 to Noridian for the TFH FY21 Medicare As Filed Cost Report settlement and completed the purchase of the three condominium suites at Martis Outlook. Cash Collections were above target 22% (See Note 2).
2. Net Patient Accounts Receivable increased \$304,000. Cash collections were 122% of target. EPIC Days in A/R were 72.2 compared to 74.3 at the close of November, a 2.10 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,019,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$535,000 to the State to participate in the Calendar Year 2021 NDPH IGT program.
4. Accounts Payable decreased \$1,888,000 due to the timing of the final check run in December.
5. Accrued Payroll & Related Costs increased \$1,349,000 as a result of three additional accrued payroll days in December.
6. Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,343,000. The District remitted funds to Noridian for payment on the TFH FY21 As Filed Medicare Cost Report and continues repayment of the Medicare Accelerated Payments received in FY20.

**Tahoe Forest Hospital District  
Cash Investment  
December 31, 2021**

<b>WORKING CAPITAL</b>			
US Bank	\$ 11,521,585		
US Bank/Kings Beach Thrift Store	25,801		
US Bank/Truckee Thrift Store	76,618		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,562</u>	0.01%	
Total			\$ 12,639,565
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>79,954,890</u>	0.18%	
Total			\$ 79,954,890
Building Fund	\$ -		
Cash Reserve Fund	<u>54,384,201</u>	0.20%	
Local Agency Investment Fund			\$ 54,384,201
Municipal Lease 2018			\$ 725,156
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 827,081
GO Bonds Cash 2008			\$ 762,870
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	8,615		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 11,958</u>
<b>TOTAL FUNDS</b>			<b>\$ 149,326,253</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.20%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,137,882</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u>\$ 150,464,136</u></b>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
DECEMBER 2021**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2022</u> Jul 21 to Dec 21</b>	<b><u>FY 2021</u> Jul 20 to June 21</b>	<b><u>FY 2020</u> Jul 19 to June 20</b>	<b><u>FY 2019</u> Jul 18 to June 19</b>	<b><u>FY 2018</u> Jul 17 to June 18</b>	<b><u>FY 2017</u> Jul 16 to June 17</b>	<b><u>FY 2016</u> Jul 15 to June 16</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position	 	↑	FYE 8.5% Budget 2nd Qtr 5.2%		8.3%	12.3%	17.1%	13.1%	5.1%	14.4%	10.9%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days  <u>Gross Accounts Receivable</u> 365 Days	 	↓	FYE 63 Days		72 73	65 67	89 73	69 71	68 73	55 55	57 55
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 197 Days Budget 2nd Qtr 209 Projected 2nd Qtr 222 Days	60 Days A- 237 Days BBB- 132 Days	244	272	246	179	176	191	201
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>		↓	13%		36%	26%	31%	35%	22%	17%	19%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>		↓	18%		38%	32%	40%	42%	25%	18%	24%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 	↑	FYE Budget \$636,201 End 2nd Qtr Budget \$634,584		\$641,885	\$603,184	\$523,994	\$473,890	\$333,963	\$348,962	\$313,153
<b>Debt Service Coverage:</b> Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense		↑	Without GO Bond 6.59 With GO Bond 3.67	1.95	9.44 5.04	8.33 4.49	9.50 5.06	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 2020
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>								
\$ 40,618,788	\$ 40,974,990	\$ (356,202)	-0.9%	\$ 244,095,026	\$ 243,152,415	\$ 942,611	0.4%	1 \$ 223,056,278
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,714,801	\$ 3,624,001	\$ 90,800	2.5%	\$ 22,158,905	\$ 20,415,800	\$ 1,743,105	8.5%	\$ 20,537,855
4,540,235	4,396,419	143,816	3.3%	26,783,290	26,198,559	584,731	2.2%	25,686,864
8,255,036	8,020,420	234,616	2.9%	48,942,195	46,614,359	2,327,836	5.0%	46,224,719
Total Gross Revenue - Inpatient								
32,363,753	32,954,570	(590,818)	-1.8%	195,152,831	196,538,056	(1,385,225)	-0.7%	176,831,559
32,363,753	32,954,570	(590,818)	-1.8%	195,152,831	196,538,056	(1,385,225)	-0.7%	176,831,559
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
16,382,567	18,294,286	1,911,719	10.4%	111,228,213	108,851,146	(2,377,067)	-2.2%	2 101,530,465
-	-	-	0.0%	-	-	-	0.0%	2 1,000,000
1,506,109	1,460,610	(45,499)	-3.1%	8,684,265	8,659,602	(24,663)	-0.3%	2 7,648,292
-	-	-	0.0%	-	-	-	0.0%	2 -
(210,882)	761,480	972,362	127.7%	(2,550,147)	4,517,049	7,067,196	156.5%	2 3,272,787
268,000	-	(268,000)	0.0%	275,234	-	(275,234)	0.0%	2 -
17,945,794	20,516,376	2,570,582	12.5%	117,637,565	122,027,797	4,390,232	3.6%	113,451,544
87,597	111,059	23,462	21.1%	451,570	667,932	216,362	32.4%	522,010
952,759	1,285,780	(333,021)	-25.9%	6,206,941	7,650,674	(1,443,733)	-18.9%	3 6,129,204
23,713,350	21,855,453	1,857,897	8.5%	133,115,972	129,443,224	3,672,748	2.8%	116,255,948
TOTAL OPERATING REVENUE								
<b>OPERATING EXPENSES</b>								
7,470,600	8,094,399	623,799	7.7%	43,327,572	47,491,616	4,164,044	8.8%	4 40,371,624
2,459,203	2,322,044	(137,159)	-5.9%	14,507,614	14,010,734	(496,880)	-3.5%	4 13,280,432
95,941	102,419	6,478	6.3%	527,383	614,514	87,131	14.2%	4 532,228
1,504,310	1,408,155	(96,155)	-6.8%	7,883,517	8,448,930	565,413	6.7%	4 6,649,302
1,488,211	1,280,716	(207,495)	-16.2%	7,891,621	7,468,297	(423,324)	-5.7%	5 6,806,946
295,778	206,966	(88,812)	-42.9%	1,251,845	1,260,799	8,954	0.7%	5 1,075,109
2,719,342	3,049,943	330,601	10.8%	17,679,195	18,473,525	794,330	4.3%	6 16,225,488
2,116,070	1,997,791	(118,279)	-5.9%	11,507,824	11,696,873	189,049	1.6%	7 10,744,001
1,094,781	854,015	(240,766)	-28.2%	5,822,214	5,912,007	89,793	1.5%	8 4,746,629
19,244,235	19,316,448	72,213	0.4%	110,398,785	115,377,295	4,978,510	4.3%	100,431,759
4,469,115	2,539,005	1,930,110	76.0%	22,717,186	14,065,929	8,651,257	61.5%	15,824,189
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
688,389	664,927	23,462	3.5%	4,204,345	3,987,983	216,362	5.4%	9 3,810,415
419,536	419,536	(0)	0.0%	2,517,214	2,517,214	(0)	0.0%	2,504,110
59,924	48,233	11,691	24.2%	327,531	285,910	41,621	14.6%	10 426,442
-	-	-	0.0%	-	-	-	0.0%	-
44,853	136,564	(91,711)	-67.2%	456,154	819,387	(363,233)	-44.3%	11 323,616
(150,278)	(60,000)	(90,278)	-150.5%	(329,694)	(360,000)	30,306	8.4%	12 (799,998)
(16,505)	-	(16,505)	0.0%	(164,262)	-	(164,262)	0.0%	13 -
-	-	-	0.0%	-	-	-	0.0%	14 -
-	-	-	0.0%	1,800	-	1,800	0.0%	14 -
-	-	-	100.0%	(1,092,739)	-	(1,092,739)	100.0%	15 178,483
(1,164,048)	(1,164,048)	0	0.0%	(6,984,288)	(6,984,288)	0	0.0%	16 (6,926,852)
(102,302)	(102,604)	302	0.3%	(622,218)	(622,200)	(18)	0.0%	17 (672,634)
(284,210)	(276,140)	(8,070)	-2.9%	(1,711,006)	(1,662,587)	(48,419)	-2.9%	(1,750,406)
(504,640)	(333,532)	(171,108)	-51.3%	(3,397,163)	(2,018,581)	(1,378,582)	-68.3%	(2,906,824)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>								
\$ 3,964,474	\$ 2,205,473	\$ 1,759,001	79.8%	\$ 19,320,023	\$ 12,047,349	\$ 7,272,674	60.4%	\$ 12,917,365
<b>INCREASE (DECREASE) IN NET POSITION</b>								
<b>NET POSITION - BEGINNING OF YEAR</b>				214,478,449				
<b>NET POSITION - AS OF DECEMBER 31, 2021</b>				<b>\$ 233,798,472</b>				
11.0%	6.2%	4.8%		9.3%	5.8%	3.5%		7.1%
<b>RETURN ON GROSS REVENUE EBIDA</b>								

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







		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>DEC 2021</u>	<u>YTD 2022</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were above budget 7.48% or 34 days. Swing Bed days were above budget 850.00% or 51 days. Inpatient Ancillary revenues were above budget 3.30% due to the increase in Acute and Swing Patient Days.	Gross Revenue -- Inpatient	\$ 234,616	\$ 2,327,836
	Gross Revenue -- Outpatient	(590,818)	(1,385,225)
	Gross Revenue -- Total	<u>\$ (356,202)</u>	<u>\$ 942,611</u>
Outpatient volumes were below budget in the following departments: Emergency Department visits, Hospice visits, Surgery cases, Oncology Lab, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, Nuclear Medicine, Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Gastroenterology cases, Respiratory Therapy, and Outpatient Speech Therapy.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for December shows a .12% increase to Medicare, a .24% increase to Medi-Cal, .65% decrease to Other, County at budget, and a .29% increase to Commercial when compared to budget. We saw a positive variance in contractals due to revenues coming in below budget and the District received a lump sum from the Medicare program in the amount of \$1,496,000 for underpayment of inpatient claims through November 2021.	Contractual Allowances	\$ 1,911,719	\$ (2,377,067)
	Managed Care	-	-
	Charity Care	(45,499)	(24,663)
	Charity Care - Catastrophic	-	-
	Bad Debt	972,362	7,067,196
	Prior Period Settlements	(268,000)	(275,234)
	Total	<u>\$ 2,570,582</u>	<u>\$ 4,390,232</u>
An adjustment was made to the IVCH FY21 Medicare As Filed Cost Report to capture additional amounts due to the program, creating a negative variance in Prior Period Settlements.			
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were below budget 11.11%.	Retail Pharmacy	(36,806)	(409,058)
	Hospice Thrift Stores	(10,548)	2,955
	The Center (non-therapy)	(2,011)	22,871
Truckee Thrift Store revenues were below budget 13.49%.	IVCH ER Physician Guarantee	(103,908)	(188,941)
	Children's Center	24,785	62,799
IVCH ER Physician Guarantee is tied to collections which came in below budget in December.	Miscellaneous	(183,698)	(899,859)
	Oncology Drug Replacement	-	-
	Grants	(20,833)	(34,500)
	Total	<u>\$ (333,021)</u>	<u>\$ (1,443,733)</u>
Radiology Physician Guarantee revenues were below budget, creating a negative variance in Miscellaneous.			
<b>4) Salaries and Wages</b>			
	Total	<u>\$ 623,799</u>	<u>\$ 4,164,044</u>
<b>Employee Benefits</b>			
Negative variance in PL/SL was offset by positive variances in Salaries and Wages.	PL/SL	\$ (244,918)	\$ (146,329)
	Nonproductive	80,653	(558,630)
	Pension/Deferred Comp	-	-
Positive variance in Other is related to Employer Payroll Taxes due to Salaries and Wages falling below budget.	Standby	(10,971)	(5,457)
	Other	38,076	213,536
	Total	<u>\$ (137,159)</u>	<u>\$ (496,880)</u>
<b>Employee Benefits - Workers Compensation</b>			
	Total	<u>\$ 6,478</u>	<u>\$ 87,131</u>
<b>Employee Benefits - Medical Insurance</b>			
	Total	<u>\$ (96,155)</u>	<u>\$ 565,413</u>
<b>5) Professional Fees</b>			
The Radiology Group still remains contracted versus joining the physician employment model which created a negative variance in Miscellaneous.	Miscellaneous	\$ (180,307)	\$ (178,425)
	The Center (includes OP Therapy)	645	(162,727)
	Medical Staff Services	(3,113)	(78,339)
IVCH Speech and Occupational Therapy volumes were below budget 26.54%, creating a positive variance in TFH/IVCH Therapy Services.	Oncology	358	(57,882)
	TFH/IVCH Therapy Services	20,096	(49,912)
	TFH Locums	(11,634)	(18,624)
IVCH ER Physician fees came in below budget in December.	IVCH ER Physicians	39,054	(12,908)
	Home Health/Hospice	(8,316)	(11,757)
	Multi-Specialty Clinics Administration	(26,396)	(9,901)
Services provided for a Clinic Performance Improvement project created a negative variance in Multi-Specialty Clinics Administration.	Financial Administration	(4,500)	(9,792)
	Corporate Compliance	(11,860)	(8,526)
	Administration	(20,333)	(8,043)
Fair Market Valuations for Anesthesia and Radiation Oncology created a negative variance in Corporate Compliance.	Sleep Clinic	-	(1,618)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
Legal services created a negative variance in Administration.	Respiratory Therapy	-	-
	Marketing	(6,162)	16,750
Consulting fees provided for a Senior Leadership Compensation Review and a Vendor Search Project created a negative variance in Human Resources.	Information Technology	(8,479)	18,170
	Managed Care	6,667	40,323
	Human Resources	(14,601)	41,713
Medical and Radiation Oncology Incentive Bonuses created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	(67,427)	77,129
	Total	<u>\$ (296,307)</u>	<u>\$ (414,370)</u>

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

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>DEC 2021</u>	<u>YTD 2022</u>
<b>6) <u>Supplies</u></b>	Pharmacy Supplies	\$ 148,266	\$ (163,492)
Drugs Sold to Patients revenues were below budget by 7.72%, creating a positive variance in Pharmacy Supplies.	Food	(11,981)	15,566
	Office Supplies	2,760	15,920
	Minor Equipment	30,258	53,828
	Other Non-Medical Supplies	51,413	150,556
Implant costs were below budget, creating a positive variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	109,885	721,953
	<b>Total</b>	<b>\$ 330,601</b>	<b>\$ 794,330</b>
<b>7) <u>Purchased Services</u></b>	Medical Records	\$ (77,048)	\$ (161,778)
Increased use of our outsourced coding company to clear claims from work queues in EPIC created a negative variance in Medical Records.	Department Repairs	(90,197)	(159,136)
	Human Resources	(25,959)	(43,033)
Facility wide maintenance projects created a negative variance in Department Repairs	Information Technology	(754)	(15,328)
	Pharmacy IP	(906)	2,569
Employee Wellness Bank usage created a negative variance in Human Resources.	The Center	(440)	5,406
	Community Development	2,477	11,388
Outsourced billing and collections services came in below budget, creating a positive variance in Patient Accounting.	Home Health/Hospice	(1,363)	35,363
	Diagnostic Imaging Services - All	7,768	39,813
	Laboratory	14,144	100,615
	Multi-Specialty Clinics	8,875	105,731
	Patient Accounting	60,032	111,579
	Miscellaneous	(14,908)	155,859
	<b>Total</b>	<b>\$ (118,279)</b>	<b>\$ 189,049</b>
<b>8) <u>Other Expenses</u></b>	Miscellaneous	\$ (210,109)	\$ (312,432)
Physician Recruitment expenses and Construction Labor allocation created a negative variance in Miscellaneous.	Insurance	(42,194)	(143,879)
	Human Resources Recruitment	(9,493)	(59,949)
Oxygen tank and MRI rentals created a negative variance in Equipment Rent.	Equipment Rent	(39,584)	(57,867)
	Utilities	(19,739)	(30,969)
Natural Gas/Propane expenses were above budget, creating a negative variance in Utilities.	Multi-Specialty Clinics Bldg Rent	217	(13,886)
	Multi-Specialty Clinics Equip Rent	(1,713)	(4,497)
	Physician Services	-	91
	Dues and Subscriptions	8,467	20,768
	Marketing	31,624	151,686
	Outside Training & Travel	21,549	263,673
	Other Building Rent	20,209	277,055
	<b>Total</b>	<b>\$ (240,766)</b>	<b>\$ 89,793</b>
<b>9) <u>District and County Taxes</u></b>	Total	<b>\$ 23,462</b>	<b>\$ 216,362</b>
<b>10) <u>Interest Income</u></b>	Total	<b>\$ 11,691</b>	<b>\$ 41,621</b>
Chandler Investments Interest Income exceeded budget in December.			
<b>11) <u>Donations</u></b>	IVCH	\$ (75,596)	\$ (261,864)
	Operational	(16,115)	(101,369)
	<b>Total</b>	<b>\$ (91,711)</b>	<b>\$ (363,233)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	<b>\$ (90,278)</b>	<b>\$ 30,306</b>
A true-up of losses in the Truckee Surgery Center for November created a negative variance in Gain/(Loss) on Joint Investment.			
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	Total	<b>\$ (16,505)</b>	<b>\$ (164,262)</b>
The District booked the market value of losses in its holdings with Chandler Investments.			
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total	<b>\$ -</b>	<b>\$ 1,800</b>
<b>15) <u>COVID-19 Emergency Funding</u></b>	Total	<b>\$ -</b>	<b>\$ (1,092,739)</b>
<b>16) <u>Depreciation Expense</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>17) <u>Interest Expense</u></b>	Total	<b>\$ 302</b>	<b>\$ (18)</b>



**TAHOE FOREST HOSPITAL DISTRICT**  
**STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**  
**KEY FINANCIAL INDICATORS**  
**DECEMBER 2021**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>FY 2021 Jul 21 to Dec 21</b>	<b>FY 2021 Jul 20 to June 21</b>	<b>FY 2020 Jul 19 to June 20</b>	<b>FY 2019 Jul 18 to June 19</b>	<b>FY 2018 Jul 17 to June 18</b>	<b>FY 2017 Jul 16 to June 17</b>	<b>FY 2016 Jul 15 to June 16</b>
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 3.8% 2nd Qtr 5.0%	7.9%	5.8%	8.5%	5.7%	2.6%	7.4%	5.5%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 2nd Qtr 3.6%	3.6%	3.4%	4.0%	3.8%	3.3%	3.1%	3.4%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.9% 2nd Qtr 1.9%	-1.0%	1.2%	1.4%	.1%	.1%	-.0%	-.2%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 7.4% 2nd Qtr 8.1%	11.4%	13.7%	.1%	11.5%	4.8%	7.9%	11.3%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>		↑	-0-	\$4,978,510	\$(8,685,969)	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 4.7% 2nd Qtr 5.8%	9.3%	7.8%	6.2%	7.1%	4.5%	7.9%	7.3%

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
DECEMBER 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 2020	
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>									
\$ 2,525,563	\$ 2,573,288	\$ (47,725)	-1.9%	Total Gross Revenue	\$ 15,393,777	\$ 14,651,781	\$ 741,996	5.1% 1	\$ 13,416,513
<b>Gross Revenues - Inpatient</b>									
\$ -	\$ 9,646	\$ (9,646)	-100.0%	Daily Hospital Service	\$ -	\$ 28,478	\$ (28,478)	-100.0%	\$ 32,152
-	5,555	(5,555)	-100.0%	Ancillary Service - Inpatient	3,744	17,360	(13,616)	-78.4%	19,342
-	15,201	(15,201)	-100.0%	Total Gross Revenue - Inpatient	3,744	45,838	(42,094)	-91.8%	51,494
2,525,563	2,558,087	(32,524)	-1.3%	Gross Revenue - Outpatient	15,390,033	14,605,943	784,090	5.4%	13,365,019
2,525,563	2,558,087	(32,524)	-1.3%	Total Gross Revenue - Outpatient	15,390,033	14,605,943	784,090	5.4%	13,365,019
<b>Deductions from Revenue:</b>									
1,049,040	1,002,424	(46,616)	-4.7%	Contractual Allowances	5,993,526	5,704,638	(288,888)	-5.1%	5,301,974
129,109	120,894	(8,215)	-6.8%	Charity Care	756,166	686,656	(69,510)	-10.1%	581,886
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	-
(9,480)	64,305	73,785	114.7%	Bad Debt	(124,884)	365,243	490,127	134.2%	200,426
268,000	-	(268,000)	0.0%	Prior Period Settlements	268,000	-	(268,000)	0.0%	-
1,436,669	1,187,623	(249,046)	-21.0%	Total Deductions from Revenue	6,892,808	6,756,537	(136,271)	-2.0%	6,084,286
12,767	121,494	(108,727)	-89.5%	Other Operating Revenue	341,486	546,965	(205,479)	-37.6%	491,348
1,101,661	1,507,159	(405,498)	-26.9%	<b>TOTAL OPERATING REVENUE</b>	<b>8,842,454</b>	<b>8,442,209</b>	<b>400,245</b>	<b>4.7%</b>	<b>7,823,575</b>
<b>OPERATING EXPENSES</b>									
499,244	562,179	62,936	11.2%	Salaries and Wages	2,776,659	2,924,880	148,221	5.1%	2,389,858
174,696	157,142	(17,554)	-11.2%	Benefits	907,771	883,021	(24,750)	-2.8%	761,917
2,740	6,364	3,624	56.9%	Benefits Workers Compensation	16,727	38,184	21,457	56.2%	9,147
84,086	78,711	(5,375)	-6.8%	Benefits Medical Insurance	440,593	472,266	31,673	6.7%	364,814
253,422	292,175	38,753	13.3%	Medical Professional Fees	1,453,065	1,458,659	5,594	0.4%	1,342,926
2,504	2,252	(252)	-11.2%	Other Professional Fees	13,660	13,511	(149)	-1.1%	11,818
47,456	65,178	17,722	27.2%	Supplies	307,105	403,986	96,881	24.0%	325,315
79,961	72,727	(7,234)	-9.9%	Purchased Services	469,590	461,667	(7,923)	-1.7%	387,500
113,939	96,902	(17,037)	-17.6%	Other	708,136	593,508	(114,628)	-19.3%	470,464
1,258,047	1,333,630	75,583	5.7%	<b>TOTAL OPERATING EXPENSE</b>	<b>7,093,306</b>	<b>7,249,682</b>	<b>156,376</b>	<b>2.2%</b>	<b>6,063,759</b>
<b>(156,385)</b>	<b>173,529</b>	<b>(329,914)</b>	<b>-190.1%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,749,148</b>	<b>1,192,527</b>	<b>556,621</b>	<b>46.7%</b>	<b>1,759,816</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>									
-	75,596	(75,596)	-100.0%	Donations-IVCH	191,714	453,578	(261,864)	-57.7%	78,963
-	-	-	0.0%	Gain/ (Loss) on Sale	1,000	-	1,000	0.0%	-
-	-	-	100.0%	COVID-19 Emergency Funding	(806,125)	-	(806,125)	100.0%	3,064
(75,434)	(75,434)	-	0.0%	Depreciation	(452,604)	(452,604)	-	0.0%	(405,917)
(75,434)	162	(75,596)	46664.2%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(1,066,015)</b>	<b>974</b>	<b>(1,066,989)</b>	<b>109547.1%</b>	<b>(323,890)</b>
<b>\$ (231,819)</b>	<b>\$ 173,691</b>	<b>\$ (405,510)</b>	<b>-233.5%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 683,133</b>	<b>\$ 1,193,501</b>	<b>\$ (510,368)</b>	<b>-42.8%</b>	<b>\$ 1,435,926</b>
<b>-6.2%</b>	<b>6.7%</b>	<b>-12.9%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>11.4%</b>	<b>8.1%</b>	<b>3.2%</b>		<b>13.1%</b>

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>DEC 2021</u>	<u>YTD 2022</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget by 2 at 0 and Observation Days were at budget at 0.	Gross Revenue -- Inpatient	\$ (15,201)	\$ (42,094)
	Gross Revenue -- Outpatient	(32,524)	784,090
		<u>\$ (47,725)</u>	<u>\$ 741,996</u>
Outpatient volumes were below budget in Emergency Dept visits, Surgery cases, Diagnostic Imaging, Cat Scans, Speech Therapy, and Occupational Therapy.			
<b>2) Total Deductions from Revenue</b>			
We saw a shift in our payor mix with a .61% increase in Medicare, a 2.42% increase in Medicaid, a 1.26% decrease in Commercial insurance, a 1.77% decrease in Other, and County was at budget. Contractual Allowances were above budget due to the shift in Payor mix from Commercial to Medicaid.	Contractual Allowances	\$ (46,616)	\$ (288,888)
	Charity Care	(8,215)	(69,510)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	73,785	490,127
	Prior Period Settlement	(268,000)	(268,000)
	Total	<u>\$ (249,046)</u>	<u>\$ (136,271)</u>
An adjustment was made to the FY21 Medicare As Filed Cost Report to capture additional amounts due to the program, creating a negative variance in Prior Period Settlements.			
<b>3) Other Operating Revenue</b>			
IVCH ER Physician Guarantee is tied to collections which came in below budget in December.	IVCH ER Physician Guarantee	\$ (103,908)	\$ (188,941)
	Miscellaneous	(4,819)	(16,538)
	Total	<u>\$ (108,727)</u>	<u>\$ (205,479)</u>
<b>4) Salaries and Wages</b>			
	Total	<u>\$ 62,936</u>	<u>\$ 148,221</u>
<b>Employee Benefits</b>			
Negative variance in PL/SL was offset by a positive variance in Salaries and Wages.	PL/SL	\$ (17,143)	\$ (53,231)
	Pension/Deferred Comp	-	-
	Standby	4,294	18,962
	Other	9,319	(700)
	Nonproductive	(14,023)	10,219
	Total	<u>\$ (17,554)</u>	<u>\$ (24,750)</u>
<b>Employee Benefits - Workers Compensation</b>	Total	<u>\$ 3,624</u>	<u>\$ 21,457</u>
<b>Employee Benefits - Medical Insurance</b>	Total	<u>\$ (5,375)</u>	<u>\$ 31,673</u>
<b>5) Professional Fees</b>			
IVCH ER Physician fees came in below budget for December.	IVCH ER Physicians	\$ 39,054	\$ (12,908)
	Sleep Clinic	-	(1,618)
	Foundation	(253)	(150)
	Administration	-	-
	Miscellaneous	(750)	2,250
	Therapy Services	9,427	8,518
	Multi-Specialty Clinics	(8,977)	9,354
	Total	<u>\$ 38,501</u>	<u>\$ 5,445</u>
Speech and Occupational Therapy volumes were below budget 26.54%, creating a positive variance in Therapy Services.			
<b>6) Supplies</b>			
Non-Patient Chargeable Lab supplies, COVID tests, and Biofire reagents created a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (16,706)	\$ (18,434)
	Minor Equipment	2,630	(13,344)
	Non-Medical Supplies	1,007	(2,552)
	Office Supplies	508	1,364
	Food	1,471	7,423
	Pharmacy Supplies	28,812	122,425
	Total	<u>\$ 17,722</u>	<u>\$ 96,881</u>
Drugs Sold to Patients revenues were below budget 26.23%, creating a positive variance in Pharmacy Supplies.			

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

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>DEC 2021</b>	<b>YTD 2022</b>
<b>7) <u>Purchased Services</u></b>			
Lab Send Out volumes were above budget 105.13%, creating a negative variance in Laboratory.	Laboratory	\$ (9,798)	\$ (41,361)
	Miscellaneous	(1,058)	(17,585)
	Multi-Specialty Clinics	231	(8,891)
	Engineering/Plant/Communications	(365)	(6,764)
Repairs to the Air Handling unit created a negative variance in Department Repairs.	Surgical Services	-	-
	Pharmacy	500	1,806
	Diagnostic Imaging Services - All	(906)	3,485
	Department Repairs	(2,041)	4,019
	EVS/Laundry	6,929	11,583
	Foundation	(726)	45,785
	<b>Total</b>	<b>\$ (7,234)</b>	<b>\$ (7,923)</b>
<b>8) <u>Other Expenses</u></b>			
Transfer of Laboratory Labor costs for IVCH tests resulted in the TFH Lab created a negative variance in Miscellaneous.	Miscellaneous	\$ (8,419)	\$ (84,605)
	Utilities	(8,359)	(34,567)
	Insurance	(1,129)	(13,256)
	Marketing	(4,530)	(12,192)
Telephone and Electricity costs exceeded budget, creating a negative variance in Utilities.	Equipment Rent	(14)	(1,566)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg. Rent	100	600
IVCH Logo Pharmacy bags used at local pharmacies created a negative variance in Marketing.	Other Building Rent	374	2,443
	Dues and Subscriptions	1,313	7,358
	Outside Training & Travel	3,626	21,158
	<b>Total</b>	<b>\$ (17,037)</b>	<b>\$ (114,628)</b>
<b>9) <u>Donations</u></b>	<b>Total</b>	<b>\$ (75,596)</b>	<b>\$ (261,864)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ 1,000</b>
<b>11) <u>COVID-19 Emergency Funding</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ (806,125)</b>
<b>12) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>

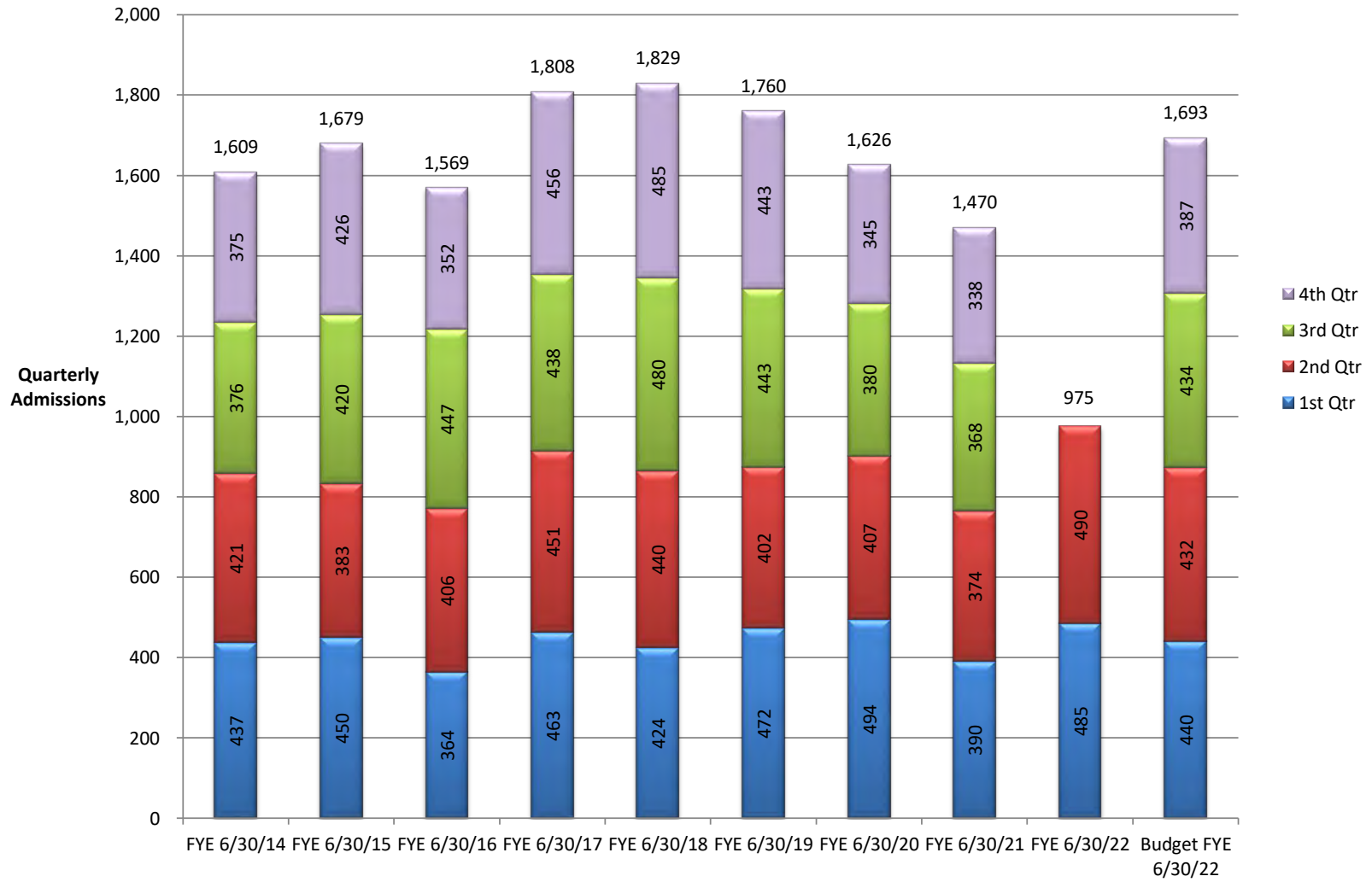
TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL DEC 2021	PROJECTED DEC 2021	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 35,256,409		\$ 22,035,877	\$ 30,774,730	\$ 4,469,115	\$ 2,539,004	\$ 1,930,111	\$ 15,154,229	\$ 7,650,554	\$ 4,890,449	\$ 3,079,498
Interest Income	604,065		509,726	477,511	26,629	-	26,629	98,018	94,530	143,111	141,852
Property Tax Revenue	8,358,581		8,320,000	8,355,512	-	-	-	453,496	102,016	4,600,000	3,200,000
Donations	647,465		1,320,000	1,137,025	207,531	110,000	97,531	145,778	331,247	330,000	330,000
Emergency Funds	(3,567,509)		-	(1,092,739)	-	-	-	101,692	(1,194,431)	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,928,099)	(352,763)	(353,188)	425	(1,631,219)	(1,058,056)	(1,179,259)	(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)	(61,592)	(4,895)	(5,320)	425	(15,223)	(14,449)	(15,960)	(15,960)
2017 VR Demand Bond	(989,752)		(778,177)	(692,084)	-	-	-	(572,390)	-	(119,694)	-
2015 Revenue Bond	(1,508,087)		(1,645,169)	(1,645,170)	(137,097)	(137,097)	0	(411,292)	(411,294)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(356,668)	-	(30,000)	30,000	-	(96,668)	(164,000)	(96,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(6,619,450)	(278,803)	(1,222,850)	944,047	(1,413,396)	(377,325)	(3,037,428)	(1,791,301)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(1,315,027)	-	(83,157)	83,157	-	-	(722,564)	(592,463)
Building Projects/Properties	(7,418,233)		(29,614,464)	(29,614,464)	(1,703,223)	(3,943,403)	2,240,180	(2,380,089)	(3,749,159)	(12,179,614)	(11,305,602)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(2,053,438)	(304,040)	(2,468,257)	2,164,217	(3,723,682)	(1,916,033)	1,776,505	1,809,772
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(20,910,257)	(5,361,420)	(3,638,049)	(1,723,371)	(161,535)	(13,234,421)	(3,309,585)	(4,204,716)
Change in Other Assets	(92,357)	N3	(2,400,000)	(2,630,958)	(91,818)	(200,000)	108,182	(1,167,873)	(263,085)	(600,000)	(600,000)
Change in Other Liabilities	3,980,506	N4	(893,000)	(4,540,732)	(458,378)	(1,400,000)	941,622	1,967,766	(8,458,498)	(250,000)	2,200,000
Change in Cash Balance	28,658,251		(38,539,313)	(33,317,054)	(3,847,170)	(10,689,900)	6,842,730	7,443,183	(22,169,328)	(9,702,384)	(8,888,525)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	150,825,826	150,825,826	-	161,643,342	169,086,525	146,917,197	137,214,812
Ending Unrestricted Cash	161,643,342		123,104,029	128,326,288	146,978,656	140,135,926	6,842,730	169,086,525	146,917,197	137,214,812	128,326,288
Operating Cash	142,591,148		123,104,029	128,326,288	132,737,311	125,894,581	6,842,730	152,247,265	132,675,852	126,723,467	128,326,288
Medicare Accelerated Payments	19,052,193		-	-	14,241,345	14,241,345	-	16,839,260	14,241,345	10,491,345	-
Expense Per Day	595,409		629,671	616,031	603,375	630,432	(27,057)	585,887	603,375	614,819	616,031
Days Cash On Hand	271		196	208	244	222	21	289	243	223	208
Days Cash On Hand - Operating Cash Only	239		196	208	220	200	20	260	220	206	208

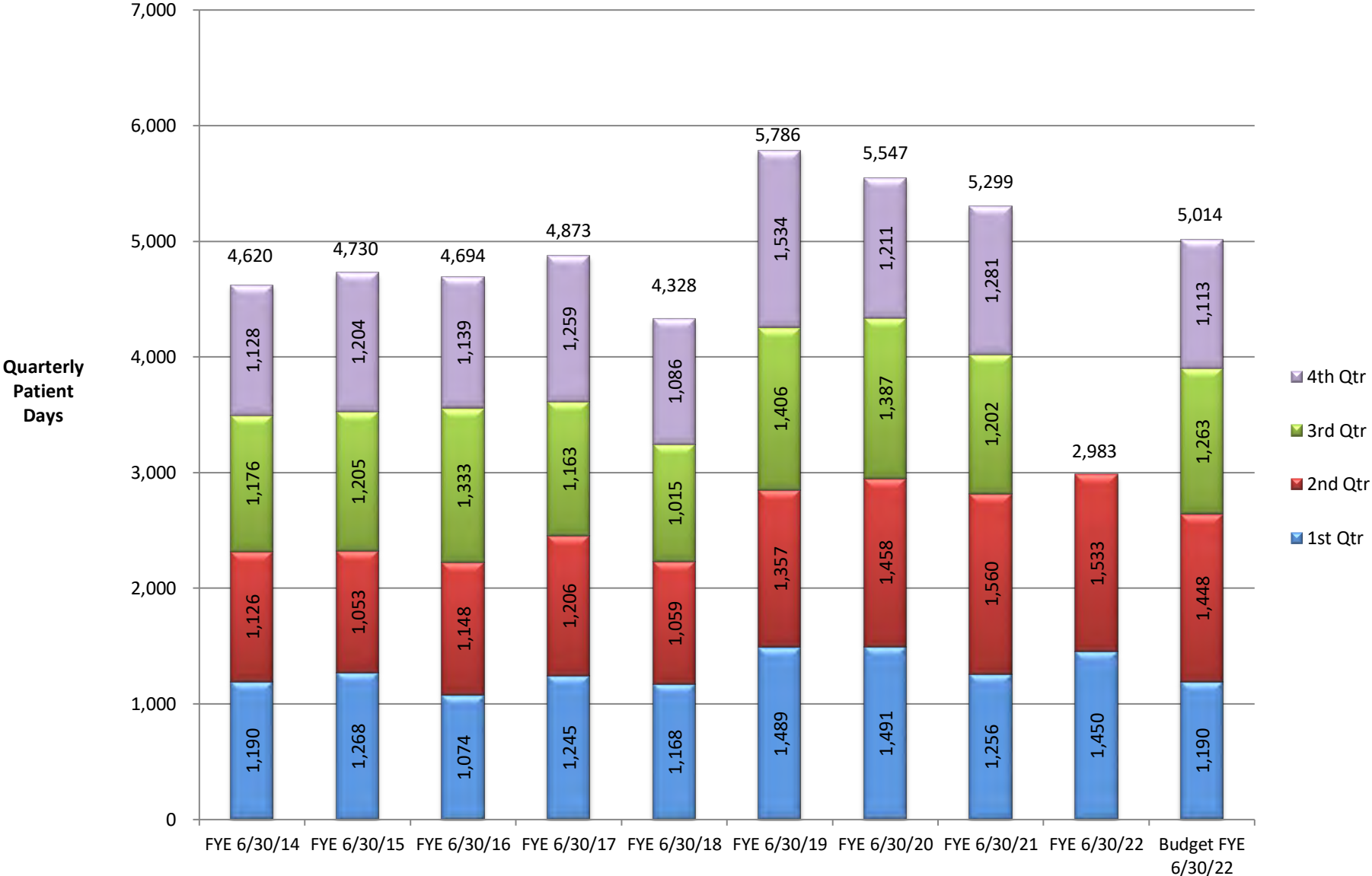
Footnotes:

- N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
- N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
- N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
- N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

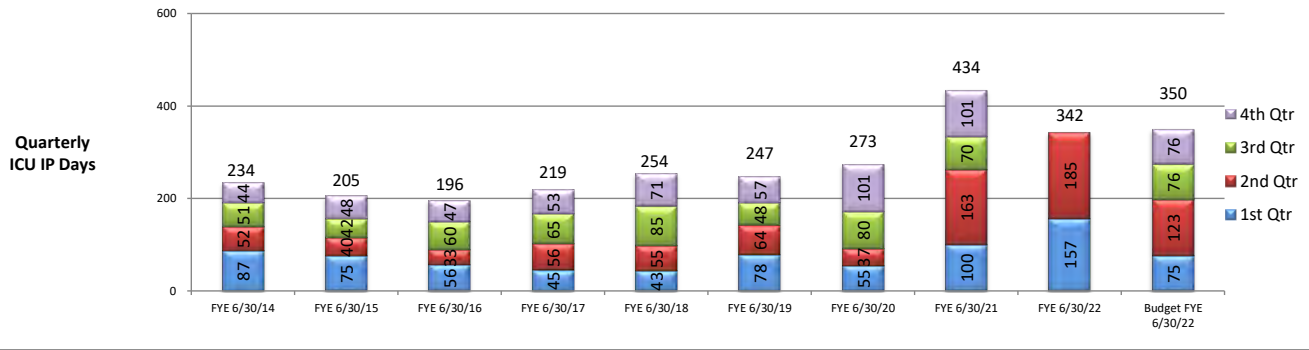
## TOTAL TFH ADMISSIONS



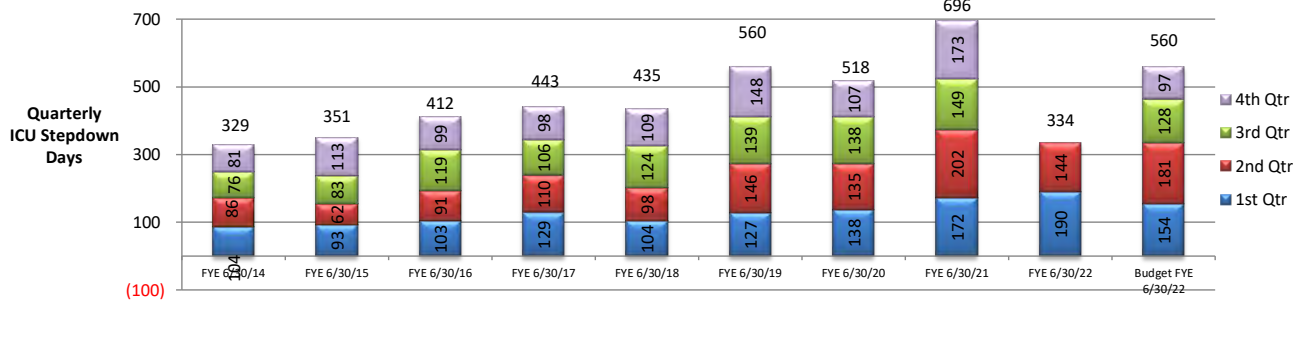
# TOTAL TFH PATIENT DAYS



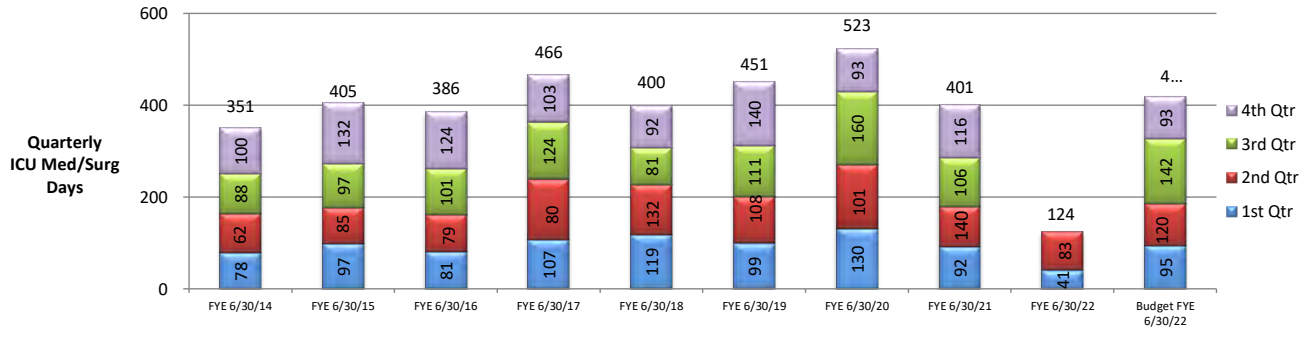
### TOTAL TFH ICU INPATIENT DAYS



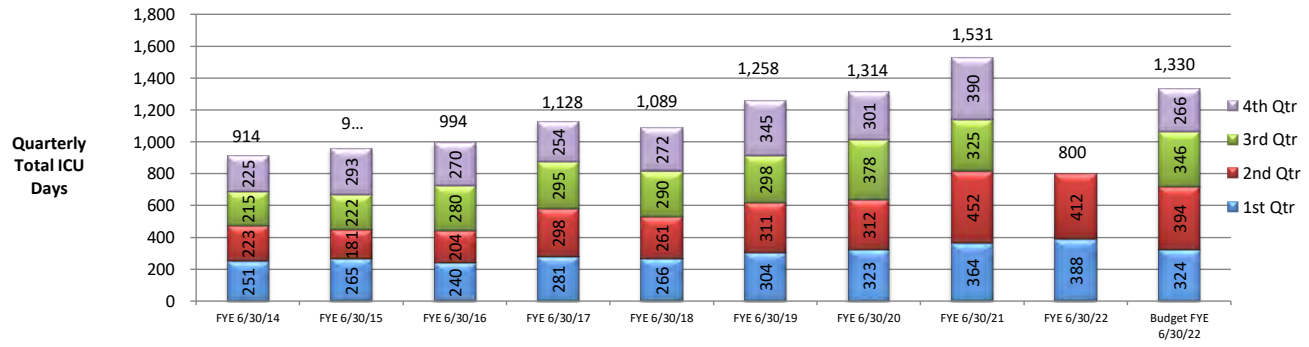
### TOTAL TFH ICU STEPDOWN DAYS



### TOTAL TFH ICU MED/SURG DAYS

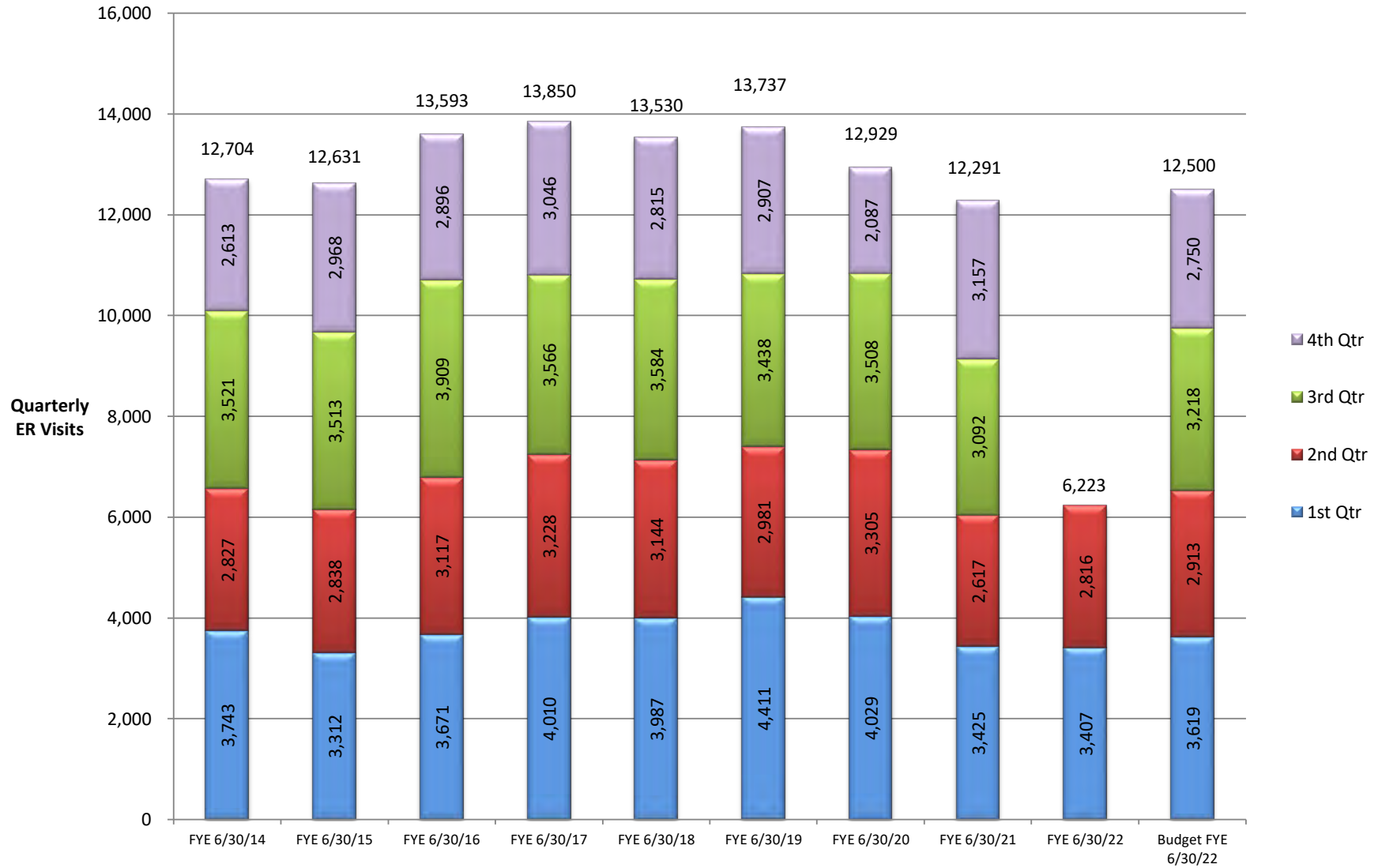


### TOTAL TFH ICU DAYS

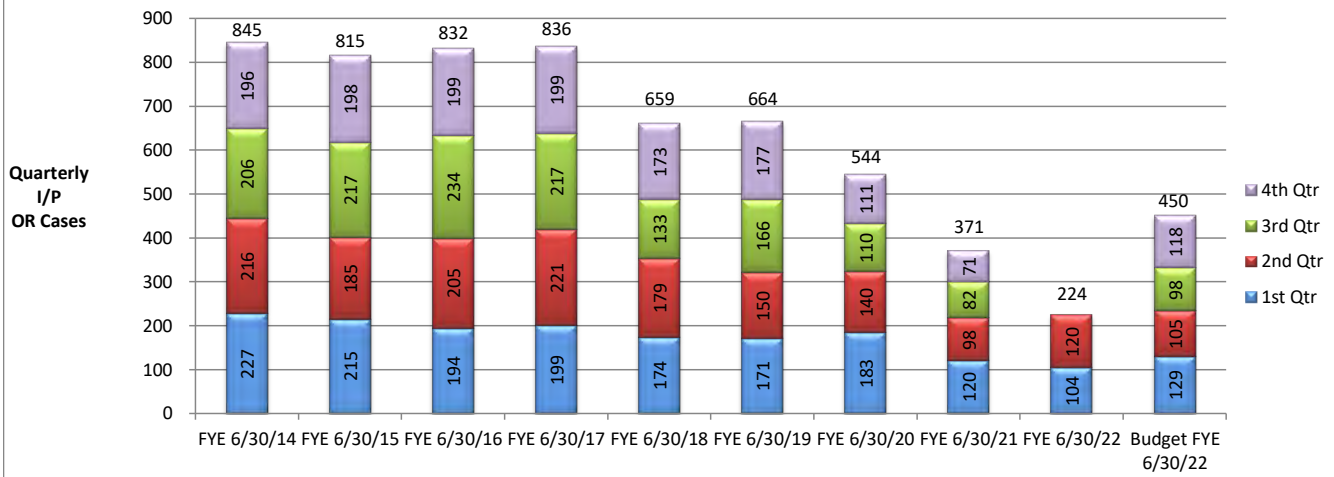




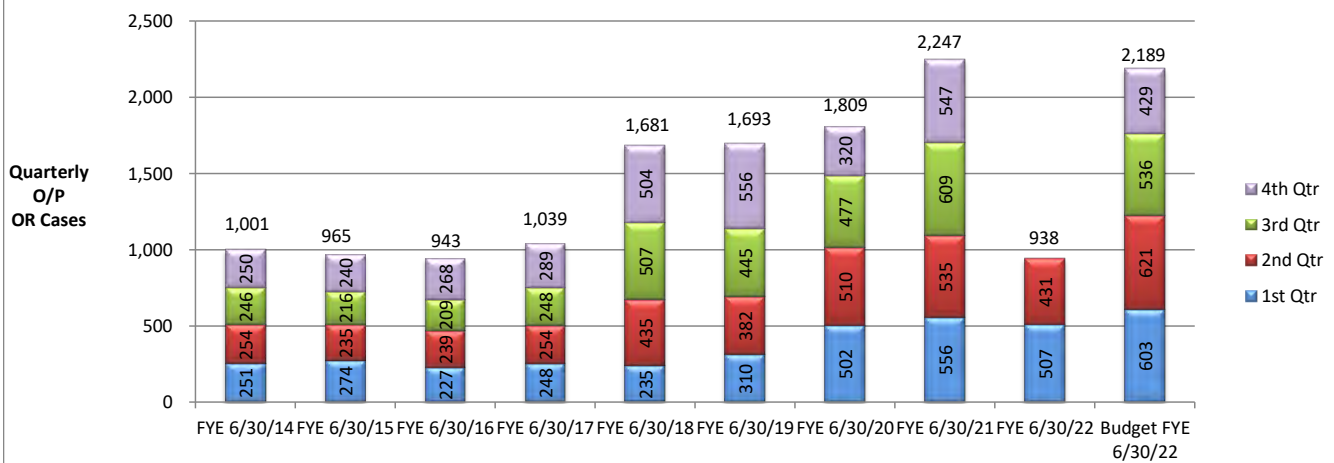
## TOTAL TFH ER VISITS



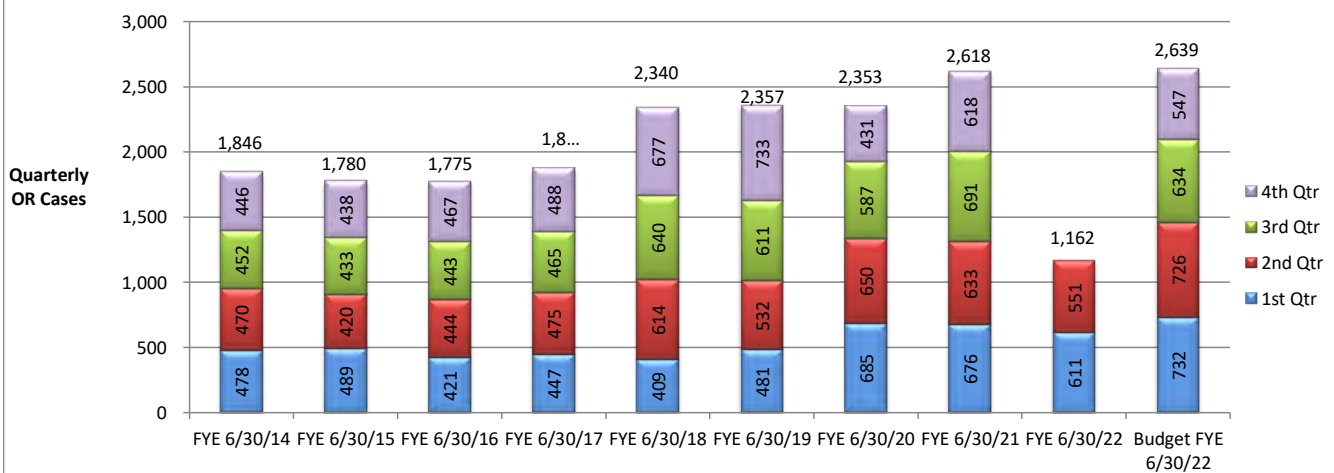
### TOTAL TFH INPATIENT OR CASES

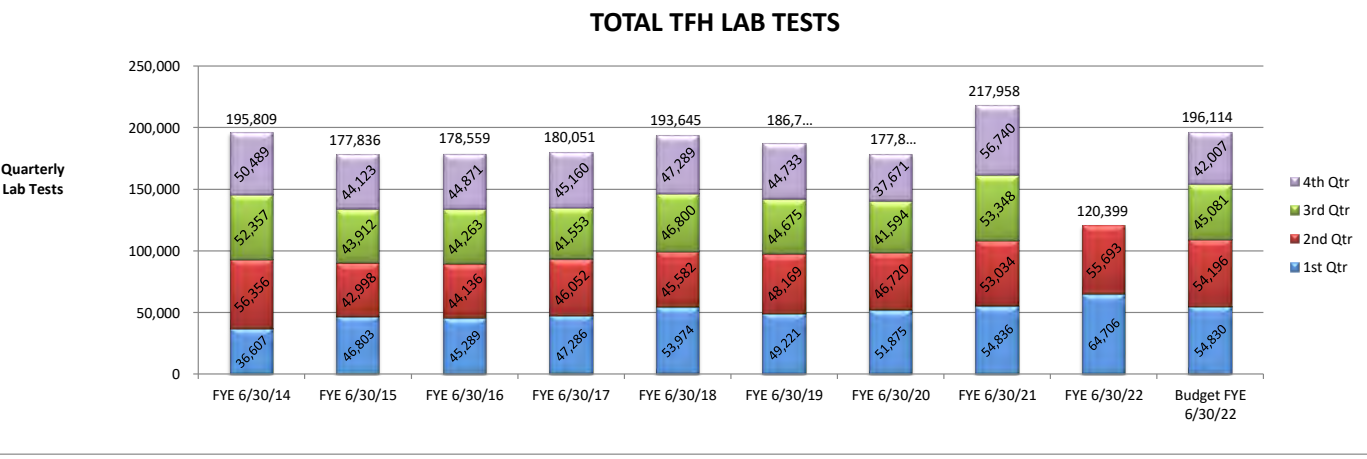
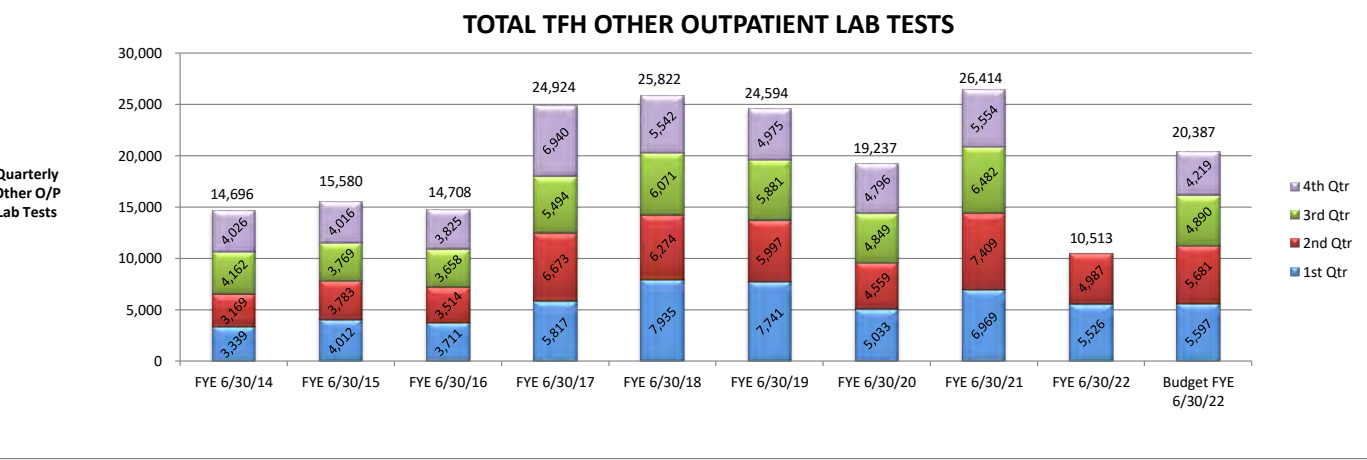
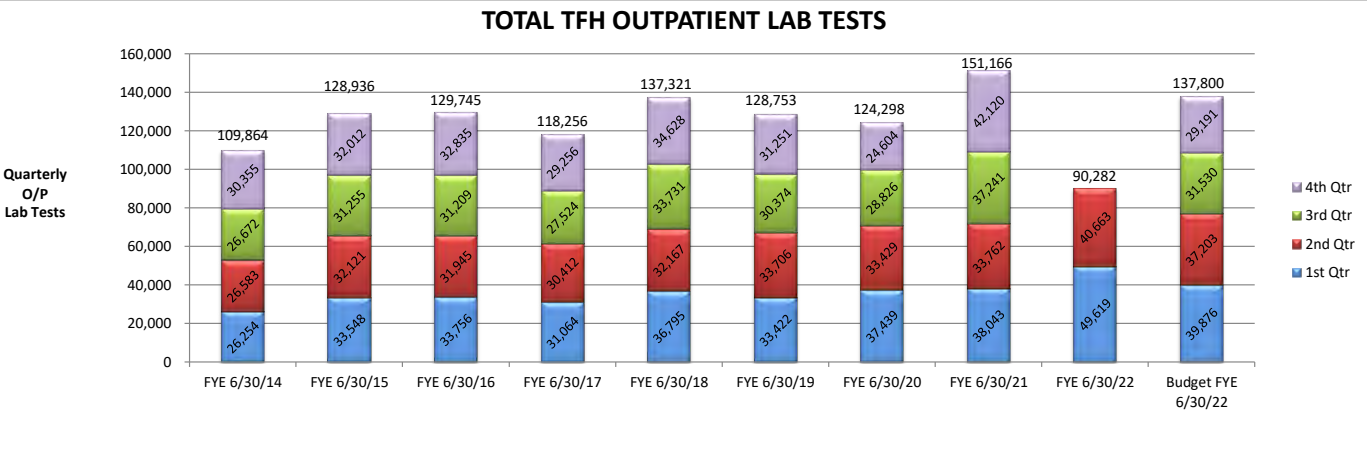
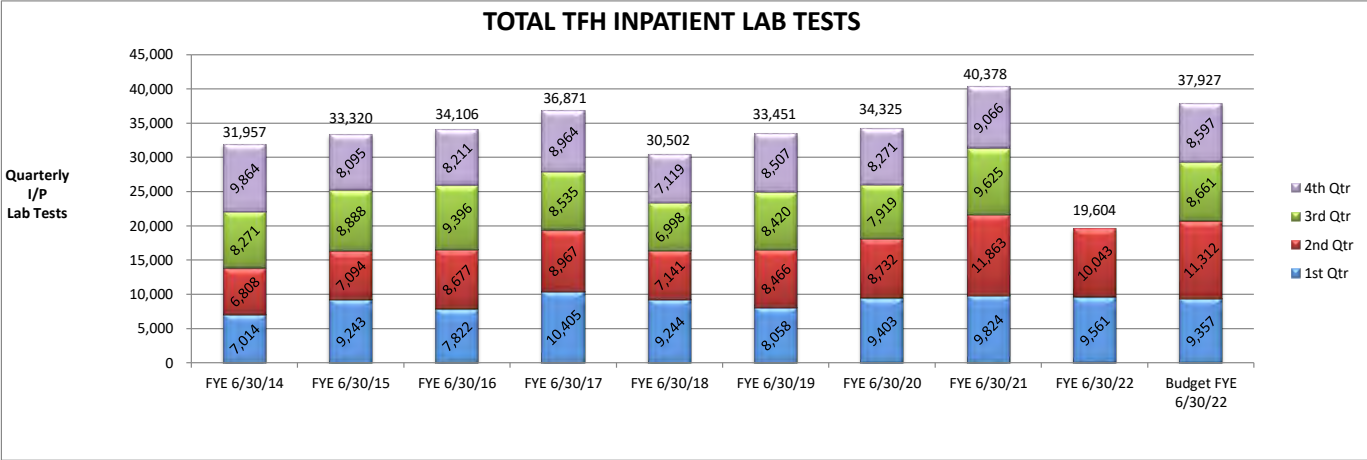


### TOTAL TFH OUTPATIENT OR CASES

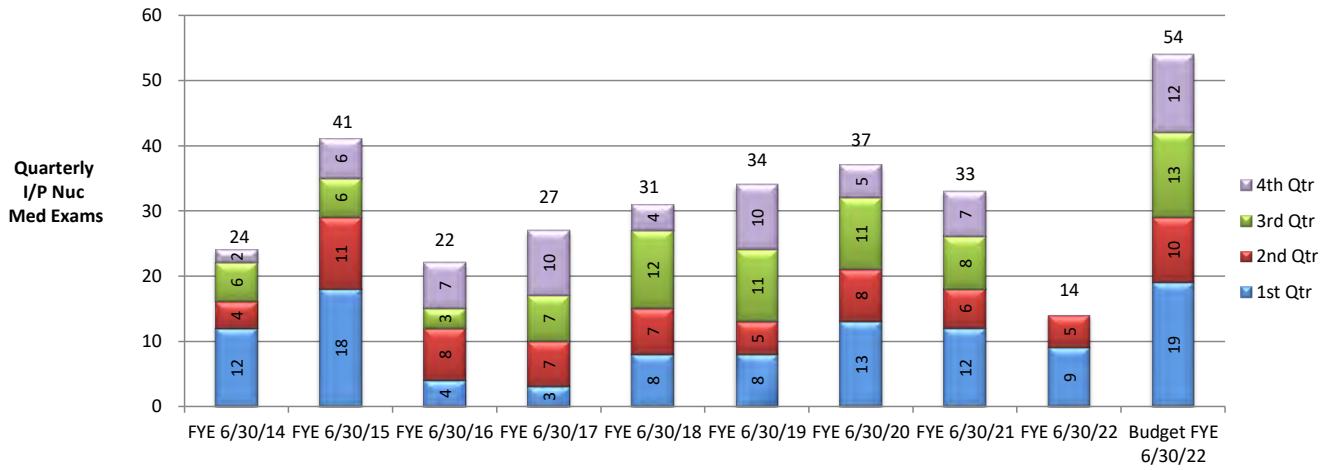


### TOTAL TFH OR CASES

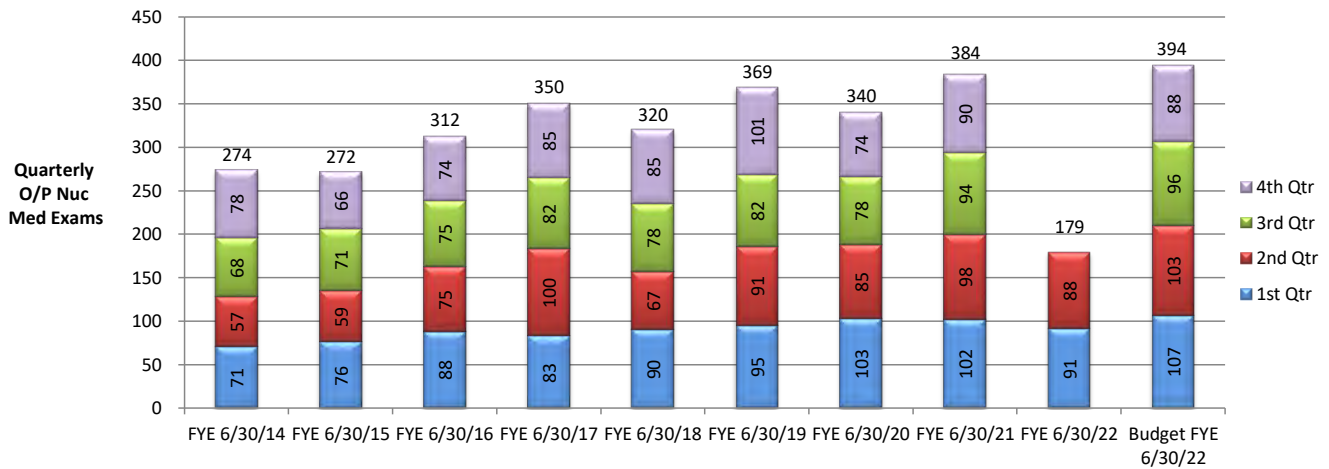




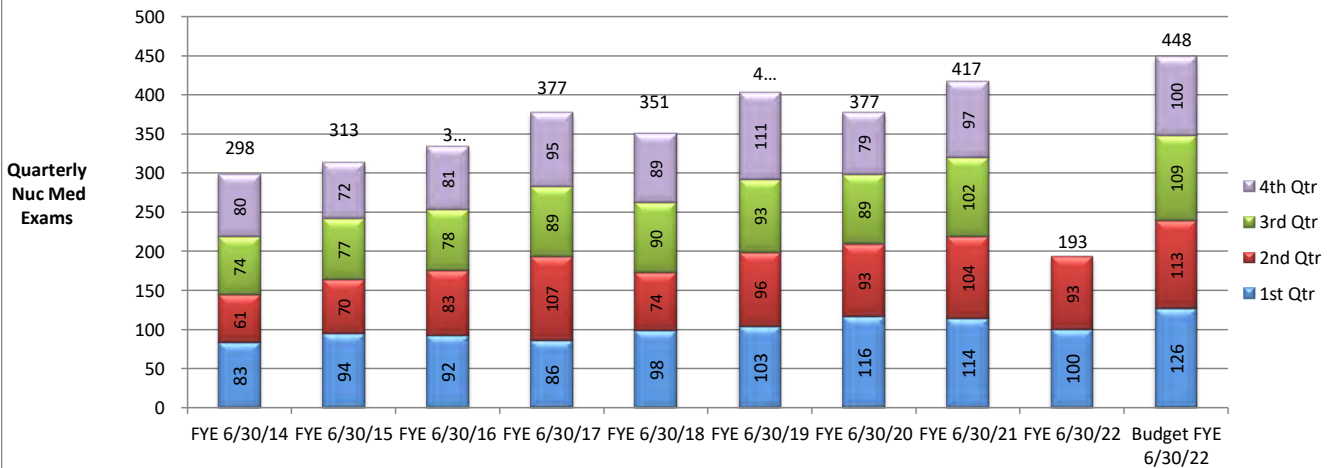
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



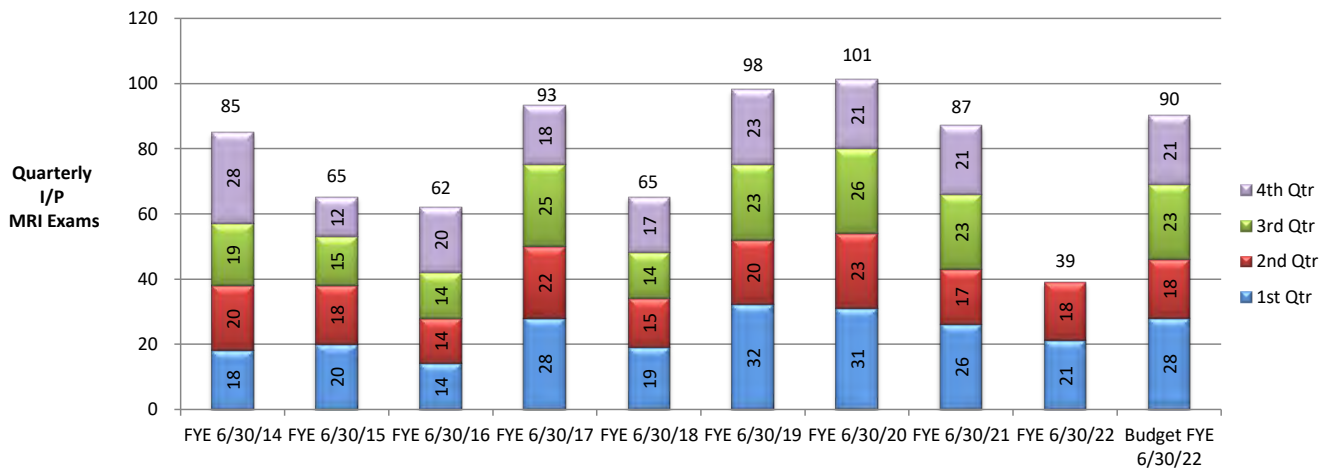
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



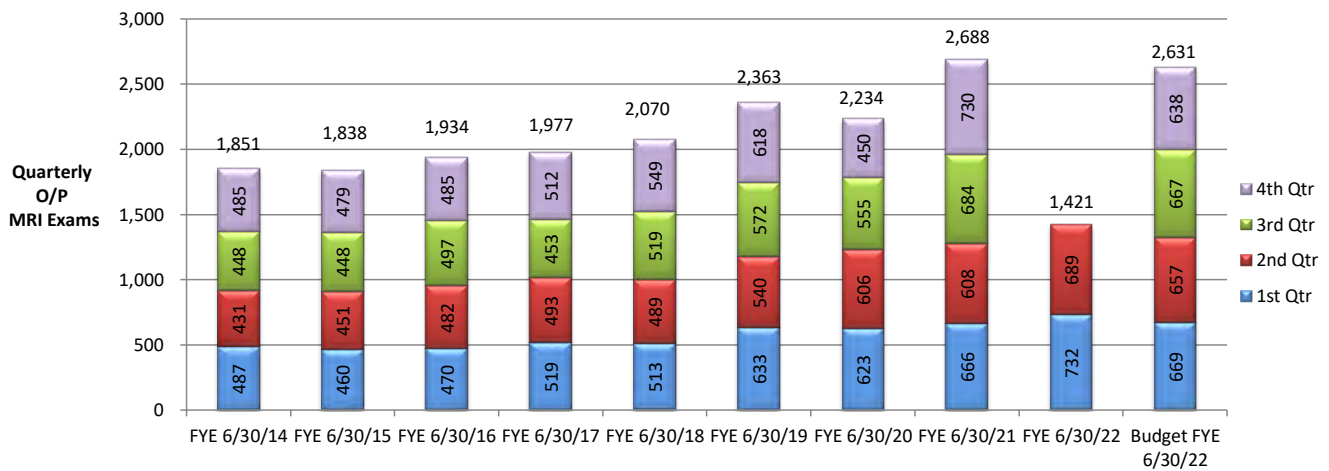
### TOTAL TFH NUCLEAR MEDICINE EXAMS



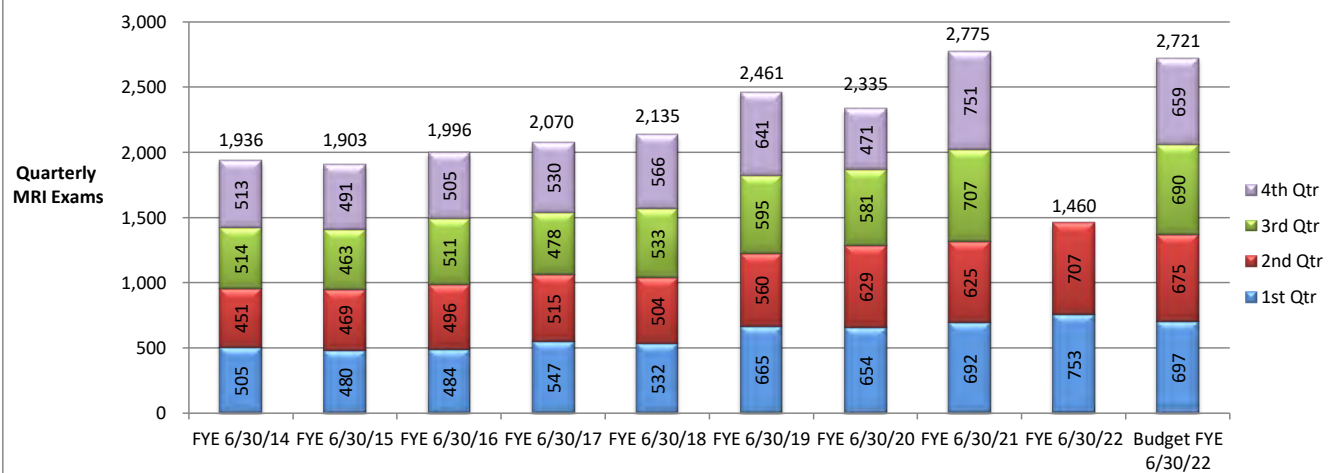
### TOTAL TFH MRI INPATIENT EXAMS



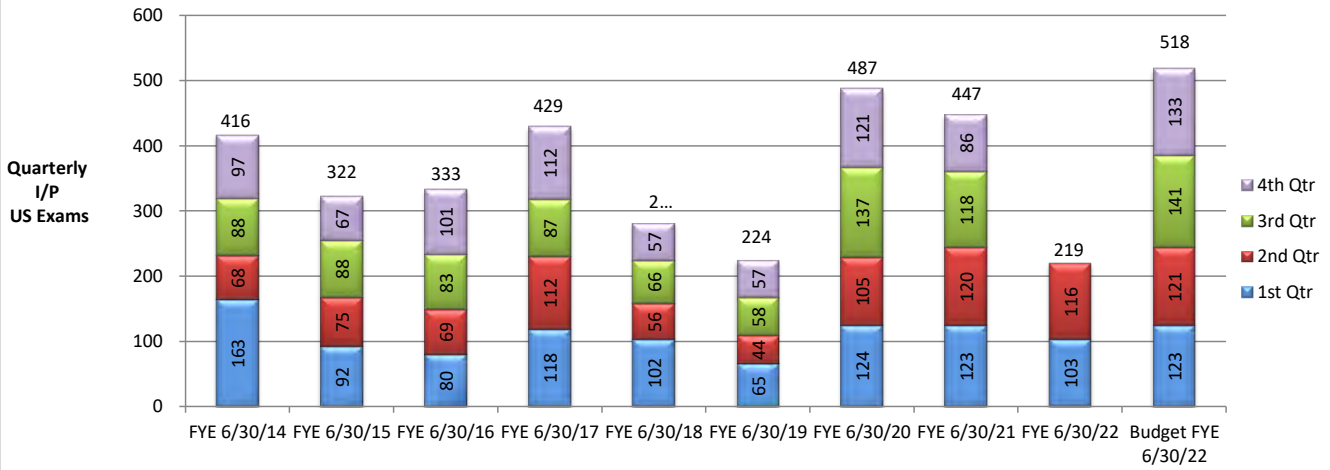
### TOTAL TFH MRI OUTPATIENT EXAMS



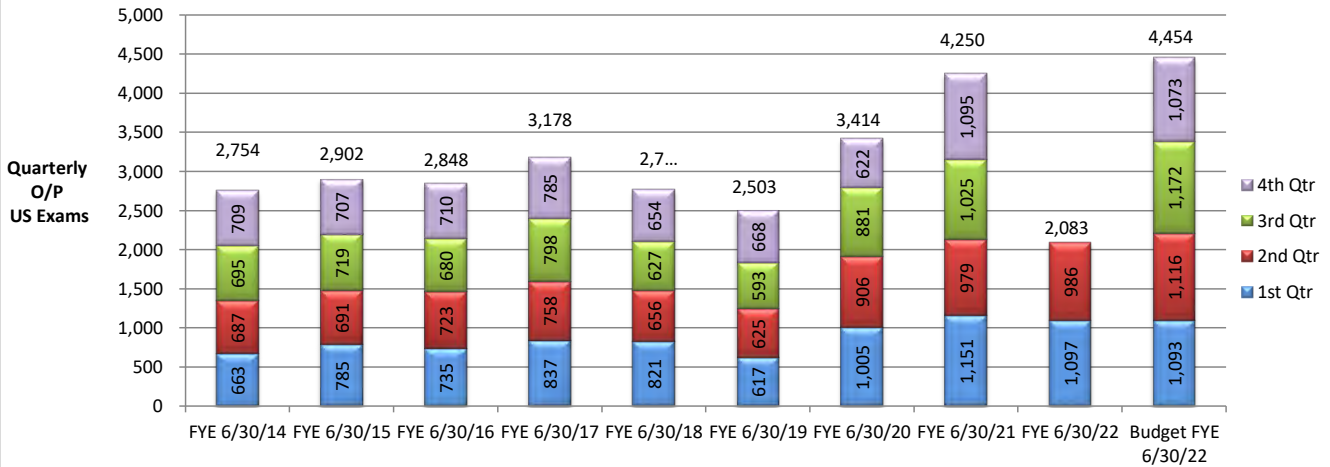
### TOTAL TFH MRI EXAMS



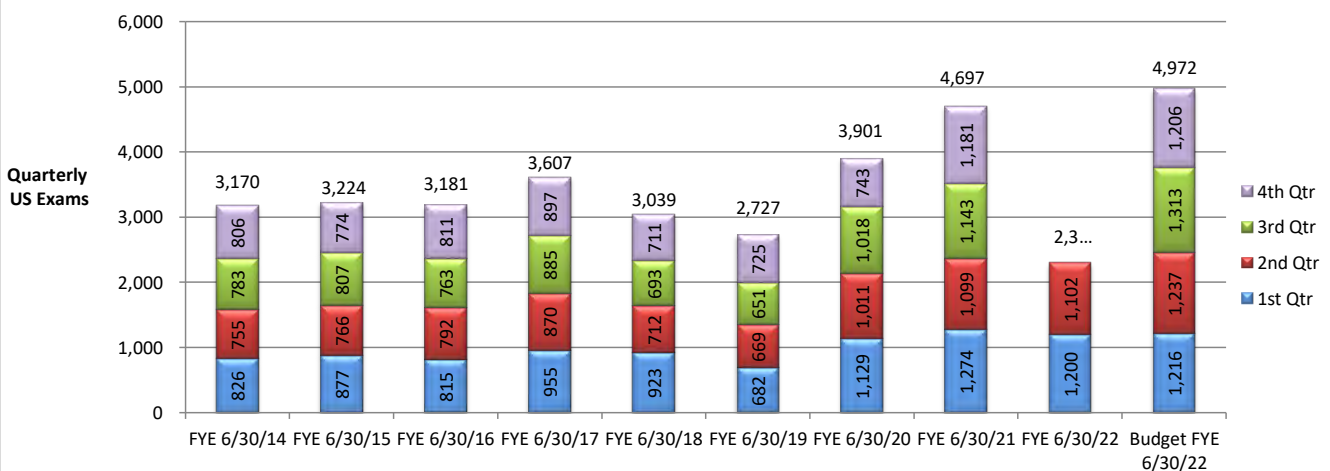
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



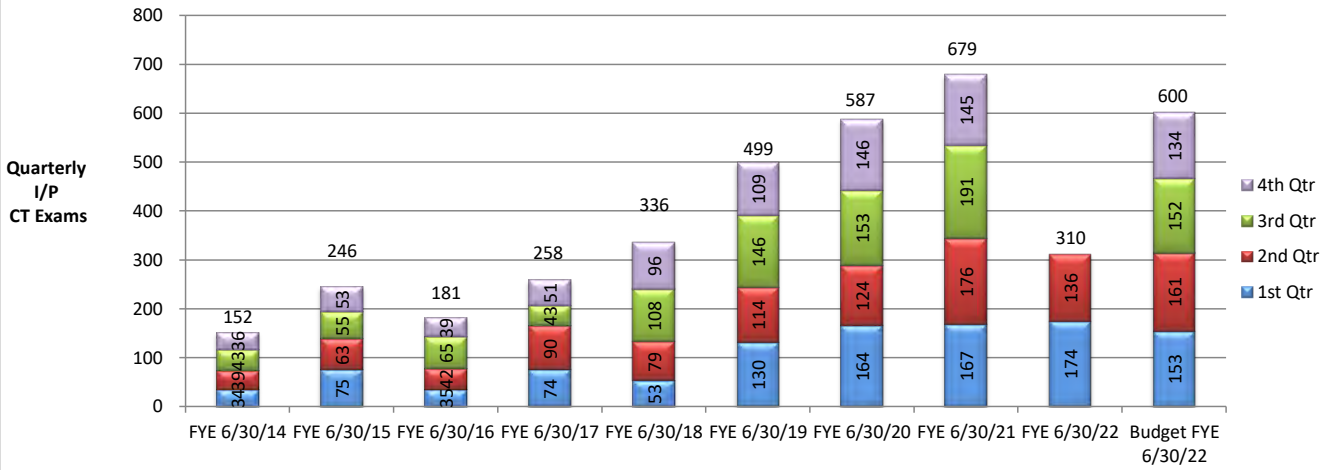
### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



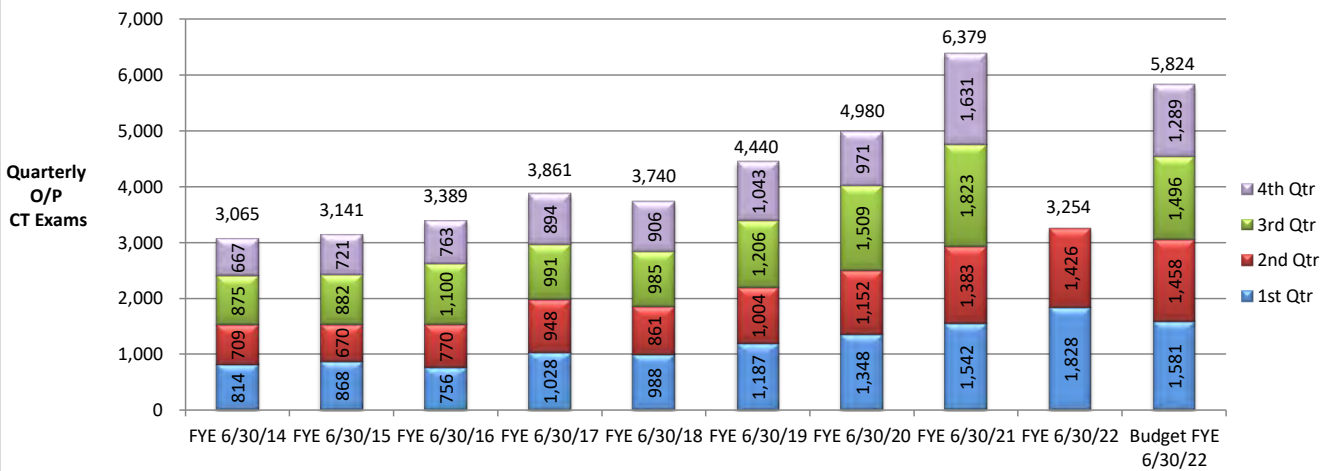
### TOTAL TFH ULTRASOUND EXAMS



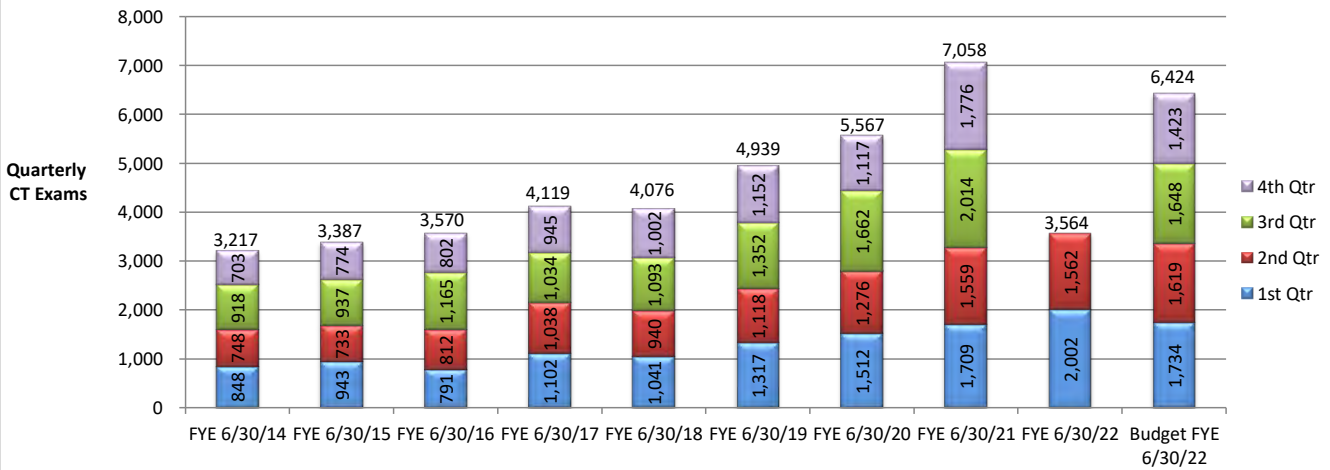
### TOTAL TFH CT INPATIENT EXAMS



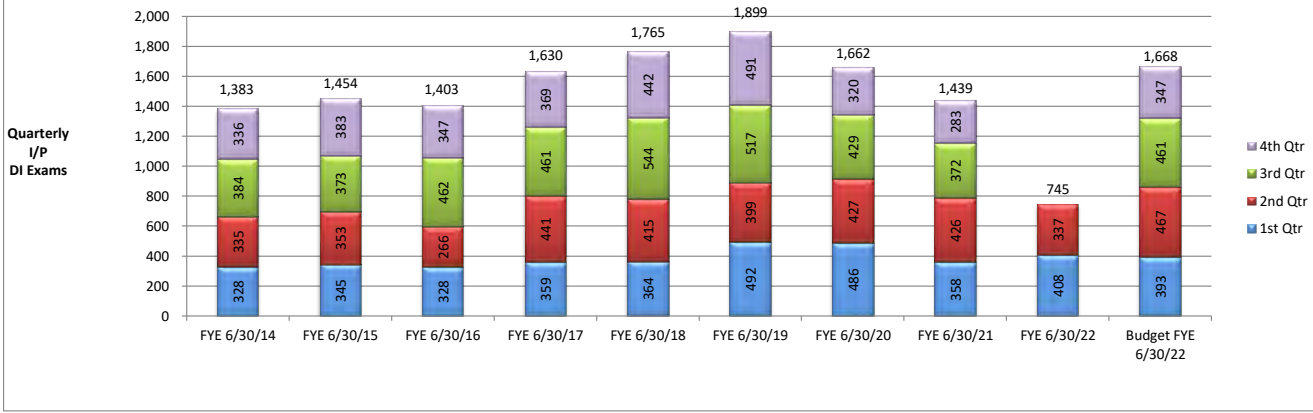
### TOTAL TFH CT OUTPATIENT EXAMS



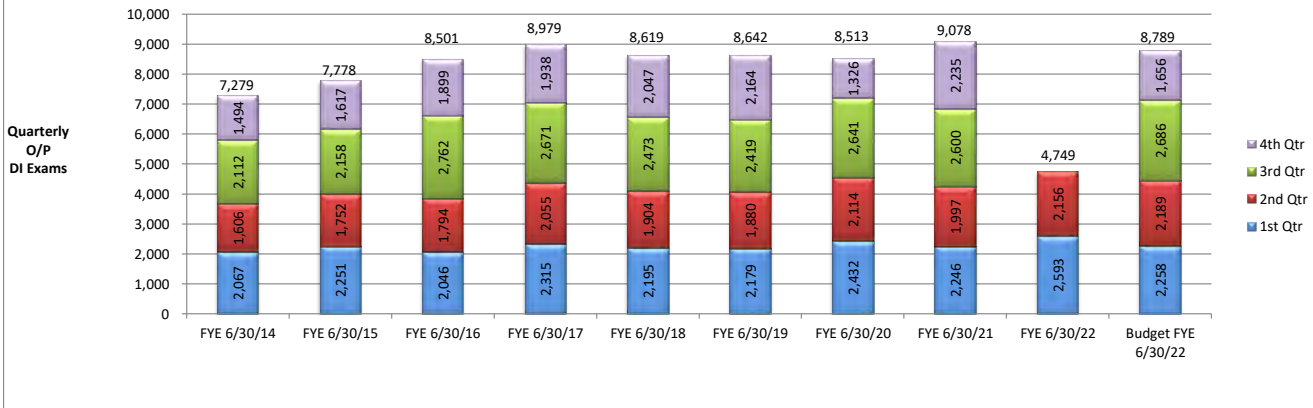
### TOTAL TFH CT EXAMS



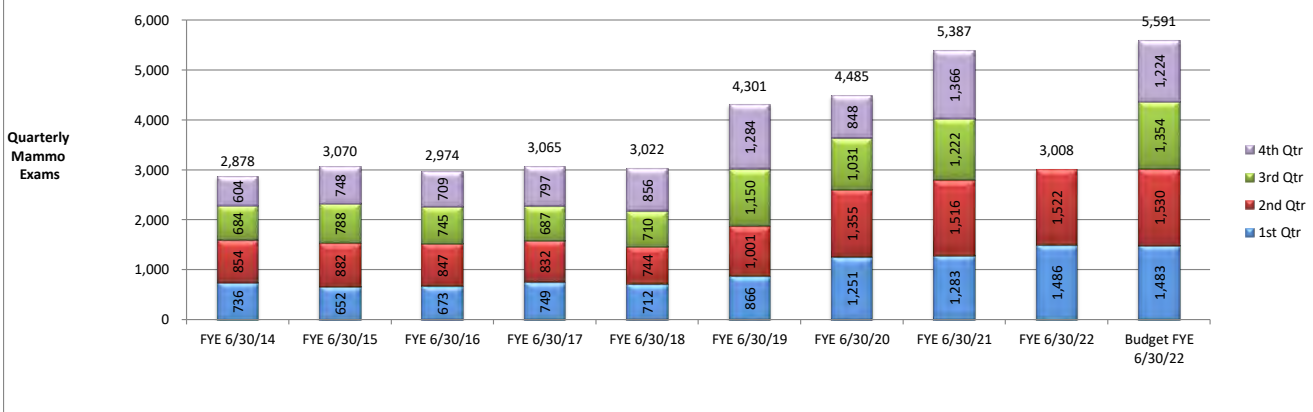
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



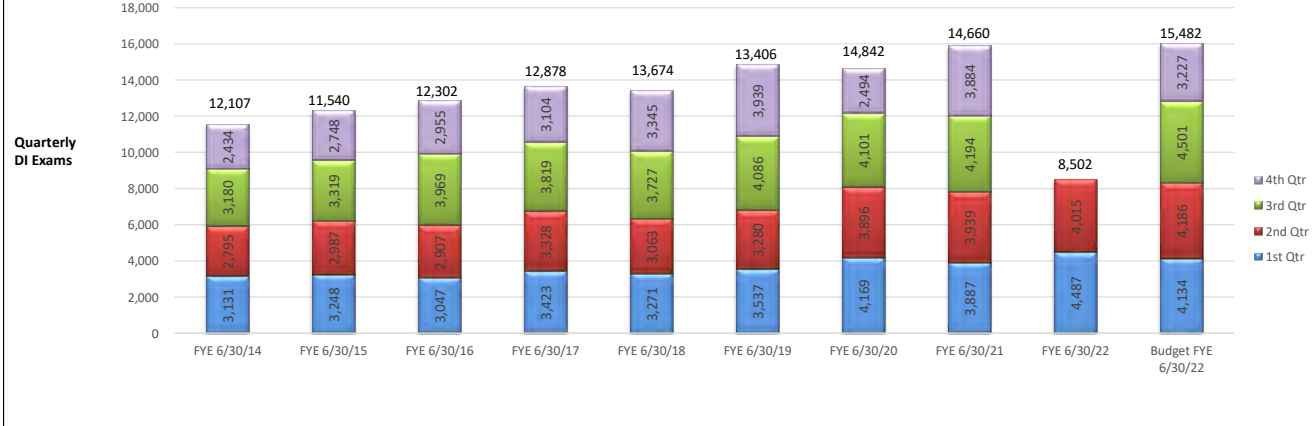
### TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



### TOTAL TFH MAMMOGRAPHY EXAMS

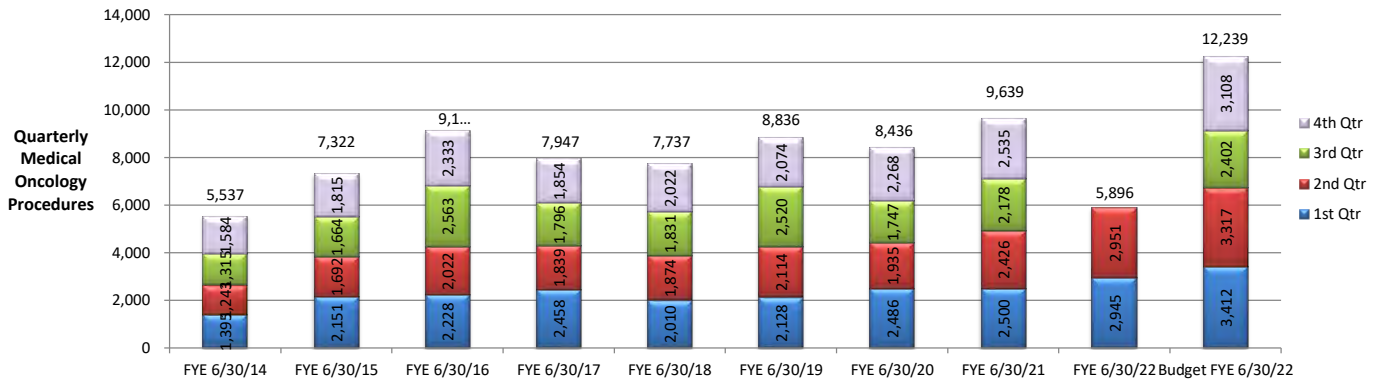


### TOTAL TFH DIAGNOSTIC IMAGING EXAMS

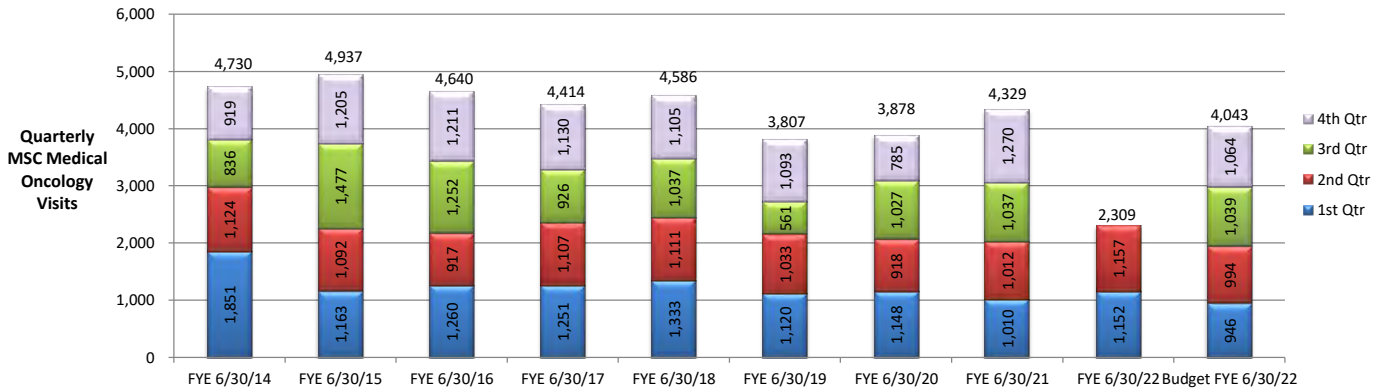




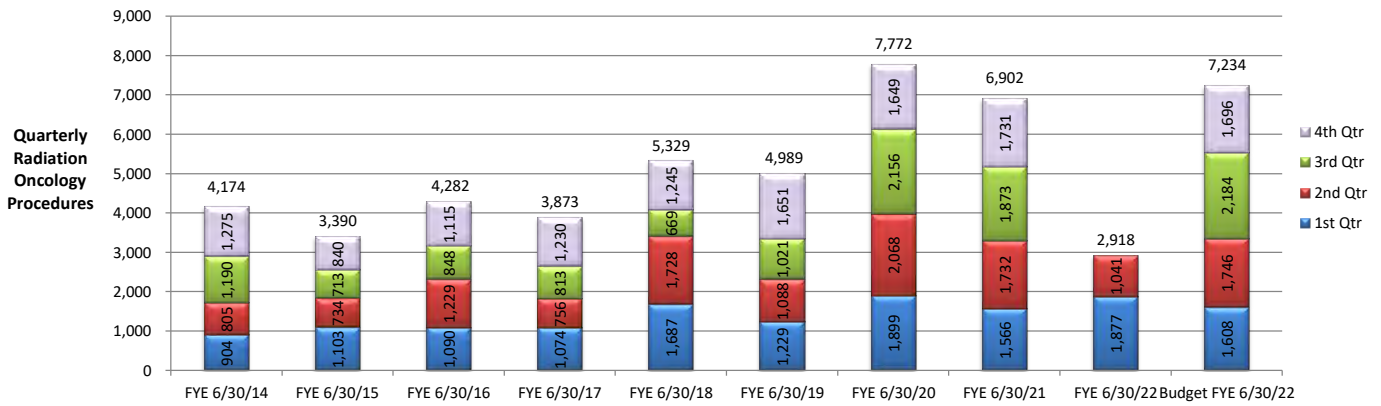
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



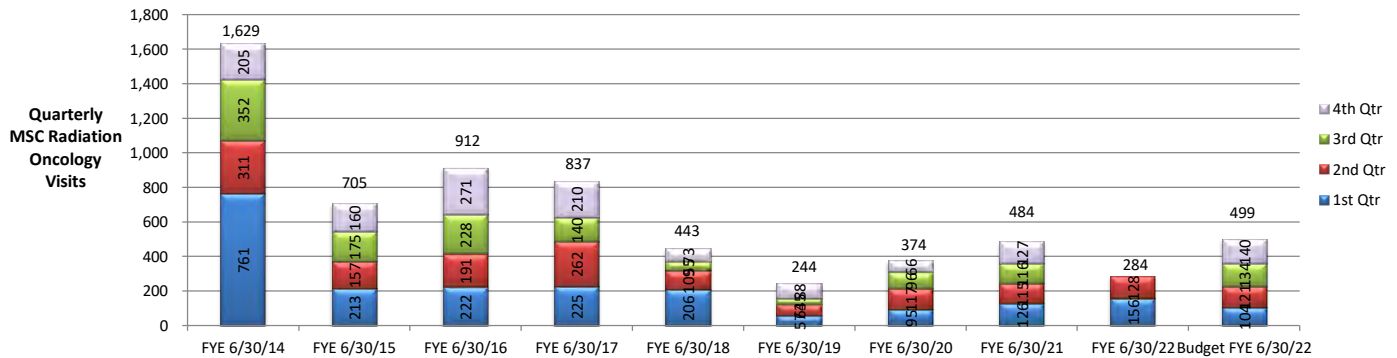
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



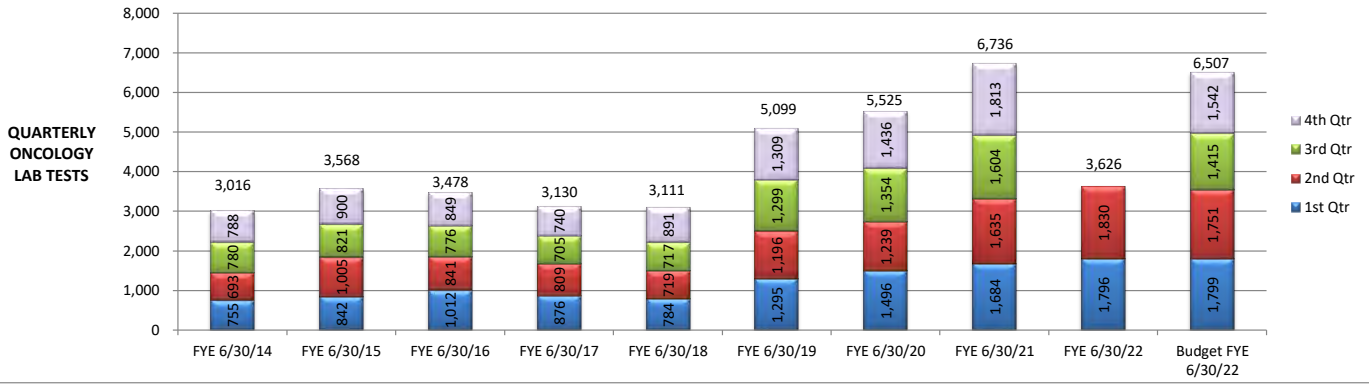
### TOTAL TFH RADIATION ONCOLOGY PROCEDURES



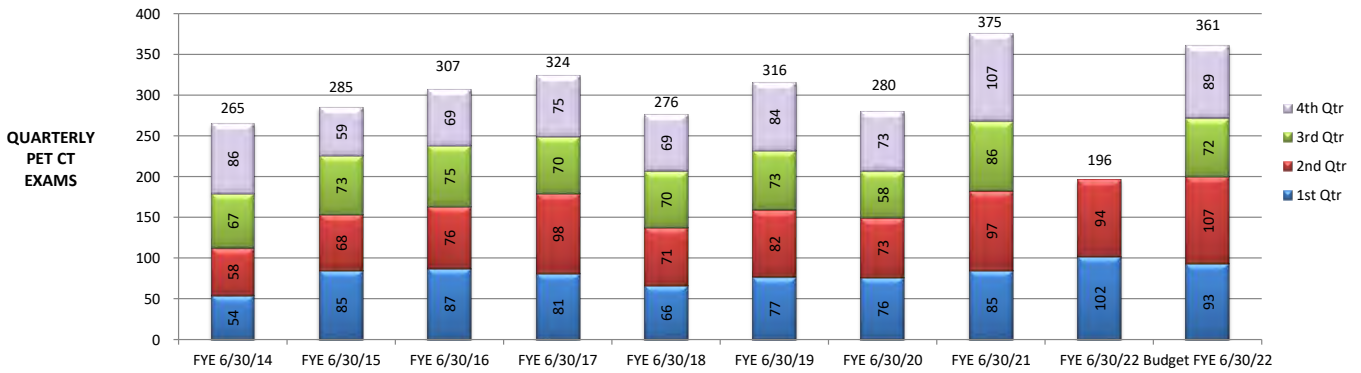
### TOTAL TFH MSC RADIATION ONCOLOGY VISITS



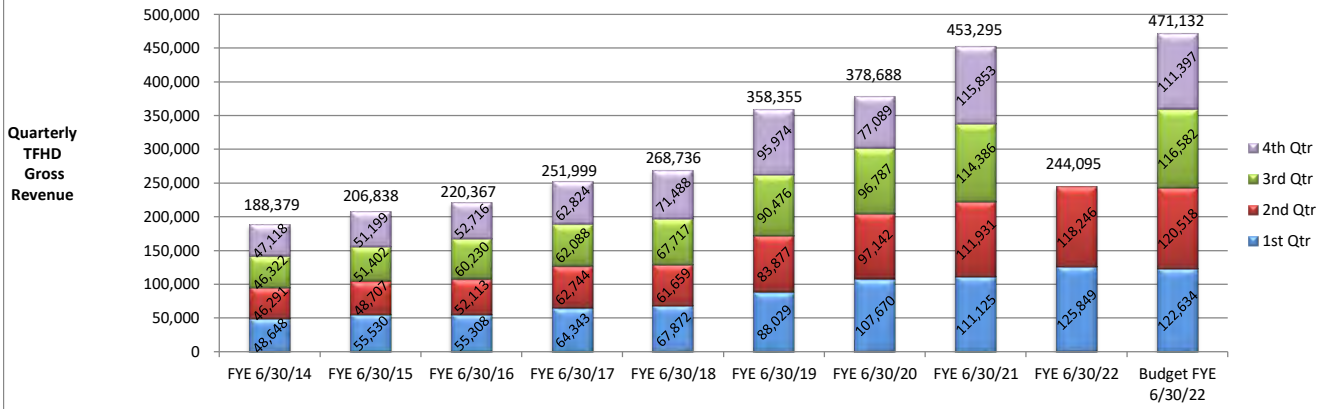
### TOTAL TFH ONCOLOGY LABORATORY TESTS



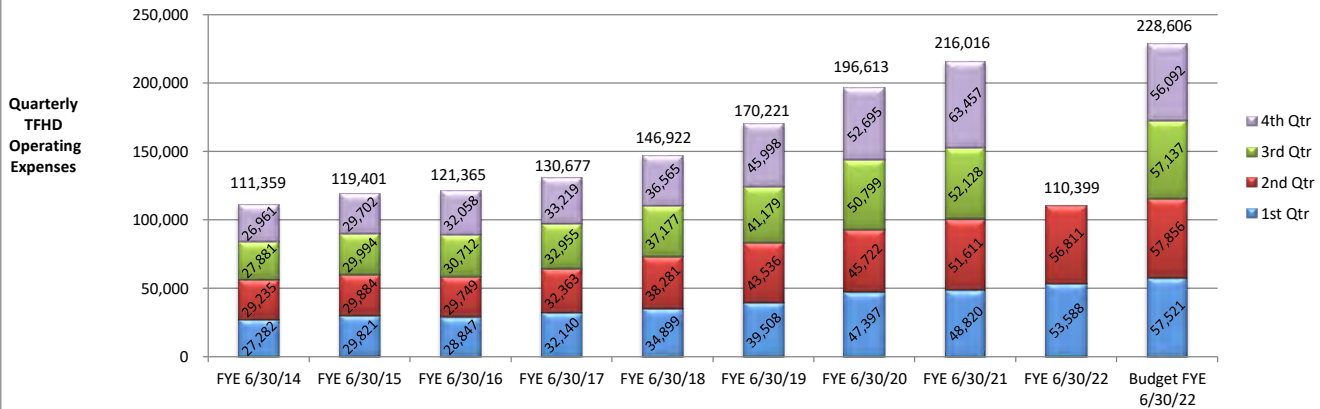
### TOTAL TFH PET CT EXAMS



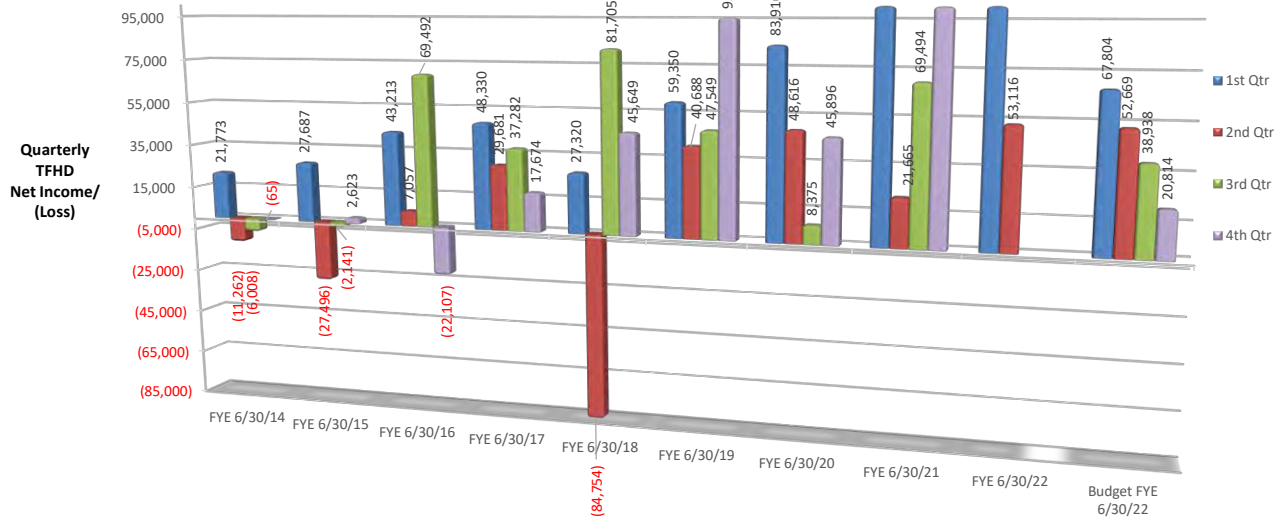
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





## Board Informational Report

**By: Harry Weis**  
President and CEO

**DATE: January 17, 2022**

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As we have shared in earlier months this fiscal year, we are seeing much smaller year over year growth percentages versus previous year over year exceptional growth rates. Now after six months we estimate our overall, year over year growth is about 5%. This is more manageable and more in line with many companies across the US.

We continue to be very constrained as to physician office space. We have acquired three business condos out near the Airport and Soaring Ranch and there we will place primary care, lab and at least one specialty care service. This area is an important underserved region for us.

We also continue to work on the 2<sup>nd</sup> floor of our 3 story medical office building and are making new plans for additional improvements on the 3<sup>rd</sup> floor to serve a higher volume of patients and meet our needs better. We are looking to have physical health and mental health nicely coordinated and where and how we could add dental services.

We had two retirements in GI services so these are key positons we are looking to fill as quickly as possible with new high quality team members.

We are actively working on short-term increases to parking for our team and patients. This is critical while we wait for the longer term approvals of our Master Plan. Our team has been present in various town meetings for several weeks now and we have an important meeting this week as well.

Patient, access, experience and year over year quality improvements are vitally important for us and are receiving a lot of attention.

Our team has been incredibly busy over the past several weeks as we've seen locally and nationally a huge surge in the number of COVID 19 positive lab tests and in some regions/hospitals they are really full of ill patients. Many hospitals across America have workforce shortages too, as the virus spreads to healthcare workers.

We are continuing our careful search for a full time Chief Medical Officer (CMO). Dr. Coll remains our part time CMO. I've brought in Dr. Gary Gray as a CMO Consultant to increase our resources to help in a variety of physician services matters and in quality as well as working on team engagement and alignment.

We want to thank Karen Baffone for her many years of service and her retirement as our CNO on January 14. Louis Ward will arrive full time no later than January 31 to start as COO here and will work with Judy Newland as she transitions to retirement.

We have a larger variety of resources in place than almost any company out there to help our team through these tough and stressful times and we are actively moving forward with more items to help our team short and longer term.

Our Strategic Plan is moving nicely forward as we refresh our Mission, Vision, Values, Priorities and Objectives for the next three years.

Our Master Plan, which is an important subset of our Strategic Plan is also a very busy part of our work activities as we work to obtain approvals on the next critical phases, we need to complete as quickly as possible.

New federal regulations that went into effect on January 1<sup>st</sup> have caused us to have to increase staffing to meet the “no surprise” rules and the “transparency rules. So these administrative burdens, which are unfunded mandates aren’t making healthcare more affordable.

We are also active on a variety of state regulations, as there are a number of concerning contemplated actions that can make healthcare tougher and more challenging to be sustainable for the future.



## Board COO Report

**By: Judith B. Newland**

**DATE: January 27, 2022**

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### **Quality: Pursue Excellence in Quality, Safety and Patient Experience**

#### Focus on our culture of safety

We continue to respond to the changing CDC and state COVID vaccination, testing and safety guidelines and our community's needs. The following are activities that have occurred this past month:

- a. The State of California issued a mandate that all workers who work in or provide services in health care facilities, who are eligible for a booster, have the booster completed by February 1, 2022. This includes TFHS 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.
- b. The State of California also mandated that if an employee, physician or contracted staff are currently eligible for a booster, they need to complete COVID testing 1-2 times per week based on their location of work. This order was sent December 22<sup>th</sup> and must be in full implementation by January 7th. TFHS is currently providing testing for eligible booster employees, physicians or contracted staff at TFH, IVCH, and Pioneer Center
- c. The Gateway Vaccine Clinic continues to provide vaccines and boosters for our community members. Adults 18 and over can receive Pfizer, Moderna or J&J vaccine, 5-17 year olds can receive Pfizer only vaccines. Children 5-11 years of age are not eligible for the booster. The Gateway Vaccine Clinic is open Thursday – Sunday with expanded hours of 8am – 5:30pm. Vaccinations can be made My Turn. This includes our health care workers.
- d. Incline Village Community Hospital has a limited number of Moderna vaccines for boosters. When available IVCH is able to provide Moderna boosters to community members.

The Strategic Planning process for FY23 – FY25 continues. The Strategic Planning Task Force (SPTF) met January 6, 2022 and reviewed the drafted Mission Statement, Vision, Values, Board Guiding Principle, and strategic priorities and objectives. The SPTF approved the draft Mission, Vision, Board Guiding Principle, strategic priorities and objectives. A recommended change to values was made and the Administrative Council (AC) was given the task to review the recommendation and update. The AC met January 10 and reviewed the recommended value change and updated it as requested. The AC will continue to meet weekly to work on components of the strategic plan.

### **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:**

- NA

**Planned Moves:**

- Tahoe Access March 2022

**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:** Phase 3 has been approved by HCAI. Phase 4 is now underway which include patient rooms in the East-West Corridor.

**Start of Construction:** March 29<sup>th</sup>, 2021

**Project Budget:** \$957,410

**Estimated Completion:** April 2022

**Project:** Tahoe Forest Nurse Call Replacement

**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:** Construction has initiated in the corridors, 10/12/21. Procurement has been delayed due to chip shortages necessary for manufacturing the duty and patient stations.

**Start of Construction:** March 2022

**Estimated Completion:** June 2022

**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:** Construction underway. Sterile Processing: Construction of new decontam room is underway. Shop: Completed

**Start of Construction:** August 2021

**Estimated Completion:** March 2022

**Projects in Implementation:**

**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:** Staff are coordinating with contractor on procurement and notice to proceed (planned for Spring on 2022).

**Start of Construction:** May 2022

**Estimated Completion:** December 2022

**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:** Demolition is completed. The minor use permit has been approved, 12/1/21. Project has been submitted to the building department for review and permit, 11/9/21.

**Start of Construction:** Winter 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:** The Temporary MRI plan has been approved by HCAI (previously OSHPD). MRI plans have been returned with comments from HCAI, re-submittal has been submitted

**Start of Construction:** April 2022

**Estimated Completion:** Fall 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 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. Washoe County and TRPA have approved permit. Staff are working on transfer of development rights and preparation of bid documents.

**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** Schematic Design has been approved. Staff are working with Design Builder on Design Development effort.

**Start of Construction:** Summer 2022

**Estimated Completion:** Summer 2023

**Project:** Levon Parking Structure

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

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

**Update Summary:** Prequalification and shortlist has concluded. Request for Proposals is out to the shortlisted Design-Builders. With contract execution scheduled for March 2022.

**Start of Construction:** Spring 2023

**Estimated Completion:** Winter 2023

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

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

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

**Update Summary:** Request for Qualifications is being bid and Criteria for the Future Request for Proposals is in development.

**Start of Construction:** Fall 2022

**Estimated Completion:** Winter 2023



## Board CNO Report

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

**DATE: January 2022**

Chief Nursing Officer

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

- Continue to move forward with the Stork Project in Obstetrics for implementation.
- Developing a staffing model that would provide adequate staffing for the implementation OB unit responsibility of this program (C- Sections)
- Implementation to begin of new smart IV pumps
- Continue expand the role of the RNFA in surgical services
- Started work on order sets for Hypo/hyperglycemia and insulin pumps.
- We have signed contract with Blue Sky as the vendor for tele-stroke program.
  - Credentialing of tele-neurologists – process should be completed in approximately 4 months (there are approximately 300 affiliations that Blue Sky has with other organizations).

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

- Concurrent chart audits
  - Discharge instructions
  - Pain documentation
  - Restraints
- Star rating performance related to readmissions
- Case management continues to work on the CAH splint

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

- Moderna Vaccination are available at IVCH – Booster
- IVCH ED staff collection of COVID swabs M-F



## Board CIO Report

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

**DATE: January 27, 2022**

- 
- Preparing to execute on RL6 implementation for safety event reporting
  - Completed security review for Baxter infusion pumps
  - Identified road map for Epic integration of Point of Care imaging systems - ultrasound (ED, Sports medicine, and next fiscal year Ortho and urgent care)
  - Secure chat within epic and its use within the haiku epic mobile application
  - Radiologist professional billing has gone live
  - Anesthesia professional billing expected no later than May-1
  - Reno facility go/no-go February move decision is pending 1/18
  - Final preparation for EPIC upgrade Jan 19<sup>th</sup>
  - Stork has kicked off – we have a proposed go live of April 5, that we expect to move back to May or June – dependent on which monthly upgrade window our build lands in.
  - We have signed a letter of intent with Pioneer Rx pharmacy system for the retail pharmacy. We are current in a final detail scoping. We expect to have a contract/sales order during the week 1/17
  - We are waiting on SOW from Mercy for the MOB Ste 110 urgent care build. Expectation of doors-open is currently Oct 1 2022
  - TFHD has identified the initial potential workflows that may be applicable for Amitech Robotic Process Automation (RPA). Both exist in CFO departments. We do not have a full proposal or a contract. Scope discussion continues
  - No surprises act has gone live and is operating. Training and support are ongoing
  - Financial Assistance module SOW (charity care and self-pay, financial aid) is expected shortly
  - Solution for statement efficiency optimization with Ability has been identified. go live date TBD
  - Upgrade prep and rollout. Education/material reviewed in detail, tested out, verified with Mercy. Worked out concerns with Mercy on any Upgrade items. Mass amounts of communication of the Upgrade materials-where to find, what is specifically on it, Downtime times and support for during and after Upgrade on Jan 19<sup>th</sup>
  - Stork OB module from Epic preparations and planning. Credentialed trainers verified and SOW is moving
  - Numerous Mercy changes verified and vetted through IT departments and Clinical departments prior to rollout
    - Examples are: Covid testing, medications, BPA's, Insurance changes, SmartPhrase, Bed planning tool, APP Note writing updates etc.
  - Many new hire trainings
  - Large efforts looking into the details of MIPS and Interoperability Performance measures and data for our Quality department

- Also Process Improvement measures to help reflect better scores were rolled out to providers and fixes were made in the background with Mercy
- PE Management tool and Order Set for ED providers.
- Rectified a couple long standing issues within Epic, due to workflow conflicts:
  - Failed Faxes in Case Management and HIM inboxes
  - Treatment Plans in Inboxes
  - LPL issues within the Problem List
  - Provider result sign off and communications within Inboxes
- Provider Efficiency rollout with Dr Coll. To aid in Provider Burnout efforts
- Complete re-vamp of the Epic Education Intranet page
- Large Epic rollout for the No Surprises Act
- Working on looking deeper into the Onboarding process here at TF, especially with Epic training
- Cyber Incident Response planning kick off with Critical Insight (Current IT Security Vendor)
- 2022/2023 Strategic Session with CIO & IT Director. Planning implementation of a suite of productivity and security tools including, hosted and unified communications systems, Office 365, improved remote clinical capabilities and greater security protections
- Reno facility network switches installed. Still awaiting firewall and access point gear delayed due to supply chain challenges. Circuit schedule to be switch on next week. Still targeting mid-February move
- Actively evaluating current call tree and phone protocols to improved patient and customer experience when contacting our facilities. Taking a structured approach to ensure a strong understanding of each departments/clinic challenges
- Defined, and enforcing, standard RFP Process to ensure solutions and vendors meet clearly defined requirements as established by key stakeholders. Decision made on scored output. This helps reduce cost and/or ensure TFHD investments are better aligned to our needs
- Evaluated 3 vendor solutions surround Privileged Access Management (PAM). This solution will help to restrict the organizations privileged access within an isolated Active Directory Environment.
  - Isolating these accounts reduce the chances the accounts will be stolen and increases administrative visibility to use
- Most recent critical security threat continues to evolve (Log4J). TFHD Security Operations maintains close contact with our security partners. Patching/configurations take place regularly and systems tested
- Network perimeter penetration testing to take place on March 1<sup>st</sup>. Results will be reported out once results are received
- Simplified Remote Worker on-boarding process to expedite continued operational capabilities during increased remote workforce caused due to Covid
- 781 Helpdesk Tickets Opened – 721 Closed in SLA (Helpdesk down to 1 employee at this time)



## Board CMO Report

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

**DATE: January 18, 2022**

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

#### *Build Trust*

- Actively working on a plan to address the opportunities found in our Press Ganey Medical Staff Survey.

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

- We are actively interviewing new primary care physicians to help support our community's healthcare needs.

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

#### *Develop integrated, standardized and innovative processes across all services*

- Working closely with our consultant, Dr. Gary Grey, to optimize physician service lines.

#### *Use technology to improve efficiencies*

- Rolling out a EHR optimization pilot program at the end of this month. If successful, will offer to all ambulatory physicians and APPs.

#### *Implement a focused master plan*

- Developing a 3 to 5-year plan on space needs for the physicians and APPs. Utilizing each space with the most efficiency.

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

#### *Focus on our culture of safety*

- Quality Team is actively recruiting for a new position, Patient Safety Officer. This person will be responsible for the enterprise-wide patient safety plan, Beta HEART program, and Reliability Management Team.

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

- CMT (COVID Management Team) continues to review new data and revise treatment plan based on the newest evidence for treatment of COVID and specifically the Omicron variant.
- We have met with all stakeholders for each of the CMS Star ratings to identify areas to focus to improve our CMS Star rating score.

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

#### *Explore and engage potential collaborations and partnerships*

- We have resigned an agreement with Washoe County Schools to provide athletic trainer support to some of their sports team



## **Board Informational Report**

**By:** **Jim Hook**, Corporate  
Compliance Consultant, The Fox  
Group

**DATE:** January 27, 2022

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### **2021 Compliance Program 4<sup>th</sup> Quarter and Annual Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 4<sup>th</sup> Quarter 2021 Compliance Program activities (Open Session). This report includes the annual report for 2021. This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **January 1, 2021 – December 31, 2021**  
Completed by: James Hook, Compliance Officer, The Fox Group

**1. Written Policies and Procedures**

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

**2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee Membership as of December 31, 2021:

Jim Hook, The Fox Group – Compliance Consultants  
Judy Newland, RN – Chief Operating Officer  
Karen Baffone RN- Chief Nursing Officer  
Harry Weis – Chief Executive Officer  
Crystal Betts – Chief Financial Officer  
Jake Dorst – Chief Information and Innovation Officer  
Alex MacLennan – Chief Human Resources Officer  
Matt Mushet – In-house Legal Counsel  
Scott Baker, Vice President of Physician Services  
Theresa Crowe, RN, Privacy Officer and Risk Manager  
Bernice Zander, HIM Director

**3. Education & Training**

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

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

**4. Effective Lines of Communication/Reporting**

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. No reports were made directly to the Compliance Department in the 4<sup>th</sup> Quarter of 2021. Four reports were made during 2021.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Eight reports were made to the Privacy Officer in the 4<sup>th</sup> Quarter of 2021. A total of 40 reports were made in 2021.

4.3. The Compliance Department published one article in the Pacesetter in the 4<sup>th</sup> Quarter of 2021, and a total of eight articles in 2021.

OPEN SESSION

**5. Enforcing Standards through well-publicized Disciplinary Guidelines**

5.1. For all of 2021, existing employees completed 99.7% of HIPPA and Corporate Compliance modules.

One hundred percent of new hires completed HIPPA and Corporate Compliance Health Stream courses in the 4<sup>th</sup> Quarter of 2021. Overall completion by new hires for the year is also 100%.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing & Monitoring**

6.1. One audit was completed during the 4<sup>th</sup> Quarter of 2021 as part of the 2021 Corporate Compliance Work Plan.

6.1.1. External CPT/ICD-10 Coding Audit: overall results for two audit periods (Apr-May 2021 and July 2021) were 95% accuracy of 30,478 CPT codes assigned. Accuracy improved between the two periods after 1-to-1 training and “drop-in” sessions for providers. All claims were corrected prior to claims submission.

6.2. Eight additional audits were completed in the first three quarters of 2021, and were reported previously.

6.3. Nine of ten audits on the 2021 Corporate Compliance Workplan were completed in 2021.

**7. Responding to Detected Offenses & Corrective Action Initiatives**

Four investigations of suspected and actual compliance issues incidents were initiated. Some investigations revealed no violations; others required remediation and refunds to payers. Remediation measures included: additional staff training, changes in processes, and updated policies and procedures were implemented to prevent further violations.

**8. Routine Compliance Support:** The Compliance Department provides routine support to important TFHD initiatives, such as the terms and conditions of physician compensation arrangements, and questions about billing, and compliance with other laws and regulations.



**RESOLUTION NO. 2022-02**

**RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT ADOPTING A POLICY FOR COMPENSATION AND REIMBURSEMENT FOR MEMBERS OF THE BOARD OF DIRECTORS**

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

**WHEREAS**, under the Local Health Care District Law (Health & Safety Code, § 32000 et seq.) the Board of Directors for the District serves without compensation unless it adopts a resolution authorizing payment of up to \$100 per meeting, up to six meetings per calendar month, as compensation to each Board Member for attendance; and

**WHEREAS**, Health and Safety Code section 32103 requires the Board of Directors, if it desires to compensate Board Members for more than five meetings per calendar month, to annually adopt a written policy describing why more than five meetings per month are necessary for the effective operation of the District.

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

**SECTION 1.** The Recitals above are true and correct and fully incorporated herein by this reference.

**SECTION 2.** The District hereby authorizes payment of up to \$100 per meeting, not to exceed six meetings a calendar month, as compensation to each Board Member for attendance, pursuant to the terms of the Compensation and Reimbursement Policy attached hereto as Exhibit A and incorporated herein by this reference.

**SECTION 3.** The District hereby adopts the Compensation and Reimbursement Policy attached hereto as Exhibit A.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Tahoe Forest Hospital District duly called and held in the District this 27th day of January, 2022 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

APPROVED:

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Chair, Board of Directors  
Tahoe Forest Hospital District

ATTEST:

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Martina Rochefort, Clerk of the Board  
Tahoe Forest Hospital District



# TAHOE FOREST HEALTH SYSTEM

Origination Date:	05/2000
Last Approved:	01/2021
Last Revised:	01/2020
Next Review:	01/2024
Department:	<i>Board - ABD</i>
Applicabilities:	<i>System</i>

## Board Compensation and Reimbursement, ABD-03

### PURPOSE:

To provide compensation and reimbursement to the Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

### POLICY:

- A. As permitted by Health and Safety Code section 32103, of the Local Health Care District Law, and required by the Political Reform Act, the payment of One Hundred Dollars (\$100.00) per meeting not to exceed six (6) meetings a month, is authorized as compensation to each member of the Board of Directors. Each member of the Board of Directors shall further be allowed his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.
- B. Pursuant to Health and Safety Code section 32103, subdivision (a), the District finds that more than five meetings per month are necessary for the effective operation of the District because the District operates in a competitive market, often necessitating meetings to effectively resolve time-sensitive matters outside and in addition to its normal meeting schedule. Time-sensitive matters include, but are not limited to, the creation of new or expansion of existing health facilities, programs, or services; the acquisition or leasing of real property; and the consideration of appeals of actions, decisions, or recommendations of the Medical Staff affecting the professional privileges of its membership, which are governed by strict timelines pursuant to statute, local policy and bylaws. In addition, the Board of Directors operates with various standing committees that maintain flexible schedules to ensure prompt consideration of emerging issues. Finally, the District prioritizes fostering and growing community and regional relations, as demonstrated in the 2019-2021 Strategic Plan, which requires Board Members to attend meetings of governmental agencies and community organizations to represent the District. In the past, Board Members have needed to participate in more than five meetings in a calendar month to address significant matters, including but not limited to hiring a Chief Executive Officer. This policy permits the District flexibility to address these important matters promptly when they arise, while compensating Board Members for time spent supporting the District.
- C. For the purpose of compensation, a meeting is defined as:
  1. Regular and Special Board Meetings, including but not limited to continued, adjourned and emergency meetings;
  2. Board Committee meetings;

3. Hospital District meetings at which the Board member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, IVCH Foundation, TFHS Foundation, TIRHR Board)
  4. Meetings of governmental agencies and community organizations, etc. where the Board member is representing the TFHD (i.e., Rotary, Tahoe City Breakfast Club, Truckee Daybreak Club). To be compensated, the Board member must be on the program or speaking to an item on the agenda related to the Hospital District at the request of the Board Chair or President and Chief Executive Officer.
  5. Conferences, seminars and other educational meetings do not qualify for meeting compensation.
- D. Members of the Board of Directors of the Tahoe Forest Hospital District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of Tahoe Forest Hospital District in a manner, including appropriate discounts, comparable to that offered to the Management Staff of the District.

## **PROCEDURE:**

- A. Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month, noting the day and purpose of each meeting prior to the last business day of each month.
- B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.
- C. Board of Directors Travel Allowance
  1. Meals will be reimbursed up to a daily per diem rate based on the location of the conference subject to IRS per diem guidelines.
  2. Air Fare for Board Members only.
  3. Parking and/or taxi fees and other transportation expenses will be reimbursed.
  4. If driving, mileage will be reimbursed at current IRS rates.
  5. Hotel room will be covered in full for Board Member.
    - a. If, however, the lodging is in connection with a conference or organized educational activity that does not qualify as a meeting and is conducted in compliance with California Government Code, Section 54952.2(c), including ethics training required by California Government Code, Section 53234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. If the group rate is not available, then the Board member shall use comparable lodging.
  6. Tuition fees for Board Members will be paid in full.
  7. Conference educational materials (books, audio tapes, etc.) not to exceed \$50.
  8. Receipts are required for all reimbursable expenses.
  9. Board members shall use government and group rates offered by a provider of transportation or lodging services for travel and lodging when available.
  10. All expenses that do not fall within the adopted travel reimbursement policy of the IRS reimbursable rates shall be approved by the Board, in a public meeting before the expense is incurred.
- D. Upon election or appointment to a seat on the Board of Directors of the Tahoe Forest Hospital District, the

appropriate paperwork which is necessary to complete for enrollment will be given to the Board Member by the Human Resources Department. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

## References:

California Government Code, §§ 53232.2(d), (e), 53232.3(a), 53235(a), (b) (d). [§§54950 - 54963](#); [California Health & Safety Code, Section 32103](#)

All revision dates: 01/2020, 10/2017, 11/2015, 01/2014, 01/2012, 01/2010

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	01/2021
	Martina Rochefort: Clerk of the Board	01/2021

COPY

**Charter**  
**Governance Committee**  
**Board of Directors**  
**Tahoe Forest Hospital District**

**Purpose:**

The purpose of this document is to define the charter of the Governance Committee of the District's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

**Responsibilities:**

The Governance Committee of the Board shall function as a standing committee of the Board responsible for ~~addressing overseeing all~~ governance-related issues. The Committee shall develop, maintain, and implement the necessary governance-related policies and procedures that define the Hospital's governance practices.

**Duties:**

1. ~~1.~~ Conduct at least a biennial review of the Bylaws and submit recommendations to the Board of Directors as necessary~~Board policies.~~
- ~~1.2.~~ Ensure board policies are reviewed by their respective committees as required.
2. Submit recommendations to the Board of Directors for changes to Bylaws and Board policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance including formal board education and board orientation plans.
5. Ensure ~~the an~~ annual board self-assessment is conducted ~~no later than December 1.~~
6. Ensure an annual board goal setting process is conducted ~~no later than April 30 and reviewed at the October board retreat.~~

**Composition:**

The Committee shall be comprised of two (2) Board members ~~appointed by the Board Chair.~~ The Board Chair shall serve as Chairperson of the Committee, and the second Committee member shall be appointed by the Board Chair.

**Meeting Frequency:**

The Committee shall meet as needed.

REVISED June 19, 2019

DRAFT

## The Role of the **Board** in Compliance:

- **Duty of Care**
  - ✓ Act in Good Faith
  - ✓ Prudent Person
  - ✓ Best Interest of the Corporation
- **Duty of Care - Oversight**
  - ✓ Ask Questions
  - ✓ Take Action
- **Duty of Care – Decision-Making Function**
  - ✓ Rational
  - ✓ Made in Good Faith
  - ✓ Due Diligence







## *Seven Elements of an “Effective” Program*

- Written policies/Identify Risk Areas
- Oversight: Compliance Officer/Compliance Committee/Board of Directors
- Training and education
- Accessible lines of communication
- Internal Audits and Monitoring – focused on Risk Areas
- Respond to detected offenses
- Disciplinary Guidelines

**TAHOE FOREST HOSPITAL SYSTEM  
CORPORATE COMPLIANCE PROGRAM  
2022 TFHS WORK PLAN**

Tahoe Forest Hospital System is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

**Objectives identified** for focus in the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG’s ongoing Work Plan, and risk areas identified by the Tahoe Forest Health System.

OBJECTIVE / ACTION	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
<b>1. Policies &amp; Procedures</b>							
A. Identify, review and revise P&Ps related to Compliance	CCO/CCA	Policy approval	X	X	X	X	
<b>2. High Level Oversight</b>							
A. Corporate Compliance Officer provides quarterly and annual compliance reports to the Board of Directors. Report.	CEO/CCO	Quarterly and Annual report to Board	X	X	X	X	
B. Board Evaluation of Corporate Compliance Program	CEO/CCO	Evaluation of Compliance Program				X	
C. Compliance Committee Evaluation of Compliance Program	Compliance Committee	Evaluation of Compliance Program				X	
<b>3. Education, Training, &amp; Communication</b>							
A. Education and Training to the Code of Conduct via Health Stream new staff only (C of C)	CHR	100% completion of C of C training	X	X	X	X	
B. Annual Attestation to the Code of Conduct: existing Employees and Physician	CHR/CCO	100% completion of C of C training				X	
C. Health Stream training content related to compliance and HIPAA	CHR/CCO	100% completion of Compliance/ HIPAA Training	X	X	X	X	
D. Values training including HIPAA and Compliance	CHR	100% completion of training of new hires	X	X	X	X	
E. BOD compliance training program	CCO	Annual training for Board of Directors		X			
F. Annual compliance training for Directors, Managers and Supervisors	CCO	Annual/Update training		X			

**TAHOE FOREST HOSPITAL SYSTEM  
CORPORATE COMPLIANCE PROGRAM  
2022 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
G. Medical Staff annual compliance update via Health Stream	CHR	Annual update completed		X			
H. Bi-monthly communication to staff using the Pacesetter/other methods (Privacy, Non-discrimination, compliance reporting, etc.)	CCO	Articles published	X	X	X	X	
I. Supplier Code of Conduct	Mat Mgr./CCO	Distribute to all Vendors annually	X	X	X	X	
<b>4. Monitoring and Auditing</b>		<b>Audit and Monitoring Source</b>					
		<b>Internal Audit</b>	<b>External Audit</b>	<b>1<sup>ST</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>
A. Hospital: Patient admission Criteria/appropriate patient status (2 midnight rule)	CNO/CCA	X				X	
B. Physician payment audit (annual)	CCO	X		X			
C. Employee Access Audit - EPIC	PRIVACY OFFICER/CCO	X			X		
D. Home Health documentation for PPS, including documentation of face-to-face visits and new COPs (pending release of new COPs)	CNO/Dir of Trans Scvs.	X			X		
E. MSC/Clinic/Hospitalists/Cancer Center E/M billing and medical records audit	CFO/Dir HIM	X				X	
F. Medical record documentation and billing for Transitional Care Management/Chronic Care Management	CNO/CCA	X		X			
G. Hospice Billing: refunds for cases exceeding the inpatient and outpatient caps	CNO/Dir Hospice	X				X	
H. Rural Health Clinic Consents (IM/Card, IVCH)	CCO/LA	X			X		
I. Truckee Surgery Center Medical Records/Billing Audit	CNO	X					X
<b>5. Response, Investigation, Corrective Action, Reporting</b>							
A. Respond, investigate, and follow up all Hotline calls/complaints within 30 days.	CCO	100% within 30 days					Ongoing
B. HIPAA 2021 annual report of unauthorized disclosures to HHS	CFO	Timely Submission	X				

**TAHOE FOREST HOSPITAL SYSTEM  
CORPORATE COMPLIANCE PROGRAM  
2022 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	
<b>6. Enforcement and Discipline</b>							
A. Enforce Exclusion policy for employees, medical staff and vendors	CHR/CCO	Audit for compliance					Ongoing
<b>7. Responding Promptly to Detected Offenses and Undertaking Corrective Action</b>							
A. Respond, investigate, and report to State and Federal authorities for HIPAA and other Compliance issues	CCO/CFO	100% timely completion					Ongoing

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2022-03**

**RESOLUTION RECOGNIZING AND HONORING THE EFFORTS OF THE  
VALUED EMPLOYEES AND HEALTHCARE PROFESSIONALS OF THE TAHOE  
FOREST HOSPITAL DISTRICT**

---

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

WHEREAS, the Tahoe Forest Hospital District mission is to make a difference in the health of our communities through excellence and compassion in all we do; and

WHEREAS, the ongoing pandemic caused by the spread of the novel coronavirus 2019, and the disease caused thereof, has created serious disruptions throughout the region and within our health system; and

WHEREAS, the 2021 Winter Holiday Season brought additional challenges for the health system with unprecedented snow fall, road closures, power outages and surging of the COVID variant “Omicron”; and

WHEREAS, the members of the healthcare team, physicians, nurses, support staff, environmental services and all employees at both Tahoe Forest Hospital and Incline Village Community Hospital worked together to maintain safe and excellent care; and

WHEREAS, throughout this especially difficult time, staff also took care of each other to cover additional staffing needs, carpooling to work and helping one another to remove snow on and around cars buried under many feet of snow; and

WHEREAS, each individual member of our District team, together, have been our first and best defense overcoming challenges twenty-four hours a day, seven days a week; and

WHEREAS, the Board of Directors acknowledges and honors our entire staff on behalf of the communities we serve, and express our gratitude for their hard work, sacrifice and tireless efforts to serve and protect our community during this historic holiday season;

THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District does hereby proclaim its most sincere appreciation and heartfelt gratitude to our health care workers for their selfless efforts and sacrifice to make a difference in the health of our community through excellence and compassion in all they did during these unprecedented and challenging times.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 27nd day of January, 2022 by the following vote:

AYES: \_\_\_\_\_

NOES: \_\_\_\_\_

ABSENT: \_\_\_\_\_

ABSTAIN: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Alyce Wong  
President, Board of Directors  
Tahoe Forest Hospital District

\_\_\_\_\_  
Michael McGarry  
Secretary, Board of Directors  
Tahoe Forest Hospital District



**wellnessneighborhood**

*A Service of Tahoe Forest Health System*

**Providing inspiration,  
expertise, and advocacy  
to promote meaningful  
change for individuals,  
our community, and the  
health system**

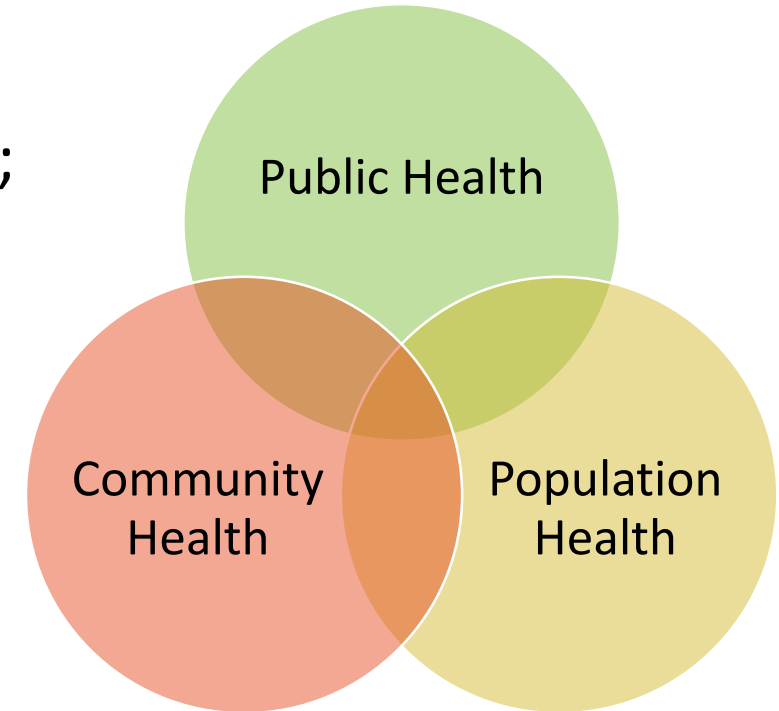
## **Annual Report 2021**

# **Wellness Neighborhood & Community Health**

Presented by: Maria Martin, MPH, RDN, Director

# A Long-Term Approach to Health

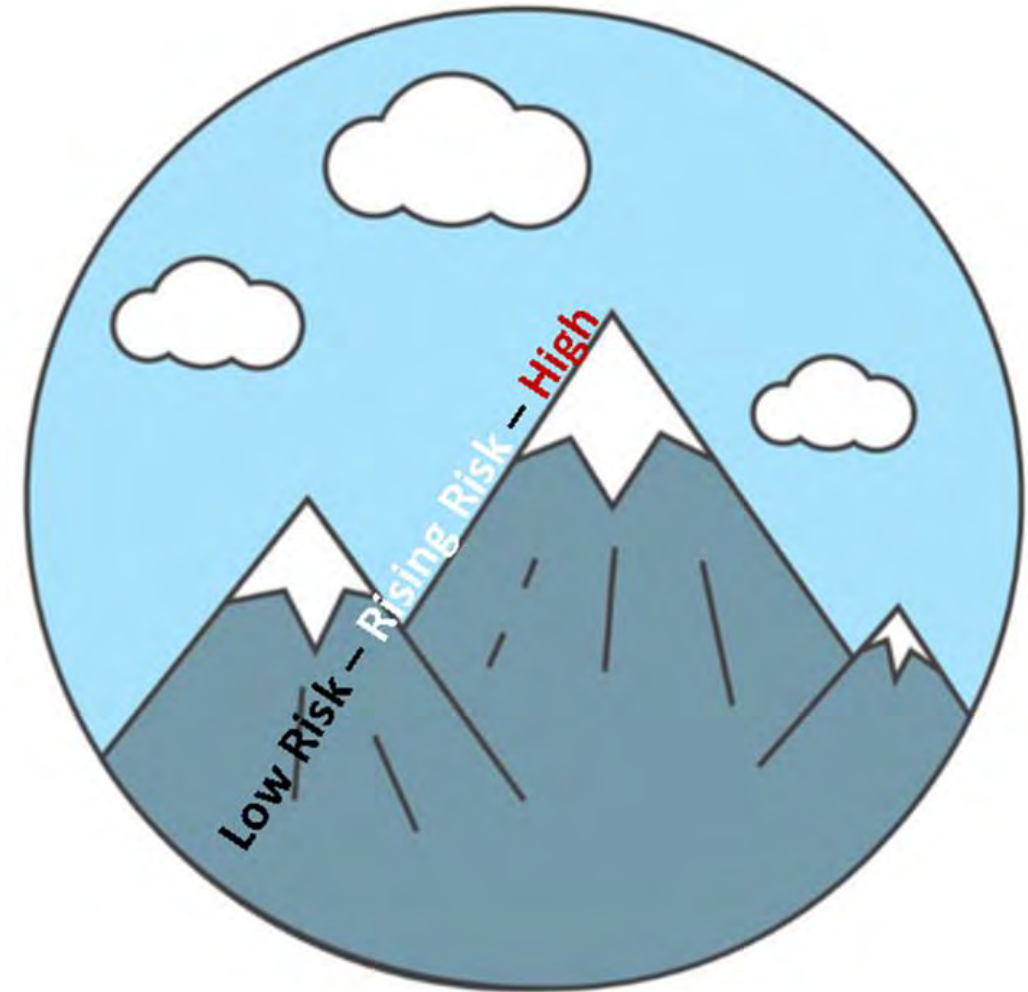
- **Public Health** – protecting and improving the health of entire populations (neighborhoods, counties, states etc.); uses policy, research and broad environmental approaches
- **Community Health** – local geography; uses collaborative approaches to meet identified community health needs
- **Population Health** – Healthcare specific; uses clinically-focused interventions to address the needs of patients with specific diagnoses





# A Long-Term Approach to Health

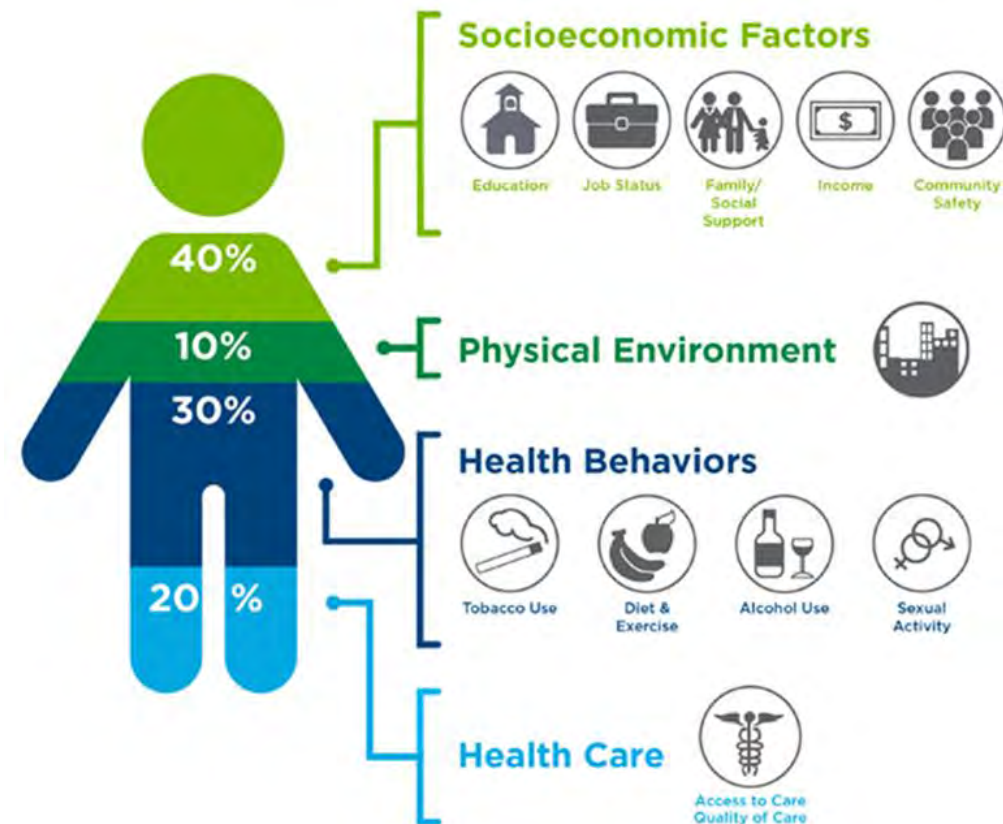
- All three **use data to identify at-risk groups** and interventions to best target needs.
- All three mutually benefit from understanding and working to **address Social Determinants of Health**.
- All three are **outcome-driven** to improve health. Outcomes range from:
  - State policies to increase immunization rates (**public health**),
  - Nutrition education to increase vegetable/fruit consumption (**community health**), or
  - Increasing depression screening and follow up rates in Primary Care (**population health**).



# WHY: Benefits of Addressing Population and Community Health

- 80% of health is influenced factors outside of healthcare access and quality of care
- Screening, early identification, and education improves patient outcomes
- Community engagement increases trust, awareness, and linkage to primary care
- Community collaborations leverage limited resources
- Demonstrates accountability to our community members

## What Goes Into Your Health?



# Community Health Needs Assessments (CHNA)

## Focus Areas



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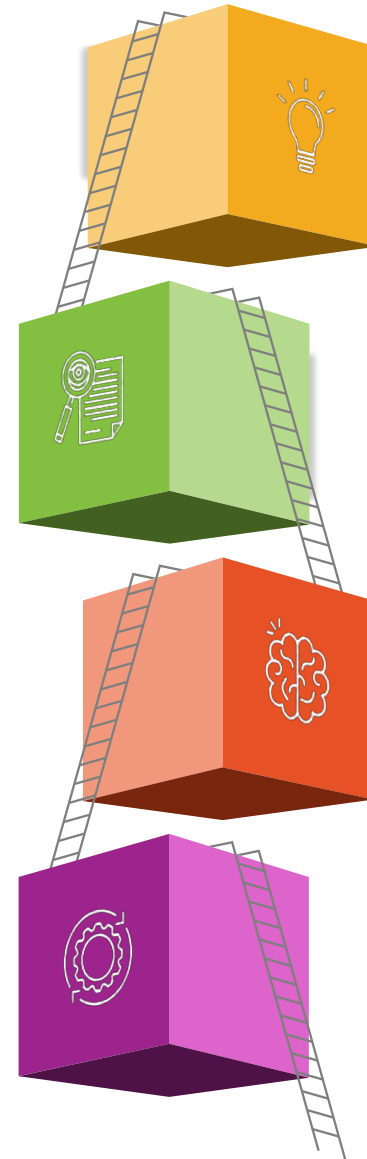
# HOW: Addressing Population and Community Health

## Individual Care Supports and Navigation

Community Health Advocates  
Youth Behavioral Health Navigator  
Pediatric Medical Nutrition Therapy  
COVID Contract Tracing and Education

## Targeted Collaborations

Zero Suicide Initiative  
Universal Depression Screening  
ACEs and Trauma Informed Care  
Immunization Coalition  
Dental Coalition  
Suicide Prevention Coalition



## Individual and Group Education

Self Management Programs  
Diabetes Prevention Program  
Health Coaching  
Nicotine Cessation  
Authentic Wellness  
Cooking Club  
Perinatal Education

## Community Outreach and Services

Harvest of the Month and B-FIT (TTUSD)  
Affordable Labs  
Community Health Challenges  
Health Fairs and Health Screenings

# **WHAT: Population and Community Health Achievements for FY 2021**

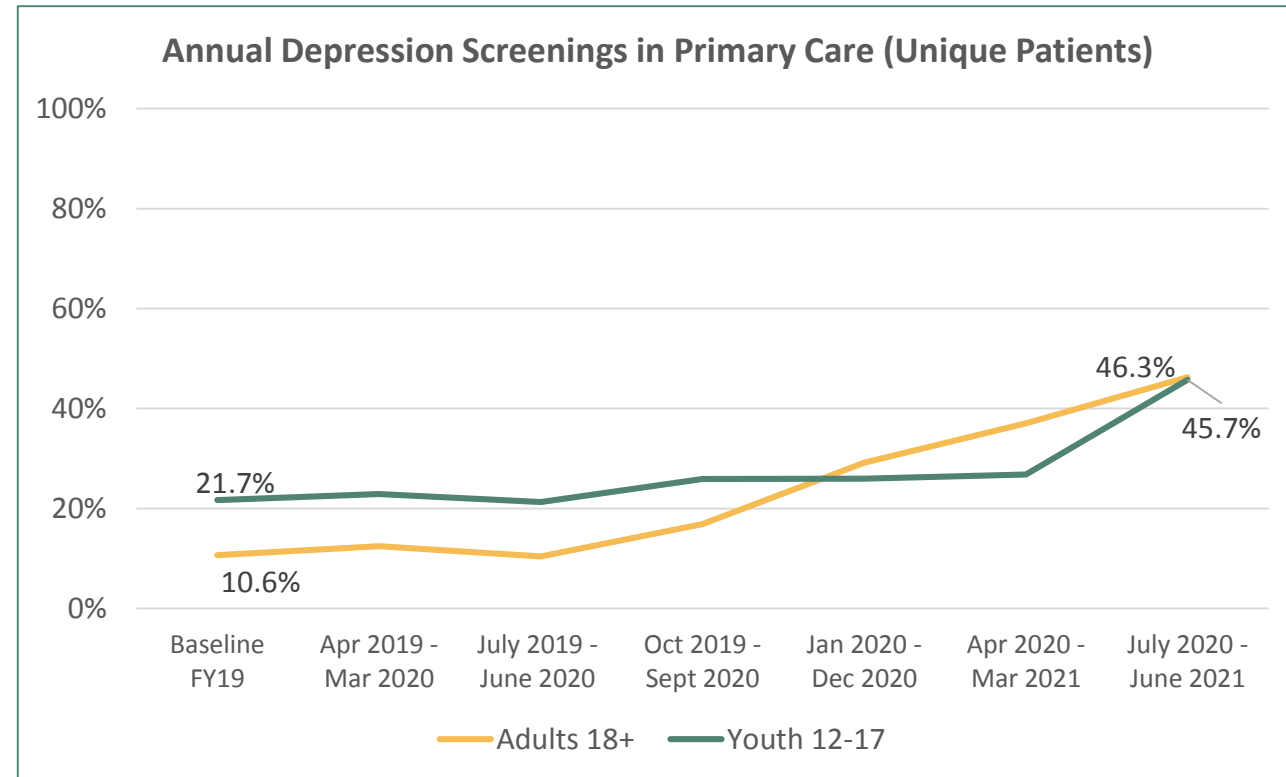
- Behavioral Health
  - Universal Depression Screening
  - Zero Suicide Initiative
- Chronic Disease
  - Health Promotores
  - Nutrition Education
- Prevention and Wellness
  - ACEs and Trauma Informed Care
- Substance Misuse
  - Community Collaboration and Medication Assisted Treatment Therapy

# Mental/Behavioral Health

Increase access to mental and behavioral health services through universal depression screening in primary care and linkage with Behavioral Health Intensivists.



- Pilot study evaluated impact of screening at every visit in adult Primary Care
- Implemented consistent PHQ screening workflow
- Biweekly team meetings to perform continuous quality improvement and refinement
- Implemented plan to assure re-screening between 4-8 months for those with an elevated score
- Demonstrated the need to add two additional Behavioral Health Intensivists, LCSWs
- Disaggregated data to identify potential disparities and areas of need (sex, ethnicity, income and age)
- Drafted the Pediatric depression screening workflow



Population	FY2019	FY2021
Adults Screened	982/9235	6900/14,915
Adolescents 12-17	229/1057	688/1504

- Finalized system-wide policy
  - “Management of Patients At-Risk for Depression, Self-Harm, and/or Suicide, AGOV-2101”
    - Consolidates separate department policies into one
    - Includes newly developed practice guidelines
    - Clarifies employee roles in **screening** and **follow up** for suicide prevention
- Built [Talk Saves Lives for the Workplace](#) into Health Stream
  - Secured Leadership approval to require completion for all TFHS team members
    - 1.5: 1 benefit-cost ratio in investing in suicide prevention
  - Created an introductory video with diverse TFHS staff highlighting the importance of suicide prevention training
- Launched a Zero Suicide Initiative awareness campaign (Sept 2020)
  - Weekly Everyone Emails and Engagement for Suicide Prevention Month
  - Developed the Zero Suicide [Intranet Page](#)
  - Promoted the Know the Signs California campaign

# Substance Misuse and Prevention

Supports substance misuse prevention and treatment programs through community collaboration and medication assisted treatment/therapy.



## PREVENTION

- **The Basics of Youth Substance Use** with Jonathan Lowe, PMH-APRN and Missy Pursel, RN
- **Alcohol Edu** and expanded the school-based curriculum to include a Rx Module on Opioids
- Collaboration with Tahoe Truckee Future without Drug Dependence to support the **Rx Drug Take Back** events
- Offered **Nicotine Cessation Coaching**, including virtual coaching sessions and improved bilingual, smoke-free campus signage
- Promotion of Alcohol Awareness Month and Alcohol-Free Weekend



# Substance Misuse and Prevention

Expand substance misuse prevention and treatment programs through community collaboration and medication assisted treatment/therapy.



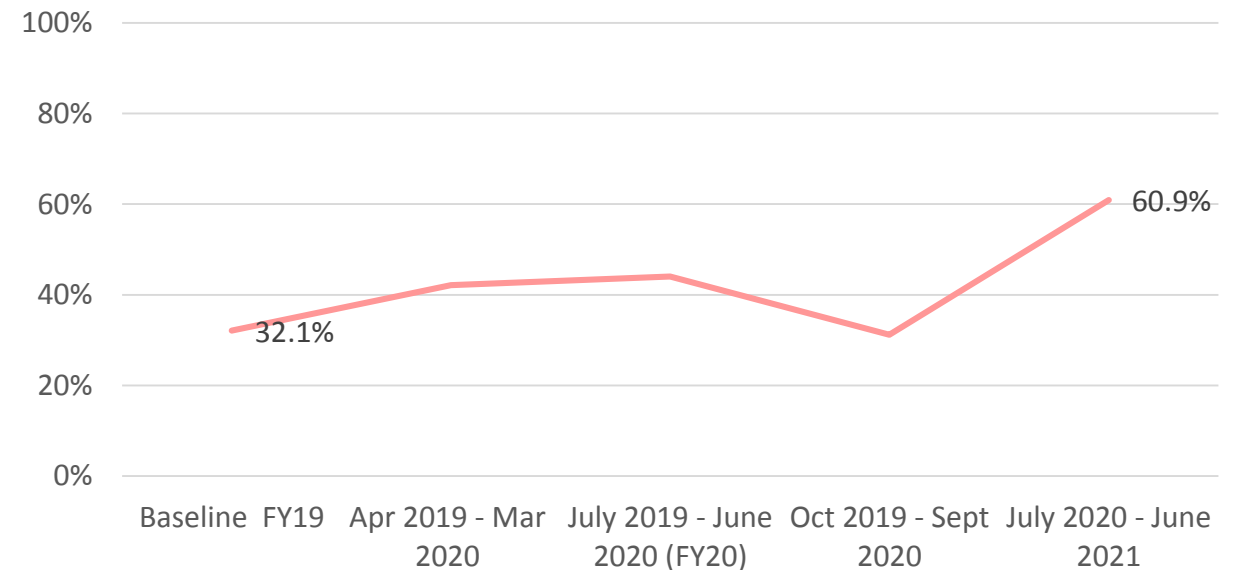
## PREVENTION

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## TREATMENT

Medication Assisted Treatment Therapy – Clinical Psychologist

Patients Receiving Services for Co-occurring Opioid Use Dependence and Depression



# Chronic Disease

Improve health of those with chronic conditions through **Community Health Advocates/Promotores** to prevent and manage chronic disease.



## WHAT IS A HEALTH PROMOTOR/A

- Liaisons between health professionals and social organizations to improve access and address barriers to care
- Public health workers and trusted community members who are part of the TFHS Care Team
- Bilingual/Bicultural
- Trained to offer specialized services:
  - Qualified Medical Interpretation
  - Self Management Program Leaders
  - Health Coaching/Motivational Interviewing
  - Certified Community Health Worker



# Chronic Disease

Improve health of those with chronic conditions through **Community Health Advocates/Promotores** to prevent and manage chronic disease.



## HOW HEALTH PROMOTORES HELP OUR PATIENTS ACHIEVE THEIR BEST HEALTH:

- Community outreach and culturally-appropriate education
- Support groups and workshops
- Assistance in accessing medical, social, and financial resources
- Advocacy on behalf of patients and families
- Helping patients understand and follow their treatment plan
- Identifying and addressing non-medical factors that impact health (i.e. transportation, food insecurity, community connectedness)

# Chronic Disease

Improve general health of those with chronic conditions through **nutrition education** to prevent and manage chronic disease.



## Prevent

Diabetes Prevention Program

Cooking Club

Targeted Nutrition Education Across the  
Lifespan

Harvest of the Month and B-FIT



# Chronic Disease

Improve general health of those with chronic conditions through **nutrition education** to prevent and manage chronic disease.



## Manage

Nutrition Consultations with  
Pediatrics, Endocrinology and at the  
Center for Health

Self Management Programming:  
Diabetes, Chronic Disease, Cancer,  
Chronic Pain, Building Better  
Caregivers

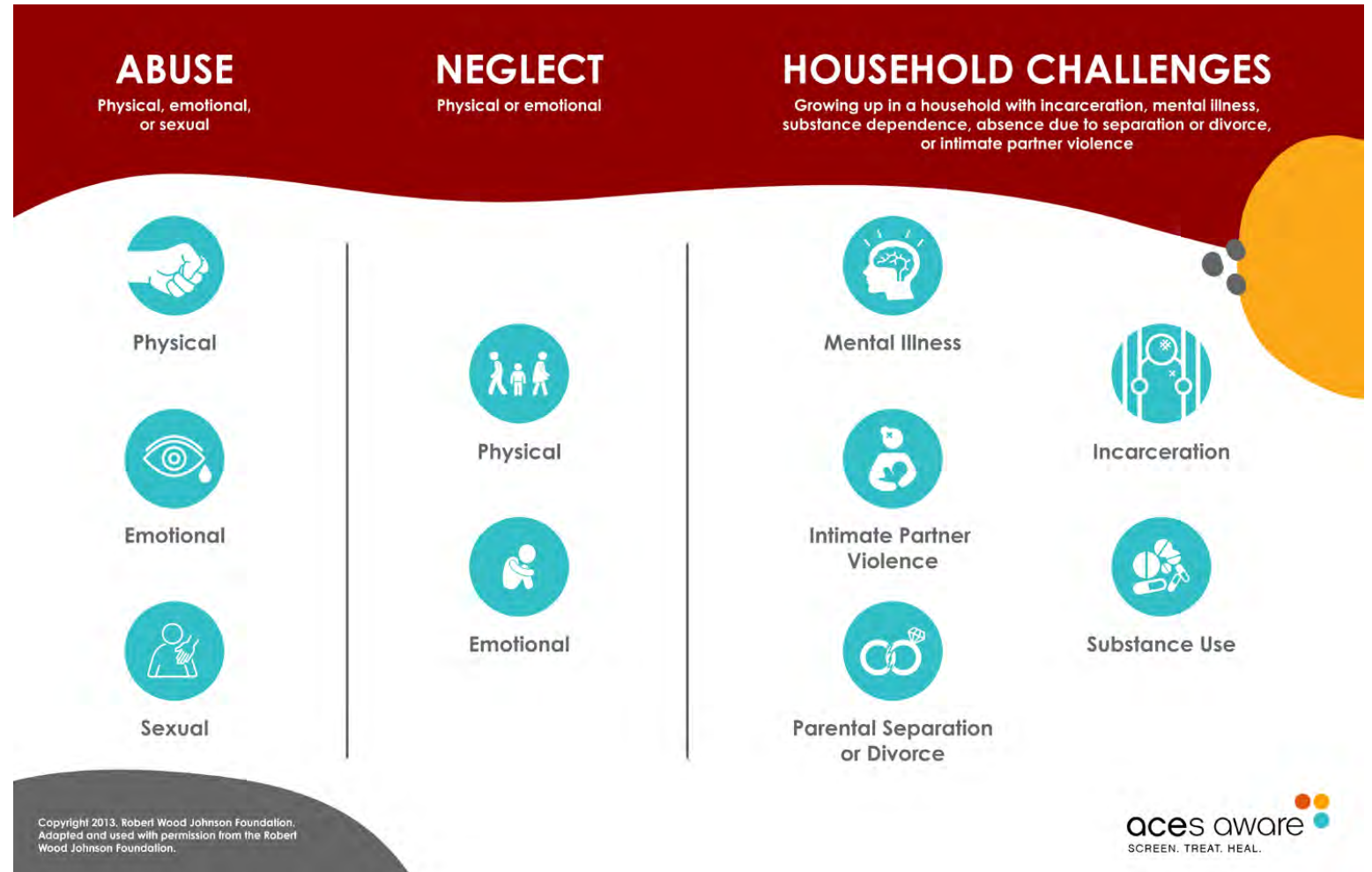
# Prevention and Wellness

Increase health screenings to identify adverse childhood experiences



## What are ACEs?

- Traumatic events that occur in childhood associated
- These events contribute to prolonged activation of the biological stress response – toxic stress
- Dose-response relationship with common health conditions
- ACEs are Common
  - 62% of Californians have experienced at least 1
  - 16% of Californians have experienced 4+



# Prevention and Wellness

## ACE Associated Health Conditions



Those with 4+ ACEs are at greater risk of developing the following health symptoms or conditions.

Symptom/Condition	Odds Ratio	Wellness Strategic Area
<b>Pediatrics</b>		
Asthma	1.7-2.8	Chronic Disease
Overweight/Obese	2.0	Chronic Disease
Depression	3.9	Mental Health
Learning or behavior problems	32.6	Prev & Wellness
First use of alcohol at <14 years	6.2	Substance Misuse
<b>Adults</b>		
Cancer, any	2.3	Chronic Disease
Cardiovascular disease	2.1	Chronic Disease
Suicide attempts	37.5	Mental Health
Violence Victimization (DV, Assault)	7.5	Prev & Wellness
Illicit drug use, any	5.2	Substance Misuse
Alcohol use	6.9	Substance Misuse



# Prevention and Wellness

Increase health screenings to identify adverse childhood experiences



- Recipient of the ACEs Aware Trauma-Informed Network of Care Planning Grant; Awarded \$299,300 (Feb 2020 – Sept 2021)
  - Pediatric Clinical Workgroup
  - Community Network of Care Leadership Workgroup
- 21 TFHS Medical Providers completed the [ACEs Aware Provider Training](#); certified to bill
- Developed ACE screening and follow up workflows for a Pediatric pilot; Epic integration
- Created a Network of Care with 6 Community Partners committed to alleviating the trauma of ACEs and toxic stress
  - Evaluated 4 bi-directional, referral platforms to integrate referrals between partners and better support patients, clients, students and families
  - Developed a plan to analyze the feasibility of integrating a bi-directional platform within Tahoe Forest







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**Providing inspiration,  
expertise, and advocacy  
to promote meaningful  
change for individuals,  
our community, and the  
health system**

# **Annual Report 2021**

**Thank you**





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# **Annual Report 2021**

“Alone we can do so little; together we can do so much.” – *Helen Keller*

Addressing community health needs from so many angles would not be possible without the support of multiple community collaborations and our medical provider champions. ***Thank you to all our partners!***

## COMMUNITY PARTNERSHIPS

ACEs Aware Network of Care  
Behavioral Health Advisory Group  
Cancer Committee  
Community Collaborative of Tahoe Truckee  
Crisis Team  
Diabetes Task Force  
Gateway Mountain Center  
Immunization Coalition  
Local and County Dental Coalitions  
Nevada County Public Health Department  
Nevada (State) Office of Suicide Prevention  
Placer County Nutrition Action Partnership  
Placer County Public Health Department  
Sierra Community House  
Suicide Prevention Coalition  
Tahoe Truckee Future Without Drug Dependence  
Truckee Tahoe Perinatal Outreach Team  
Tahoe Truckee Unified School District



## PROVIDER CHAMPIONS

Chris Arth, MD, *Medical Director*  
Liana Bailey, FNP-C, *Primary Care Mental Health*  
Chelsea Wicks, MD, *ACEs*  
Jonathan Lowe, PMH-APRN, *Zero Suicide*  
Katina Varzos, PMH-APRN, *Zero Suicide*  
Jen Lang-Ree, PNP, CPNP, *Immunization*  
Megan Shirley, PA-C, MPA, *Immunization*  
Meggie Inouye, PNP, MN, MPH, *Lactation, ACEs*



# Annual Report FY21

Since its inception in 2012, the Wellness Neighborhood has steadfastly pursued long-term, collaborative programming to address the community health concerns identified in our triennial Community Health Needs Assessments.

The Wellness Neighborhood has supported the expansion of clinical services, facilitated new ways to identify those at risk, and implemented new interventions and outreach strategies for all life stages to support our community in achieving its best health.

The initiatives and outcomes presented in this annual report are intended to highlight programming for population health. This is not an exhaustive list of all Wellness Neighborhood and Community Health programs.



## 2021 Highlights

- 
Universal Depression Screening in Primary Care .....3
- 
Safer Suicide Care ..... 4
- 
Substance Misuse Prevention and Counseling .....5
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Nutrition Education to Prevent and Manage Chronic Disease .....6
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Adverse Childhood Experiences .....7
- 
Health Education and Outreach ..... 9




# Mental/Behavioral Health


All community members are supported in experiencing mental wellness and resilience to challenges.

## Increase access to mental and behavioral health services through universal depression screening in primary care.

Fiscal Year 2021 continued grant-supported efforts on early identification of mental and behavioral health needs. Year two of a three-year grant focused on improving depression screening rates in Primary Care. A multi-departmental workgroup identified a consistent screening workflow for adults and secured buy-in from the Primary Care Committee for a three-month pilot to screen every patient at every visit.

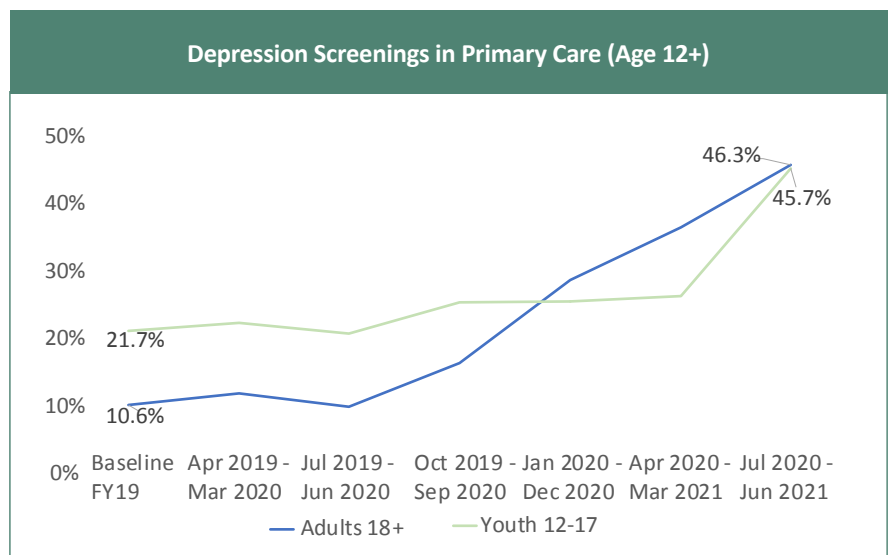
 At the end of the pilot, adult Primary Care adopted **depression screening at every visit as standard practice**. This shift in screening practices directly increased the proportion of adults screened at least annually for depression.

**By the end of FY 21, the proportion of adult patients screened increased from 10.6% (982/9235 unique patients) to 46.3% (6,900/14,915 unique patients).**

 Additional grant funding supported a Pediatric Behavioral Health Intensivist in December 2020 to provide pediatric behavioral health counseling. A multidisciplinary workgroup convened to increase the consistency of annual depression screenings and follow-up care for adolescents ages twelve to seventeen.

**By the end of FY21, the proportion of adolescent patients screened increased from 21.7% (229/1,057 unique patients) to 45.7% (688/1,504 unique patients).**

Both the adult and adolescent workgroups continue to meet monthly for ongoing collaboration and engagement in quality improvement.



### Tahoe Forest wants to support your mental wellbeing.



Just like your medical provider checks blood pressure and heart rate, providers regularly screen patients for depression.

**We're here to help.** Please talk to your medical provider if you have any concerns about your mental wellbeing. To set up an appointment, call (530) 582-6205.



## Expand suicide prevention activities through safer suicide care.

### POLICY

The Zero Suicide Leadership Team consolidated and refined health system policies related to suicide care into a *new system-wide policy* with clear practice guidelines for screening and follow-up.

### TRAININGS

The Zero Suicide Leadership Team also secured administrative support to provide an introduction to safer suicide care *for all Tahoe Forest staff*. *Talk Saves Lives for the Workplace* was built into HealthStream in FY21 to launch in July 2021. Talk Saves Lives provides the most up-to-date research on suicide prevention including:

- **Scope of the Problem** -The latest data on suicide in the U.S. and worldwide
- **Research** - Information on what causes people to consider suicide, as well as health, historical, and environmental factors that put individuals at risk
- **Prevention** - An understanding of protective factors that lower suicide risk, strategies for managing mental health, and importance of self care
- **What You Can Do** - Guidance on warning signs, behaviors to look for, and how to get help for someone in a suicidal crisis



### HEALTH SYSTEM ALIGNMENT

Zero Suicide aligns with other Health System Initiatives around employee mental health including Resiliency Rounds, Peer Support, TalkSpace, and the expansion of wellness dollars for mental health services.



# Substance Misuse

Cultivate an environment that protects community members from the harmful effects of substance use disorders.

## Expand substance misuse prevention and treatment programs through community collaboration and medication assisted treatment.

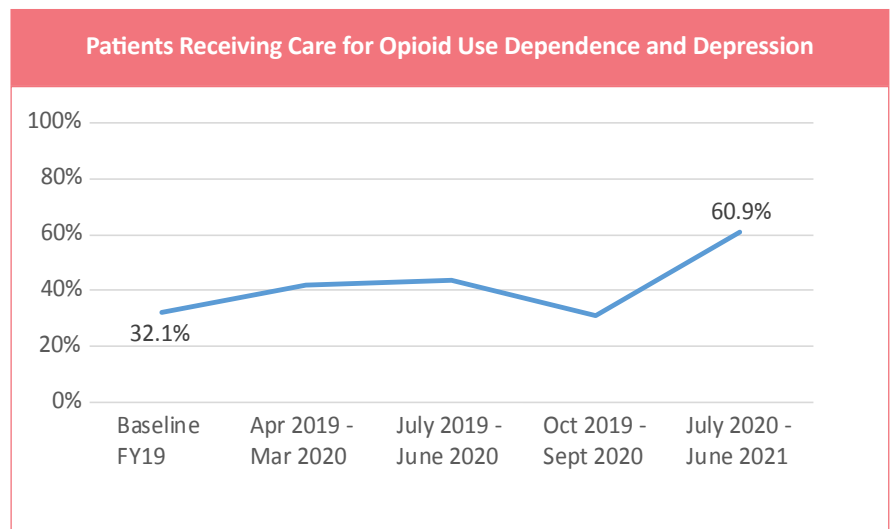
### PREVENTION

The Wellness Neighborhood supports upstream approaches to substance misuse through community education and partner collaboration. Highlights include :

- The **Basics of Youth Substance Use** Community Talk with Jonathan Lowe, PMH-APRN, Psychiatric Nurse Practitioner, and Missy Pursel, RN, Pediatric Care Coordinator (68 attendees)
- Continued **Alcohol Edu** curriculum within Tahoe Truckee Unified School District and expanded this year to include a module on Prescription Drugs and Opioids (319 students)
- Ongoing collaboration with Tahoe Truckee Future without Drug Dependence to support the **Prescription Drug Take Back** events (281.2 lbs of medications collected)
- Continued offering of **Nicotine Cessation Coaching**, including virtual coaching sessions (87 sessions) and improved bilingual, smoke-free campus signage
- Promotion of Alcohol Awareness Month and Alcohol-Free Weekend

### TREATMENT

Wellness supports direct patient care services by securing and managing grant funding for clinical staffing in the Medication Assisted Treatment (MAT) Program. This grant funding supports a clinical psychologist in providing MAT Therapy. The clinical psychologist addresses underlying trauma often present with substance misuse and helps people move into healthy, addiction-free lifestyles, also called recovery.



By the end of FY21, the proportion of adult patients receiving care for both opioid use dependence and depression **increased from 32.1% (26/81 unique patients) to 60.9% (109/179 unique patients).**





# Chronic Disease Management

Cultivate an environment that supports those with chronic disease in living life to their fullest.

## Improve general health of those with chronic conditions through nutrition education to prevent and manage chronic disease.

### PREVENT

- The **Diabetes Prevention Program**, or Prevent T2, is a CDC-recognized, year-long lifestyle change program for people at risk of developing diabetes. During FY21, three cohorts completed the program, and two new cohorts launched, impacting a total of 49 people over the course of 79 sessions. Prevent T2 is offered in English and Spanish.
- **Cooking Club** uses health-supportive cooking demonstrations to inspire healthy cooking creations (25 participants).
- **Nutrition Education Workshops** address nutrition needs across the lifespan including: Nutrition and Your Immune System, Nutrition for a Healthy Pregnancy, Infant and Toddler Nutrition, Eat Local, Nutrition for Cancer Prevention, Nutrition for Health and Vitality, and Thrive Through the Holidays (126 participants).



### MANAGE

- **Medical Nutrition Therapy** supports patients in Pediatrics, Endocrinology, and at the Center for Health to create personalized plans to address health concerns, activity patterns, and lifestyle goals (768 consultations).
- In **Self-Management Programming**, nutrition plays a foundational role in this evidence-based, six-week program that supports patients with chronic conditions. During FY21, seven cohorts convened impacting a total of 53 people over the course of 34 sessions. Self-Management Programming is offered in English and Spanish.

### SUPPORT FAMILIES

- **Building Better Caregivers** is a six-week self-management and support series for those who are a primary caregiver for someone with chronic health conditions (2 cohorts, 13 sessions, 23 participants).
- **Harvest of the Month and B-FIT** provide school-based nutrition, activity, and wellness programs to support healthy habits for elementary school students (reaching 74 classes and 1,446 children each month).
- Development of the **BFF- Behavior, Food, and Fitness** program in Pediatrics. This new multidisciplinary approach to pediatric weight management will launch in 2022.




# Prevention and Wellness

Cultivate an environment that supports healthy behaviors and lifelong wellness.

## Increase health screenings to identify adverse childhood experiences, and create a network of care to support those at risk of toxic stress.

In response to the increased stress caused by the pandemic, the Wellness Neighborhood focused on expanding health screenings, including depression screenings for youth, and planning for the implementation of new health screenings to identify those impacted by trauma and toxic stress.

The Wellness Neighborhood was awarded an ACEs Aware Trauma-Informed Network of Care Planning Grant by the Office of the California Surgeon General in February 2021. With guidance from ACEs Aware, the Wellness Neighborhood convened two workgroups to advance awareness about Adverse Childhood Experiences (ACEs). The Network of Care Workgroup focused on improving communication and linkage of community members between our community social service agencies, and the Clinical Workgroup focused on developing screening and follow-up processes within Tahoe Forest Pediatrics. Outcomes of the grant included development of an ACEs screening pilot to launch in FY22, building screening tools into Epic, and training and certifying twenty-one TFHS medical providers.



**GRANTEE**

“The objective of the Network of Care grant is to create, augment and sustain formal connections between providers, social service organizations, and community partners to effectively address toxic stress in children and adults through clinical and community interventions following an ACE screening, to prevent future ACEs, toxic stress, and inter-generational transmission, and prevent or assist in treating ACE-Associated Health Conditions.”

*ACEs Aware, December 2020*

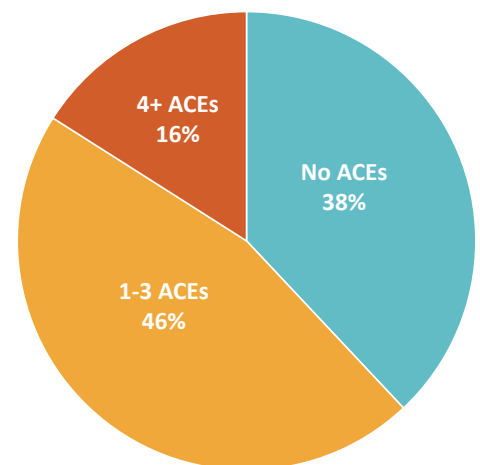
### BACKGROUND

Adverse Childhood Experiences, ACEs, are potentially traumatic events that occur in childhood and fall within the categories of abuse, neglect and household challenges. ACEs are associated, in a dose-response fashion, with common and consequential health conditions such as asthma, diabetes, depression, heart disease and cancer.

In California, 62% of adults have experienced at least one ACE, and one in six, or 16%, have experienced four or more ACEs.

A person with four or more ACEs is:

- 4.7 times more likely to suffer from depression
- 3.23 times more likely to binge drink
- 2.3 times more likely to have cancer



Prevalence of number of ACEs among California adults

When traumatic events are experienced during early life, it can lead to extended stimulation of the biological stress response. This prolonged stress response, also known as Toxic Stress, disrupts brain and other organ system development (i.e. immune, metabolic and endocrine systems), and is associated with changes in DNA which can be transmitted to future generations.

The good news is toxic stress is treatable. Those with ACEs who receive buffering protections during early childhood, such as safe, stable, and nurturing relationships and environments, may not be affected by toxic stress. Buffering protections are shown to the right in the *Stress Busters wheel*. Examples of feasible and attainable activities that can help reduce toxic stress and build resilience include family meals, reading with a child before bed, and spending time outdoors in nature.



### ACES AWARE GRANT ACHIEVEMENTS IN FY21:

- Medical providers completed and attested to the ACEs Aware Provider Training (21 providers).
- Provided *Childhood Depression and Adverse Childhood Experiences*, Certified Medical Education with Tracy Protell, MD, Child Psychiatrist (33 attendees).
- Clinical Workgroup trained on The Science of ACEs and Toxic Stress (16 participants).
- Facilitated thirteen collaborative sessions in eight months with Network of Care Partners to improve interagency referral processes, increase shared knowledge of ACEs, trauma-informed care and toxic stress, plan for community education, and explore community-based referral and follow-up technology.
- Facilitated fifteen collaborative sessions in eight months with Clinical ACEs Workgroup to define ACEs clinical screening and follow-up workflows, identify patient education materials and plan for the screening pilot.
- Integrated ACE screening tools into Epic, translated patient educational materials and supported community partners in implementing trauma-informed care into their agencies.



# Health Education & Outreach

## A Sample of Offerings

- Total classes: 1,564
- Total contacts: 25,420



### Community Health Outreach

*Breast Cancer Awareness, Cooking Club, COVID-19 Vaccine Q&A, Healthy Diet and Blood Pressure*

48 classes  
1,055 participants



### Authentic Wellness

21 classes  
280 participants

### Challenges

*Walking (x2), Building Resilience, Project Zero, Hydration*

5 challenges  
567 participants



### Harvest of the Month/ BFit

1,442 (x2) students reached each month in 74 classrooms

### Mental Health/ Substance

*Depression in Adolescents, Alcohol Edu, Basics of Teen Substance Use, Mindfulness*

12 classes  
146 participants



### Chronic Disease

*Prevent T2 (English and Spanish), Building Better Caregivers, Self-Management Program*

117 classes  
132 participants

### Perinatal and Family

*Prenatal Education, Breastfeeding Support, Infant & Toddler Nutrition, Infant & Toddler CPR*

105 classes  
334 participants



### Community Clinical Offerings

*Affordable Labs, Flu Clinic, Nicotine Cessation, COVID-19 Contact Tracing*

115 classes  
646 participants

### Employee Produce Program

251 participants  
1,503 shares





# Our Team

## Wellness Neighborhood and Community Health

Maria Martin, MPH, RDN, *Director*

Eileen Knudson, RN, *Director PRIME and Behavioral Health*

Chris Arth, MD, *Medical Director*

Lizzy Henasey, MPH, *Population Health Analyst*

Maison Power, MS, *Community Health Coordinator*

Dana Dose, RDN, CDE, LD, *Wellness Dietitian (Prevent T2, Pediatrics, Perinatal)*

Denice Hynd, RDN, *Wellness Dietitian*

Betsy Taylor, RDN, *Wellness Dietitian (Prenatal)*

Reyna Sanchez, MA, *Health Promotora, Master Trainer: Self-Management Programs*

Victoria Ferris, *Health Promotora*

Amelia Espinoza, MA, *Health Promotora*

Lisa Stekert, LCSW, *Youth Behavioral Health Navigator*

Britte Ginty, RN, *Prenatal and Infant CPR Educator*

Sandy Deason, RN, *Prenatal Educator*

Lucy Navabpour, NBC-HWC, PhD, *Health Coach*

Liz Schenk, NBC-HWC, MBA, *Health Coach*

Sunee Zrno, LMFT, *Care Coordinator: Chronic Pain, PMAD Counselor*

Lorna Fichter, RN, *Care Coordinator: Million Hearts*

Jackie Griffin, RN, *Care Coordinator, Master Trainer: Self-Management Programs*

Sue Train, MPH, RN, IBCLC, *Perinatal Care Coordinator, Lactation Consultant*

Tamaro Margraf, RN, IBCLC, *Lactation Consultant*

Fernanda Campos-Taylor, RN, IBCLC, *Lactation Consultant*

## Tahoe Forest Center for Health

Wendy Buchanan, MS, *Director*

Brandy Willoughby, *Customer Care Navigator Manager*

Gloria Acevedo-Klenk, *Customer Care Navigator*

Tracy Chaney, *Customer Care Navigator*

**Services and resources to  
help you *Rethink Healthy* and  
achieve your best health.**



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# Press Ganey Results

Medical Staff Engagement

# Results at a Glance

## PHYSICIAN RESULTS OVERVIEW

Survey Admin: October – November 2021  
n=110, 78% Response Rate (2019: 48%)

### ENGAGEMENT



	2021	2019
Natl Phys	52 <sup>nd</sup>	64 <sup>th</sup>

### STRENGTHS

- Patient care between shifts is effective
- 90% of providers satisfied with the performance of operating room and emergency room
- High satisfaction with communication and teamwork between nurses and physicians

#### Organization ↓ ⓘ

**3.75**

-0.24 vs. Nat'l Physician Avg 2021  
-0.31 vs. 2019

#### Staff ↓ ⓘ

**4.00**

-0.07 vs. Nat'l Physician Avg 2021  
-0.14 vs. 2019

#### Leadership ↓ ⓘ

**3.53**

-0.39 vs. Nat'l Physician Avg 2021  
-0.08 vs. 2019

#### Department ↓ ⓘ

**4.29**

+0.16 vs. Nat'l Physician Avg 2021  
-0.06 vs. 2019



# Strengths

Strengths are identified through the application of an algorithm that considers performance score, Percent (%) Favorable, and positive difference from a designated national benchmark.

		Score	vs. Nat'l Physician Avg 2021	Responses
1	Overall, I am satisfied with the performance of the emergency department.	4.37	+0.33	107
2	There is effective teamwork between physicians and nurses at this hospital.	4.51	+0.26	96
3	There is effective communication between the nursing staff and physicians regarding patient care.	4.52	+0.26	99
4	Patient care between shifts is effective at this hospital.	4.27	+0.34	78
5	I am satisfied with the performance of operating room services.	4.34	+0.26	58
6	I am satisfied with the clinical care provided by hospitalists at this hospital.	4.40	+0.19	95
7	Overall, I am satisfied with the performance of the nursing staff.	4.41	+0.19	104
8	I am satisfied with the timeliness of obtaining results and/or key information from radiology services.	4.40	+0.17	105
9	I have confidence this hospital will be successful in the coming years.	4.29	+0.16	109
10	This hospital provides high-quality care and service.	4.42	+0.13	109

# Concerns

Concerns are identified through the application of an algorithm that considers performance score, Percent (%) Unfavorable, and negative difference from a designated National Benchmark.

		Score	vs. Nat'l Physician Avg 2021	Responses
1	I am satisfied with the ease of the scheduling process for my patients.	2.82	-0.99	97
2	I rarely lose sleep over work issues.	3.16	-0.31	109
3	I am able to disconnect from work communications during my free time (emails/phone etc.).	3.07	-0.30	109
4	I am satisfied with the recognition I receive.	3.42	-0.42	104
5	I am satisfied with the availability of beds at this hospital.	3.52	-0.32	84
6	I am able to free my mind from work when I am away from it.	3.13	-0.29	109
7	This organization provided training on best practices for virtual visits (e.g., advice on proper body language, lighting/visibility etc.).	2.43	-	42
8	This organization demonstrates a commitment to workforce diversity.	3.45	-0.67	107
9	This organization values physicians from different backgrounds.	3.65	-0.63	103
10	All physicians have an equal opportunity for career advancement regardless of their background.	3.67	-0.45	101

# Summary

	<b>Score</b>	<b>vs. Overall Organization</b>	<b>vs. Nat'l Physician Avg 2021</b>	<b>vs. 2019</b>
Engagement Indicator	4.17	0.00	+0.06	-0.03
Alignment Indicator	3.44	0.00	-0.44	-0.10
Resilience	3.91	0.00	-0.13	-0.04
↳ Decompression	3.19	0.00	-0.27	-0.13
↳ Activation	4.63	0.00	+0.02	+0.04
Diversity	3.77	0.00	-0.44	-0.14

# Some comments

- Working for Tahoe Forest is my dream job!
- Have more medical providers in leadership positions, they have worked in medicine and understand Med staff needs and Workflows better than non-providers.
- [Behavioral Health] Transitioning full time into the MSC site at IMCARD has improved collaboration.
- Hospital is doing a lot of things well. The biggest challenge is manpower and space, keep working on this.
- The leadership from a medical provider was wonderful and everyone who worked in the RIC helped each other every day. I looked forward to going to work every day.
- The way this health system managed COVID was exemplary. It took a huge burden off not having to worry about workplace safety in the midst of the pandemic.

# Action Plans

- Understand the data in more detail
  - Hold focus group(s) to identify opportunities for enhancing engagement, alignment and resilience.
  - Identify opportunities to improve the practice environment
    - Work to eliminate identified operational hassle factors
  - Discuss with Medical Executive Committee in detail
    - Achieve consensus on areas of focus
- Identify physician/advanced practice provider champions to assist with action plans based on feedback
- Communicate strategies and tactics that have been developed.
- Report Progress

# Other Action Items

- Collaboratively identify and implement evidence based tools to prevent burnout and enhance resiliency
  - Example: “3 good things”

# In closing

- Overall Engagement Score of 4.17 for Medical Staff which is .06 above the national average
- We had a 78% response rate
- We value the feedback and are working to understand the data in more detail so that we can thoughtfully put actions in place for improvement.
- We will continue to focus on the resilience index which measures early signs of burnout. It is important to us that all employees, including Medical staff find Joy in their work.

**Thank You!**