



TAHOE FOREST HOSPITAL DISTRICT

# 2024-06-27 Regular Meeting of the Board of Directors

Thursday, June 27, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2024-06-27 Regular Meeting of the Board of Directors

## Agenda Packet Contents

---

### AGENDA

2024-06-27 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	3
--	---

---

### ITEMS 1 - 11 See Agenda

---

### 12. CONSENT CALENDAR

#### 12.1. Approval of Meeting Minutes

12.1.1. 2024-05-23 Regular Meeting of the Board of Directors_DRAFT Minutes smj.pdf	6
---	---

12.1.2. 2024-06-06 Special Meeting of the Board of Directors_DRAFT Minutes SMJ.pdf	10
---	----

#### 12.2. Financial Report

12.2.1. May 2024 Combined Financial Statement Package.pdf	12
---	----

#### 12.3. Board Reports

12.3.1. Acting CEO COO Board Report - June 2024.pdf	25
---	----

12.3.2. CMO Board Report - June 2024.pdf	30
--	----

12.3.3. CNO Board Report - June 2024.pdf	32
--	----

12.3.4. CIO Board Report - June 2024.pdf	33
--	----

#### 12.4. Approve Committee Charter

12.4.1. Executive Compensation Committee Charter 2024_0611 DRAFT.pdf	36
---	----

#### 12.5. Approve Revised Board Policy

12.5.1. Onboarding and Continuing Education of Board Members, ABD-19 2024_0621.pdf	37
---	----

---

### 13. ITEMS FOR BOARD DISCUSSION

#### 13.1. Pediatric Clinic Presentation

Item was not available at time of publishing.

#### 13.2. Greenhouse Gas Emissions Report

No related materials.

13.3. Clean Med Conference.pdf	39
--------------------------------	----

---

### 14. ITEMS FOR BOARD ACTION

14.1. Executive Summary TART Connect.pdf	46
--	----

14.2. First Reading of Board of Directors Bylaws.pdf	47
--	----

14.3. DRAFT Louis Ward Employment Agmt - First Amendment.pdf	68
--	----

14.4. WittKieffer-TFHS President CEO Letter Agreement dc 061224.pdf	69
---	----

---

### ITEMS 15 - 21: See Agenda

---

### 22. ADJOURN



TAHOE  
FOREST  
HOSPITAL  
DISTRICT

## REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 27, 2024 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

*Subject Matter: SCOR Culture of Safety Survey*

5.2. **Liability Claims: (Gov. Code § 54956.95)◆**

*Claimant: Anita Cabrera*

*Claim Against: Tahoe Forest Hospital District*

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

*Subject Matter: Home Health & Hospice Annual Quality Review*

5.4. **Approval of Closed Session Minutes◆**

5.4.1. 05/23/2024 Regular Meeting

5.4.2. 06/06/2024 Special Meeting

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

*Subject Matter: Medical Staff Credentials*

APPROXIMATELY 6:00 P.M.

6. **DINNER BREAK**

7. **OPEN SESSION – CALL TO ORDER**

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

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

10. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**June 27, 2024 AGENDA – Continued**

---

Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. 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.

**12.1. Approval of Minutes of Meetings**

12.1.1. 05/23/2024 Regular Meeting ..... ATTACHMENT

12.1.2. 06/06/2024 Special Meeting ..... ATTACHMENT

**12.2. Financial Reports**

12.2.1. Financial Report – May 2024 ..... ATTACHMENT\*

**12.3. Board Reports**

12.3.1. Acting CEO/COO Board Report ..... ATTACHMENT

12.3.2. CMO Board Report ..... ATTACHMENT

12.3.3. CNO Board Report ..... ATTACHMENT

12.3.4. CIO Board Report ..... ATTACHMENT

**12.4. Approve Committee Charter**

12.4.1. Board Executive Compensation Charter ..... ATTACHMENT

**12.5. Approve Revised Board Policy**

12.5.1. Onboarding and Continuing Education of Board Members, ABD-19 ..... ATTACHMENT

**13. ITEMS FOR BOARD DISCUSSION**

**13.1. Pediatric Clinic Presentation** ..... ATTACHMENT

The Board of Directors will receive a presentation from the Pediatric clinic on operations and improved access to care.

**13.2. Greenhouse Gas Emissions Report**

The Board of Directors will receive a presentation from Mazzetti on the Districts baseline greenhouse gas emissions.

**13.3. CleanMed Conference Takeaways** ..... ATTACHMENT

The District’s Executive Director of Governance and Director of Facilities will provide an update to the Board of Directors from the recent CleanMed Conference.

**14. ITEMS FOR BOARD ACTION ♦**

**14.1. Fiscal Year 2025 Funding for TART Connect** ♦ ..... ATTACHMENT

The Board of Directors will review and consider approval of committing \$150,000.00 for Fiscal Year 2025 participation in the TART Connect, Town of Truckee’s regional on-demand transit program.

**14.2. First Reading of Proposed Revisions to TFHD Board of Directors Bylaws** ♦ ..... ATTACHMENT

The Board of Directors will consider proposing amendments to the TFHD Board of Directors Bylaws.

**14.3. Approve Amendment No. 1 to Acting CEO Employment Agreement** ♦..... ATTACHMENT

The Board of Directors will review and consider approval of Amendment No. 1 to the Employment Agreement for Acting CEO to change title to Interim CEO only.

**14.4. WittKieffer Letter Agreement for Recruitment of new President & CEO** ♦..... ATTACHMENT

The Board of Directors will review and consider approval of a Letter Agreement with WittKieffer for the recruitment of a new President and Chief Executive Officer.

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

**16. BOARD COMMITTEE REPORTS**

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

**18. CLOSED SESSION CONTINUED**

**19. OPEN SESSION**

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

**21. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 25, 2024 at Tahoe Forest Hospital – Eskridge Conference Room, 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. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.*

\*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.



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

Thursday, May 23, 2024 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## 1. CALL TO ORDER

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

## 2. ROLL CALL

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Mary Brown, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett (participated via phone)

Staff in attendance: Louis Ward, Acting Chief Executive Officer; Dr. Brian Evans, Chief Medical Officer; Janet Van Gelder, Director of Quality & Regulations; Sarah Jackson, Executive Assistant

Other: David Ruderman, General Counsel

## 3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

General Counsel noted that Director Barnett was participating by phone but for purposes of voting, motioning, or seconding is considered absent.

No changes were made to the agenda.

## 4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

## 5. CLOSED SESSION

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

*Subject Matter: FY 2024 Third Quarter Quality Report*

Discussion was held on a privileged item.

### 5.2. Liability Claims: (Gov. Code § 54956.95)

*Claimant: Greg Lyons*

*Claim Against: Tahoe Forest Hospital District*

Discussion was held on a privileged item.

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

*Discussion will concern: Proposed new services*

*Estimated Date of Disclosure: December 2024*

Discussion was held on a privileged item.

**5.4. Approval of Closed Session Minutes**

5.4.1. 04/25/2024 Regular Meeting

5.4.2. 05/16/2024 Special Meeting

**5.5. Public Employee Appointment/Employment (Government Code § 54957)**

*Title: Acting Chief Executive Officer*

Discussion was held on a privileged item.

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

*Name of District Negotiator(s) to Attend Closed Session: Michael McGarry*

*Unrepresented Employee: Acting Chief Executive Officer*

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:02 p.m.

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

General Counsel noted there were seven items considered in Closed Session. Item 5.1 was approved with a 4-0-1 vote. Item 5.2 Liability Claim was rejected with a vote of 4-0-1. There was no reportable action on item 5.3. Item 5.4 Closed Session Minutes were approved on a 4-0-1 vote. Item 5.5 and 5.6 had no reportable action. Item 5.7 Medical Staff Credentials was approved on a 4-0-1 vote.

Chair Wong provided a statement regarding the Board of Directors' decision to place the President & CEO on Administration leave.

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

General Counsel noted that Director Barnett was participating by phone but for purposes of voting, motioning, or seconding is considered absent.

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

Public comment was received from: Pam Hobday, Dr. Myron Kamenetsky, Dierdre Henderson, Andrew Chan, Stephanie Olivieri, Dr. Josh Kreiss, Dr. Johanna Koch, and Barney Dewey.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. CONSENT CALENDAR**

**12.1. Approval of Meeting Minutes**

12.1.1. 04/25/2024 Regular Meeting

12.1.2. 05/01/2024 Special Meeting

12.1.3. 05/16/2024 Special Meeting

**12.2. Financial Reports**

12.2.1. Financial Report – April 2024

**12.3. Board Reports**

12.3.1. President & CEO Board Report

12.3.2. COO Board Report

12.3.3. CNO Board Report

12.3.4. CIO Board Report

**12.4. Annual Approval of Emergency On-Call Policy**

12.4.1. Credit & Collection Policy, ABD-08

12.4.2. Fiscal Policy, ABD-11

12.4.3. Debt Management Policy, ABD-25

12.4.4. Post-Issuance Compliance Procedure for Outstanding Tax-Exempt Bonds,  
ABD-23

No public comment was received.

**ACTION:** Motion made by Director Chamblin to approve the Consent Calendar as presented, seconded by Director McGarry.

**AYES:** Directors Chamblin, Brown, McGarry and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Director Barnett

**13. ITEMS FOR BOARD ACTION**

**13.1. Public Employee Appointment/Employment**

*Title: Acting Chief Executive Officer*

The Board of Directors reviewed and considered for approval an Employment Agreement for the position of Acting Chief Executive Officer.

General Counsel reviewed the essential terms for the Acting Chief Executive Officer Employment Agreement.

No public comment was received.

**ACTION:** Motion made by Director Brown to approve the Acting Chief Executive Officer Agreement for Louis Ward as presented, seconded by Director McGarry.

**AYES:** Directors Chamblin, Brown, McGarry and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Director Barnett

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

Not applicable.



**15. BOARD COMMITTEE REPORTS**

Director Brown provided an update from the May 13, 2024 Board Executive Compensation Committee meeting.

Director McGarry provided an update from the May 7, 2024 Board Quality Committee meeting and Special Board Meeting for Compliance Education.

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

Director Chamblin provided an update on the ribbon cutting ceremony at Incline Village Community Hospital.

Chair Wong remarked that it is a pleasure having an audience and thanked attendees for coming and making comments.

**17. ADJOURN**

**Meeting adjourned at 6:36 p.m.**

DRAFT



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

Thursday, June 06, 2024 at 2:30 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## **1. CALL TO ORDER**

Meeting was called to order at 2:32 p.m.

## **2. ROLL CALL**

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Mary Brown, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett, Board Member

Staff in attendance: Louis Ward, Acting Chief Executive Officer; Dr. Brian Evans, Chief Medical Officer; Scott Baker, VP of Provider Relations; Ted Owens, Executive Director Governance & Business Development; Lauren Caprio, Director of Labor and Employee Relations; Dorothy Piper, Director of Medical Staff; Janet Van Gelder, Director of Quality and Regulations; Lucy Wright, Recruiter; Sarah Jackson, Executive Assistant

Other: David Ruderman, General Counsel

## **3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

Chair Wong noted item 5. Closed Session will be deferred until after Open Session.

## **4. INPUT AUDIENCE**

Public comment was received from Julie Morgan, RN; Judy Newland and Dan Coll, PA-C.

## **5. CLOSED SESSION**

### **5.1. Public Employee Performance Evaluation (Government Code § 54957)**

*Title: President & Chief Executive Officer*

*Item was deferred to later in the meeting.*

## **6. OPEN SESSION – CALL TO ORDER**

Not applicable.

## **7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

*Item was deferred to later in the meeting.*

## **8. ITEMS FOR BOARD ACTION / DISCUSSION**

### **8.1. CEO Succession Plan**

The Board of Directors reviewed and discussed the CEO Succession Plan, AHR-113 policy and next steps as outlined in the policy. Discussion was held.

Public comment was received from Jayne O’Flanagan, Judy Newland, Tony Commendatore and Roger Kahn.

No action was taken.

### **8.2. Consideration of Awarding a Contract to an Executive Search Firm**

The Board of Directors reviewed and discussed the recommended search firms. Discussion was held.

Public comment was received from: Dan Coll, PA-C, Jayne O’Flanagan, Janet Van Gelder, Judy Newland, Tony Commendatore, Doug Wright, Andy Holmer and Roger Kahn.

**ACTION: Motion made by Director Barnett to open negotiations with WittKieffer, seconded by Director Chamblin.**

**AYES: Directors Barnett, Chamblin, Brown, McGarry and Wong**

**Abstention: None**

**NAYS: None**

**Absent: None**

### **8.3. Alignment of Strategic Priorities with a Leadership Model for the Future**

The Board of Directors reviewed and discussed the organizational priorities and consider the profile of leadership that will take us into the future of healthcare.

Dr. Brian Evans, Chief Medical Officer, and Louis Ward, Acting CEO, presented on Dyadic Leadership. Discussion was held.

The Board of Directors requested additional education on dyadic leadership.

Public comment was received from: Judy Newland, Dan Coll, PA-C and Tony Commendatore.

No action was taken.

**Open Session recessed at 4:24 p.m.**

*Acting CEO and Executive Assistant departed the meeting at 4:30 p.m.*

## **5. CLOSED SESSION**

### **5.1. Public Employee Performance Evaluation (Government Code § 54957)**

*Title: President & Chief Executive Officer*

Discussion was held on a privileged item.

**Open Session reconvened at 5:28 p.m.**

## **7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

General Counsel noted there was no reportable action taken on item 5.1.

## **9. ADJOURN**

**Meeting adjourned at 5:30 p.m.**

**TAHOE FOREST HOSPITAL DISTRICT  
MAY 2024 FINANCIAL REPORT  
INDEX**

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

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**MAY 2024 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2024.

**Activity Statistics**

- ❑ TFH acute patient days were 379 for the current month compared to budget of 381. This equates to an average daily census of 12.2 compared to budget of 12.3.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Hospice visits, Surgery cases, Lab tests, Lab send out tests, Oncology labs, EKG, Diagnostic Imaging, Medical Oncology procedures, Nuclear Medicine, Ultrasounds, MRI, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, and Outpatient Physical Therapy, Physical Therapy Aquatic, Speech Therapy, and Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department Visits, Home Health visits, and Pathology.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 49.3% in the current month compared to budget of 48.0% and to last month's 46.6%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.5% compared to budget of 48.0% and prior year's 49.4%.
- ❑ EBIDA was \$3,599,085 (6.6%) for the current month compared to budget of \$541,805 (1.1%), or \$3,057,280 (5.5%) above budget. Year-to-date EBIDA was \$40,168,296 (6.9%) compared to budget of \$11,383,107 (2.1%), or \$28,785,189 (4.8%) above budget.
- ❑ Net Income was \$3,831,820 for the current month compared to budget of \$300,635 or \$3,531,185 above budget. Year-to-date Net Income was \$36,485,716 compared to budget of \$8,646,215 or \$27,839,501 above budget.
- ❑ Cash Collections for the current month were \$27,190,917 which is 97% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$121,013,148 at the end of May compared to \$121,108,732 at the end of April.

**Balance Sheet**

- ❑ Working Capital is at 71.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 221.7 days. Working Capital cash increased a net \$19,945,000. Accounts Payable increased \$307,000 and Accrued Payroll & Related Costs increased \$1,900,000. The District received \$8,816,000 from California Health & Wellness and Anthem for participation in the CY2022 Rate Range IGT and CY2023 Hospital Quality Assurance Fee programs, \$1,955,000 from the Medi-Cal PRIME/QIP program, and received \$4,082,000 in property tax revenues from Nevada and Placer Counties. Cash Collections were below target by 3%.
- ❑ Net Patient Accounts Receivable decreased a net \$1,519,000. Cash collections were 97% of target. EPIC Days in A/R were 67.80 compared to 67.90 at the close of April, a .10 days decrease.
- ❑ Other Receivables decreased a net \$3,313,000 after recording the receipt of property tax revenues from Nevada and Placer counties.
- ❑ GO Bond Other Receivables decreased a net \$1,739,000 after recording the receipt of property tax revenues from Nevada and Placer counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$9,173,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received \$8,816,000 from California Health & Wellness and Anthem for participation in the CY2022 Rate Range IGT and CY2023 Hospital Quality Assurance Fee programs, \$1,955,000 from the Medi-Cal PRIME/QIP program, and remitted \$431,000 to the State for participation in the SFY23-24 Rate Range IGT program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$870,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of May.
- ❑ GO Bond Tax Revenue Fund increased \$2,184,000 after transferring the property tax revenues received from Nevada and Placer counties.

May 2024 Financial Narrative

- ❑ Investment in TSC, LLC decreased a net \$67,000 after recording the estimated loss for May.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for May on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable increased \$307,000 due to the timing of the final check run in May.
- ❑ Accrued Payroll & Related Costs increased a net \$1,900,000 due to an increase in Accrued Payroll days in May.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability \$283,000.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$54,703,402 compared to budget of \$49,075,931 or \$5,627,471 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,727,351 compared to budget of \$6,851,933 or \$875,418 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$46,976,052 compared to budget of \$42,223,998 or \$4,752,054 above budget.
- ❑ Current month’s Gross Revenue Mix was 41.47% Medicare, 15.72% Medi-Cal, .0% County, 0.82% Other, and 41.99% Commercial Insurance compared to budget of 38.16% Medicare, 14.72% Medi-Cal, .0% County, 1.94% Other, and 45.18% Commercial Insurance. Last month’s mix was 37.35% Medicare, 17.79% Medi-Cal, .0% County, 1.02% Other, and 43.84% Commercial Insurance. Year-to-date Gross Revenue Mix was 39.43% Medicare, 15.87% Medi-Cal, .0% County, 1.14% Other, and 43.56% Commercial compared to budget of 38.00% Medicare, 14.78% Medi-Cal, .0% County, 1.96% Other, and 45.26% Commercial.
- ❑ Current month’s Deductions from Revenue were \$27,761,988 compared to budget of \$25,529,808 or \$2,232,180 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.32% increase in Medicare, a 1.00% increase to Medi-Cal, County at budget, a 1.12% decrease in Other, and Commercial Insurance was below budget 3.20%, 2) Revenues were above budget 11.5%, and 3) We saw a 21.9% increase in A/R over 90 and 120.

DESCRIPTION	May 2024 Actual	May 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	10,700,764	10,617,091	(83,673)	
Employee Benefits	3,737,345	3,743,674	6,329	
Benefits – Workers Compensation	95,743	108,106	12,363	
Benefits – Medical Insurance	2,544,481	1,953,389	(591,092)	We have several high dollar claims that account for the negative variance in Employee Benefits - Medical Insurance.
Medical Professional Fees	396,117	526,819	130,702	Occupational Health, Medical Oncology, and Anesthesia Physician Fees were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	337,451	281,636	(55,815)	Outsourced consulting fees for the Physician Compensation plan and Professional services provided to Human resources created a negative variance in Other Professional Fees.
Supplies	4,400,385	3,987,283	(413,102)	Medical Supplies Sold to Patients revenues and Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Pharmacy volumes were above budget, creating a negative variance in Supplies.
Purchased Services	2,126,997	2,234,897	107,900	The District implemented GASB No. 96 which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use Asset where the monthly subscription amounts are written off to Amortization and Interest Expense. This is creating positive variances in Purchased Services for Department Repairs and Information Technology.
Other Expenses	974,606	973,112	(1,494)	Mobile CT Scan Rental at TFH and Marketing expenses were above budget, creating a negative variance in Other Expenses.
Total Expenses	25,313,890	24,426,007	(887,883)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MAY 2024

	May-24	Apr-24	May-23	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 55,488,107	\$ 35,543,118	\$ 27,656,669	1
PATIENT ACCOUNTS RECEIVABLE - NET	50,152,788	51,672,200	42,106,443	2
OTHER RECEIVABLES	10,528,079	13,841,598	9,423,856	3
GO BOND RECEIVABLES	(371,710)	1,367,097	(627,464)	4
ASSETS LIMITED OR RESTRICTED	11,229,633	11,161,311	10,157,938	
INVENTORIES	5,235,599	5,242,315	4,370,149	
PREPAID EXPENSES & DEPOSITS	2,803,001	2,991,100	3,252,166	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	14,635,916	23,809,083	14,798,896	5
<b>TOTAL CURRENT ASSETS</b>	<u>149,701,412</u>	<u>145,627,822</u>	<u>111,138,652</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,553,402	10,553,402	10,165,848	1
* CASH INVESTMENT FUND	106,346,672	106,311,787	105,619,813	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	27,707	(842,999)	(2,949,076)	6
TOTAL BOND TRUSTEE 2017	22,040	21,949	21,000	
TOTAL BOND TRUSTEE 2015	1,307,722	1,166,457	1,247,112	
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	5,002,610	2,818,668	4,773,823	7
DIAGNOSTIC IMAGING FUND	3,534	3,534	3,404	
DONOR RESTRICTED FUND	1,172,518	1,172,517	1,148,979	
WORKERS COMPENSATION FUND	15,032	16,790	36,004	
TOTAL	124,451,236	121,222,105	120,072,671	
LESS CURRENT PORTION	(11,229,633)	(11,161,311)	(10,157,938)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>113,221,603</u>	<u>110,060,794</u>	<u>109,914,733</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,022,545)	(3,955,545)	(3,148,015)	8
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,694,072	
PROPERTY & EQUIPMENT NET	196,834,859	197,653,937	195,009,804	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,805,196</u>	<u>1,801,571</u>	<u>1,799,906</u>	
<b>TOTAL ASSETS</b>	<u>459,257,497</u>	<u>452,905,550</u>	<u>416,409,152</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	235,964	239,196	274,752	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	190,274	190,274	378,109	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,300,054	4,323,758	4,584,510	
GO BOND DEFERRED FINANCING COSTS	419,199	421,520	447,049	
DEFERRED FINANCING COSTS	113,390	114,430	125,873	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	6,725,465	6,863,223	7,604,263	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	27,460,916	27,779,607	-	9
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 39,445,261</u>	<u>\$ 39,932,009</u>	<u>\$ 13,414,557</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	11,704,520	11,397,622	\$ 7,881,800	10
ACCRUED PAYROLL & RELATED COSTS	21,442,996	19,543,301	21,021,502	11
INTEREST PAYABLE	391,112	323,387	531,427	
INTEREST PAYABLE GO BOND	1,046,477	784,858	1,075,260	
SUBSCRIPTION LIABILITY	28,976,868	29,260,176	-	12
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	776,070	776,070	290,618	
HEALTH INSURANCE PLAN	3,018,487	3,018,487	2,224,062	
WORKERS COMPENSATION PLAN	3,287,371	3,287,371	2,947,527	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,586,926	2,586,926	2,082,114	
CURRENT MATURITIES OF GO BOND DEBT	2,195,000	2,195,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,935,762	3,935,762	5,645,977	
<b>TOTAL CURRENT LIABILITIES</b>	<u>79,361,589</u>	<u>77,108,959</u>	<u>45,895,288</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	23,749,211	23,950,505	26,059,072	
GO BOND DEBT NET OF CURRENT MATURITIES	90,561,765	90,579,721	92,972,232	
DERIVATIVE INSTRUMENT LIABILITY	190,274	190,274	378,109	
<b>TOTAL LIABILITIES</b>	<u>193,862,839</u>	<u>191,829,458</u>	<u>165,304,701</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	303,667,402	299,835,583	263,370,029	
RESTRICTED	1,172,518	1,172,517	1,148,979	
<b>TOTAL NET POSITION</b>	<u>\$ 304,839,920</u>	<u>\$ 301,008,100</u>	<u>\$ 264,519,008</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
MAY 2024

1. Working Capital is at 71.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 221.7 days. Working Capital cash increased a net \$19,945,000. Accounts Payable increased \$307,000 (See Note 10) and Accrued Payroll & Related Costs increased \$1,900,000 (See Note 11). The District received \$4,733,000 from California Health & Wellness and \$4,083,000 from Anthem for participation in the CY2022 Rate Range IGT program and CY2023 Hospital Quality Assurance Fee program, \$1,955,000 from the Medi-Cal PRIME/QIP program, and received \$4,082,000 in property tax revenues from Nevada and Placer Counties (See Note 3). Cash Collections were below target by 3% (See Note 2).
2. Net Patient Accounts Receivable decreased a net \$1,519,000. Cash collections were 97% of target. EPIC Days in A/R were 67.80 compared to 67.90 at the close of April, a .10 days decrease.
3. Other Receivables decreased a net \$3,313,000 after recording the receipt of property tax revenues from Nevada and Placer counties.
4. GO Bond Receivables decreased a net \$1,739,000 after recording the receipt of property tax revenues from Nevada and Placer counties.
5. Estimated Settlements, Medi-Cal & Medicare decreased a net \$9,173,000. 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 received \$4,733,000 from California Health & Wellness and \$4,083,000 from Anthem for participation in the CY2022 Rate Range IGT and CY2023 Hospital Quality Assurance Fee programs, \$1,955,000 from the Medi-Cal PRIME/QIP program, and remitted \$431,000 to the State for participation in the SFY23-24 Rate Range IGT program.
6. Unrealized Gain/(Loss) Cash Investment Fund increased \$870,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of May.
7. GO Bond Tax Revenue Fund increased \$2,184,000 after transferring the property tax revenues received from Nevada and Placer counties.
8. Investment in TSC, LLC decreased a net \$67,000 after recording the estimated loss for May.
9. To comply with GASB No. 96, the District recorded Amortization Expense for May on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
10. Accounts Payable increased \$307,000 due to the timing of the final check run in May.
11. Accrued Payroll & Related Costs increased a net \$1,900,000 due to an increase in Accrued Payroll days in May.
12. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability \$283,000.



**Tahoe Forest Hospital District  
Cash Investment  
May 31, 2024**

<b>WORKING CAPITAL</b>			
US Bank	\$ 54,377,154	4.90%	
US Bank/Incline Village Thrift Store	22,882		
US Bank/Truckee Thrift Store	66,603		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,021,467</u>	2.02%	
Total			\$ 55,488,107
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>106,346,672</u>	4.90%	
Total			\$ 106,346,672
Building Fund	\$ -		
Cash Reserve Fund	<u>10,553,402</u>	4.33%	
Local Agency Investment Fund			\$ 10,553,402
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,040
Bonds Cash 2015			\$ 1,307,722
GO Bonds Cash 2008			\$ 5,002,610
DX Imaging Education	\$ 3,534		
Workers Comp Fund - B of A	15,032		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 18,566</u>
<b>TOTAL FUNDS</b>			<b>\$ 178,739,118</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,376	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,136,833</u>	4.33%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,172,518</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 179,911,636</u></u></b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
MAY 2024

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAY 23
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 54,703,402	\$ 49,075,931	\$ 5,627,471	11.5%	Total Gross Revenue	\$ 585,446,995	\$ 545,661,324	\$ 39,785,671	7.3%	1	\$ 511,025,478
\$ 3,015,036	\$ 3,262,640	\$ (247,604)	-7.6%	Gross Revenues - Inpatient	\$ 36,283,918	\$ 37,654,871	\$ (1,370,953)	-3.6%		\$ 34,063,217
4,712,315	3,589,293	1,123,022	31.3%	Daily Hospital Service	45,609,127	41,116,180	4,492,947	10.9%		41,322,864
7,727,351	6,851,933	875,418	12.8%	Ancillary Service - Inpatient	81,893,045	78,771,051	3,121,994	4.0%	1	75,386,081
46,976,052	42,223,998	4,752,054	11.3%	Total Gross Revenue - Inpatient	503,553,950	466,890,273	36,663,677	7.9%		435,639,397
46,976,052	42,223,998	4,752,054	11.3%	Gross Revenue - Outpatient	503,553,950	466,890,273	36,663,677	7.9%	1	435,639,397
				Total Gross Revenue - Outpatient						
				Deductions from Revenue:						
27,766,961	23,801,321	(3,965,640)	-16.7%	Contractual Allowances	303,048,343	264,533,223	(38,515,120)	-14.6%	2	247,778,121
(364,684)	981,519	1,346,203	137.2%	Charity Care	(342,068)	10,913,226	11,255,294	103.1%	2	3,358,472
539,490	746,968	207,478	27.8%	Bad Debt	6,863,659	8,308,396	1,444,737	17.4%	2	6,404,639
(179,779)	-	179,779	0.0%	Prior Period Settlements	(2,327,093)	-	2,327,093	0.0%	2	1,277,162
27,761,988	25,529,808	(2,232,180)	-8.7%	Total Deductions from Revenue	307,242,841	283,754,845	(23,487,996)	-8.3%		258,818,394
92,787	101,767	8,980	8.8%	Property Tax Revenue- Wellness Neighborhood	1,125,254	1,113,498	(11,756)	-1.1%		1,184,524
1,878,774	1,319,922	558,852	42.3%	Other Operating Revenue	19,873,980	15,022,835	4,851,145	32.3%	3	14,690,650
28,912,975	24,967,812	3,945,163	15.8%	<b>TOTAL OPERATING REVENUE</b>	<b>299,203,388</b>	<b>278,042,812</b>	<b>21,160,576</b>	<b>7.6%</b>		<b>268,082,258</b>
<b>OPERATING EXPENSES</b>										
10,700,764	10,617,091	(83,673)	-0.8%	Salaries and Wages	113,715,286	115,754,934	2,039,648	1.8%	4	106,213,419
3,737,345	3,743,674	6,329	0.2%	Benefits	37,636,666	37,682,567	45,901	0.1%	4	35,454,535
95,743	108,106	12,363	11.4%	Benefits Workers Compensation	922,572	1,189,161	266,589	22.4%	4	993,777
2,544,481	1,953,389	(591,092)	-30.3%	Benefits Medical Insurance	24,499,247	21,487,278	(3,011,969)	-14.0%	4	19,840,598
396,117	526,819	130,702	24.8%	Medical Professional Fees	5,278,807	5,938,937	660,130	11.1%	5	5,513,007
337,451	281,636	(55,815)	-19.8%	Other Professional Fees	2,904,501	3,231,836	327,335	10.1%	5	2,625,593
4,400,385	3,987,283	(413,102)	-10.4%	Supplies	43,821,266	44,527,446	706,180	1.6%	6	39,804,728
2,126,997	2,234,897	107,900	4.8%	Purchased Services	20,089,118	25,339,956	5,250,838	20.7%	7	24,292,200
974,606	973,112	(1,494)	-0.2%	Other	10,167,630	11,507,590	1,339,960	11.6%	8	11,146,578
25,313,890	24,426,007	(887,883)	-3.6%	<b>TOTAL OPERATING EXPENSE</b>	<b>259,035,092</b>	<b>266,659,705</b>	<b>7,624,613</b>	<b>2.9%</b>		<b>245,884,435</b>
<b>3,599,085</b>	<b>541,805</b>	<b>3,057,280</b>	<b>564.3%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>40,168,296</b>	<b>11,383,107</b>	<b>28,785,189</b>	<b>252.9%</b>		<b>22,197,823</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
769,713	760,733	8,980	1.2%	District and County Taxes	8,445,316	8,374,002	71,314	0.9%	9	7,630,285
445,136	445,136	(0)	0.0%	District and County Taxes - GO Bond	4,896,491	4,896,492	(1)	0.0%		4,747,914
441,412	183,969	257,443	139.9%	Interest Income	3,033,817	1,949,135	1,084,682	55.6%	10	1,482,290
44,790	61,115	(16,325)	-26.7%	Donations	942,201	672,260	269,941	40.2%	11	1,546,038
(67,000)	(67,000)	-	0.0%	Gain/(Loss) on Joint Investment	(611,698)	(737,000)	125,302	17.0%	12	(1,072,144)
754,958	100,000	654,958	-655.0%	Gain/(Loss) on Market Investments	3,446,546	1,100,000	2,346,546	-213.3%	13	739,677
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	(9,307)	-	(9,307)	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	11,000	-	11,000	0.0%	14	1,000
(1,689,038)	(1,367,581)	(321,457)	-23.5%	Depreciation	(18,611,465)	(15,026,074)	(3,585,391)	-23.9%	15	(14,760,679)
(197,546)	(87,853)	(109,693)	-124.9%	Interest Expense	(2,251,704)	(991,930)	(1,259,774)	-127.0%	16	(1,166,628)
(269,689)	(269,689)	(0)	0.0%	Interest Expense-GO Bond	(2,973,777)	(2,973,777)	(0)	0.0%		(3,053,061)
232,735	(241,170)	473,905	196.5%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>(3,682,580)</b>	<b>(2,736,892)</b>	<b>(945,688)</b>	<b>-34.6%</b>		<b>(3,905,308)</b>
<b>\$ 3,831,820</b>	<b>\$ 300,635</b>	<b>\$ 3,531,185</b>	<b>1174.6%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 36,485,716</b>	<b>\$ 8,646,215</b>	<b>\$ 27,839,501</b>	<b>322.0%</b>		<b>\$ 18,292,515</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>268,354,204</b>					
<b>NET POSITION - AS OF MAY 31, 2024</b>					<b>\$ 304,839,920</b>					
<b>6.6%</b>	<b>1.1%</b>	<b>5.5%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>6.9%</b>	<b>2.1%</b>	<b>4.8%</b>			<b>4.3%</b>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MAY 2024**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
<b>MAY 2024</b>		<b>YTD 2024</b>	

**1) Gross Revenues**

Acute Patient Days were below budget 0.01% or 2 days. Swing Bed days were below budget 9.09% or 2 days. We saw increases in our Inpatient Ancillary Revenues in Surgical Services and Medical Supplies Sold to Patients.

Gross Revenue -- Inpatient	\$ 875,418	\$ 3,121,994
Gross Revenue -- Outpatient	4,752,054	36,663,677
<b>Gross Revenue -- Total</b>	<b>\$ 5,627,471</b>	<b>\$ 39,785,671</b>

Outpatient volumes were above budget in the following departments: Hospice Visits, Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Blood units, EKG, Diagnostic Imaging, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, CT Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Physical Therapy, Speech Therapy, Physical Therapy Aquatic and Occupational Therapy.

Outpatient volumes were below budget in the following departments: Emergency Department Visits, Home Health visits, Pathology, Mammography, Radiation Oncology procedures, Briner Ultrasounds, and Tahoe City Physical & Occupational Therapies.

**2) Total Deductions from Revenue**

The payor mix for May shows a 3.32% increase to Medicare, a 1.00% increase to Medi-Cal, 1.12% decrease to Other, County at budget, and a 3.20% decrease to Commercial when compared to budget. We saw a negative variance in Contractuals due to revenues coming in above budget 11.50%, a shift from Commercial into Medicare and Medi-Cal, and A/R over 90 and 120 increased 21.87%.

Contractual Allowances	\$ (3,965,640)	\$ (38,515,120)
Charity Care	1,346,203	11,255,294
Bad Debt	207,478	1,444,737
Prior Period Settlements	179,779	2,327,093
<b>Total</b>	<b>\$ (2,232,180)</b>	<b>\$ (23,487,996)</b>

We are seeing fewer Charity Care applications which is lending to the positive variance in Charity Care.

The State performed a reconciliation of the FY22/23 SNF Supplemental Reimbursement program, resulting in an amount due to the District. This created a positive variance in Prior Period Settlements.

**3) Other Operating Revenue**

Retail Pharmacy revenues were above budget 53.71%.

Children's Center revenues were above budget 35.73%.

We received another round of funding from the newly established Private Hospital Provider Tax program through the Nevada Department of Health, creating a positive variance in Miscellaneous.

Retail Pharmacy	\$ 240,455	\$ 1,546,397
Hospice Thrift Stores	12,683	56,493
The Center (non-therapy)	(435)	23,856
IVCH ER Physician Guarantee	(268)	82,165
Children's Center	52,493	355,980
Miscellaneous	124,403	550,476
Oncology Drug Replacement	-	-
Grants	129,521	2,235,778
<b>Total</b>	<b>\$ 558,852</b>	<b>\$ 4,851,145</b>

The District received additional funding from CDPH's Nursing Home and Long-Term Care Infrastructure and Preparedness program to assist with the creation of airborne infection isolation rooms, creating a positive variance in Grants.

**4) Salaries and Wages**

<b>Total</b>	<b>\$ (83,673)</b>	<b>\$ 2,039,648</b>
--------------	--------------------	---------------------

**Employee Benefits**

We saw a pickup in FYTD Physician Productivity Bonuses paid out, creating a positive variance in Nonproductive.

PL/SL	\$ 19,745	\$ 143,891
Nonproductive	34,089	303,291
Pension/Deferred Comp	(0)	7,019
Standby	(7,754)	(103,416)
Other	(39,751)	(304,884)
<b>Total</b>	<b>\$ 6,329</b>	<b>\$ 45,901</b>

**Employee Benefits - Workers Compensation**

<b>Total</b>	<b>\$ 12,363</b>	<b>\$ 266,589</b>
--------------	------------------	-------------------

**Employee Benefits - Medical Insurance**

We have several high dollar claims that account for the negative variance in Employee Benefits - Medical Insurance. We hope to realize some reimbursement from our Third Party Administrator once the claims exceed our Stop Loss Deductible.

<b>Total</b>	<b>\$ (591,092)</b>	<b>\$ (3,011,969)</b>
--------------	---------------------	-----------------------

**5) Professional Fees**

Outsourced consulting fees for the Physician Compensation plan created a negative variance in Multi-Specialty Clinics Administration.

Occupational Health and Medical Oncology Physician Fees were below budget, creating a positive variance in Multi-Specialty Clinics.

Consulting services to provide an Executive Compensation Review created a negative variance in Human Resources.

Anesthesia Physician Fees were below budget, creating a positive variance in Miscellaneous.

Financial analysis projects came in below budget, creating a positive variance in Financial Administration.

Hospitalist Physician Fees were below budget, creating a positive variance in TFH Locums

Multi-Specialty Clinics Administration	\$ (97,643)	\$ (168,959)
Administration	7,225	(95,441)
Multi-Specialty Clinics	29,024	(57,282)
Marketing	(2,858)	(16,498)
Oncology	424	(12,895)
Managed Care	2,102	(2,297)
IVCH ER Physicians	10,633	(18)
Home Health/Hospice	-	-
Patient Accounting/Admitting	-	-
Respiratory Therapy	-	-
The Center	-	-
TFH/IVCH Therapy Services	-	-
Human Resources	(14,680)	14,931
Corporate Compliance	2,000	22,000
Medical Staff Services	12,725	120,736
Information Technology	1,904	161,348
Miscellaneous	63,540	264,066
Financial Administration	37,500	368,412
TFH Locums	22,989	389,362
<b>Total</b>	<b>\$ 74,886</b>	<b>\$ 987,466</b>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MAY 2024**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAY 2024</b>	<b>YTD 2024</b>
<b>6) <u>Supplies</u></b>	Other Non-Medical Supplies	\$ (20,039)	\$ (167,113)
	We saw negative variances in Other Non-Medical Supplies in Plant Maintenance and Medical Staff departments.	(24,688)	(80,006)
	We saw increases in Other Food costs, creating a negative variance in Food.	(5,597)	1,852
	Medical Supplies Sold to Patients revenues were above budget 45.23%, creating a negative variance in Patient & Other Medical Supplies.	(8,439)	111,087
	Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Retail Pharmacy volumes were above budget 17.15%, creating a negative variance in Pharmacy Supplies.	(187,790)	194,054
		(166,549)	646,306
		\$ (413,102)	\$ 706,180
<b>7) <u>Purchased Services</u></b>	Laboratory	\$ (48,627)	\$ (132,520)
	Outsourced lab testing volumes were above budget 11.99%, creating a negative variance in Laboratory.	4,546	12,550
	A reclassification of a Prepaid Expense posted in April created a positive variance in Multi-Specialty Clinics.	(2,911)	15,043
	Interpreter services, Board retreat expenses, Community Sponsorships, and a Contract opt-out to achieve cost savings for the District created a negative variance in Miscellaneous.	(804)	28,455
	Outsourced billing and collections services were above budget, creating a negative variance in Patient Accounting.	3,333	35,517
	The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense with an offsetting entry to Purchased Services, creating positive variances in Information Technology and Department Repairs.	(2,082)	91,922
		11,994	108,337
		59,835	164,190
		3,761	165,831
		9,008	412,569
		(88,004)	704,804
		(16,566)	967,298
		174,417	2,676,841
		\$ 107,900	\$ 5,250,838
<b>8) <u>Other Expenses</u></b>	Equipment Rent	\$ (57,074)	\$ (109,342)
	Mobile CT Scan rental at TFH and oxygen tank rentals created a negative variance in Equipment Rent.	3,833	(91,299)
	Website Maintenance, Billboard Advertising, and Community Events were above budget, creating a negative variance in Marketing.	(2,862)	(19,934)
	Physician Recruitment expenses were below budget, creating a positive variance in Miscellaneous.	2,605	(6,094)
	Natural Gas/Propane and Telephone costs were below budget, creating a positive variance in Utilities.	(57)	(4,134)
		(55,747)	(1,024)
		3,234	14,102
		7,591	65,865
		31,379	201,757
		(6,912)	210,148
		24,874	351,501
		47,642	728,415
		\$ (1,494)	\$ 1,339,960
<b>9) <u>District and County Taxes</u></b>	Total	\$ 8,980	\$ 71,314
<b>10) <u>Interest Income</u></b>	Total	\$ 257,443	\$ 1,084,682
	Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.		
<b>11) <u>Donations</u></b>	IVCH	\$ (6,667)	\$ 66,922
	Operational	(9,658)	203,019
		\$ (16,325)	\$ 269,941
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	\$ -	\$ 125,302
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	Total	\$ 654,958	\$ 2,346,546
	The District booked the value of unrealized gains in its holdings with Chandler Investments.		
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total	\$ -	\$ (9,307)
<b>15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>	Total	\$ -	\$ 11,000
<b>16) <u>Depreciation Expense</u></b>	Total	\$ (321,457)	\$ (3,585,391)
	The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense, creating a negative variance in Depreciation Expense.		
<b>17) <u>Interest Expense</u></b>	Total	\$ (109,693)	\$ (1,259,774)
	The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense, creating a negative variance in Interest Expense.		

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MAY 2024

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2023			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 3,756,839	\$ 3,348,370	\$ 408,469	12.2%	Total Gross Revenue	\$ 39,817,865	\$ 37,658,016	\$ 2,159,849	5.7%	1	\$ 34,265,090	
				<b>Gross Revenues - Inpatient</b>							
\$ -	\$ 5,627	\$ (5,627)	-100.0%	Daily Hospital Service	\$ 7,959	\$ 33,765	\$ (25,806)	-76.4%		\$ 10,719	
-	2,435	(2,435)	-100.0%	Ancillary Service - Inpatient	4,455	23,366	(18,912)	-80.9%		11,270	
-	8,062	(8,062)	-100.0%	Total Gross Revenue - Inpatient	12,414	57,131	(44,718)	-78.3%	1	21,989	
3,756,839	3,340,308	416,531	12.5%	Gross Revenue - Outpatient	39,805,452	37,600,885	2,204,567	5.9%		34,243,101	
3,756,839	3,340,308	416,531	12.5%	Total Gross Revenue - Outpatient	39,805,452	37,600,885	2,204,567	5.9%	1	34,243,101	
				<b>Deductions from Revenue:</b>							
1,636,804	1,527,021	(109,783)	-7.2%	Contractual Allowances	18,024,244	17,064,478	(959,766)	-5.6%	2	15,034,619	
(48,407)	66,967	115,374	172.3%	Charity Care	48,397	753,160	704,763	93.6%	2	676,197	
175,361	50,226	(125,135)	-249.1%	Bad Debt	1,389,836	564,870	(824,966)	-146.0%	2	1,025,284	
-	-	-	0.0%	Prior Period Settlements	(275,875)	-	275,875	0.0%	2	(58,981)	
1,763,758	1,644,214	(119,544)	-7.3%	Total Deductions from Revenue	19,186,602	18,382,508	(804,094)	-4.4%	2	16,677,119	
205,682	46,619	159,063	341.2%	Other Operating Revenue	1,179,381	622,179	557,202	89.6%	3	670,006	
2,198,764	1,750,775	447,989	25.6%	<b>TOTAL OPERATING REVENUE</b>	21,810,644	19,897,687	1,912,957	9.6%		18,257,977	
				<b>OPERATING EXPENSES</b>							
666,773	690,613	23,840	3.5%	Salaries and Wages	7,187,494	7,343,169	155,675	2.1%	4	6,587,316	
193,770	212,409	18,639	8.8%	Benefits	2,249,281	2,317,683	68,402	3.0%	4	2,313,043	
3,404	3,157	(247)	-7.8%	Benefits Workers Compensation	37,449	34,727	(2,722)	-7.8%	4	27,803	
159,914	119,744	(40,170)	-33.5%	Benefits Medical Insurance	1,500,521	1,317,184	(183,337)	-13.9%	4	1,258,223	
155,615	166,755	11,140	6.7%	Medical Professional Fees	1,679,746	1,683,365	3,619	0.2%	5	1,654,860	
1,706	2,306	600	26.0%	Other Professional Fees	22,863	25,369	2,506	9.9%	5	23,869	
99,309	63,671	(35,638)	-56.0%	Supplies	1,232,992	710,674	(522,318)	-73.5%	6	650,239	
85,831	49,063	(36,768)	-74.9%	Purchased Services	740,399	865,705	125,306	14.5%	7	745,775	
108,119	67,339	(40,780)	-60.6%	Other	1,271,089	1,038,761	(232,328)	-22.4%	8	1,293,975	
1,474,441	1,375,057	(99,384)	-7.2%	<b>TOTAL OPERATING EXPENSE</b>	15,921,834	15,336,637	(585,197)	-3.8%		14,555,103	
<b>724,323</b>	<b>375,718</b>	<b>348,605</b>	<b>92.8%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>5,888,811</b>	<b>4,561,050</b>	<b>1,327,761</b>	<b>29.1%</b>		<b>3,702,874</b>	
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
-	16,667	(16,667)	-100.0%	Donations-IVCH	250,256	183,334	66,922	36.5%	9	597,242	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
(122,785)	(121,791)	(994)	0.8%	Depreciation	(1,352,201)	(1,338,651)	(13,550)	-1.0%	11	(1,044,574)	
(1,216)	(1,202)	(14)	1.2%	Interest Expense	(14,955)	(14,608)	(347)	2.4%	12	(18,219)	
(124,001)	(106,326)	(17,675)	-16.6%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(1,116,900)</b>	<b>(1,169,925)</b>	<b>53,025</b>	<b>4.5%</b>		<b>(465,551)</b>	
<b>\$ 600,322</b>	<b>\$ 269,392</b>	<b>\$ 330,930</b>	<b>122.8%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 4,771,911</b>	<b>\$ 3,391,125</b>	<b>\$ 1,380,786</b>	<b>40.7%</b>		<b>\$ 3,237,323</b>	
<b>19.3%</b>	<b>11.2%</b>	<b>8.1%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>14.8%</b>	<b>12.1%</b>	<b>2.7%</b>			<b>10.8%</b>	

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MAY 2024**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>MAY 2024</b>	<b>YTD 2024</b>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were below budget by 1 at 0 and Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ (8,062)	\$ (44,718)
	Gross Revenue -- Outpatient	416,531	2,204,567
	Total	\$ 408,469	\$ 2,159,849
Outpatient volumes were above budget in Surgery cases, Lab tests, EKG's, Diagnostic Imaging, Ultrasounds, CT Scans, Drugs Sold to Patients, Physical Therapy, and Occupational Therapy.			
Outpatient volumes were below budget in Emergency Dept visits, Lab Send Out Tests, Respiratory Therapy, and Speech Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 10.79% increase in Medicare, a 4.47% decrease in Medicaid, a 5.60% decrease in Commercial insurance, a 0.72% decrease in Other, and County was at budget.	Contractual Allowances	\$ (109,783)	\$ (959,766)
We saw a shift in Payor Mix from Medicaid and Commercial to Medicare and Revenues were above budget 12.2%, creating a negative variance in Contractual Allowances.	Charity Care	115,374	704,763
	Bad Debt	(125,135)	(824,966)
	Prior Period Settlement	-	275,875
	Total	\$ (119,544)	\$ (804,094)
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections, coming in at budget in May.	IVCH ER Physician Guarantee	\$ (268)	\$ 82,165
	Miscellaneous	159,332	475,037
	Total	\$ 159,063	\$ 557,202
We received another round of funding from the newly established Private Hospital Provider Tax program through the Nevada Department of Health, creating a positive variance in Miscellaneous.			
<b>4) <u>Salaries and Wages</u></b>			
	Total	\$ 23,840	\$ 155,675
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ 4,968	\$ 61,567
	Pension/Deferred Comp	(0)	445
	Standby	1,950	(3,658)
	Other	832	(14,223)
	Nonproductive	10,890	24,271
	Total	\$ 18,639	\$ 68,402
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	\$ (247)	\$ (2,722)
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	\$ (40,170)	\$ (183,337)
<b>5) <u>Professional Fees</u></b>			
Decreased use of Call coverage created a positive variance in IVCH ER Physicians.	IVCH ER Physicians	\$ 10,633	\$ (18)
	Administration	-	-
	Miscellaneous	-	-
	Foundation	600	2,505
	Multi-Specialty Clinics	507	3,637
	Total	\$ 11,740	\$ 6,125
<b>6) <u>Supplies</u></b>			
Drugs Sold to Patients revenues were above budget 14.21%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (45,394)	\$ (473,576)
	Non-Medical Supplies	(666)	(69,835)
	Office Supplies	(54)	203
	Food	(66)	2,681
	Minor Equipment	280	7,927
Non-Patient Chargeable Supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	10,263	10,282
	Total	\$ (35,638)	\$ (522,318)

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MAY 2024**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>MAY 2024</b>	<b>YTD 2024</b>
<b>7) <u>Purchased Services</u></b>			
The main hospital floors were scrubbed, waxed, and buffed, creating a negative variance in Engineering/Plant/Communications.	EVS/Laundry	\$ (4,921)	\$ (31,193)
Outsourced Laboratory testing for April came in higher than accrual estimates, creating a negative variance in Laboratory.	Engineering/Plant/Communications	(13,290)	(25,833)
Radiology reads in Diagnostic Imaging, Ultrasound, and CT Scans created a negative variance in Diagnostic Imaging-All. Volumes were above budget 24.09%.	Laboratory	(11,803)	(17,275)
Catering services for the new Diagnostic Imaging Services and 3D Mammography ribbon cutting ceremony created a negative variance in Foundation.	Diagnostic Imaging Services - All	(3,795)	(11,211)
	Pharmacy	(108)	(28)
	Multi-Specialty Clinics	(125)	544
	Department Repairs	153	776
	Miscellaneous	(133)	3,330
	Foundation	(2,744)	206,195
	<b>Total</b>	<b>\$ (36,768)</b>	<b>\$ 125,306</b>
<b>8) <u>Other Expenses</u></b>			
IVCH Foundation fundraising expenses for the Schumacher event created a negative variance in Miscellaneous.	Miscellaneous	\$ (4,623)	\$ (185,436)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Other Building Rent	(5,430)	(50,771)
Advertising campaigns in local magazines and newspapers created a negative variance in Marketing.	Dues and Subscriptions	(1,949)	(24,044)
Telephone, Electricity, and Water/Sewer costs exceeded budget, creating a negative variance in Utilities.	Equipment Rent	495	(22,328)
	Multi-Specialty Clinics Bldg. Rent	(315)	(3,715)
	Marketing	(10,105)	(2,250)
	Physician Services	-	-
	Insurance	716	4,207
	Utilities	(23,123)	23,798
	Outside Training & Travel	3,554	28,211
	<b>Total</b>	<b>\$ (40,780)</b>	<b>\$ (232,328)</b>
<b>9) <u>Donations</u></b>	<b>Total</b>	<b>\$ (16,667)</b>	<b>\$ 66,922</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ (994)</b>	<b>\$ (13,550)</b>
<b>12) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ (14)</b>	<b>\$ (347)</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2023		BUDGET FYE 2024	PROJECTED FYE 2024	ACTUAL MAY 2024	PROJECTED MAY 2024	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	31,312,720		12,535,783	41,320,972	\$ 3,599,085	\$ 541,807	\$ 3,057,278	6,814,877	8,454,556	17,644,059	8,407,480
Interest Income	1,348,932		2,000,000	3,326,834	389,371	75,000	314,371	582,090	793,177	779,873	1,171,694
Property Tax Revenue	10,063,960		10,190,000	10,510,314	4,082,446	4,140,000	(57,554)	596,999	119,101	5,711,767	4,082,446
Donations	1,574,358		6,733,375	8,198,798	244,024	26,115	217,909	149,171	519,826	198,158	7,331,642
Debt Service Payments	(5,216,044)		(3,981,665)	(4,003,971)	(204,918)	(205,433)	515	(1,054,410)	(914,891)	(892,541)	(1,142,129)
Property Purchase Agreement	(811,927)		(811,927)	(811,928)	(67,661)	(67,661)	-	(202,983)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,717,326)		(715,553)	(715,417)	-	-	-	(429,332)	(286,086)	-	-
Copier	(63,919)		(47,871)	(41,712)	(160)	(675)	515	(10,803)	(14,531)	(14,640)	(1,737)
2017 VR Demand Bond	(840,606)		(761,145)	(785,745)	-	-	-	-	-	(122,530)	(663,215)
2015 Revenue Bond	(1,782,266)		(1,645,169)	(1,649,168)	(137,097)	(137,097)	0	(411,292)	(411,292)	(552,389)	(274,195)
Physician Recruitment	(476,666)		(1,146,666)	(146,666)	-	(111,111)	111,111	(83,333)	(63,333)	-	-
Investment in Capital											
Equipment	(2,315,113)		(4,545,602)	(4,735,029)	(31,466)	(214,901)	183,435	(682,703)	(2,054,687)	(812,676)	(1,184,962)
IT/EMR/Business Systems	(710,081)		(2,818,739)	(39,200)	-	(333,333)	333,333	-	(39,200)	-	-
Building Projects/Properties	(21,471,856)		(21,287,010)	(11,904,242)	(384,630)	(4,030,567)	3,645,937	(2,714,000)	(4,645,442)	(2,236,251)	(2,308,549)
Change in Accounts Receivable	(6,688,560)	N1	(2,859,354)	(6,065,440)	1,519,412	765,397	754,015	1,910,240	1,024,514	(7,849,100)	(1,151,094)
Change in Settlement Accounts	(8,255,522)	N2	4,265,118	6,019,285	9,173,168	5,610,556	3,562,612	(2,878,378)	(1,769,412)	1,058,237	9,608,838
Change in Other Assets	(8,902,354)	N3	(3,500,000)	(3,642,034)	(362,246)	(400,000)	37,754	(2,377,128)	190,662	(1,265,403)	(190,164)
Change in Other Liabilities	328,247	N4	(4,400,000)	(5,203,580)	1,955,627	1,187,542	768,085	(3,216,855)	(2,172,544)	(4,621,872)	4,807,691
Change in Cash Balance	(9,407,979)		(8,814,760)	33,636,042	19,979,874	7,051,071	12,928,803	(2,953,429)	(557,673)	7,714,251	29,432,893
Beginning Unrestricted Cash	154,252,753		144,844,775	144,844,775	152,408,306	152,408,306	-	144,844,775	141,891,346	141,333,673	149,047,924
Ending Unrestricted Cash	144,844,775		136,030,015	178,480,816	172,388,180	159,459,376	12,928,803	141,891,346	141,333,673	149,047,924	178,480,816
Operating Cash	144,844,775		136,030,015	178,480,816	172,388,180	159,459,376	12,928,803	141,891,346	141,333,673	149,047,924	178,480,816
Expense Per Day	750,945		800,841	783,451	777,639	796,582	(18,943)	753,622	769,434	771,389	783,451
Days Cash On Hand	193		170	228	222	200	22	188	184	193	228

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.





**By: Louis Ward**  
Acting Chief Executive Officer/Chief Operating Officer

**DATE: June 2024**

---

### Community

*Aspire to be an integrated partner in an exceptionally healthy and thriving community*

- **Celebrating our 75<sup>th</sup> Year – 4<sup>th</sup> of July Parade**

For seventy-five years, our health system has been a cornerstone of the North Lake Tahoe region, providing exceptional care and fostering a sense of community that is as strong as the mountains that encircle us. Our commitment to quality health care and the well-being of our community has never been more evident. This summer, our dedication will be recognized in a very special way as we have the distinct honor of serving as the Grand Marshals of the downtown Truckee 4th of July parade. This recognition is a testament to the hard work, compassion, and unwavering spirit each of today's TFHS team members and the ones that came before us have brought to our health system and community every day.

- **Wildfire Disaster Preparedness Full Scale Activation – Drill**

The Tahoe Forest Health System understands the importance of being prepared for any natural or artificial disaster. Our Emergency Management Team continuously works to take proactive measures to evaluate, train, and test staff in an effort to always be ready to mitigate any impacts. Wildfires are our greatest risk and, in the worst case scenario, could cause our hospitals to evacuate and close our outpatient services. With that in mind, an Emergency Evacuation Exercise was conducted on Wednesday, June 12<sup>th</sup> at Tahoe Forest Hospital and all nearby outpatient services. This exercise tested the activation of the Hospital Incident Command Center as well as patient evacuation procedures that included: rapid patient discharge, patient tagging, filling to-go bags, patient tracking, and patient movement to staging areas. This exercise also included the simulated closure of all Truckee campus outpatient services.

TFHS greatly appreciates every staff member and community volunteers who participated in this exercise as it validated our ability to successfully respond!

- **Environmental Stewardship Report**

Mazetti, the consulting firm commissioned to conduct a comprehensive analysis of our main campus's carbon footprint, has finalized their report. Their findings will be presented to the District Board at the upcoming June Board meeting. This report is a significant milestone in our efforts, sharing these insights with the Board and the community will facilitate our understanding of the industry's GHG reduction goals and help us engage with partners and stakeholders who can support our future reduction initiatives.

## Quality

*Aspire to deliver the best possible outcomes for our patients*

- **California Department of Public Health (CDPH) Extended Care Center (ECC) Annual Survey**

I am thrilled to share some fantastic news from our recent California Department of Public Health (CDPH) annual survey conducted at the Extended Care Center (ECC). This Month, the CDPH survey team met with ECC and Health System leadership to present their findings. I am proud to announce that the ECC achieved an exceptional outcome, a PERFECT survey with no deficiencies.

This result underscores our unwavering commitment to providing 5-star care. Achieving such a successful survey outcome is no small feat and reflects the dedication, skill, and compassion you bring to the care of our residents. It highlights not only our excellence in medical care but also our deep commitment to enhancing every aspect of our residents' daily lives.

We want to extend our heartfelt thanks to every member of our team. This achievement is a result of the collaborative efforts of the ECC staff and leadership, facilities team, food and nutrition services, Physicians, EVS staff, Pharmacy, and our diligent Quality Department.

## Service

*Aspire to deliver a timely, outstanding patient and family experience*

- **Incline Village Community Hospital Mammography**

We're also excited to share that starting in June, IVCH's cutting-edge Diagnostic Imaging suite began offering 3D mammography screenings. The Genius AI 3D Mammography is a breakthrough in breast cancer detection, especially beneficial for women with dense breast tissue. No physician order is required, and most insurance plans cover this service.

- **Weekend Walk-in Clinic at Incline Village Hospital**

In May, we launched a weekend walk-in clinic at IVCH, enhancing healthcare access for our Incline Village neighbors. Now open Saturdays and Sundays from 8 am to 6 pm, this clinic offers convenient and swift care for minor injuries and illnesses.

- **Gateway Rural Health Clinic Remodel and Expansion**

The Gateway Rural Health Clinic (RHC) expansion is progressing smoothly. The team has successfully submitted a comprehensive Development Permit application to the Town of Truckee and has recently received a consistency comment letter that includes feedback from all relevant local jurisdiction authorities.

In response to these comments, we will implement minor modifications to the site improvements to ensure alignment with jurisdictional requirements. Additionally, we will address necessary updates and revisions to the District's Mitigated Negative Declaration as part of this process.

From a design perspective, the schematic design phase has been completed. With the jurisdictional feedback now in hand, the team will advance to the design development phase.

- **TFHS Community Health Project – (former RiteAid Space)**

The TFHS Community Health Project is off to a strong start. This month we successfully collaborated with our design-build partners to develop the space allocation for the following services:

- Urgent Care
- Retail Pharmacy
- Out-Patient Lab Draw
- Occupational Health
- Cardiac Rehab
- Wellness
- Community Health and Wellness

We are currently transitioning from the programming phase to the initial stages of schematic design. Our teams are actively engaging with respective departments to refine the interior design of the facility. Concurrently, we are working closely with local authorities to outline and prepare for the review process. Preliminary discussions indicate that the project will likely require a Zoning Clearance.

Our goal is to finalize the interior floor plan by early July 2024, enabling us to commence the Owner and Jurisdictional approval process.

- **Tahoe City Physical Therapy**

Staff continue to work with our local partners and the building owner to reoccupy the building as soon as possible. There has been significant progress since last month, a repair plan has been approved by the local jurisdiction and permits have been issued. The general contractor in charge of the repairs is working on material procurement and scheduling the work. Staff are very optimistic with this new information and look forward to reoccupying as soon as possible. Some challenges still exist. It is staff's understanding that the elevator repair is not currently included in the repair plan. This could lead to the building being occupied yet no reasonable accommodations for patients needing access assistance. To mitigate, staff intend to have these patients seen at alternate locations as well as work on access alternatives.

- **Implement a focused master plan**

Report provided by Dylan Crosby, Director Facilities and Construction Management

**Active Moves:**

- No Active Moves

**Planned Moves:**

- No Planned Moves

**Active Projects:**

**Project:** Martis Outlook Plastics

**Background:** Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

**Summary of Work:** Demo interiors of existing suite to build out new clinic space.

**Update Summary:** Project is complete and approved. The space is ready to see patients as of May 13<sup>th</sup>. There are minor punch list items being completed.

**Start of Construction:** Spring 2023  
**Estimated Completion:** Spring 2024

**Project:** Incline Village Community Hospital Mammography

**Background:** Incline Village Community Hospital has been provided a grant opportunity to support the addition of a new Mammography Machine.

**Summary of Work:** Remodel the previous Medical Records office to create a mammography room.

**Update Summary:** The new Mammography unit is installed and is being set up. Substantial completion is scheduled 4/23/24, Ribbon cutting 5/16/24, first patient day 6/3/24.

**Start of Construction:** Winter 2023

**Estimated Completion:** Spring 2024

### **Projects in Planning:**

**Project:** Tahoe Forest Hospital Seismic Improvements and Imaging Replacements

**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. Diagnostic Imaging scope includes replacing X-Ray Room 2, Fluoroscopy and CT as well as creating a new radiologist reading room and patient shower in the Emergency Department.

**Phase 1:** 1990 Building – Portions of the Surgical Department; 1993 Building – Portions of the Dietary Department; CT Replacement.

**Phase 2:** X-Ray and Fluoroscope Replacement.

**Phase 2:** 1978 Building – Diagnostic Imaging, portions of Emergency Department; Med Gas Building – Primary Med Gas distribution building; Radiologist reading room

**Update Summary** Phase 1, 1990 and 1993 NPC 4 improvement, is bid and scheduled to start June 3<sup>rd</sup>. OR Flooring, CT Replacement and 1990 and 1993 Building seismic upgrades are scheduled to start June 3<sup>rd</sup> as well. Phase 2, X-Ray room 2 and Fluoroscopy are in design. This portion of work will likely overlap with both Phase 1 and Phase 3 work. Phase 3 scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings, this scope of work has been approved and permitted. This scope will commence at the conclusion of Phase 1 seismic work.

**Start of Construction:** Spring 2024

**Estimated Completion:** Winter 2026

**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:** Project is in hold

**Start of Construction:** TBD

**Estimated Completion:** TBD

**Project:** Gateway RHC Expansion

**Background:** With the longevity of the existing Gateway Building in the Master Plan staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide additional Primary Care service complimented by Specialists.

**Summary of Work:** Remodel 8 suites within the Building.

**Update Summary** Schematic design is underway, forecasted to complete at the end of May. The Development Permit has been deemed complete and is circulating throughout the authorities having jurisdiction.

**Start of Construction:** Spring 2024

**Estimated Completion:** Fall 2026

**Project:** TFHD MEP Replacements

**Background:** In order to meet the environment required for patient care, various end of life mechanical and electrical systems are in process of being replaced.

**Summary of Work:** Replace the four air handlers that support the 1990 building, replace the air handler that supports the 1978 building, provide reliability improvements to the western addition air handler, add addition cooling to the South Building MPOE and replace end of life ATS'.

**Update Summary** Design Development drawings are being worked on.

**Start of Construction:** Winter 2024

**Estimated Completion:** Summer 2026

**Project:** Tahoe City Clinic – Fabian Way

**Background:** The District has acquired new space in Tahoe City, Dollar Point, to move clinical services.

**Summary of Work:** Remodel the two structures to provide a new clinic with supported lab draw and imaging services. Site Improvements to improve parking, access and best management practices.

**Update Summary** The project is in the schematic design phase.

**Start of Construction:** Fall 2024

**Estimated Completion:** Summer 2025

**Project:** Community Health

**Background:** The District is seeking to lease a substantial amount of area to consolidate clinic and retail activities subsequently creating lease consolidation and campus flexibility.

**Summary of Work:** Remodel interiors to meet clinic activities and retail services.

**Update Summary** The project has been awarded. Program validation commenced on May 13<sup>th</sup> starting with interviewing all programmed Department Directors. Town of Truckee Zoning Clearance is schedule for Late June.

**Start of Construction:** Winter 2024

**Estimated Completion:** Summer 2026



## Board CMO Report

**By: Brian Evans, MD, MBA, FACEP, CPE**  
Chief Medical Officer

**DATE: June 19, 2024**

---

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

- Journal Club was held on June 18, 2024 in the Eskridge Conference Room. We discussed articles about atrial fibrillation in endurance athletes, clinical leadership and its impact on quality and financial performance, and the effects of GLP-1 RA medications on procedures.
- Rounding has increased in the clinics, with particular focus on provider/medical assistant handoffs.
- SCOR survey debriefs were held with medical staff members and the data was sent to everyone. Medical staff appreciated the transparent approach to sharing survey data, and the discussion.

### **Service: Deliver Outstanding Patient & Family Experience**

- Service Line meetings with dyadic leaders have put more focus on patient experience results, using Press Ganey surveys at the clinic level. Several service lines have noted significant improvement in overall performance. This is particularly true in Urgent Care which has risen from the 46<sup>th</sup> percentile to the 95<sup>th</sup> percentile nationally in the last quarter. In addition, Ophthalmology, Orthopedics, ENT, and General Surgery are performing in the top 5 percent nationally.

### **Quality: Provide excellent patient focused quality care**

- Continued progress has occurred on the CMS 5-Star quality report card, and the system is on track for its 1 and 5 year goals. Tahoe Forest did not receive a star rating this quarter because certain volumes were too low for reporting, which is no reflection of performance.
- OPPE reports are now improved, thanks to the efforts of the quality team, especially Heather Hiller. The OPPE reports include more relevant information for clinicians designed to help them assess their own practice patterns and opportunities.

### **Finance: Ensure strong operational & financial performance for long term sustainability**

- Work continues with ECG, a consulting group helping our physicians and leadership team to determine the best compensation model for employed medical staff members
- The Radiology group has re-implemented a so-called “Jeopardy” shift which allows for an additional radiologist to read studies on high volume days. This is a cost effective method for dealing with the widely variable fluctuations in clinical volume.

### **Community: Expand and foster community and regional relationships**

- The Community Health Index has been developed to provide a quantitative assessment of the health of our service area, and also goals for improvement. Specific actions are being developed to improve performance in each of the 15 focus areas. Partnership between Tahoe Forest and other agencies and individuals will be crucial for success in this domain.

### **Recruitment**

- Dr. Gipanjoy Dhillon (Adult and Pediatric Psychiatry) will join our Behavioral Health department as clinician and medical director July 15.

- Dr. Gurpreet Singh (Gastroenterology) will join TFHD on July 1.
- Dr. Krithika Chandrasekaran (Family Medicine) will join the system on September 1.
- Scott Samuelson, MD will rejoin Tahoe Forest on July 8<sup>th</sup> providing both Family Medicine and Urgent Care services.
- Carin Eldridge, MD will join the system in the department of Pediatrics on August 1.
- Dr. Emily Bevan (OB/GYN) will join Tahoe Forest September 30.
- Dr. Kari Rezac (Sports Medicine) starts on September 16.

### **Community**

*Aspire to be an integrated partner in an exceptionally healthy and thriving community*

- The First week of June Trent Foust, Katie Lamb, Addie Brixey, Kaitlin Steverman, Anna Voegele, and Anthony Lavin represented TFH at the FEMA training center in Anniston, Alabama. Our staff received great compliments for their knowledge and participation. Nevada County hosted TFH staff.
- On July 2<sup>nd</sup>, IVCH staff will participate with the community in the annual Incline Village 4<sup>th</sup> of July Parade.

### **Service**

*Aspire to deliver a timely, outstanding patient and family experience*

- TFH ED has finished training for Nitrous use in the ED. This will provide another way of treating certain types of injuries or painful procedures without IV narcotics. Nitrous has been used for several years at IVCH ED, OB, and at the Cancer Center.
- Respiratory Department will begin in July to perform outpatient/inpatient EEG service. This is part of our Tele-stroke program (tele-Neuro to read). It will ensure patients in our community will not have to travel to Sacramento or Reno for these services.

### **Quality**

*Aspire to deliver the best possible outcomes for our patients*

- ECC had their annual CDPH survey (State) with **NO** deficiencies. A perfect survey!
- OB-Women and Family Completed Quest for Zero Validation survey for both Tier One and Tier Two. TFH was the only Beta facility to achieve fetal monitoring assessment scores greater than 85% for 100% of the nursing and physician staff!

### **People**

*Aspire for a highly engaged culture that inspires teamwork and joy*

- Staff debriefs were scheduled in nursing units that scored low on their annual SCORE survey. They are finishing their unit meetings. Trent Foust, Lauren Caprio, and Ashley Davis have met with these units to listen and make changes on the issues staff have brought forward to management.



## Board CIO Report

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

**DATE: 06/18/2024**

---

### Service

*Aspire to deliver a timely, outstanding patient and family experience.*

### General:

#### Overall:

1. EPIC-July 17<sup>th</sup> Upgrade-prep, gathering final materials now. Available sand sent out to staff week of June 24<sup>th</sup>. Build freeze July 11-17.
2. SlicerDicer-workgroup/rollout/validation
  - a. *SlicerDicer is a self-service reporting tool that resides in EPIC, it provides physicians, department managers, and other users with intuitive and customizable data exploration abilities. Using SlicerDicer, users can find the data they need to investigate a hunch, and then refine their searches on the fly to better understand the data they work with.*
3. Onboarding, Trainings
4. Marketware support and enhancement of process

#### Inpatient:

1. Continued Pump support/workflow/troubleshooting issues
2. Simplifying audits to hopefully hand off to leads
3. Moving forward with SDOH reporting
4. ECC ePrescribe project work. Continuing work on ECC optimization. We've done three admissions and one monthly cart fill using the new eprescribe in Epic and nurse transcribing workflow.
5. ECC survey with CDPH – medication transcription audit started
6. work for Physician Services Market ware optimization – to build a better Onboarding checklist
7. Onboarded new OBGYN locums provider, Dr Carol Darwish
8. ECR: Insulin pump orders TFH order set optimization - finished
9. ANE: OB labor epidural and Heparin panel builds, in progress with Mercy Orders team

#### Surgery:

1. Econsent moving forward
2. Provation project is underway
  - a. <https://www.provationmedical.com/>
3. POC Clinic
4. IRAD move to Cancer Center

5. Department rearrangement for construction
6. Endo Quality Reporting
7. Anesthesia procedure billing issues
8. New employee training

Lab:

1. Aura connectivity for Natera- followed by other reference labs
2. Provation which is scheduled to go live on Tuesday unless anything has changed.
3. Epiphany
4. Initial IT security gathering for new Chemistry/Immunochemistry analyzers approved for purchase for the lab.

AMB:

1. Routine Provider 1:1 EPIC Review
2. Provider Efficiency Evaluation
3. Onboarding new staff and providers
4. Provider Elbow Support

**Operation:**

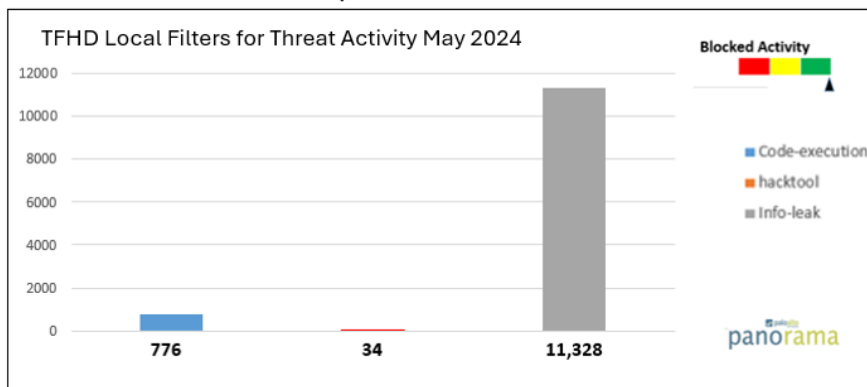
- KnowB4 Phishing Awareness Investment: While KnowB4 has long been a tool used by TFHS I.T. to test and evaluate staff response to phishing (fraudulent practice of sending emails to trick individuals into revealing sensitive information) we have matured our partnership with the company to provide managed services for our District. This relationship will increase our expertise in this area, create resource efficiencies, better customize the solution for our staff, increase “teachable moments” and provide a solid ROI demonstration.
- Signed agreement with Sentinel Corporation for Office 365 rollout. Vendor assigned project manager today with the expectation of kick-off meeting by EOW
- Engaged with TalkDesk as next generation AI-powered customer service platform that will empower us an exceptional customer experience and achieve some major operational efficiencies.
  - TalkDesk integrates with Epic and enhances providers’ capabilities by offering real-time access to patient information, streamlining communication and improving the overall patient experience through a cloud contact center platform
- Began testing Windows 11 upgrades. All enterprise systems will be upgraded to Windows 11 by EOY. Initial testing scope are I.T. users and related systems. Notification and awareness will begin soon to prep for this change
- Tahoe Forest enterprise systems have been upgraded to latest version of virus (end-point) protection.
  - Stragglers still exist due to incompatibility with some vendor tools; however, IT is working closely to ensure compliance or seek out new compatible solutions
- CyberArk Deployed and in production. Provides Privileged Access Management (PAM) which secures and monitors all sensitive and privileged accounts and access to critical systems
- We are experiencing an uncommonly high number of break-fix incidents on internal and vendor partner systems. IT and PMO are working diligently to discover root causes with our internal staff and vendor partners; however, it is impacting project tasks and administrative execution

- Service Desk Tickets Processed: 1,032

Incoming Mail Summary: 7.9% “Clean.” Filters successfully blocked 1,928,357 emails between 19 May and 17 June

Message Category	%	Messages
Stopped by IP Reputation Filtering	83.8%	1,755,381
Stopped by Domain Reputation Filtering	0.0%	201
Stopped as Invalid Recipients	0.3%	6,522
Spam Detected	1.4%	28,372
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	6
Messages with Malicious URLs	0.0%	102
Stopped by Content Filter	0.2%	3,293
Stopped by DMARC	0.5%	10,664
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>85.7%</b>	<b>1,793,879</b>
Marketing Messages	3.5%	73,494
Social Networking Messages	0.1%	1,421
Bulk Messages	2.8%	59,563
<b>Total Graymails:</b>	<b>6.4%</b>	<b>134,478</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	7.9%	165,417
<b>Total Attempted Messages:</b>		<b>2,093,774</b>

### Successfully Blocked Threat Execution



**Code Execution:** Attempts to identify execution vulnerabilities that can be run by a privileged user

**hacktool:** riskware that is intended to provide access to computers and networks

**Info-leak:** Attempt to detect software vulnerabilities and craft request exploits for unprotected data

**Charter**  
**Executive Compensation Committee**  
**Tahoe Forest Hospital District**  
**Board of Directors**

***PURPOSE:***

The purpose of the charter is to delineate the responsibilities and duties of the Executive Compensation Committee of the District's Board of Directors.

***RESPONSIBILITIES:***

The Executive Compensation Committee is responsible for assisting the Board in oversight of President and Chief Executive Officer (CEO) relations and the work done through the ~~Foundations of Excellence~~ Winning Aspirations.

***DUTIES:***

1. Oversee the identification and recruitment of the organization's CEO as directed by the Board of Directors.
2. Ensure an annual CEO performance evaluation process is in place.
3. In conjunction with the CEO, using a standardized evaluation tool, annually review and recommend modifications of the goals and objectives documents which will be used to evaluate the performance of the CEO.
4. Review annually the CEO's comprehensive compensation package, and make recommendations to the Board of Directors as necessary.
5. Review metrics annually for the CEO's Incentive Compensation Criteria and make recommendations to the Board of Directors as necessary.
6. Review annually the CEO's Employment Agreement, and make recommendations to the Board of Directors as necessary.
7. In conjunction with the CEO, review and evaluate annually the CEO position description to ensure its continued relevance. Recommend revisions to the Board of Directors as necessary.

***COMPOSITION:***

The Committee is comprised of at least two (2) board members appointed by the Board Chair.

***MEETING FREQUENCY:***

The Committee shall meet at least once annually and then on an as needed basis.

**RISK:**

~~Failure to educate new board members through~~ Without an adequate onboarding and orientation process, board members may not understand risk which may result in ~~negative community perception and~~ legal and regulatory ramifications for the District.

**POLICY:**

Tahoe Forest Hospital District will provide essential knowledge of the District to all incoming board members within ~~thirty-ninety~~ (390) days of election or appointment.

Board members will be provided opportunities for continuing education to expand their knowledge on key healthcare issues and governance.

**PROCEDURE:**

When onboarding, new board members complete the following steps:

Human Resources

- 1. Completes and signs necessary paperwork with Human Resources.
- 2. Reviews benefit package with Benefits Coordinator.

Clerk of the Board

- 3. Receives tablet, user ID and email.
- 4. Reviews board portal.
- 5. Completes FPPC Statement of Economic Interests Form 700.
- 6. Initiates required regulatory training (i.e. AB1234 Ethics training, Sexual Harassment Prevention training).

President & Chief Executive Officer

- 7. Meets with President & CEO to review: ~~the~~ Mission, Vision, Values, Organizational Chart, ~~Strategie Plan~~ Winning Aspirations, and Master Plan and Chain of Command for of the District.

General Counsel

- 8. Meets with General Counsel to review Brown Act, public meeting procedures, etc.
- 9. Reviews CEO Evaluation Process.

Corporate Compliance Officer

- 910. Reviews District's Corporate Compliance Program and Work Plan.

Executive Director of Governance

~~10~~11. Reviews [Board Culture & Norms](#), Order & Decorum, board policies, etc.

#### Chief Financial Officer

~~11~~12. Reviews most recent audited financials, budget and 10 year forecast.

~~12~~13. Reviews monthly financial report package.

#### Director of Quality

~~13~~14. Reviews Quality Assurance Performance Improvement Plan (QA/PI).

~~14~~15. Reviews Quality Dashboard.

~~15~~16. Reviews CMS Star Ratings.

~~16~~17. Reviews Risk Management structure and disclosure process.

~~17~~18. Reviews composition, role and duties of Grievance Committee.

~~18~~19. Reviews composition, role and duties of Patient Family Advisory Council.

#### Director of Medical Staff Services

~~19~~20. Reviews structure and duties of Medical Executive Committee.

~~20~~21. Reviews current process for Medical Staff credentialing.

~~21~~22. Reviews Medical Staff Peer Review process.

#### Director of Facilities

~~22~~23. Conducts campus property tour.

#### Board Chair

24. At 90 days, meets to review completion of board orientation process.

Additional materials on governance, quality and finance topics will be distributed electronically.

Appropriate external continuing education and conference will be suggested by administration. Outside education costs will be paid in accordance with [Board Compensation and Reimbursement, ABD-03](#) policy.



# CleanMed 2024

May 21-23, 2024 | Salt Lake City, Utah

Thank you for joining us for CleanMed 2024

Ted Owens Executive Director Governance / Business Development

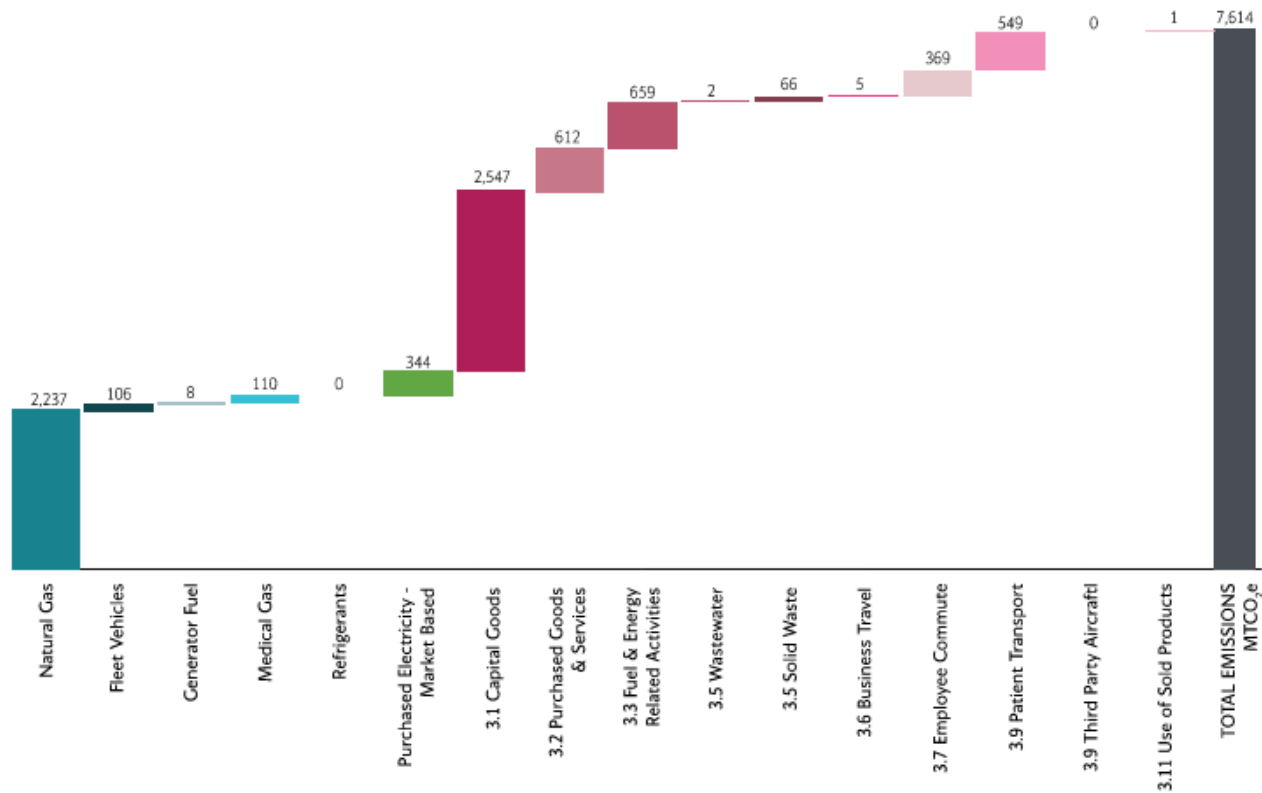
Dylan Crosby Director Facilities and Construction Management, Safety Officer



TAHOE FOREST

# Reduce, Reuse, Rethink

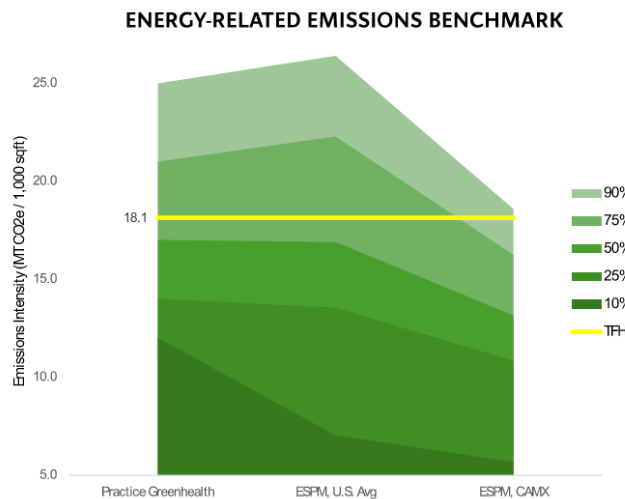
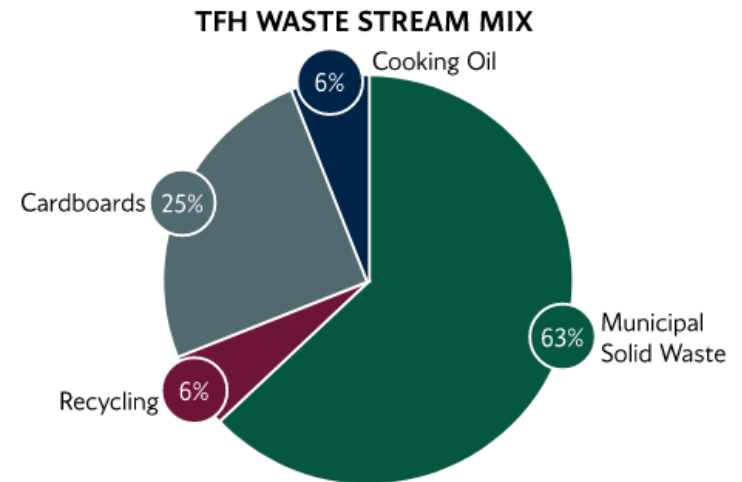
## ENTERPRISE-WIDE 1, 2, & 3 EMISSIONS BREAKDOWN (MTCO<sub>2</sub>e)





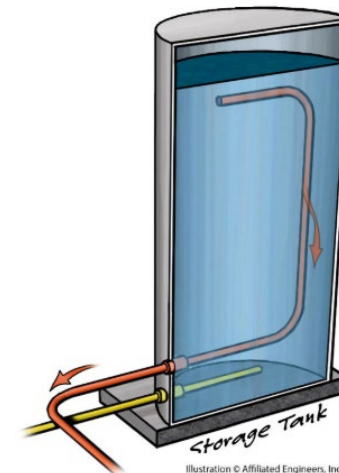
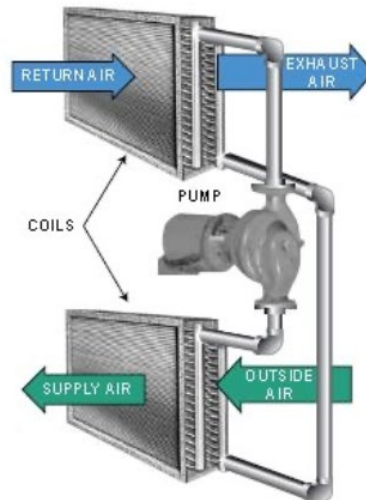
# Reduce

- Plastics
- Medical Supplies
- Waste
- Travel
- Energy



# Reuse

- Heat Recovery
- Thermal Storage
- Recycling
- Medical Supplies
- Food



# Rethink

- Anesthetic Gases
- Equipment Operations
- Supply Chain
- Fuel Alternatives
- Food Menus
- Transportation



# List of Tax Credits Provided by the IRA

<b>Energy Generation Credits</b> <ul style="list-style-type: none"><li>• Production Tax Credit (PTC) Extension – Section 45</li><li>• Investment Tax Credit (ITC) Extension – Section 48</li><li>• Technology-Neutral PTC and ITC – Section 45Y and 48E</li><li>• Zero-Emission Nuclear Power PTC – Section 45U</li></ul>	<b>Clean Vehicles</b> <ul style="list-style-type: none"><li>• Alternative Fuel Refueling Property Credit – Section 30C</li><li>• Clean Vehicles Credit – Section 30D</li><li>• Previously Owned Clean Vehicles – Section 25E</li><li>• Qualified Commercial Clean Vehicles – Section 45W</li></ul>
<b>Energy Manufacturing</b> <ul style="list-style-type: none"><li>• Advanced Energy Project Credit – Section 48C</li><li>• Advanced Manufacturing Production Credit – Section 45X</li></ul>	<b>Carbon Sequestration</b> <ul style="list-style-type: none"><li>• Carbon Sequestration Credit – Section 45Q</li></ul>
<b>Clean Fuels</b> <ul style="list-style-type: none"><li>• Clean Hydrogen – Section 45V</li><li>• Sustainable Aviation Fuel – Section 40B</li><li>• Biodiesel Renewable Fuels and Alternative Fuels</li><li>• Clean Fuel Production Credit – Section</li></ul>	<b>Energy Efficiency</b> <ul style="list-style-type: none"><li>• Nonbusiness Energy Property Credit – Section 25C</li><li>• Residential Clean Energy Credit – Section 25D</li><li>• Energy Efficient Commercial Buildings Deduction – Section 179D</li><li>• New Energy Efficient Home Credit – Section 45L</li></ul>



# Path Forward

## Strategic Decarbonization Planning Process





## Board Executive Summary

**By: Ted Owens**

Executive Director Governance & Business Development

**DATE:** June 24, 2024

---

### **ISSUE:**

Support for TART Connect 2024-2025.

---

### **BACKGROUND & SUMMARY:**

TFHS has financially support three transportation “pilot programs” called TART Connect with the Town of Truckee Transportation Department. TART Connect is a free, dial up or phone order shuttle system that operates in the boundaries of the Town of Truckee.

One of the primary service pick-up/drop-off locations has been Tahoe Forest Hospital in the Gateway area. The levels of TFHD financial is shone below

- 
- 1) Summer 2022 - \$30,000
  - 2) Winter 2022-2023 - \$40,000
  - 3) One Year 2023-2024 - \$100,000
- 

The TART Connect has been a great benefit to the Health System, it’s employees and patients that it serves. As a result of the pandemic, taxi service, Lyft and Uber, once robust forms of local transportation, virtually disappeared. TART Connect has filled that gap and extended its growth trajectory in each of the three pilots.

The Town is in the process of creating a sustainable funding source or sources to make TART Connect a permanent transportation option in the community. To maintain the constituency TART Connect has built, the Town seeks to continue with partner(s) support for one more year.

The other partners are Tahoe Donner HOA, Glenshire HOA and Visit Truckee Tahoe.

Tahoe Forest seeks to support this valuable program in the amount of \$150,000.

### ***Impact on TFHD***

Without TART Connect Tahoe Forest will have great difficulty assisting patients who do not or cannot drive make appointments or travel home from the hospital. Additionally, with limited parking, it is an important option for our local commuting employees.

---

BYLAWS OF THE BOARD OF DIRECTORS  
TAHOE FOREST HOSPITAL DISTRICT

## Table of Contents

<b>ARTICLE I. NAME, AUTHORITY AND PURPOSE</b> .....	1
Section 1. Name .....	1
Section 2. Authority .....	1
Section 3. Purpose and Operating Policies .....	1
<b>ARTICLE II. BOARD OF DIRECTORS</b> .....	2
Section 1. Election .....	2
Section 2. Responsibilities .....	2
A. Philosophy and Objectives .....	2
B. Programs and Services .....	2
C. Organization and Staffing .....	3
D. Medical Staff .....	3
E. Finance .....	3
F. Grounds, Facilities and Equipment .....	3
G. External Relations .....	4
H. Assessment and Continuous Improvement of Quality of Care .....	4
I. Strategic Planning .....	4
Section 3. Powers .....	4
A. Overall Operations .....	4
B. Medical Staff .....	4
C. Auxiliary .....	4
D. Other Adjuncts .....	4
E. Delegation of Powers .....	5
F. Provisions to Prevail .....	5
G. Resolutions and Ordinances .....	5
H. Residual Powers .....	5
I. Grievance Process .....	5
Section 4. Vacancies .....	5
Section 5. Meetings .....	6
A. Regular Meetings .....	6
B. Special and Emergency Meetings .....	6
C. Policies and Procedures .....	6



Section 6. Quorum.....	7
Section 7. Medical Staff Representation .....	7
Section 8. Director Compensation and Reimbursement of Expenses .....	7
Section 9. Board Self-Evaluation .....	7
<b>ARTICLE III. OFFICERS .....</b>	<b>7</b>
Section 1. Officers .....	7
Section 2. Election of Officers.....	7
Section 3. Duties of Officers .....	8
A. Chair .....	8
B. Vice-Chair .....	8
C. Secretary .....	8
D. Treasurer .....	8
<b>ARTICLE IV. COMMITTEES .....</b>	<b>8</b>
Section 1. Committee Authority .....	8
Section 2. Ad Hoc Committees.....	8
Section 3. Standing Committees .....	8
<b>ARTICLE V. MANAGEMENT .....</b>	<b>9</b>
Section 1. President and Chief Executive Officer .....	9
Section 2. Authority and Responsibility.....	9
<b>ARTICLE VI TAHOE FOREST HOSPITAL .....</b>	<b>9</b>
Section 1. Establishment.....	9
<b>ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL .....</b>	<b>9</b>
Section 1. Establishment.....	9
<b>ARTICLE VIII. MEDICAL STAFF.....</b>	<b>10</b>
Section 1. Nature of Medical Staff Membership.....	10
Section 2. Qualification for Membership .....	10
Section 3. Organization and Bylaws .....	10
Section 4. Appointment to Medical Staff .....	11
Section 5. Staff Meetings: Medical Records .....	12
Section 6. Medical Quality Assurance .....	12
Section 7. Hearings and Appeals .....	12
A. Time for Appeal.....	13
B. Grounds for Appeal .....	13
C. Time, Place and Notice .....	14

D. Appeal Board .....	14
E. Appeal Procedure .....	14
F. Decision .....	15
G. Right to One Hearing .....	15
H. Exception To Hearing Rights.....	15
<b>ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS .....</b>	<b>16</b>
<b>ADOPTION OF BYLAWS .....</b>	<b>16</b>
<b>REVISION HISTORY .....</b>	<b>16</b>

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

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

**ARTICLE I. NAME, AUTHORITY AND PURPOSE**

Section 1. Name.

The name of this district shall be "TAHOE FOREST HOSPITAL DISTRICT" (hereinafter "District").

Section 2. Authority.

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

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

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

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

Section 3. Purpose and Operating Policies.

A. Purpose.

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

B. Operating Policies.

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

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

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

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

## **ARTICLE II. BOARD OF DIRECTORS**

The Board of Directors:

### **Section 1. Election.**

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

### **Section 2. Responsibilities.**

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

#### **A. Philosophy and Objectives.**

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

#### **B. Programs and Services.**

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

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

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

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

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

C. Organization and Staffing.

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

D. Medical Staff.

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

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.
3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.
4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff.
5. Receives and reviews reports of the District's auditors, [which reports shall be published annually under Health and Safety Code section 32133.](#)
6. Approves policies which govern the financial affairs of the District.
7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

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

assets.

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

G. External Relations.

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

H. Assessment and Continuous Improvement of Quality of Care

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

I. Strategic Planning.

1. Oversees the strategic planning process.
2. Establishes long-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

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

B. Medical Staff.

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

C. Auxiliary.

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

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or

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

E. Delegation of Powers.

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

F. Provisions to Prevail.

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

G. Resolutions and Ordinances.

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

H. Residual Powers.

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

I. Grievance Process

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

Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. The Board of Directors may appoint an individual without engaging in public solicitation of candidates. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an

election called within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

#### Section 5. Meetings.

##### A. Regular Meetings.

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

##### B. Special and Emergency Meetings.

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

##### C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular, special, or emergency, shall be open to the public in accordance with



the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code [Sections-sections 32106 and 32155](#) or other applicable law.

Section 6. Quorum.

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

Section 7. Medical Staff Representation.

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

Section 8. Director Compensation and Reimbursement of Expenses.

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

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

Section 9. Board Self-Evaluation.

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

**ARTICLE III. OFFICERS**

Section 1. Officers.

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

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a

regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

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

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

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

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

**ARTICLE IV. COMMITTEES**

Section 1. Committee Authority.

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

Section 2. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as deemed necessary or expedient. Ad Hoc Committees shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each Ad Hoc Committee chair.

Section 3. Standing Committees.

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

Standing committees and their charters will be affirmed annually.

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

## **ARTICLE V. MANAGEMENT**

### **Section 1. President and Chief Executive Officer.**

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

### **Section 2. Authority and Responsibility.**

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

## **ARTICLE VI. TAHOE FOREST HOSPITAL**

### **Section 1. Establishment**

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

## **ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL**

### **Section 1. Establishment**

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

## **ARTICLE VIII. MEDICAL STAFF**

### **Section 1. Nature of Medical Staff Membership.**

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

### **Section 2. Qualifications for Membership.**

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

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

### **Section 3. Organization and Bylaws.**

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be

subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

#### Section 4. Appointment to Medical Staff

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

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

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

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

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

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

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

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

#### Section 5. Staff Meetings: Medical Records

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

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

#### Section 6. Medical Quality Assurance

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

#### Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on,

the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees, and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 (42 U.S.C. § 11101 et seq.) and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

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

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

A. Time For Appeal

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

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

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

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

#### B. Grounds For Appeal

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

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

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

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

#### C. Time, Place and Notice

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

#### D. Appeal Board

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

#### E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a



foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

#### F. Decision

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

#### G. Right To One Hearing

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

#### H. Exception to Hearing Rights

##### 1. Exclusive Contracts

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

##### 2. Validity of Bylaw, Rule, Regulation or Policy

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

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

### 3. Department, Section, or Service Formation or Elimination

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

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

## **ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS**

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

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

### **ADOPTION OF BYLAWS**

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the ~~27<sup>th</sup>-xxx~~ day of ~~Octoberxxxx~~, 20224.

### **REVISION HISTORY**

1975

Revised – March, 1977

Revised – October, 1978

Revised – April, 1979

Revised – March, 1982

Revised – May, 1983

Revised – February, 1985  
Revised – July, 1988  
Revised – March, 1990  
Revised – November, 1992  
Revised – February, 1993  
Revised – May, 1994  
Revised – April, 1996  
Revised – September, 1996  
Revised – April, 1998  
Revised – September, 1998  
Revised – March, 1999  
Revised – July, 2000  
Revised – January, 2001  
Revised – November, 2002  
Revised – May, 2003  
Revised – July, 2003  
Revised – September, 2004  
Revised – March, 2005  
Revised – December, 2005  
Revised – October, 2006  
Revised – March, 2007  
Revised – April, 2008  
Revised – January, 2009  
Revised – September, 2010  
Revised – September, 2012  
Revised – November, 2014  
Revised – December, 2015  
Revised – November, 2017  
Revised – November, 2018  
Revised – August, 2020  
Revised – October, 2022  
[Revised – xxxx, 2024](#)

**EMPLOYMENT AGREEMENT  
BETWEEN THE TAHOE FOREST HOSPITAL DISTRICT AND LOUIS WARD  
AMENDMENT No. 1**

---

This Amendment No. 1, dated June 27, 2024, hereby amends the following provision of the Employment Agreement between the Tahoe Forest Hospital District (the “District”) and Louis Ward (“Employee”), effective May 23, 2024, for services to be performed by Employee in the position of Acting Chief Executive Officer (“Employment Agreement”).

A. Section 1 of the Employment Agreement is amended to read as follows:

1. **EMPLOYMENT.** District hereby employs the Employee, and the Employee hereby accepts employment with the District in the temporary assignment of Interim Chief Executive Officer (“ICEO”), on the terms and conditions and for the compensation herein set forth. All references to “Acting Chief Executive Officer” and/or “ACEO” in this Agreement shall be deemed to refer to the ICEO.

B. Except as modified herein, the Employment Agreement for Services between the District and Louis Ward, effective May 23, 2024, remains in full force and effect without modification.

The signatures of the parties below indicate that each has read and understood the Agreement, as amended, and will abide by the terms stated herein.

The parties have executed this Amendment #1 on the dates stated below.

**Tahoe Forest Hospital District Board**

**Employee**

By: \_\_\_\_\_  
Board Chair

By: \_\_\_\_\_  
Louis Ward

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Approved as to form:

\_\_\_\_\_  
David Ruderman  
Colantuono, Highsmith & Whatley, PC  
General Counsel



## Letter Agreement

VIA EMAIL: [amaclennan@tfhd.com](mailto:amaclennan@tfhd.com)

June 12, 2024

Mr. Alex MacLennan  
Chief Human Resources Officer  
Tahoe Forest Health System  
10121 Pine Avenue  
Truckee, CA 96161

Dear Alex:

Thank you for selecting Witt/Kieffer Inc. ("WittKieffer") to work in partnership with Tahoe Forest Health System (also "Client") for the recruitment of a new President and Chief Executive Officer. I, and the entire WittKieffer team, deeply value the confidence you've shown in us by entrusting to us this important assignment. We are pleased to begin the search process and look forward to working closely with you to its successful completion.

This Letter Agreement, including the associated exhibits and schedules, sets forth the fee and other important terms of this search assignment.

- WittKieffer Engagement Lead(s): Mark Andrew
- **Professional Fees:** WittKieffer's Professional Fee is one third of the placement's total cash compensation, inclusive of base salary, target annual incentives and any guaranteed cash compensation due during or in respect of the candidate's first full year of employment. Upon candidate's acceptance of offer, we will adjust our fee up or down depending on the compensation arrangement finalized in the accepted offer letter.
  - **Estimated Base Salary for this Position:** \$700,000
  - **Estimated Target Incentive and Cash Compensation Opportunities for this Position:** \$105,000 (15 percent)
  - **Estimated Professional Fee for this Position:** \$268,333
- **Technology, Research & Data Expenses:** A one-time per project fee of \$10,000 is billed for data and technology services, WittKieffer's proprietary database of more than 1.5 million leaders, specialized third party candidate database access, and other search expenses that are integral to but not easily segregable for this individual search assignment.
- **Out-of-Pocket Expenses:** Out-of-pocket expenses directly related to this search assignment will be billed to Client. Such expenses may include, but not be limited to: WittKieffer consultant and candidate travel and accommodations, and other consultant-candidate interview costs, education, employment and licensure verification, media checks, advertising, overnight delivery, and professional printing.

**Finalist Candidate Assessment:** Candidate assessment is a critical element of selecting the right leader to take your organization forward. By integrating assessment into the search process, you benefit from a more informed hiring decision, increased confidence both in selection and integration, and higher level of risk mitigation.



For this search WittKieffer offers the following Alignment Assessment with Early Transition Support & Candidate Feedback at no fee for up to three (3) finalist candidates. Should you desire to have assessments conducted on more than three (3) finalist candidates the assessment fee is \$9,000 for each additional candidate.

WittKieffer's Alignment Assessment deepens the understanding of CEO finalist candidates by providing an in-depth perspective on the degree of alignment for the CEO role as part of our exceptional search process. The Alignment Assessment is a comprehensive integrated approach explicitly for CEO roles.

Assessment includes:

- Set of best-in-class online assessments (Hogan Suite, Watson Glaser & Ravens Adaptive)
- 90-min in-depth candidate interview, to ensure a broad and deep perspective
- Comprehensive report directly linked to the CEO leadership profile, skills, and prioritized behaviors, providing an integrated perspective on the alignment-to-role and coachability of each finalist candidate; includes interview questions
- Candidate comparison

Assessment findings are reviewed with the Client selection manager(s) during a debrief session.

The selected candidate will receive:

- 90-minute individual assessment feedback session to prioritize development implications
- 45-minute alignment session with the manager/board chair
- All non-selected candidates are offered an assessment feedback session

**Elect Alignment Assessment:** Use Alignment Assessment to maximize confidence and mitigate selection risks for this high-impact role through a comprehensive, in-depth multi-method assessment against the specific role requirements.

**Decline Any Candidate Assessment:** Do not use assessment to increase confidence and mitigate risks associated with candidate selection.

WittKieffer's standard terms and conditions are provided in the attached Exhibit A. Client's authorized signature at the bottom of this Letter Agreement confirms acceptance of the terms of this Letter Agreement including the terms and conditions provided in Exhibit A. This Letter Agreement, and the exhibits incorporated herein, contain the entire agreement between the parties with respect to the subject matter of this Letter Agreement. Any terms and conditions not contained in this Letter Agreement, shall not be valid and binding unless expressly agreed to in writing by both parties.

To facilitate the invoicing and payment process please provide the AP information on the page below.

Thank you, again, for the opportunity to serve Tahoe Forest Health System. We are enthusiastic about this engagement and are fully committed to finding an outstanding leader for your organization.

Sincerely,

Witt/Kieffer Inc.  
By: Mark J. Andrew  
Senior Partner  
Healthcare Practice



ACKNOWLEDGED and ACCEPTED:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title  
Tahoe Forest Health System

Additional signature, if required:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title  
Tahoe Forest Health System

**Invoices Accounts Payable Contact: (Invoices will be sent by email.)**

Accounts Payable Email:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Email (if second email contact desired):

Does Client require a Purchase Order?  Yes  No

If yes, please send Purchase Order to [ARAccounting@wittkieffer.com](mailto:ARAccounting@wittkieffer.com) within five business days of execution of this Letter Agreement.

Is Client Tax Exempt?  Yes  No

If yes, please forward Tax Exempt Certificate to [ARAccounting@wittkieffer.com](mailto:ARAccounting@wittkieffer.com) at your earliest convenience.

**Letter Agreement Exhibits and Attachments**

- Exhibit A – Terms and Conditions of Search
- Exhibit B – End User Certification
- Attachment 1 – Bank Details for ACH Payments
- Attachment 2 – WittKieffer W9

**Exhibit A  
Witt/Kieffer Inc.  
Terms and Conditions of Search**

**1. Background Checks.**

- a. It is WittKieffer's practice to obtain background reports for each candidate, internal and external, who is advanced to Client interviews. The resulting background reports, solely used for employment purposes, include verifications of the candidate's employment, academic degrees, professional licenses and certifications, and a review of public sources for relevant information.
- b. WittKieffer uses Mintz Group LLC ("Mintz"), a leading provider of background checking and due diligence services, to conduct the background screenings. Mintz is a consumer reporting agency under the Fair Credit Reporting Act (FCRA). In addition to WittKieffer, Client is a user of the information provided in the background reports provided by Mintz for candidates being considered for employment by Client. In order to ensure compliance with the Fair Credit Reporting Act and to commence any background checks on behalf of a client, the Mintz Group requires that such client sign the End User Certification form, also attached to the Letter Agreement as Exhibit B. WittKieffer has signed the form attesting to its responsibilities in the process. WittKieffer assumes primary responsibility for the items referenced in Paragraphs 2, 3, 4 and 5 of the End User Certification, an example of which is provided in Exhibit B. Unless previously executed by Client, the End User Certification is to be executed along with this Letter Agreement.
- c. In the event that Client does not sign the End User Certification form for any reason, neither Mintz nor WittKieffer can legally provide Client with access to or copies of the background report or any information contained therein for any candidates being considered for employment by Client.
- d. In addition to the background check conducted by Mintz, Client is strongly encouraged to conduct credit and criminal background checks on any finalist(s). In addition, if Client has not signed the EUC and thus cannot access the background report or the information therein, Client also is strongly encouraged to conduct media checks on any finalist(s).

**2. Billing Arrangements**

- a. An initial invoice for one third of the Estimated Professional Fee plus the Technology, Research and Data Expenses will be submitted at the start of the search, the date of which will be mutually agreed by Client and WittKieffer.
- b. Two additional invoices, each for one third of the Estimated Professional Fee plus any Out-of-Pocket Expenses, will be submitted at 30 and 60 days. This invoicing schedule directly supports the work performed in support of the engagement.
- c. Invoices for additional Out-of-Pocket Expenses incurred will be submitted monthly thereafter.
- d. Once compensation has been determined at the conclusion of the search, the Professional Fee will be adjusted and an invoice or adjustment for the balance of the fee, if any, will be submitted.
- e. Payment on invoices is due within 30 days of date of invoice. Payment shall be made by electronic transfer in accordance with the instructions set forth in the invoice or such alternative instructions as may be provided by WittKieffer from time to time. A late penalty of 1.5% per month will be charged for past due amounts. All bills must be paid within 60 days of the candidate signed offer letter to activate the placement guarantee described in Section 6 below. Sales tax will be invoiced with fees, if it is applicable for the organization and the state. Timely payment of invoice is appreciated, please direct any questions to your WittKieffer point of contact or send queries to [ARAccounting@wittkieffer.com](mailto:ARAccounting@wittkieffer.com).



### 3. Delay or Cancellation of Search

- a. If the search is delayed by more than 30 days or the specifications for this search assignment are substantively changed, WittKieffer may charge an additional fee as consideration for the additional work and resources required to re-initiate the search process. If, for any reason, Client cancels the search prior to successful completion, Client is responsible only for the Estimated Professional Fees, Technology, Research and Data Expenses and Out-of-Pocket Expenses billed up to the date of cancellation, plus Out-of-Pocket expenses incurred but not yet billed.
- b. A search that is suspended or placed on hold may be re-started within six months of this Letter Agreement without additional Professional Fees or Technology, Research and Data Expenses provided the search is for the same position stipulated in this Letter Agreement. Otherwise, any search that is re-started after being suspended or placed on hold will be subject to additional search fees, as provided in 3(a) above. A search placed on hold for more than six months will be considered cancelled.
- c. If after nine months following the date of this Letter Agreement, WittKieffer has provided a finalist slate of candidates for selection by Client but Client seeks to restart the search process as a result of Client's material changes to its internal management of the search engagement, including but not limited to a change in the composition of the search committee or hiring manager, the search may be terminated or will be subject to additional search fees as provided in 3(a) above.

### 4. Hiring of Additional Candidates

- a. If an additional candidate presented by WittKieffer is hired by Client as a result of this search assignment, there is a professional fee equal to 20% of such candidate's first year's total compensation inclusive of base salary, target annual incentives and any guaranteed cash compensation due during or in respect of the candidate's first full year of employment. This fee applies to any individual candidate hired within six months of the close of the search. WittKieffer's guarantee in Section 6 below is not applicable to any such additional hire.

### 5. Publication of Search and Use of Client Images

- a. By signing this Letter Agreement, Client authorizes WittKieffer, solely with respect to the search assignment, to:
  - i. publish and post photographs and other images taken of Client, on our website or other social media including logos and other branded markings, photographs and other images printed, published and/or available online.
  - ii. use placement's name and approved image, along with Client's name, image and logo, on the WittKieffer external website and in social media, in connection with Client's press release or other announcement of new hire, if any.

### 6. Quality Guarantee

- a. Recognizing the importance to Client of the search assignment defined in this Letter Agreement, and WittKieffer's unwavering commitment to quality, WittKieffer is pleased to extend WittKieffer's quality guarantee. If the executive we place with Client ceases to be employed by Client in any capacity within one year of the executive's commencement of employment, then WittKieffer will search for a replacement to fill the original position without additional Professional Fees or Technology, Research and Data Expenses charged to Client.
- b. WittKieffer must receive notice of the need for a replacement search promptly from Client, but no later than 30 days after departure of the placement from employment with Client. Activation of the guarantee is based upon Client's notification to WittKieffer of the departure within such 30 day period. Based upon discussion between Client and WittKieffer, a mutually agreed upon start date



for the replacement search should occur within a reasonable period, but no later than 90 days from the departure date of the placement.

- c. This guarantee only applies to the position defined in this Letter Agreement, to the first candidate placed in the position, and for a substantially similar search and leadership profile. WittKieffer's guarantee excludes those situations where the placement departs due to organizational realignment, department restructuring, material changes in the position, death or disability. Additional out-of-pocket expenses associated with the replacement search will be charged in the same manner as the original search.

## 7. Data Privacy

- a. In the course of the search engagement, WittKieffer may provide Client with personally identifiable information ("Personal Information") related to actual or potential candidates, participants in assessments provided as part of the engagement and/or persons who provide any view or opinion regarding the qualities or abilities of any candidate or participant, for any purpose. WittKieffer takes data privacy seriously and is committed to protecting the confidentiality of Personal Information consistent with applicable data privacy laws. Any Personal Information that WittKieffer provides to Client is provided only for use by Client in the search engagement defined in this Letter Agreement and may not be shared by Client with any other person or entity. Client agrees to use the Personal Information only for the search engagement defined in this Letter Agreement, to share such Personal Information only with Client personnel or representatives who have a need to know, to protect the confidentiality and security of Personal Information consistent with the requirements of this Letter Agreement and applicable law relating to data protection, and to destroy all such Personal Information of candidates not employed by Client immediately following closure of this search engagement, or sooner if requested to do so by WittKieffer in writing.

## 8. Non-Solicitation

- a. WittKieffer will not recruit any Client employees who will be directly involved, and with whom WittKieffer will work, on this search assignment during the search and for a period of one year from the completion of the search.

**Exhibit B  
Witt/Kieffer Inc.  
End User Certification**

In compliance with the Fair Credit Reporting Act (FCRA) (15 U.S.C. 1681 et seq., as amended) and its state analogues, Tahoe Forest Health System ("End User") hereby certifies to Mintz Group LLC ("Mintz"), a consumer reporting agency, that it will comply with the following provisions:

1. End User will use the information from the report provided by Mintz for employment purposes only, and only in accordance with applicable law. End User specifically agrees that the information provided by Mintz is for End User's exclusive use only.
2. End User or its agents will make a clear and conspicuous disclosure to the applicant or employee, in writing and in a separate document, or by such other means as is permitted by applicable law, and satisfying all requirements identified in Section 606(a)(1) of the FCRA as well as any applicable state or local laws, that a consumer report may be obtained for employment purposes.
3. End User or its agents will obtain the proper written or other legally permissible authorization from the applicant or employee for any consumer report prior to requesting any consumer report.
4. End User or its agents will provide to the applicant or employee a "Summary of Your Rights Under the Fair Credit Reporting Act" ([https://files.consumerfinance.gov/f/documents/bcfp\\_consumer-rights-summary\\_2018-09.pdf](https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.pdf), as may be amended from time to time). End User or its agents also acknowledge receipt of the Notice to Users of Consumer Reports (<https://www.consumerfinance.gov/rules-policy/regulations/1022/n/>, as may be amended from time to time).
5. End User or its agents will maintain a copy of the applicant's or employee's signed disclosure and consent forms in its records for a period of five years (or such other period as may be required by applicable law).
6. In the event that an adverse decision regarding employment is going to be made by an End User based on information contained in a consumer report, End User will – before any adverse action is taken – provide to the applicant or employee as required by the FCRA and any other applicable law, proper notices, statements and other information, including, without limitation, a copy of the consumer report obtained, and a "Summary of Your Rights Under the Fair Credit Reporting Act;" inform the applicant or employee that they have the right to dispute the content of the report through Mintz; and delay taking adverse action for a reasonable time after providing this notice.
7. In the event that an End User takes an adverse action based on information contained in a consumer report, End User will – upon taking such adverse action – provide to the applicant or employee the information statutorily required by Section 615 of the FCRA as well as any applicable state or local laws, including notice of the action that is being taken; the name, address and telephone number of Mintz; and a statement that Mintz is unable to provide to the applicant or employee the specific reasons that the adverse action was taken by the End User.
8. In addition to the disclosure requirements identified above, if the applicant or employee makes a written request within a reasonable amount of time, End User or its agents will provide: (1) information about whether an investigative consumer report has been requested; (2) if an investigative consumer report has been requested, written disclosure of the nature and scope of the investigation requested; and (3) Mintz's contact information, including complete address and toll-free telephone number. This information will be provided to the applicant or employee no later than five (5)



days after the request for such disclosure was received from the applicant or employee or such report was first requested, whichever is later, unless some other period of time is required by applicable law.

- 9. End User will not use information from a consumer report in violation of any applicable federal or state equal employment opportunity law or regulation.
- 10. In the event that the applicant or employee disputes the information contained in a consumer report with respect to their post-secondary educational history, End User or its agent shall notify Mintz Group of the dispute and, to the extent that the applicant or employee's school or school's third-party representative prepares a report addressing the dispute, Mintz Group shall provide a copy of the report to End User or its agent, which shall then forward the report to the applicant or employee.

The undersigned is a duly authorized representative of the above-named End User who certifies that they have the authority to agree on behalf of the Company to the terms and conditions set forth in this End User Certification. A facsimile transmittal of this agreement may serve as a legal and binding document.

---

Signature

---

Date

---

Title

Tahoe Forest Health System



10/27/2023

To Whom It May Concern,

The account information & incoming payment instructions for your account are listed below:

<b>Account Title:</b>	<b>Witt Kieffer Inc</b>
<b>Account Number:</b>	<b>93839922</b>
<b>Routing Number:</b>	<b>021052053</b> (ACH, Check)
<b>PNC SWIFT Code:</b>	<b>PNCCUS33</b>
<b>PNC Bank Address:</b>	<b>PNC Bank</b> <b>249 Fifth Avenue</b> <b>Pittsburgh, PA 15222</b>

If you should have any further questions, you may reach me by the information below. Thank you,  
**Scott Cecil**

Client Solution Specialist  
Treasury Management

**PNC Financial Services Group**

101 West Washington Street (I1-Y013-02-1)  
Indianapolis, IN 46255

(p) 317-267-7032

(fax) 833-295-5747

[scott.cecil@pnc.com](mailto:scott.cecil@pnc.com)

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>  ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the                  requester. Do not                  send to the IRS.</b>
--	---	--

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Witt/Kieffer Inc</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>5</u>  Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>2015 Spring Road Suite 510</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Oak Brook IL 60523</b>	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>	Social security number _____ - _____ - _____  or Employer identification number 3 6 - 2 9 1 9 3 2 0

<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
---

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Erin Lovelle</i>	Date ▶ <i>1.11.2024</i>
------------------	--	-------------------------

<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted.  <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .  <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following. • Form 1099-INT (interest earned or paid)	<ul style="list-style-type: none"> <li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>• Form 1099-S (proceeds from real estate transactions)</li> <li>• Form 1099-K (merchant card and third party network transactions)</li> <li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>• Form 1099-C (canceled debt)</li> <li>• Form 1099-A (acquisition or abandonment of secured property)                      Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.                      If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</li> </ul>
--	--



# Tahoe Forest Health System

Greenhouse Gas Baseline CY 2022 Summary



## Tahoe Forest Hospital

- 143,000 sq. ft. Critical Access Hospital (CAH)
- 25-beds
- Located in Truckee, CA
- Serves communities throughout the greater North Lake Tahoe area







# Goals

- Complete a GHG inventory
- Baseline year: CY 2022

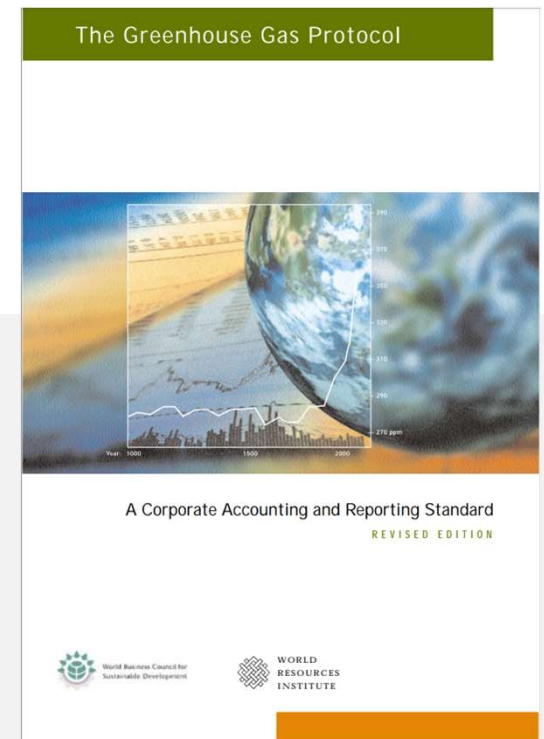
} Scopes 1, 2, 3



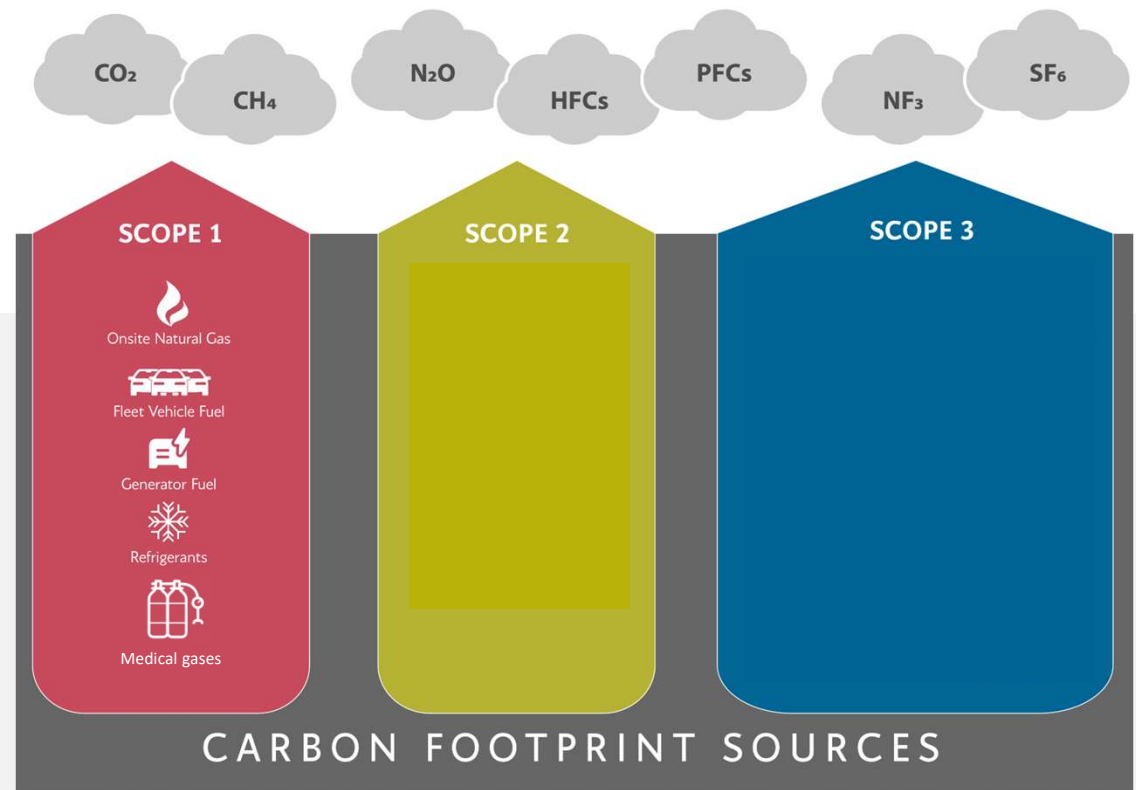
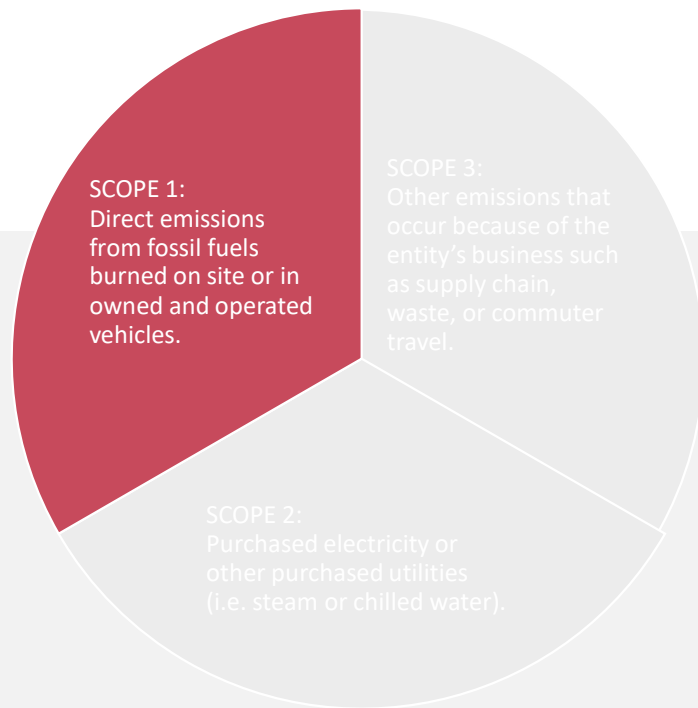
# What is a GHG inventory?

- A greenhouse gas (GHG) inventory is the annual process of cataloging GHG emission sources and quantifying the GHG they emit.
- The most common greenhouse gases
  - carbon dioxide (CO<sub>2</sub>)
  - methane (CH<sub>4</sub>)
  - nitrous oxide (N<sub>2</sub>O)
  - fluorinated gases (HFCs, PFCs, NF<sub>3</sub>, & SF<sub>6</sub>)
- **GHG Protocol Corporate Accounting and Reporting Standard**

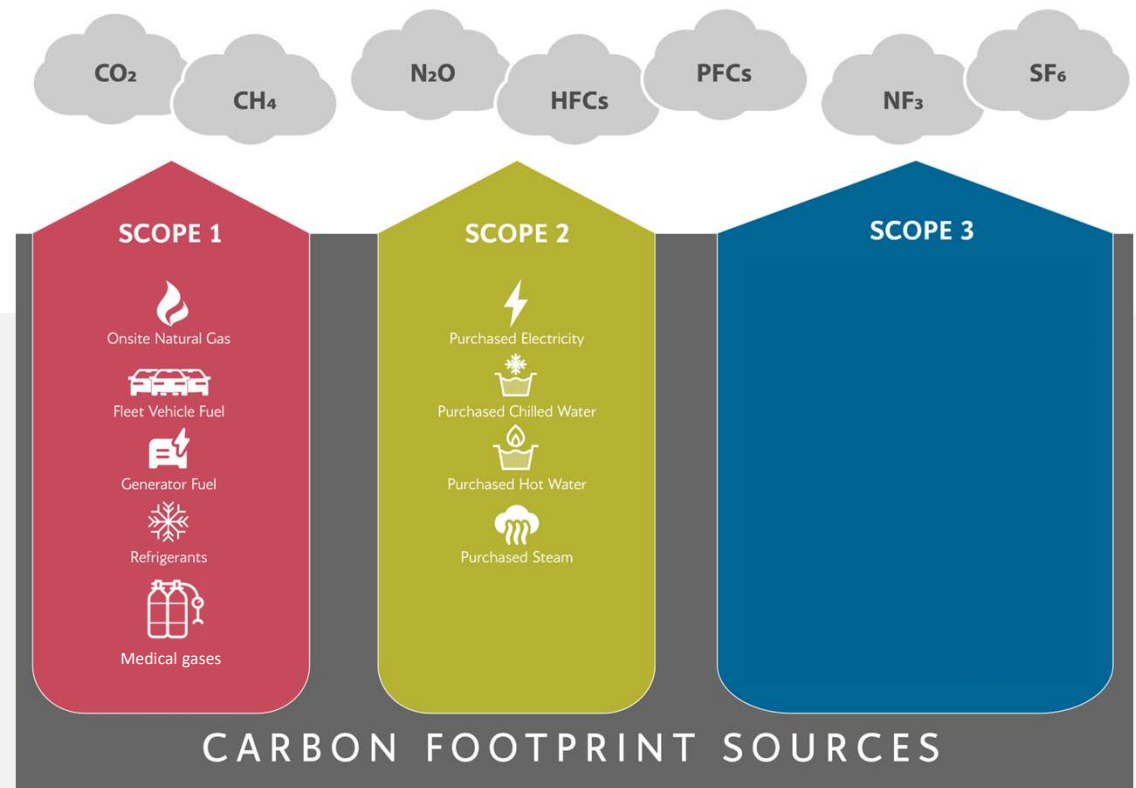
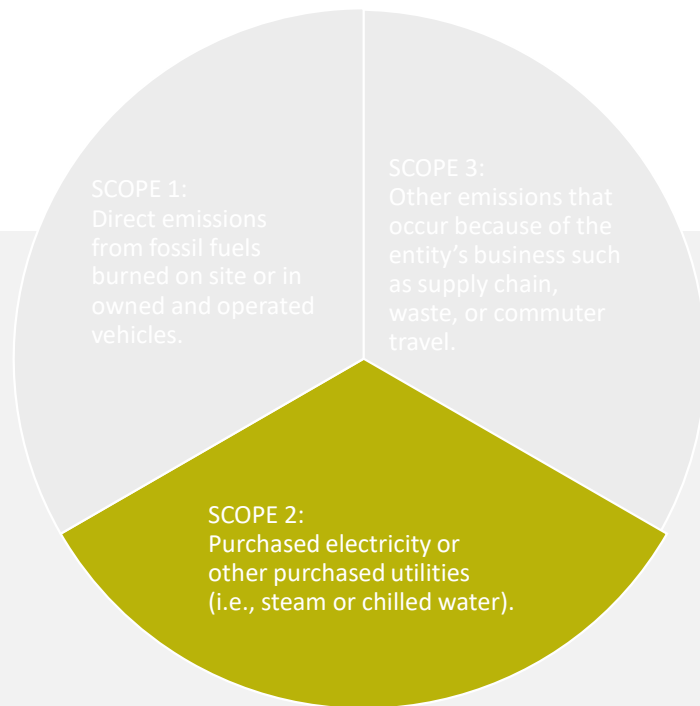
[www.ghgprotocol.org](http://www.ghgprotocol.org)



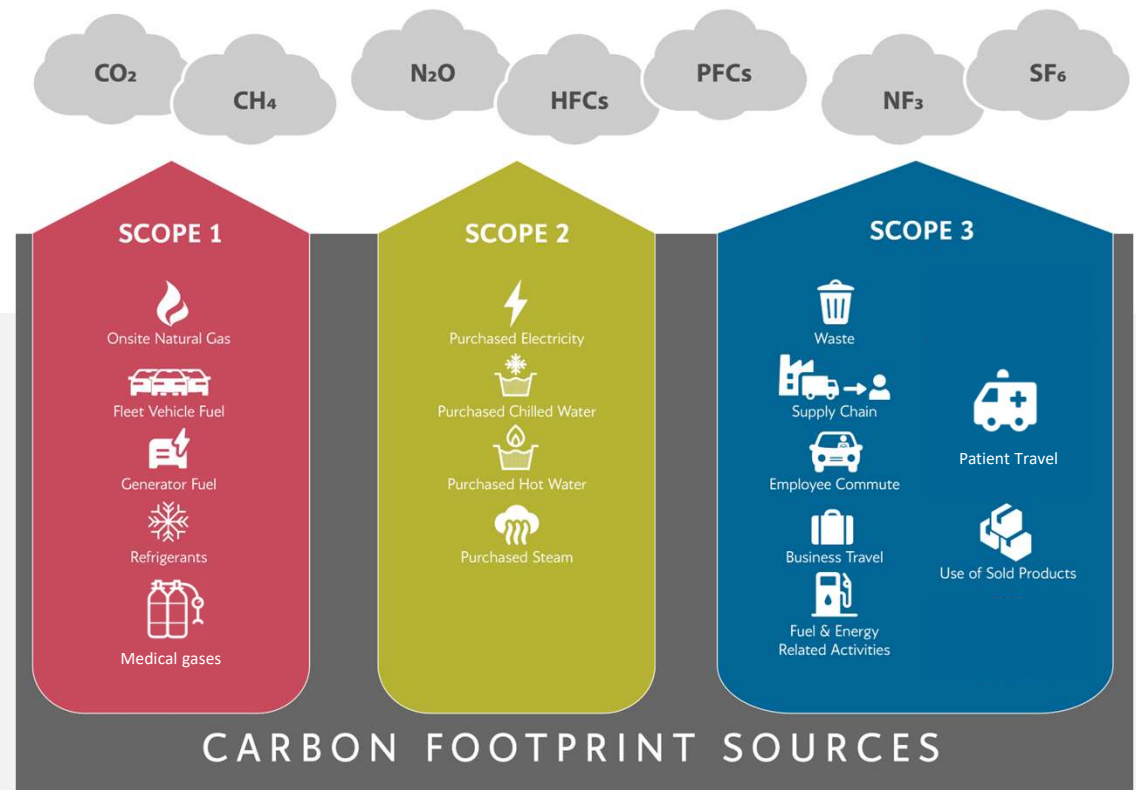
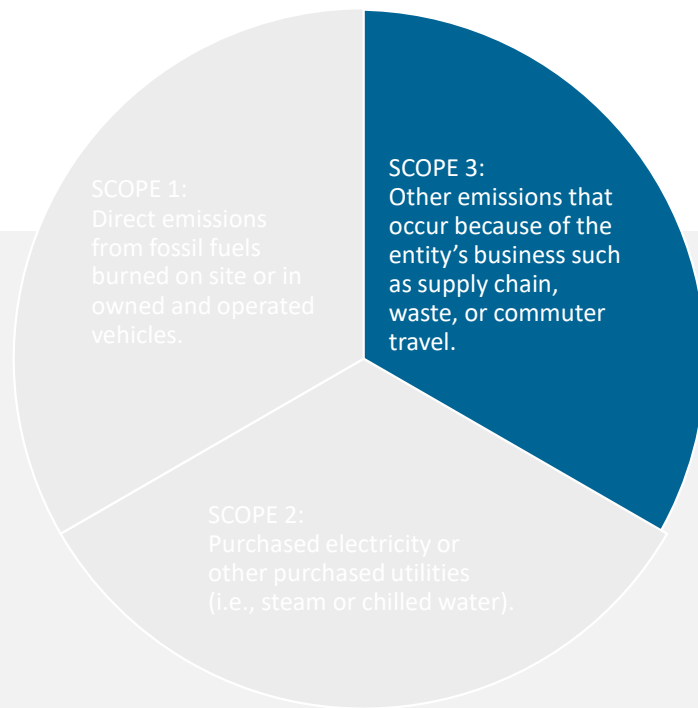
# Background on Emissions Scopes



# Background on Emissions Scopes

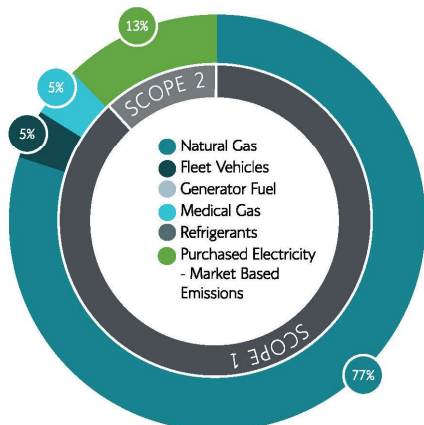


# Background on Emissions Scopes

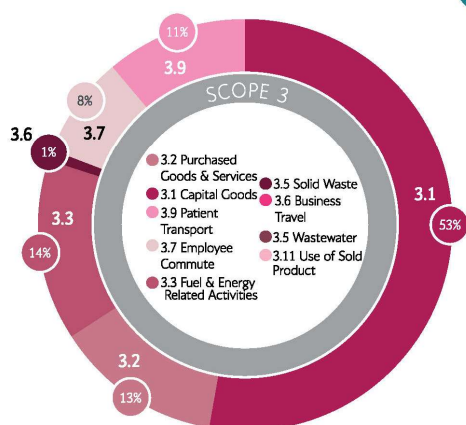


# Tahoe Forest Hospital

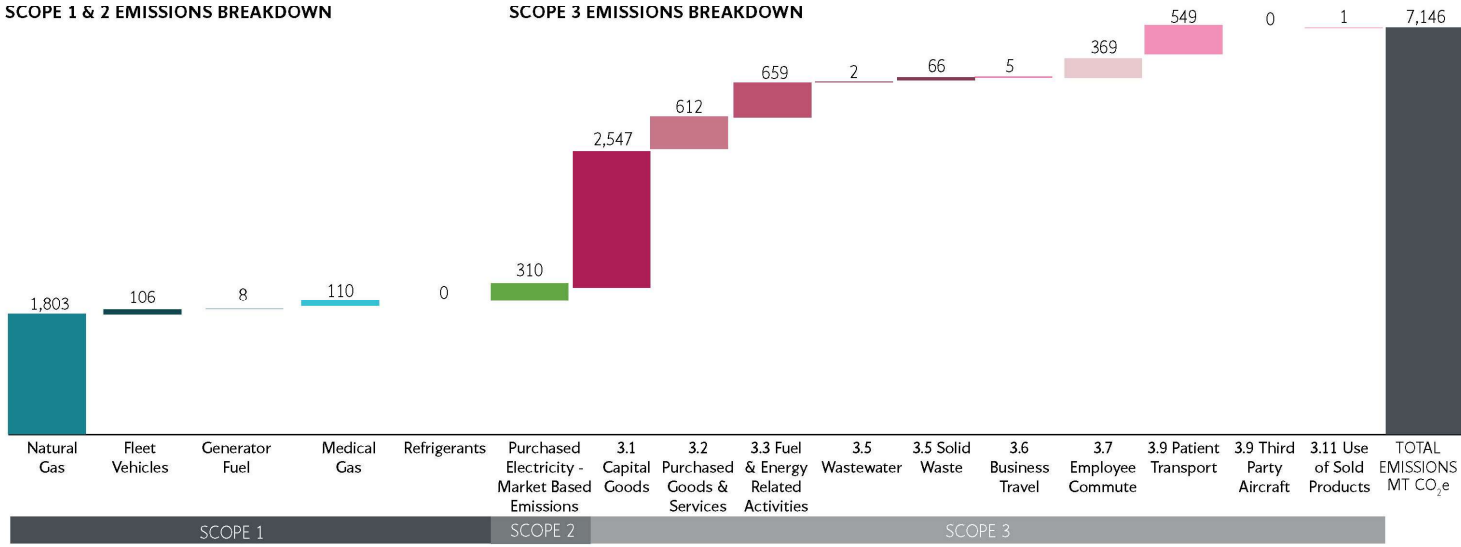
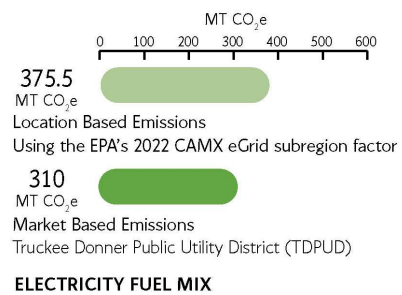
10121 Pine Avenue, Truckee, CA 96161



SCOPE 1 & 2 EMISSIONS BREAKDOWN



SCOPE 3 EMISSIONS BREAKDOWN



EMISSIONS BREAKDOWN SCOPE 1, 2, & 3 (MT CO<sub>2</sub>e)



# ENTERPRISE-WIDE EMISSIONS SUMMARY

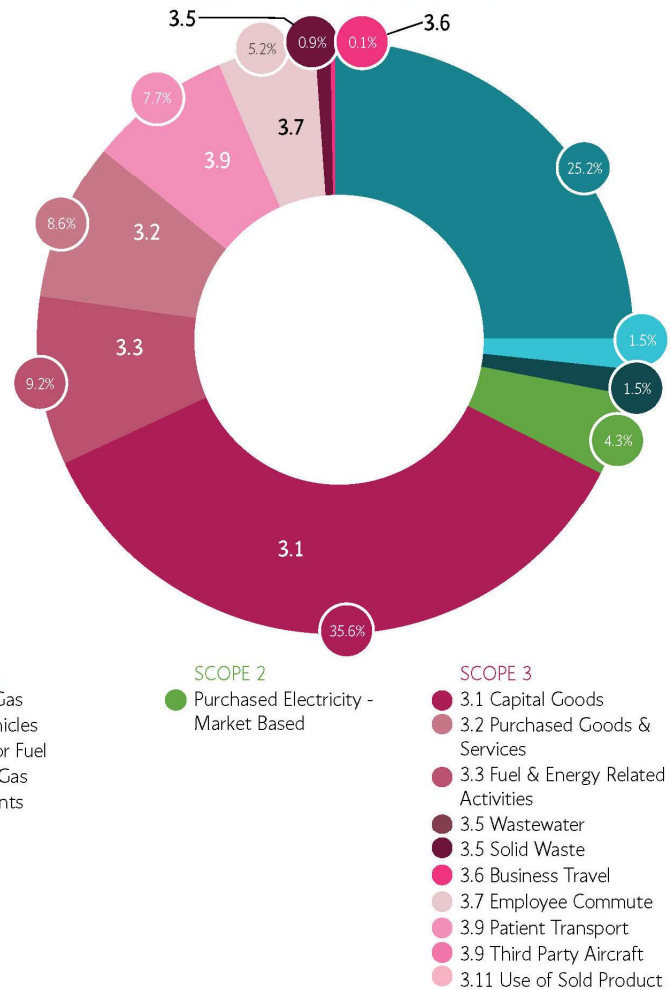
In CY 2022, the greenhouse gas emissions for Tahoe Forest Hospital amounted to 7,146 Metric Tons of CO<sub>2</sub> equivalent (MTCO<sub>2</sub>e).



The table below lists TFHD enterprise-wide emissions sources from the highest percentage of total emissions to the lowest. This list serves as a guide for prioritizing action, focusing on addressing the larger emissions sources first.

Emissions Category	Percentage of Total Emissions
3.1 Capital Goods	35.6%
Natural Gas	25.2%
3.3 Fuel & Energy Related Activities	9.2%
3.2 Purchased Goods & Services	8.6%
3.9 Patient Transport	7.7%
3.7 Employee Commute	5.2%
Purchased Electricity - Market Based	4.3%
Medical Gas	1.5%
Fleet Vehicles	1.5%
3.5 Solid Waste	0.9%
Generator Fuel	0.1%
3.6 Business Travel	0.1%
3.5 Wastewater	0.0%
3.11 Use of Sold Products	0.0%
Refrigerants	0.0%
3.9 Third Party Aircraft	0.0%

ENTERPRISE-WIDE SCOPE 1, 2, & 3 EMISSIONS PERCENTAGE BREAKDOWN



# Benchmarking



Tahoe Forest Hospital Normalization Factors	
Building area (sq.ft.)	142,333
Staffed beds	25
Adjusted patient days	33,765
On-site FTEs	483
Operating room suites	4
Climate Zone	6b / Cold & Dry



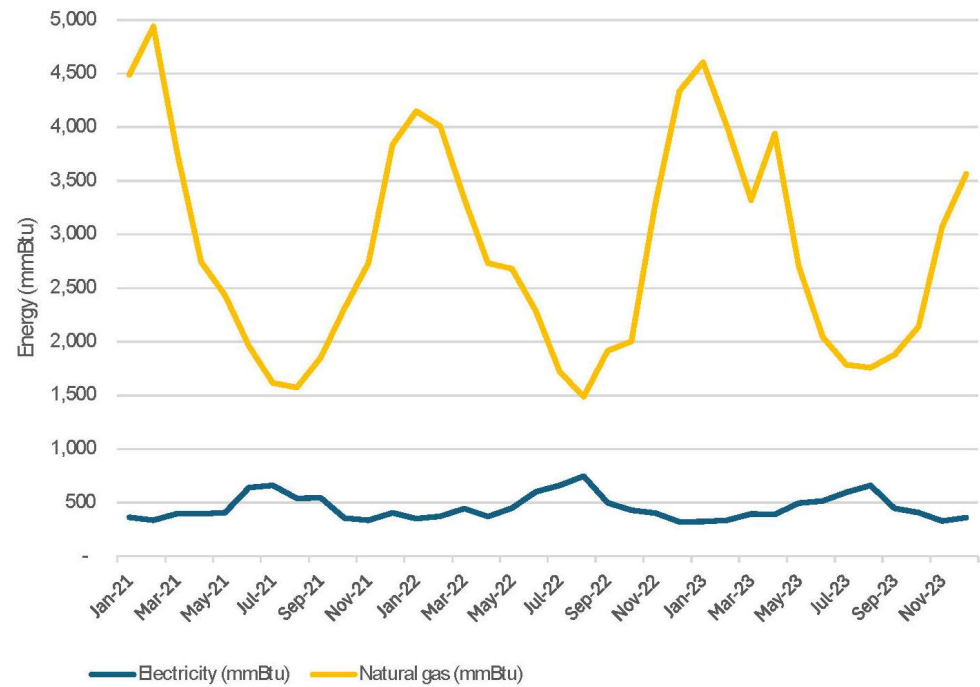


# Energy Benchmark

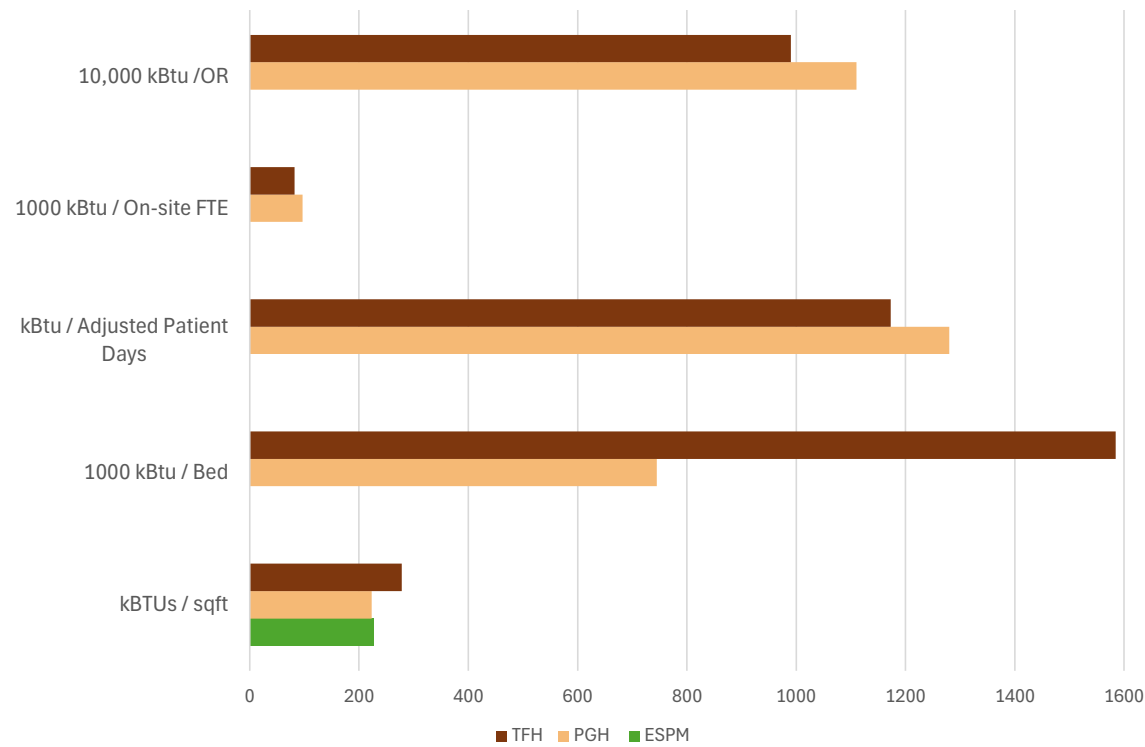
TFH EUI BENCHMARK



HISTORICAL ENERGY CONSUMPTION



# Energy Benchmark



10% less per OR

15% less per on-site FTE

8% less per APD

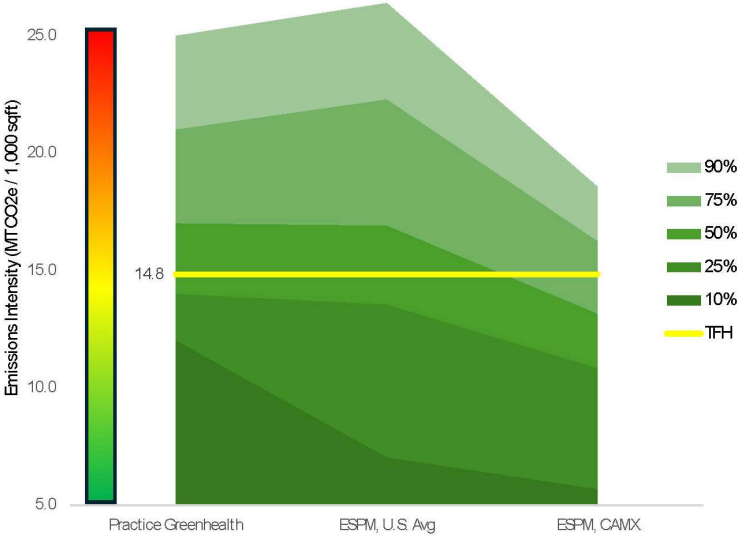
113% more per patient bed

23-25% more per sq.ft.



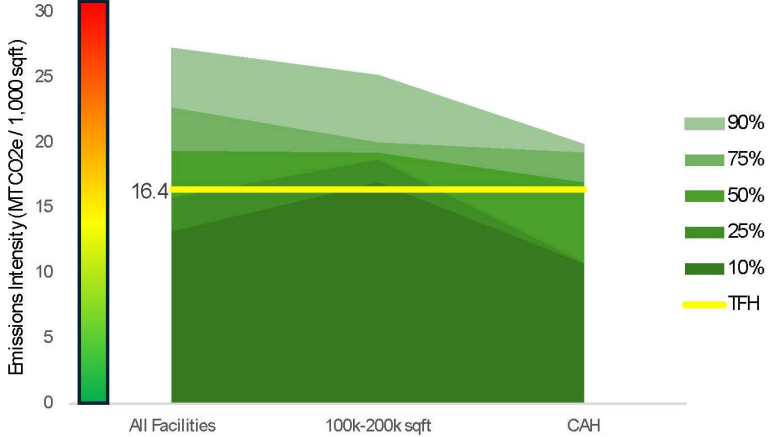
# Carbon Benchmark

ENERGY-RELATED EMISSIONS BENCHMARK

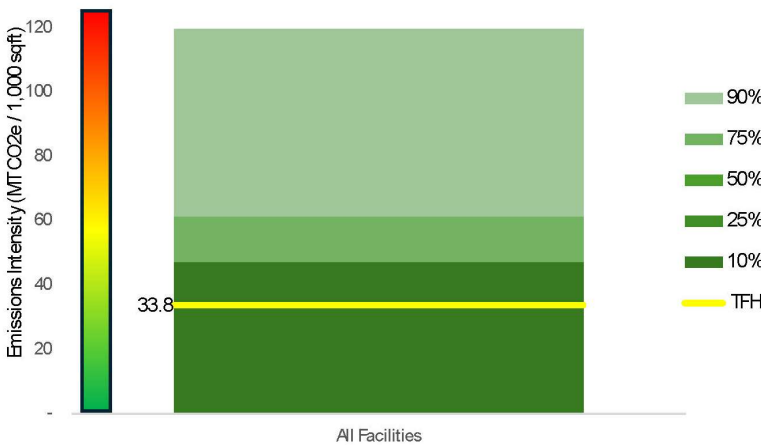


- Only includes:
- Scope 1 Natural Gas
  - Scope 2 Purchased Electricity

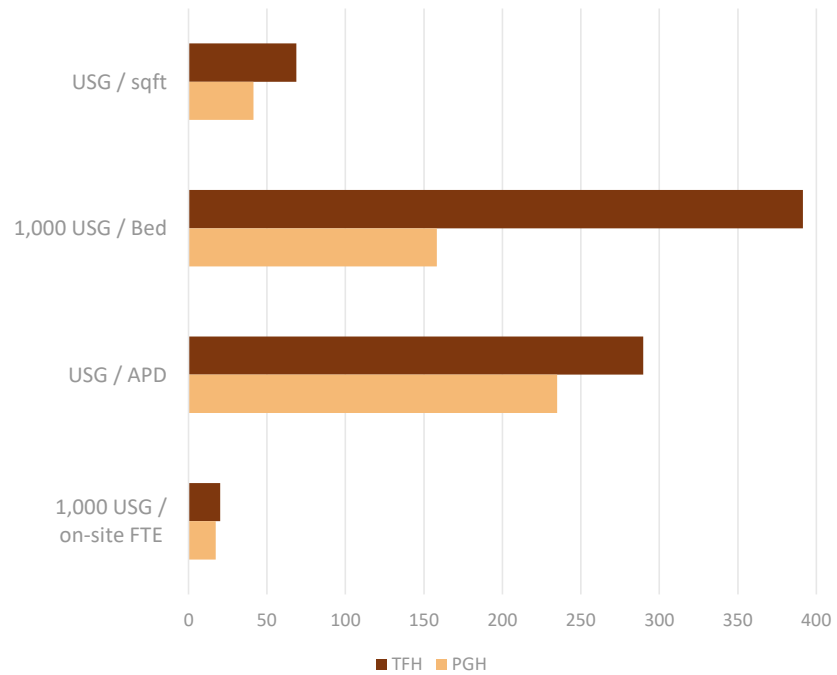
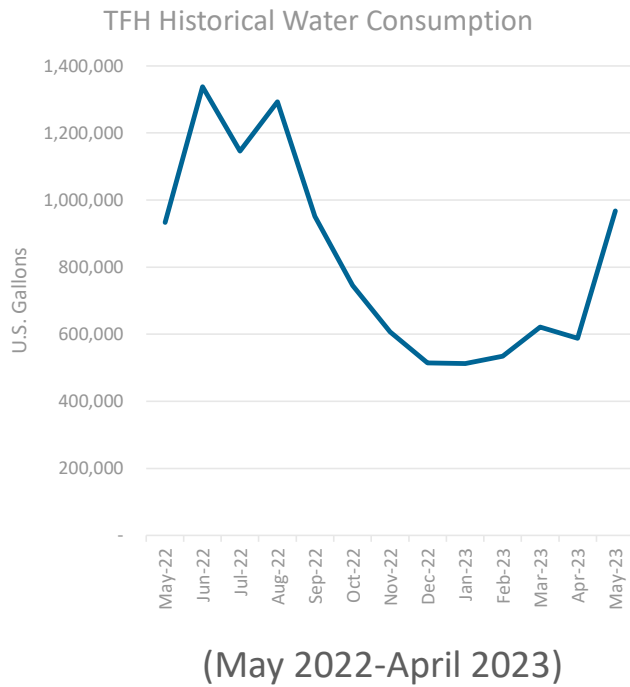
SCOPES 1 & 2 EMISSIONS BENCHMARK



SCOPE 3 EMISSIONS BENCHMARK



# Water Benchmark



**66% more per sq.ft.**

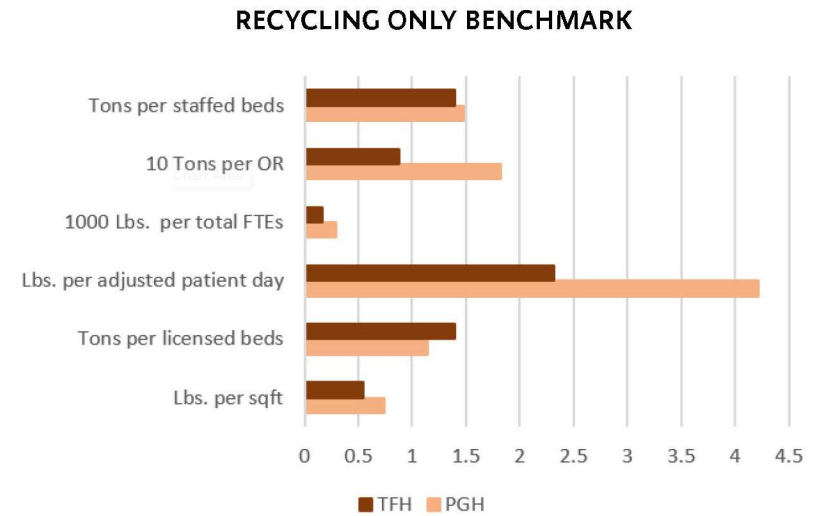
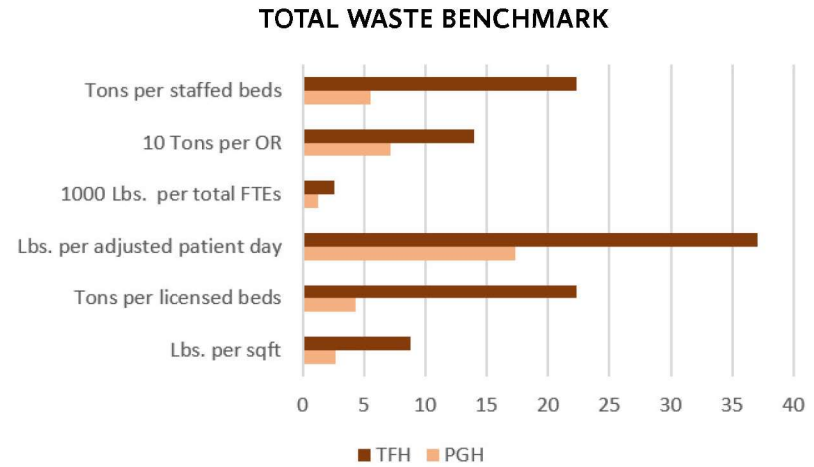
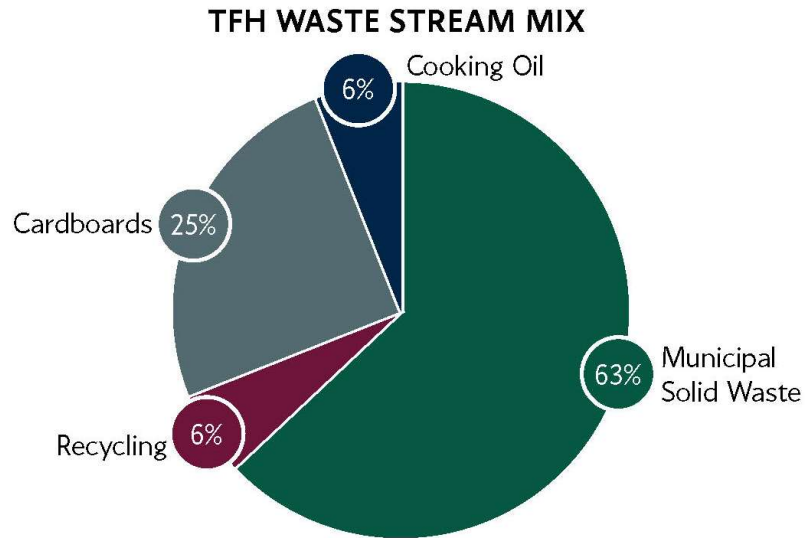
**147% more per bed**

**23% more per APD**

**16% more per on-site FTE**



# Waste Benchmark



# Recommendations & Next Steps

Socialize the WHY...



And, how to contribute.

# Recommendations and Next Steps



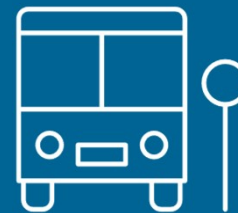
Energy Consumption



Capital Goods Emissions Reduction



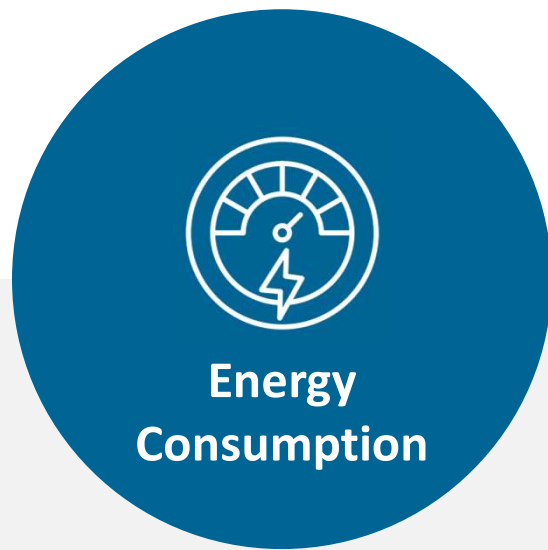
Sustainable Procurement Policy



Employee Commuting



# Recommendations and Next Steps

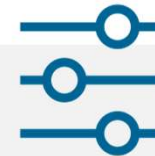


Natural gas use in summer is 2x the electricity use

Best opportunities for reducing natural gas :



Variable Air Volume  
Ventilation



Building Controls



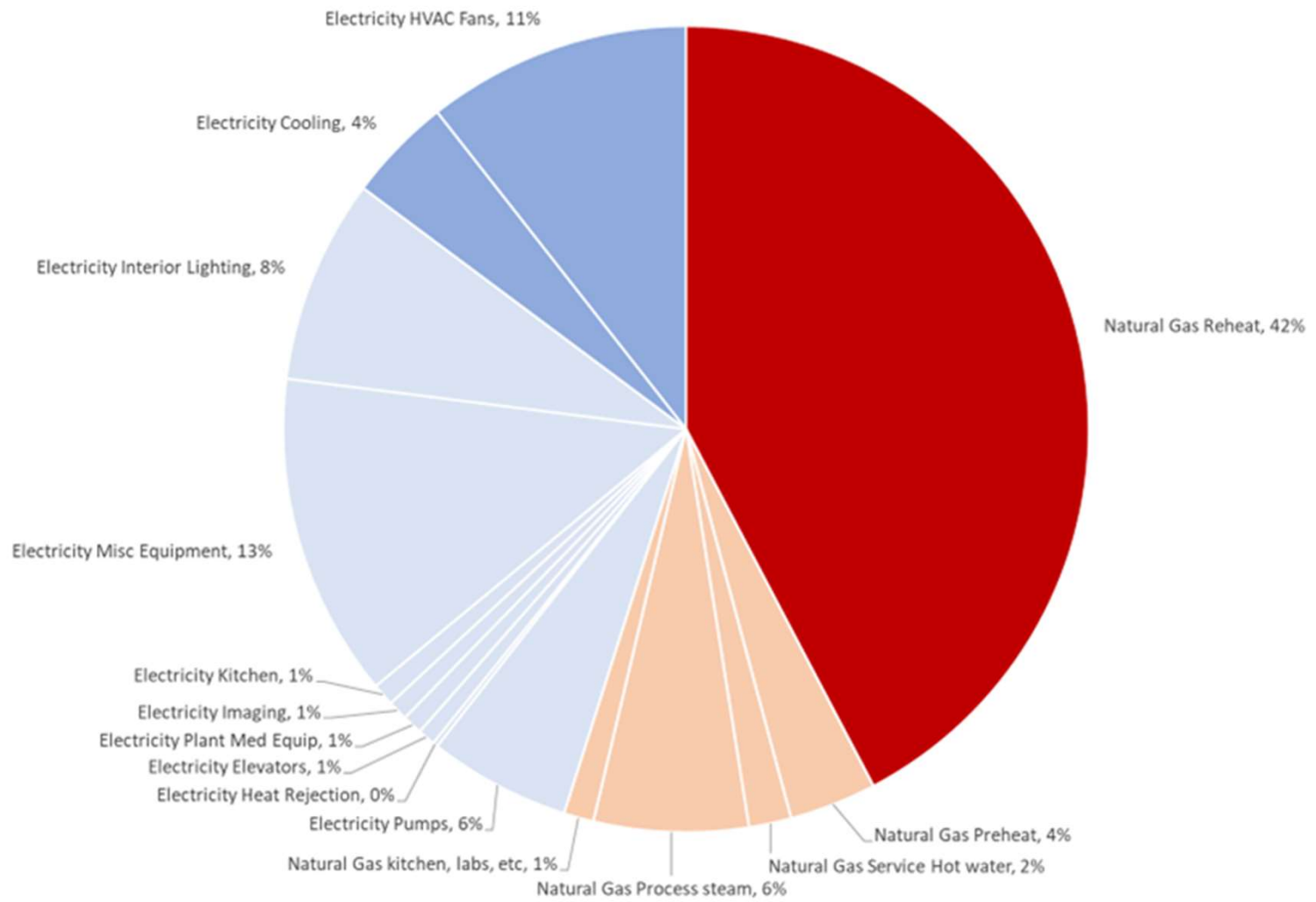
Heat Recovery



Weatherization

Percent of Total Energy Consumption		
2022	TFH	Similar Avg Hospital
Electricity	14%	38%
Natural Gas	86%	62%

Average Hospital Baseline Energy Usage



# Recommendations and Next Steps



Capital goods = **long-term assets**

(e.g. buildings, machinery, and equipment)

**Lifecycle assessment (LCA)** of each item identifies emissions hotspots and evaluates improvements

# Recommendations and Next Steps



**Purchased good and services** = all items the organization purchases

**Data collection** is a challenge and could be improved

Implement a **sustainable procurement policy**

- Include environmental criteria when selecting and evaluating suppliers
- Prioritize suppliers with good sustainability practices and certifications

# Recommendations and Next Steps



**Annual employee survey** – encourage participation!

Promote **alternative transport** methods:

- Carpooling
- Public transit
- Biking
- Walking

Provide **incentives or subsidies**:

- Discounted public transit
- Bike storage facilities
- Carpool matching services



Austin Barolin, PE, CEM, LEED AP  
Senior Energy & Decarbonization Analyst

[abarolin@mazzetti.com](mailto:abarolin@mazzetti.com)



*Bending the climate curve™*

