



TAHOE FOREST HOSPITAL DISTRICT

# 2024-08-22 Regular Meeting of the Board of Directors

Thursday, August 22, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



# TAHOE FOREST HOSPITAL DISTRICT

## Meeting Book - 2024-08-22 Regular Meeting of the Board of Directors

### Agenda Packet Contents

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#### AGENDA

2024-08-22 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	3
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#### ITEMS 1 - 11 See Agenda

---

#### 12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1.a. MEC Cover Sheet.pdf	6
12.1.b. TFHD Re-entry Policy Outline w BDP comments.pdf	7

---

#### 13. CONSENT CALENDAR

##### 13.1. Approval of Meeting Minutes

13.1.1. 2024-07-22 Special Meeting of the Board of Directors_DRAFT Minutes.pdf	12
13.1.2. 2024-07-25 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	13

##### 13.2. Financial Report

13.2.1. July 2024 Preliminary Financial Stmt Pkg.pdf	18
--	----

##### 13.3. Board Reports

13.3.1. Interim CEO-COO Board Report - August 2024.pdf	31
13.3.2. CNO Board Report - August 2024.pdf	36
13.3.3. CMO Board Report - August 2024.pdf	39
13.3.4. CIIO Board Report - August 2024.pdf	41

---

#### 14. ITEMS FOR BOARD DISCUSSION

14.1. 2024 Q3 Retirement Plans Presentation to Board.pdf	46
14.2. TTWHA_TFHD Presentation_8.22.2024.pdf	52
14.3. Emergency Management Program BOD Presentation 2024.pdf	74

---

#### 15. ITEMS FOR BOARD ACTION

15.1. FY25 CEO Incentive Compensation Criteria DRAFT v2.pdf	92
---	----

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#### ITEMS 16 - 21: See Agenda

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#### 22. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, August 22, 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: Third Quarter & Fourth Fiscal Year 2024 Disclosure Summary*

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

*Subject Matter: Fiscal Year 2023-2024 Claims Report*

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

*Subject Matter: Third & Fourth Quarter Fiscal Year 2024 Patient Safety & Risk Summary Report*

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

*Subject Matter: Fourth Quarter Fiscal Year 2024 Quality Report*

**5.5. Liability Claims: (Gov. Code § 54956.95) ♦**

*Claimant: Keniia Novikov*

*Claim Against: Tahoe Forest Hospital District*

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

*Property Address: 5250 S. Virginia Street Reno, NV 89502 Suites 100 & 201*

*Agency Negotiator: Louis Ward*

*Negotiating Party: RFG-Bamboo LLC*

*Under Negotiation: Price & Terms of Payment*

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

**5.7.1.** 07/22/2024 Special Meeting

**5.7.2.** 07/25/2024 Regular Meeting

**5.8. Public Employee Appointment (Gov. Code § 54957)**

*Title: President & Chief Executive Officer*

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

*Subject Matter: Medical Staff Credentials*

**6. DINNER BREAK**

APPROXIMATELY 6:00 P.M.

**7. OPEN SESSION – CALL TO ORDER**

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

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

**10. INPUT – AUDIENCE**

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

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

**12.1. Medical Executive Committee (MEC) Meeting Consent Agenda ..... ATTACHMENT**

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

*New Policy:*

- *TFHD Medical Staff and Allied Health Professional Staff Re-Entry Policy*

**13. CONSENT CALENDAR ♦**

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

**13.1. Approval of Minutes of Meetings**

**13.1.1. 07/22/2024 Special Meeting ..... ATTACHMENT**

**13.1.2. 07/25/2024 Regular Meeting ..... ATTACHMENT**

**13.2. Financial Reports**

**13.2.1. Financial Report – July 2024 ..... ATTACHMENT**

**13.3. Board Reports**

**13.3.1. Interim CEO/COO Board Report ..... ATTACHMENT**

**13.3.2. CNO Board Report ..... ATTACHMENT**

**13.3.3. CMO Board Report ..... ATTACHMENT**

**13.3.4. CIIO Board Report ..... ATTACHMENT**

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. Semi-Annual Retirement Plan Update ..... ATTACHMENT**

The Board of Directors will receive a semi-annual retirement plan update from Multnomah Group.

**14.2. Truckee Tahoe Workforce Housing Agency Update ..... ATTACHMENT**

The Board of Directors will receive an update from the Truckee Tahoe Workforce Housing Agency.

- 14.3. Emergency Management Program**..... ATTACHMENT  
The Board of Directors will receive a presentation on the District’s Emergency Management Program.

**15. ITEMS FOR BOARD ACTION** ◆

- 15.1. Fiscal Year 2025 President & Chief Executive Officer Incentive Compensation Metrics** ◆ .....ATTACHMENT  
The Board of Directors will review and consider approval of FY25 President & CEO Incentive Compensation Metrics.

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

**17. BOARD COMMITTEE REPORTS**

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

-The September Regular Board Meeting will be moved to Thursday, September 19, 2024.

**19. CLOSED SESSION CONTINUED**

**20. OPEN SESSION**

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

**22. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is September 19, 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.

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Johanna Koch, MD Chief of Staff
<b>ACTION REQUESTED</b>	For Board Action
<b>BACKGROUND:</b> During the August 15, 2024 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the August 22, 2024 meeting.	
<b><u>New Policy</u></b> <ul style="list-style-type: none"> <li>TFHD Medical Staff and Allied Health Professional Staff Re-Entry Policy</li> </ul>	
<b>SUGGESTED DISCUSSION POINTS:</b> None.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Medical Executive Committee Consent Agenda as presented.	

## **TFHD Medical Staff and Allied Health Professional Staff Re-Entry Policy (outline/draft)**

### **Risk:**

By enforcing stringent eligibility criteria and additional training requirements for Medical Staff and Allied Health Professional Staff re-entry, the TFHD Medical Staff and Allied Health Professional Staff Re-Entry Policy may inadvertently exclude quality candidates who have had an extended absence but possess the necessary clinical skills and experience. This exclusion could potentially limit the pool of available medical professionals, impacting the hospital's capacity to deliver comprehensive patient care. Additionally, the policy might dissuade experienced practitioners from seeking re-entry, further narrowing the field of qualified applicants and possibly affecting the overall quality of care.

### **Purpose:**

Tahoe Forest Hospital District (TFHD) is committed to and recognizes the importance of maintaining high standards of patient care and safety. This policy aims to ensure that the quality of care is maintained through the effective management of Medical Staff and Allied Health Professional Staff re-entry into practice. As such, this policy outlines the procedures for Medical Staff and Allied Health Professional Staff re-entry into practice after a period of absence, addressing potential issues such as diminution of clinical skills, impairment due to substance use, or disciplinary actions. This policy is formulated in compliance with California and/or Nevada state laws and regulations governing Medical Staff and Allied Health Professional Staff re-entry. This policy is in addition to any existing TFHD Medical Staff Policies, Rules and Regulations, and Medical Staff Bylaws related to Proctoring and Peer Review.

### **1. Eligibility Criteria for Re-entry Medical Staff:**

Medical Staff applicants seeking re-entry into practice at TFHD must meet the following eligibility criteria, as defined in the TFHD Medical Staff Bylaws the below threshold eligibility criteria is required for Initial Appointment:

- A. To be eligible to apply for initial appointment to the Medical Staff, physicians, dentists, and oral surgeons must meet all of the following:
  - (a) have a current license to practice medicine in California and/or Nevada, as appropriate;
  - (b) where applicable to their practice, have a current, unrestricted DEA registration;
  - (c) be located close enough to fulfill their Medical Staff responsibilities and to provide timely and continuous care for their patients in the Hospital, including the Emergency Department, if applicable;
  - (d) have current, valid professional liability insurance coverage in amounts of \$1 million/\$3 million, or such other amount established by Board policy.
  - (e) are not currently excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;
  - (f) agree to fulfill all responsibilities regarding emergency call established by the medical staff;
  - (g) have or agree to make coverage arrangements with other members of the Medical Staff for those times when the individual will be unavailable;
  - (h) have successfully completed a residency training program and be certified or eligible by an American Board of Medical Specialties (ABMS) member board in the specialty in which the applicant seeks clinical privileges; or by the American Osteopathic Association (AOA) in the specialty in which the applicant seeks clinical privileges, or an

oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association ("ADA"), or a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association;

(i) be board certified or qualified to sit for the boards in their primary area of practice at the Hospital subject to the recertification provision, below. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training are required to become board certified within five (5) years of residency or fellowship training<sup>1</sup>;

(j) maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements.<sup>2</sup> If a physician has not met the recertification requirements of his/her board for his primary specialty by the time the reappointment is required, the physician will have up to two (2) years from the date of his/her board's expiration to attain such recertification. If a physician does not meet the recertification requirements of his/her board by the end of this time, the physician shall not be eligible for reappointment;

An individual who does not meet the Medical Staff's board certification requirements may request a waiver. The individual requesting the waiver bears the burden of showing that:

(1) it would not be possible, with reasonable and good faith efforts, for him or her to become board certified, maintain board certification, or regain board certification, as applicable; and

(2) based on his or her qualifications, experience and demonstrated competence, he or she can be relied upon to provide care of the same quality and sophistication that is expected of those who have achieved initial board certification in the same specialty.

(k) demonstrate recent clinical activity in their primary area of practice by submitting a case list from the last two years.

- B. Per California Medical Board: If "re-entry" is within five years 20 CME must be completed, if over five years an entire application will be started.
- C. Per Nevada State Board of Medical Examiners: If a licensee does not engage in the practice of medicine for more than 24 consecutive months, the Board may require the same examination to test medical competency as that given to applicants for a license. If after 3 years without license, must reapply like new applicants † If license expired 3 years or less, must show proof or pay fine for lack of credits.
- D. Federation of State Medical Boards (FSMB) Reentry to Practice Resource Link
  - a. <https://www.fsmb.org/siteassets/advocacy/policies/board-requirements-on-re-entry-to-practice.pdf>

## **2. Eligibility Criteria for Re-entry Allied Health Professional Staff:**

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<sup>1</sup> The provision requiring board certification shall only apply to those physicians who were granted hospital privileges on or after September 22, 2016, the date of adoption by the Board of Directors.

<sup>2</sup> This provision shall only apply to physicians who were granted staff privileges on or after September 22, 2016, the date of initial adoption by the Board of Directors.



Allied Health Professional Staff applicants seeking re-entry into practice at TFHD must meet the following eligibility criteria, as defined in the TFHD Allied Health Professional Guidelines the below threshold eligibility criteria is required for Initial Appointment:

- A. In order to qualify for initial and ongoing Allied Health Professional status at the Hospital, an Allied Health Professional shall, per the TFHD Allied Health Professional Guidelines:
- a) Belong to an Allied Health Professional category that has been admitted to practice at the Hospital by the Board of Directors. The categories which have been so admitted are below;
    - 1. Clinical Psychologists
    - 2. Advanced Practice Nurse
    - 3. Physician Assistants
    - 4. Dental Assistants
    - 5. Audiologists
    - 6. Acupuncturists
    - 7. Licensed Clinical Social Worker
    - 8. Licensed Marriage Family Therapist
    - 9. Registered Nurse First Assistant
  - b) Meet one of the following requirements:
    - (1) Belong to an Allied Health Professional category that is not subject to any exclusive contract or panel arrangement with the Hospital; or
    - (2) Be accepted by the Hospital as part of any exclusive contract or panel arrangement that applies to the Allied Health Professional's category;
  - c) Possess any license or certificate required under the laws of California and/or Nevada, as applicable, for his or her category;
  - d) Possess and document the background, training, experience, judgment, ability, and physical and mental health necessary to demonstrate with sufficient adequacy that he or she is able to provide professional services as requested and authorized in accordance with generally recognized professional standards of quality and efficiency;
  - e) Provide at least one recent professional reference from a previous hospital, chief, or department chair;
  - f) Adhere strictly to generally recognized standards of professional ethics;
  - g) Be capable of working cooperatively with others in furtherance of high quality patient care and efficient hospital operations;
  - h) Perform services for patients at the Hospital in conjunction with the Medical Staff member responsible for the patient's care;
  - i) Comply with all Hospital, Medical Staff and department bylaws, rules and regulations, and protocols, to the extent applicable to the Allied Health Professional;
  - j) Be willing to participate in the discharge of administrative responsibilities as reasonably determined by the Medical Staff and the Allied Health Professional's department;
  - k) Maintain professional liability insurance with a suitable insurer, with the minimum limits as determined by the Medical Executive Committee and the Board;
  - l) Pay a non-refundable application fee, if required;

- m) Pay annual dues and assessments, if required;
- n) Meet any specific requirements established by the applicable department, the Medical Executive Committee or the Board for his or her category of Allied Health Professional, including any specific requirements established for his or her category that is set forth in the attached Exhibits of the Allied Health Professional Guidelines;
- o) Meet the conditions of any applicable contract with the Hospital; and
- p) Not be excluded from participation in any federally funded health care program, including Medicare or Medi-Cal.

**B. Exception**

From time to time, the Chief of the Medical Staff and the Hospital Administrator may jointly decide to approve clinical privilege(s) for specific individuals who do not meet one or more of the requirements described in Sections 2 above.

- a) Any such privilege(s) shall be requested in writing by a member of the Medical Staff who will assume supervisory responsibility for the Allied Health Professional.
- b) The writing requesting approval shall contain a statement of the facts and circumstances justifying each exception requested.
- c) Except as otherwise expressly stated in the approval, all of the standards and requirements set forth in this Section 2 shall apply.

**3. Additional Training Requirements:**

TFHD Medical Staff and Allied Health Professional Staff returning to practice after a period of absence due to diminution of clinical skills, impairment due to substance use, or disciplinary actions may be required to complete additional training as determined by TFHD's Medical Executive Committee.

The nature and duration of additional training will be tailored to the individual Medical Staff and Allied Health Professional Staff needs and may include:

- Clinical rotations or supervised practice under the guidance of experienced physicians.
- Completion of additional training will be verified through appropriate documentation and certification.
- Additional Proctoring Plan approved by the Chair of the Department and the Medical Executive Committee.

**4. Assessment of Clinical Competence:**

Medical Staff and Allied Health Professional Staff seeking re-entry into practice will undergo a comprehensive assessment of their clinical knowledge and skills.

- Assessment methods may include written examinations, oral examinations, clinical simulations, and direct observation of clinical practice.
- Assessment results will be reviewed by TFHD's Chair of the Department and the TFHD Medical Executive Committee to determine the Medical Staff or Allied Health Professional Staff's readiness to return to independent practice.

**5. Monitoring and Support:**

TFHD is committed to providing support and resources to Medical Staff and Allied Health Professional Staff undergoing re-entry into practice.

- Medical Staff and Allied Health Professional Staff will be assigned a mentor or preceptor to provide guidance and support during the re-entry process.
- Regular monitoring during incremented evaluations of the Medical Staff and Allied Health Professional Staff performance and progress will be conducted to ensure ongoing competence and quality of care.

**6. Reporting Requirements:**

TFHD will comply with all reporting requirements mandated by California and/or Nevada state laws and regulations regarding Medical Staff and Allied Health Professional Staff re-entry, including reporting any concerns about a Medical Staff and Allied Health Professional Staff competence or conduct to the appropriate authorities.

**7. Confidentiality and Privacy:**

TFHD will maintain confidentiality and privacy regarding the re-entry process and any related assessments or evaluations, in accordance with applicable laws and regulations.

**8. Compliance and Review:**

This policy will be reviewed regularly to ensure compliance with California and/or Nevada state laws and regulations and to incorporate any updates or changes as necessary.



# SPECIAL MEETING OF THE BOARD OF DIRECTORS

## DRAFT MINUTES

Monday, July 22, 2024 at 2:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

### 1. CALL TO ORDER

Meeting was called to order at 2:04 p.m.

### 2. ROLL CALL

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

Other: David Ruderman, General Counsel; Mark Andrew of WittKieffer

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

No changes were made to the agenda.

David Ruderman, General Counsel, read the board into Closed Session.

Public comment was received from Dr. Josh Kreiss and Dr. Nina Winans. Written comments from Dr. Johanna Koch and Dr. Cherrisse Mwero were read into the record by Tracie Racicot.

Open Session recessed at 2:18 p.m.

### 4. CLOSED SESSION

#### 4.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged item.

*Director Michael McGarry joined the meeting at 2:29 p.m.*

Open Session reconvened at 4:11 p.m.

### 5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported there was no reportable action taken in Closed Session.

### 6. ADJOURN

Meeting adjourned at 4:12 p.m.



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

Thursday, July 25, 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, Board Member

Staff in Attendance: Louis Ward, Interim Chief Executive Officer/Chief Operating Officer; Crystal Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Alex MacLennan, Chief Human Resources Officer; Matt Mushet, In-House Counsel; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel; Alaynè Sampson of Chandler Asset Management (via zoom); Scott Kraft and Sean Weiss of DoctorsManagement

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

Item 7.4. will move ahead of item 7.1. to accommodate presenter schedules.

## **4. INPUT – AUDIENCE**

No public comment was received.

## **5. ITEMS FOR BOARD DISCUSSION**

### **5.1. Annual Investment Report**

Alaynè Sampson of Chandler Asset Management present an annual investment portfolio update.

General Counsel read the board into Closed Session.

## **6. INPUT AUDIENCE**

No public comment was received.

**Open Session recessed at 4:12 p.m.**

## **7. CLOSED SESSION**

### **7.1. Hearing (Health & Safety Code § 32155)**

*Subject Matter: Fiscal Year 2024 Service Recovery and Adjustment Report*

Discussion was held on a privileged item.

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

*Subject Matter: Fiscal Year 2024 Complaint and Grievance Report*

Discussion was held on a privileged item.

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

*Subject Matter: Fiscal Year 2024 Service Excellence Report*

Discussion was held on a privileged item.

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

*Subject Matter: Quarterly Compliance Report*

Discussion was held on a privileged item.

**7.5. Approval of Closed Session Minutes**

**7.5.1.** 06/27/2024 Regular Meeting

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**8. DINNER BREAK**

**9. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:07 p.m.

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

General Counsel shared the Board considered six items in Closed Session. Items 7.1. through 7.3. were received on a 5-0 vote. There was no reportable action on item 7.4. Item 7.5. Approval of Closed Session minutes was approved on a 5-0 vote. Item 7.6. Medical Staff Credentials was also approved on a 5-0 vote.

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

No changes were made to the posted agenda.

**12. INPUT – AUDIENCE**

No public comment was received.

**13. INPUT FROM EMPLOYEE ASSOCIATIONS**

Public comment was received from Julie Morgan.

**14. MEDICAL STAFF EXECUTIVE COMMITTEE**

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

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

Revised Policy:

- *Immunization/Vaccinations for Medical Staff and Allied Health Professional Staff, MSGEN-1603*

**ACTION:** Motion made by Director Barnett to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director McGarry.  
**AYES:** Directors Barnett, Chamblin, Brown, McGarry and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

## **15. CONSENT CALENDAR**

### **15.1. Approval of Minutes of Meetings**

**15.1.1.** 06/27/2024 Special Meeting

**15.1.2.** 06/27/2024 Regular Meeting

### **15.2. Financial Reports**

**15.2.1.** Financial Report – June 2024

### **15.3. Board Reports**

**15.3.1.** Interim CEO/COO Board Report

**15.3.2.** CNO Board Report

**15.3.3.** CMO Board Report

**15.3.4.** CIIO Board Report

Item 15.1.1. was pulled from the consent calendar.

**ACTION:** Motion made by Director Chamblin to approve the Consent Calendar excluding item 15.1.1., seconded by Director Brown.  
**AYES:** Directors Barnett, Chamblin, Brown, McGarry and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

## **16. ITEMS FOR BOARD DISCUSSION**

### **16.1. Brown Act Review**

David Ruderman, General Counsel, presented a review of the Brown Act. Discussion was held.

### **16.2. Pediatric Clinic Presentation**

Dr. Ali Fiamengo, Medical Director of Pediatrics, and Michelle Churchill, Pediatric Clinic Manager, presented on Pediatric clinic operations and improved access to care. Discussion was held.

### **16.3. Community Health Index**

Maria Martin, Director of Community Health, and Megan Shirley, Medical Director of Population Health, presented on the Community Health Index. Discussion was held.

## **17. ITEMS FOR BOARD ACTION**

### **17.1. Resolution 2024-04**

The Board of Directors reviewed and considered for approval a resolution setting the Tax Rate per \$100,000 of Assessed Value for the 2024-25 Fiscal Year for the debt service requirement of the District's General Obligation (GO) Bonds. Discussion was held.

**ACTION:** Motion made by Director Brown to set the 2024-25 fiscal year GO Bond tax rate per \$100,000 at \$15.62 and utilize approximately 75% (\$746,907.86) of the reserve (\$995,877.14) to fully cover the 2024-25 debt service requirement of \$5,747,431.26, leaving \$248,969.29 in reserve, seconded by Director Chamblin.  
**AYES:** Directors Barnett, Chamblin, Brown, McGarry and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

**17.2. Second Reading of Proposed Revisions to TFHD Board of Directors Bylaws**

The Board of Directors considered approval of proposed revisions to the TFHD Board of Directors Bylaws. Discussion was held.

**ACTION:** Motion made by Director Barnett, to approve the Board of Directors Bylaws, seconded by Director Brown.  
**AYES:** Directors Barnett, Chamblin, Brown, McGarry and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

**17.3. Fiscal Year 2025 President & Chief Executive Office Incentive Compensation Metrics**

The Board of Directors reviewed and considered approval of FY25 President & CEO Incentive Compensation Metrics. Discussion was held. The metrics will be reviewed further by the Board Executive Compensation Committee.

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

Item 15.1.1. was discussed.

**ACTION:** Motion made by Director McGarry to approve item 15.1.1. with the addition of the Chair to roll call, seconded by Director Chamblin.  
**AYES:** Directors Barnett, Chamblin, Brown, McGarry and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

**19. BOARD COMMITTEE REPORTS**

Director Chamblin provided an update from the Incline Village Foundation event last weekend.

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

No discussion was held.

**21. CLOSED SESSION CONTINUED**

Not applicable.

**22. OPEN SESSION**

Not applicable.



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

Not applicable.

**24. ADJOURN**

Meeting adjourned at 9:30 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT  
JULY 2024 FINANCIAL REPORT - PRELIMINARY  
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*  
**JULY 2024 FINANCIAL NARRATIVE - PRELIMINARY**

The following is the financial narrative analyzing financial and statistical trends for the one month ended July 31, 2024.

**Activity Statistics**

- TFH acute patient days were 447 for the current month compared to budget of 382. This equates to an average daily census of 14.4 compared to budget of 12.3.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgical cases, Lab tests, Lab send out tests, Oncology Lab, Blood units, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, CT Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Speech Therapy and Tahoe City Occupational Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department Visits, Home Health visits, Hospice visits, Pathology, Diagnostic Imaging, Gastroenterology cases, Occupational Therapy, and Tahoe City Physical Therapy.

**Financial Indicators**

- Net Patient Revenue as a percentage of Gross Patient Revenue was 43.3% in the current month compared to budget of 46.9% and to last month's 40.9%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 43.3% compared to budget of 46.9% and prior year's 47.2%.
- EBIDA was \$3,066,771 (5.1%) for the current month compared to budget of \$1,528,949 (2.8%), or \$1,537,822 (2.3%) above budget.
- Net Income was \$4,039,736 for the current month compared to budget of \$989,918 or \$3,049,818 above budget.
- Cash Collections for the current month were \$28,129,988, which is 105% of targeted Net Patient Revenue.
- EPIC Gross Accounts Receivables were \$128,571,446 at the end of July compared to \$123,658,130 at the end of June.

**Balance Sheet**

- Working Capital is at 81.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 225.9 days. Working Capital cash increased a net \$2,484,000. Accounts Payable decreased \$2,122,000 and Accrued Payroll & Related Costs increased \$2,040,000. The District received \$640,000 from the State for the final FY22-23 Rate Range IGT program and \$800,151 from the State for the FY23-24 Rate Range IGT program. Cash Collections were above target by 5%.
- Net Patient Accounts Receivable decreased a net \$3,227,000. Cash collections were 105% of target. EPIC Days in A/R were 67.40 compared to 67.30 at the close of June, a .10 days increase.
- Estimated Settlements, Medi-Cal & Medicare decreased a net \$265,000. 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 \$640,000 from the State for the final FY22-23 Rate Range IGT program and \$800,151 from the State for participation in the FY23-24 Rate Range IGT program.
- Unrealized Gain/(Loss) Cash Investment Fund increased \$1,232,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of July.
- GO Bond Tax Revenue Fund decreased \$3,887,000 after transferring funds to cover the Principal and Interest payments on the GO Bonds.
- To comply with GASB No. 96, the District recorded Amortization Expense for July on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- Accounts Payable decreased \$2,122,000 due to the timing of the final check run in July.
- Accrued Payroll & Related Costs increased a net \$2,040,000 due to an increase in Accrued Payroll days in July.
- Interest Payable GO Bond decreased \$1,308,000 after recording the interest payments due on the GO Bonds.
- To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for July, decreasing the liability \$285,000.
- Estimated Settlements, Medi-Cal & Medicare decreased \$836,000 as the District records payback of overpayments to the Medicare program on TFH & IVCH FY24 Outpatient claims.
- GO Bond Debt Net of Current Maturities decreased \$2,703,000 after recording the principal payments due on the GO Bonds.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$60,306,085 compared to budget of \$54,747,867 or \$5,558,218 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,397,598 compared to budget of \$7,372,375 or \$1,025,223 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$51,908,487 compared to budget of \$47,375,492 or \$4,532,995 above budget.
- ❑ Current month’s Gross Revenue Mix was 41.43% Medicare, 16.14% Medi-Cal, .0% County, 1.39% Other, and 41.04% Commercial Insurance compared to budget of 39.85% Medicare, 15.86% Medi-Cal, .0% County, 1.29% Other, and 43.00% Commercial Insurance. Last month’s mix was 40.20% Medicare, 16.41% Medi-Cal, .0% County, 1.53% Other, and 41.86% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$34,215,523 compared to budget of \$29,082,437 or \$5,133,086 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.58% increase in Medicare, a 0.28% increase to Medi-Cal, County at budget, a 0.10% increase in Other, and Commercial Insurance was below budget 1.96%, 2) Revenues were above budget 10.2%, 3) The District’s Medicare OP Reimbursement rate was reduced by 3% effective July, and 4) Accounts Receivable over 90 and 120 days increased by 3.51%.

DESCRIPTION	July 2024 Actual	July 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	10,297,778	11,356,453	1,058,675	
Employee Benefits	4,333,151	3,449,059	(884,092)	We saw increased use of Paid Leave, creating a negative variance in Employee Benefits. This is also lending to the positive variance in Salaries & Wages.
Benefits – Workers Compensation	48,632	105,867	57,235	
Benefits – Medical Insurance	1,917,550	2,642,413	724,863	
Medical Professional Fees	562,477	533,347	(29,130)	Pediatric Locums coverage, Cardiology physician fees, and Anesthesia physician fees were above budget, creating a negative variance in Medical Professional fees.
Other Professional Fees	330,394	466,760	136,366	Decreased use of legal and consulting fees in Administration and the timing of a Physician Employment Management Capabilities and Technology Solution created a positive variance in Other Professional Fees.
Supplies	4,643,352	4,325,077	(318,275)	Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Medical Supplies Sold to Patients revenues were above budget, creating a negative variance in Supplies.
Purchased Services	1,810,392	1,918,891	108,499	Facility maintenance projects, decreased use of Employee Wellness Bank services, Scribe services for Multi-Specialty Clinics Administration, and Credit Card fees were below budget, creating a positive variance in Purchased Services.
Other Expenses	953,199	1,114,686	161,487	Utility costs, Physician Recruitment expenses, and budgeted Community program support were below budget, creating a positive variance in Other Expenses.
Total Expenses	24,896,926	25,912,553	1,015,627	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
JULY 2024 PRELIMINARY

	Jul-24	Jun-24	Jul-23	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 65,603,187	\$ 63,118,720	\$ 28,837,261	1
PATIENT ACCOUNTS RECEIVABLE - NET	52,584,353	55,811,135	48,426,069	2
OTHER RECEIVABLES	7,590,208	6,492,071	12,623,389	
GO BOND RECEIVABLES	403,414	70,443	774,494	
ASSETS LIMITED OR RESTRICTED	10,407,750	10,294,862	11,072,313	
INVENTORIES	5,566,736	5,566,886	5,262,766	
PREPAID EXPENSES & DEPOSITS	4,289,776	2,468,470	4,554,258	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	13,945,812	14,210,516	20,020,670	3
<b>TOTAL CURRENT ASSETS</b>	<u>160,391,236</u>	<u>158,033,103</u>	<u>131,571,220</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,672,429	10,553,402	10,245,543	1
* CASH INVESTMENT FUND	106,518,347	106,298,942	105,756,905	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	1,955,732	723,725	(3,138,220)	4
TOTAL BOND TRUSTEE 2017	22,222	22,222	21,240	
TOTAL BOND TRUSTEE 2015	1,591,920	1,591,920	170,943	
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	1,118,539	5,005,593	969,002	5
DIAGNOSTIC IMAGING FUND	3,574	3,534	3,431	
DONOR RESTRICTED FUND	1,179,802	1,172,518	1,153,846	
WORKERS COMPENSATION FUND	1,469	21,845	36,269	
TOTAL	123,064,032	125,393,701	115,224,722	
LESS CURRENT PORTION	(10,407,750)	(10,294,862)	(11,072,313)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>112,656,283</u>	<u>115,098,839</u>	<u>104,152,409</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,025,493)	(3,941,743)	(3,477,847)	
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,694,072	
PROPERTY & EQUIPMENT NET	195,910,260	197,032,891	194,467,014	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,874,918</u>	<u>1,853,765</u>	<u>1,791,406</u>	
<b>TOTAL ASSETS</b>	<u>468,524,176</u>	<u>469,793,828</u>	<u>430,198,272</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	229,499	232,731	268,287	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	154,402	154,402	262,970	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,252,644	4,276,349	4,537,101	
GO BOND DEFERRED FINANCING COSTS	414,557	416,878	442,408	
DEFERRED FINANCING COSTS	111,309	112,350	123,793	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	12,924,348	13,060,152	7,974,916	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	26,798,281	27,116,972	30,684,471	6
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 44,885,041</u>	<u>\$ 45,369,835</u>	<u>\$ 44,293,946</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	6,247,961	8,370,049	\$ 9,545,558	7
ACCRUED PAYROLL & RELATED COSTS	25,648,564	23,608,962	30,598,793	8
INTEREST PAYABLE	342,840	400,041	218,661	
INTEREST PAYABLE GO BOND	(0)	1,308,096	(0)	9
SUBSCRIPTION LIABILITY	28,380,250	28,665,685	31,756,288	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	5,547,769	6,383,928	290,618	11
HEALTH INSURANCE PLAN	2,939,536	2,939,536	2,722,950	
WORKERS COMPENSATION PLAN	2,297,841	2,297,841	3,287,371	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,771,063	2,771,063	2,586,926	
CURRENT MATURITIES OF GO BOND DEBT	2,440,000	2,195,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,126,414	4,043,979	4,552,127	
<b>TOTAL CURRENT LIABILITIES</b>	<u>80,742,239</u>	<u>82,984,179</u>	<u>87,754,292</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	29,082,533	29,931,819	26,139,253	
GO BOND DEBT NET OF CURRENT MATURITIES	87,840,854	90,543,809	90,741,321	12
DERIVATIVE INSTRUMENT LIABILITY	154,402	154,402	262,970	
<b>TOTAL LIABILITIES</b>	<u>197,820,029</u>	<u>203,614,210</u>	<u>204,897,837</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	314,409,387	310,376,934	268,440,535	
RESTRICTED	1,179,802	1,172,518	1,153,846	
<b>TOTAL NET POSITION</b>	<u>\$ 315,589,188</u>	<u>\$ 311,549,452</u>	<u>\$ 269,594,381</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
JULY 2024 PRELIMINARY

1. Working Capital is at 81.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 225.9 days. Working Capital cash increased a net \$2,484,000. Accounts Payable decreased \$2,122,000 (See Note 7) and Accrued Payroll & Related Costs increased \$2,040,000 (See Note 8). The District received \$640,000 from the State for the final FY22-23 Rate Range IGT program and \$800,151 from the State for the FY23-24 Rate Range IGT program. Cash Collections were above target by 5% (See Note 2).
2. Net Patient Accounts Receivable decreased a net \$3,227,000. Cash collections were 105% of target. EPIC Days in A/R were 67.40 compared to 67.30 at the close of June, a .10 days increase.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$265,000. 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 \$640,000 from the State for the final FY22-23 Rate Range IGT program and \$800,151 from the State for participation in the FY23-24 Rate Range IGT program.
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9. Interest Payable GO Bond decreased \$1,308,000 after recording the interest payments due on the GO Bonds.
10. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for July, decreasing the liability \$285,000.
11. Estimated Settlements, Medi-Cal & Medicare decreased \$836,000 as the District records payback of overpayments to the Medicare program on TFH & IVCH FY24 Outpatient claims.
12. GO Bond Debt Net of Current Maturities decreased \$2,703,000 after recording the principal payments due on the GO Bonds.

**Tahoe Forest Hospital District  
Cash Investment  
July 31, 2024 - Preliminary**

<b>WORKING CAPITAL</b>			
US Bank	\$ 64,424,987	4.89%	
US Bank/Incline Village Thrift Store	17,326		
US Bank/Truckee Thrift Store	135,990		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,024,884</u>	2.02%	
Total			\$ 65,603,187
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>106,518,347</u>	4.89%	
Total			\$ 106,518,347
Building Fund	\$ -		
Cash Reserve Fund	<u>10,672,429</u>	4.53%	
Local Agency Investment Fund			\$ 10,672,429
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,222
Bonds Cash 2015			\$ 1,591,920
GO Bonds Cash 2008			\$ 1,118,539
DX Imaging Education	\$ 3,574		
Workers Comp Fund - B of A	1,469		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 5,043</u>
<b>TOTAL FUNDS</b>			<b>\$ 185,531,686</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,377	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,144,115</u>	4.53%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,179,802</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 186,711,488</u></u></b>

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

CURRENT MONTH					YEAR TO DATE					PRIOR YTD JULY 23
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 60,306,085	\$ 54,747,867	\$ 5,558,218	10.2%	Total Gross Revenue	\$ 60,306,085	\$ 54,747,867	\$ 5,558,218	10.2%	1 \$ 49,056,156	
Gross Revenues - Inpatient										
\$ 3,772,356	\$ 3,146,058	\$ 626,298	19.9%	Daily Hospital Service	\$ 3,772,356	\$ 3,146,058	\$ 626,298	19.9%	\$ 2,967,819	
4,625,242	4,226,317	398,925	9.4%	Ancillary Service - Inpatient	4,625,242	4,226,317	398,925	9.4%	4,047,670	
8,397,598	7,372,375	1,025,223	13.9%	Total Gross Revenue - Inpatient	8,397,598	7,372,375	1,025,223	13.9%	1 7,015,489	
51,908,487	47,375,492	4,532,995	9.6%	Gross Revenue - Outpatient	51,908,487	47,375,492	4,532,995	9.6%	42,040,667	
51,908,487	47,375,492	4,532,995	9.6%	Total Gross Revenue - Outpatient	51,908,487	47,375,492	4,532,995	9.6%	1 42,040,667	
Deductions from Revenue:										
33,363,691	27,149,959	(6,213,732)	-22.9%	Contractual Allowances	33,363,691	27,149,959	(6,213,732)	-22.9%	2 25,114,665	
444,932	1,094,957	650,025	59.4%	Charity Care	444,932	1,094,957	650,025	59.4%	2 219,282	
406,901	837,521	430,620	51.4%	Bad Debt	406,901	837,521	430,620	51.4%	2 581,912	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2 -	
34,215,523	29,082,437	(5,133,086)	-17.7%	Total Deductions from Revenue	34,215,523	29,082,437	(5,133,086)	-17.7%	25,915,859	
100,587	108,682	8,095	7.4%	Property Tax Revenue- Wellness Neighborhood	100,587	108,682	8,095	7.4%	112,261	
1,772,547	1,667,390	105,157	6.3%	Other Operating Revenue	1,772,547	1,667,390	105,157	6.3%	3 1,426,295	
27,963,697	27,441,502	522,195	1.9%	<b>TOTAL OPERATING REVENUE</b>	27,963,697	27,441,502	522,195	1.9%	24,678,853	
OPERATING EXPENSES										
10,297,778	11,356,453	1,058,675	9.3%	Salaries and Wages	10,297,778	11,356,453	1,058,675	9.3%	4 9,762,987	
4,333,151	3,449,059	(884,092)	-25.6%	Benefits	4,333,151	3,449,059	(884,092)	-25.6%	4 3,839,513	
48,632	105,867	57,235	54.1%	Benefits Workers Compensation	48,632	105,867	57,235	54.1%	4 65,726	
1,917,550	2,642,413	724,863	27.4%	Benefits Medical Insurance	1,917,550	2,642,413	724,863	27.4%	4 1,698,795	
562,477	533,347	(29,130)	-5.5%	Medical Professional Fees	562,477	533,347	(29,130)	-5.5%	5 545,706	
330,394	466,760	136,366	29.2%	Other Professional Fees	330,394	466,760	136,366	29.2%	5 202,745	
4,643,352	4,325,077	(318,275)	-7.4%	Supplies	4,643,352	4,325,077	(318,275)	-7.4%	6 4,108,775	
1,810,392	1,918,891	108,499	5.7%	Purchased Services	1,810,392	1,918,891	108,499	5.7%	7 2,220,396	
953,199	1,114,686	161,487	14.5%	Other	953,199	1,114,686	161,487	14.5%	8 941,334	
24,896,926	25,912,553	1,015,627	3.9%	<b>TOTAL OPERATING EXPENSE</b>	24,896,926	25,912,553	1,015,627	3.9%	23,385,977	
<b>3,066,771</b>	<b>1,528,949</b>	<b>1,537,822</b>	<b>100.6%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>3,066,771</b>	<b>1,528,949</b>	<b>1,537,822</b>	<b>100.6%</b>	<b>1,292,876</b>	
NON-OPERATING REVENUE/(EXPENSE)										
879,377	871,282	8,095	0.9%	District and County Taxes	879,377	871,282	8,095	0.9%	9 750,239	
455,633	455,633	0	0.0%	District and County Taxes - GO Bond	455,633	455,633	0	0.0%	445,136	
415,339	245,088	170,251	69.5%	Interest Income	415,339	245,088	170,251	69.5%	10 339,851	
144,377	110,428	33,949	30.7%	Donations	144,377	110,428	33,949	30.7%	11 -	
(83,750)	(83,750)	-	0.0%	Gain/(Loss) on Joint Investment	(83,750)	(83,750)	-	0.0%	12 (67,000)	
1,398,802	100,000	1,298,802	-1298.8%	Gain/(Loss) on Market Investments	1,398,802	100,000	1,298,802	-1298.8%	13 226,540	
-	-	-	0.0%	Gain/(Loss) on Investments - TIRHR	-	-	-	0.0%	14 -	
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	15 -	
2,750	-	2,750	0.0%	Gain/(Loss) on Sale of Equipment	2,750	-	2,750	0.0%	16 -	
(1,784,163)	(1,782,314)	(1,849)	-0.1%	Depreciation	(1,784,163)	(1,782,314)	(1,849)	-0.1%	17 (1,372,450)	
(185,711)	(185,709)	(2)	0.0%	Interest Expense	(185,711)	(185,709)	(2)	0.0%	18 (98,130)	
(269,689)	(269,689)	(0)	0.0%	Interest Expense-GO Bond	(269,689)	(269,689)	(0)	0.0%	(276,885)	
972,966	(539,031)	1,511,997	280.5%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	972,966	(539,031)	1,511,997	280.5%	(52,699)	
<b>\$ 4,039,736</b>	<b>\$ 989,918</b>	<b>\$ 3,049,818</b>	<b>308.1%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 4,039,736</b>	<b>\$ 989,918</b>	<b>\$ 3,049,818</b>	<b>308.1%</b>	<b>\$ 1,240,177</b>	
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>311,549,452</b>					
<b>NET POSITION - AS OF JULY 31, 2024</b>					<b>\$ 315,589,188</b>					
<b>5.1%</b>	<b>2.8%</b>	<b>2.3%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>5.1%</b>	<b>2.8%</b>	<b>2.3%</b>		<b>2.6%</b>	



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

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>JULY 2024</b>	<b>YTD 2025</b>
<b>1) Gross Revenues</b>			
<p>Acute Patient Days were above budget 17.01% or 65 days. Swing Bed days were below budget 35.29% or 6 days. Inpatient Ancillary Revenues were above budget 9.4% due to the increase in Acute Patient Days.</p> <p>Outpatient volumes were above budget in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Blood units, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, Physical Therapy Aquatic, and Speech Therapy.</p> <p>Outpatient volumes were below budget in the following departments: Emergency Department Visits, Home Health visits, Hospice Visits, Pathology, EKG's, Diagnostic Imaging, Radiation Oncology procedures, Briner Ultrasounds, CAT Scans, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical and Occupational Therapies.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ 1,025,223</p> <p>\$ 4,532,995</p> <p><u>\$ 5,558,218</u></p>	<p>\$ 1,025,223</p> <p>\$ 4,532,995</p> <p><u>\$ 5,558,218</u></p>
<b>2) Total Deductions from Revenue</b>			
<p>The payor mix for July shows a 1.58% increase to Medicare, a 0.28% increase to Medi-Cal, 0.10% increase to Other, County at budget, and a 1.96% decrease to Commercial when compared to budget. We saw a negative variance in Contractuals due to revenues coming in above budget 10.2%, a shift from Commercial into Medicare and Medi-Cal, Accounts Receivable over 90 and 120 increased by 3.51%, and the District's Medicare OP Reimbursement rate was reduced by 3% effective in July.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (6,213,732)</p> <p>\$ 650,025</p> <p>\$ 430,620</p> <p>\$ -</p> <p><u>\$ (5,133,086)</u></p>	<p>\$ (6,213,732)</p> <p>\$ 650,025</p> <p>\$ 430,620</p> <p>\$ -</p> <p><u>\$ (5,133,086)</u></p>
<b>3) Other Operating Revenue</b>			
<p>Retail Pharmacy revenues were above budget 13.22%.</p> <p>IVCH ER Physician Guarantee is tied to collections which came in below budget in July.</p> <p>Children's Center revenues were above budget 40.27%.</p> <p>Rebates &amp; Refunds were below budget, creating a negative variance in Miscellaneous.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ 88,652</p> <p>\$ (463)</p> <p>\$ 1,481</p> <p>\$ (17,559)</p> <p>\$ 56,444</p> <p>\$ (8,063)</p> <p>\$ -</p> <p>\$ (15,333)</p> <p><u>\$ 105,157</u></p>	<p>\$ 88,652</p> <p>\$ (463)</p> <p>\$ 1,481</p> <p>\$ (17,559)</p> <p>\$ 56,444</p> <p>\$ (8,063)</p> <p>\$ -</p> <p>\$ (15,333)</p> <p><u>\$ 105,157</u></p>
<b>4) Salaries and Wages</b>			
<p>Positive variance in Salaries and Wages was offset by negative variances in Paid Leave and Sick Leave.</p>	<p>Total</p>	<p>\$ 1,058,675</p> <p><u>\$ 1,058,675</u></p>	<p>\$ 1,058,675</p> <p><u>\$ 1,058,675</u></p>
<b>Employee Benefits</b>			
<p>We saw greater use of Paid Leave in the categories of RNs, Clerical, Physicians, and Management, creating a negative variance in PL/SL. This is lending to the positive variance in Salaries and Wages.</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ (831,738)</p> <p>\$ (47,672)</p> <p>\$ (2,632)</p> <p>\$ 4,629</p> <p>\$ (6,678)</p> <p><u>\$ (884,092)</u></p>	<p>\$ (831,738)</p> <p>\$ (47,672)</p> <p>\$ (2,632)</p> <p>\$ 4,629</p> <p>\$ (6,678)</p> <p><u>\$ (884,092)</u></p>
<b>Employee Benefits - Workers Compensation</b>			
<p>Total</p>	<p>Total</p>	<p>\$ 57,235</p> <p><u>\$ 57,235</u></p>	<p>\$ 57,235</p> <p><u>\$ 57,235</u></p>
<b>Employee Benefits - Medical Insurance</b>			
<p>Total</p>	<p>Total</p>	<p>\$ 724,863</p> <p><u>\$ 724,863</u></p>	<p>\$ 724,863</p> <p><u>\$ 724,863</u></p>
<b>5) Professional Fees</b>			
<p>Pediatric Locums converge and Cardiology Physician Fees were above budget, creating a negative variance in Multi-Specialty Clinics.</p> <p>Anesthesia Physician Fees were above budget, creating a negative variance in Miscellaneous.</p> <p>Call Coverage was below budget, creating a positive variance in IVCH ER Physicians.</p> <p>Emergency Department and Hospitalist Physician fees were below budget, creating a positive variance in TFH Locums.</p> <p>Timing of a Physician Employment Management Capabilities and Technology Solution created a positive variance in Multi-Specialty Clinics Administration.</p> <p>We saw a decreased use of Legal fees and Consulting fees in Administration, creating a positive variance in this category.</p>	<p>Multi-Specialty Clinics</p> <p>Miscellaneous</p> <p>Oncology</p> <p>Information Technology</p> <p>Home Health/Hospice</p> <p>Corporate Compliance</p> <p>Respiratory Therapy</p> <p>The Center</p> <p>TFH/IVCH Therapy Services</p> <p>Managed Care</p> <p>Marketing</p> <p>Human Resources</p> <p>Medical Staff Services</p> <p>Financial Administration</p> <p>IVCH ER Physicians</p> <p>TFH Locums</p> <p>Patient Accounting/Admitting</p> <p>Multi-Specialty Clinics Administration</p> <p>Administration</p> <p>Total</p>	<p>\$ (27,237)</p> <p>\$ (24,237)</p> <p>\$ (4,493)</p> <p>\$ (1,583)</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ 4,000</p> <p>\$ 4,448</p> <p>\$ 4,780</p> <p>\$ 6,000</p> <p>\$ 8,000</p> <p>\$ 9,718</p> <p>\$ 14,128</p> <p>\$ 20,000</p> <p>\$ 29,000</p> <p>\$ 64,712</p> <p><u>\$ 107,236</u></p>	<p>\$ (27,237)</p> <p>\$ (24,237)</p> <p>\$ (4,493)</p> <p>\$ (1,583)</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ -</p> <p>\$ 4,000</p> <p>\$ 4,448</p> <p>\$ 4,780</p> <p>\$ 6,000</p> <p>\$ 8,000</p> <p>\$ 9,718</p> <p>\$ 14,128</p> <p>\$ 20,000</p> <p>\$ 29,000</p> <p>\$ 64,712</p> <p><u>\$ 107,236</u></p>

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

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>JULY 2024</u>	<u>YTD 2025</u>
<b>6) <u>Supplies</u></b>	Pharmacy Supplies	\$ (267,856)	\$ (267,856)
Drugs Sold to Patients and Oncology Drugs Sold to Patient revenues were above budget 40.18%, creating a negative variance in Pharmacy Supplies.	Patient & Other Medical Supplies	(73,152)	(73,152)
Medical Supplies Sold to Patients revenues were above budget 8.83%, creating a negative variance in Patient & Other Medical Supplies.	Food	(880)	(880)
	Office Supplies	1,223	1,223
	Minor Equipment	7,972	7,972
	Other Non-Medical Supplies	14,419	14,419
	<b>Total</b>	<u>\$ (318,275)</u>	<u>\$ (318,275)</u>
<b>7) <u>Purchased Services</u></b>	Laboratory	\$ (3,133)	\$ (3,133)
Outsourced lab testing volumes were above budget 10.96%, creating a negative variance in Laboratory.	The Center	(698)	(698)
Facility maintenance projects and Information Technology Network Maintenance costs were below budget, creating a positive variance in Department Repairs.	Patient Accounting	(338)	(338)
Decreased use of Employee Wellness Bank services created a positive variance in Human Resources.	Pharmacy IP	836	836
Scribe services were below budget, creating a positive variance in Multi-Specialty Clinics.	Medical Records	1,572	1,572
Purchased Services for Software were below budget, creating a positive variance in Information Technology.	Diagnostic Imaging Services - All	1,883	1,883
Credit Card Fees and budgeted purchased services for Education Admin were below budget, creating a positive variance in Miscellaneous.	Community Development	3,333	3,333
	Home Health/Hospice	4,379	4,379
	Department Repairs	12,901	12,901
	Human Resources	16,132	16,132
	Multi-Specialty Clinics	17,391	17,391
	Information Technology	20,589	20,589
	Miscellaneous	33,651	33,651
	<b>Total</b>	<u>\$ 108,499</u>	<u>\$ 108,499</u>
<b>8) <u>Other Expenses</u></b>	Equipment Rent	\$ (10,772)	\$ (10,772)
Scope rentals for the Surgery department and oxygen tank rentals created a negative variance in Equipment Rent.	Other Building Rent	(9,264)	(9,264)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Marketing	(7,266)	(7,266)
Natural Gas/Propane and Telephone costs were below budget, creating a positive variance in Utilities.	Physician Services	(1,778)	(1,778)
Outside Training and Travel was below budget, creating positive variance in that category.	Multi-Specialty Clinics Bldg. Rent	(586)	(586)
Physician Recruitment expenses and budgeted Community program support were below budget, creating a positive variance in Miscellaneous.	Multi-Specialty Clinics Equip Rent	955	955
	Human Resources Recruitment	3,907	3,907
	Dues and Subscriptions	4,513	4,513
	Insurance	7,820	7,820
	Utilities	40,458	40,458
	Outside Training & Travel	61,140	61,140
	Miscellaneous	72,361	72,361
	<b>Total</b>	<u>\$ 161,487</u>	<u>\$ 161,487</u>
<b>9) <u>District and County Taxes</u></b>	<b>Total</b>	<u>\$ 8,095</u>	<u>\$ 8,095</u>
<b>10) <u>Interest Income</u></b>	<b>Total</b>	<u>\$ 170,251</u>	<u>\$ 170,251</u>
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	\$ (50,252)	\$ (50,252)
	Operational	84,201	84,201
	<b>Total</b>	<u>\$ 33,949</u>	<u>\$ 33,949</u>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	<b>Total</b>	<u>\$ 1,298,802</u>	<u>\$ 1,298,802</u>
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
<b>14) <u>Loss on Investments - TIRHR</u></b>	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>15) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>16) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>	<b>Total</b>	<u>\$ 2,750</u>	<u>\$ 2,750</u>
<b>17) <u>Depreciation Expense</u></b>	<b>Total</b>	<u>\$ (1,849)</u>	<u>\$ (1,849)</u>
<b>18) <u>Interest Expense</u></b>	<b>Total</b>	<u>\$ (2)</u>	<u>\$ (2)</u>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
JULY 2024 PRELIMINARY

CURRENT MONTH					YEAR TO DATE					PRIOR YTD JULY 2023
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE						
\$ 4,783,295	\$ 4,307,425	\$ 475,870	11.0%	Total Gross Revenue	\$ 4,783,295	\$ 4,307,425	\$ 475,870	11.0%	1	\$ 3,832,925
				Gross Revenues - Inpatient						
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,783,295	4,307,425	475,870	11.0%	Gross Revenue - Outpatient	4,783,295	4,307,425	475,870	11.0%		3,832,925
4,783,295	4,307,425	475,870	11.0%	Total Gross Revenue - Outpatient	4,783,295	4,307,425	475,870	11.0%	1	3,832,925
				Deductions from Revenue:						
2,271,819	1,884,741	(387,078)	-20.5%	Contractual Allowances	2,271,819	1,884,741	(387,078)	-20.5%	2	1,539,067
36,751	86,149	49,398	57.3%	Charity Care	36,751	86,149	49,398	57.3%	2	18,574
105,777	64,611	(41,166)	-63.7%	Bad Debt	105,777	64,611	(41,166)	-63.7%	2	112,841
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
2,414,347	2,035,501	(378,846)	-18.6%	Total Deductions from Revenue	2,414,347	2,035,501	(378,846)	-18.6%	2	1,670,482
56,301	105,343	(49,043)	-46.6%	Other Operating Revenue	56,301	105,343	(49,043)	-46.6%	3	72,689
2,425,249	2,377,267	47,982	2.0%	TOTAL OPERATING REVENUE	2,425,249	2,377,267	47,982	2.0%		2,235,132
				OPERATING EXPENSES						
679,864	810,957	131,093	16.2%	Salaries and Wages	679,864	810,957	131,093	16.2%	4	667,166
255,069	230,288	(24,781)	-10.8%	Benefits	255,069	230,288	(24,781)	-10.8%	4	176,518
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	2,092	3,160	1,068	33.8%	4	532
119,774	165,194	45,420	27.5%	Benefits Medical Insurance	119,774	165,194	45,420	27.5%	4	104,137
229,570	237,479	7,909	3.3%	Medical Professional Fees	229,570	237,479	7,909	3.3%	5	151,863
2,192	2,431	239	9.8%	Other Professional Fees	2,192	2,431	239	9.8%	5	2,306
169,758	135,678	(34,080)	-25.1%	Supplies	169,758	135,678	(34,080)	-25.1%	6	58,242
118,727	107,715	(11,012)	-10.2%	Purchased Services	118,727	107,715	(11,012)	-10.2%	7	145,693
95,087	92,139	(2,948)	-3.2%	Other	95,087	92,139	(2,948)	-3.2%	8	176,136
1,672,134	1,785,041	112,907	6.3%	TOTAL OPERATING EXPENSE	1,672,134	1,785,041	112,907	6.3%		1,482,593
<b>753,115</b>	<b>592,226</b>	<b>160,889</b>	<b>27.2%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>753,115</b>	<b>592,226</b>	<b>160,889</b>	<b>27.2%</b>		<b>752,539</b>
				NON-OPERATING REVENUE/(EXPENSE)						
866	51,118	(50,252)	-98.3%	Donations-IVCH	866	51,118	(50,252)	-98.3%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(203,436)	(201,589)	(1,847)	0.9%	Depreciation	(203,436)	(201,589)	(1,847)	-0.9%	11	(124,349)
(1,155)	(1,155)	-	0.0%	Interest Expense	(1,155)	(1,155)	-	0.0%	12	(1,456)
(203,725)	(151,626)	(52,099)	-34.4%	TOTAL NON-OPERATING REVENUE/(EXP)	(203,725)	(151,626)	(52,099)	-34.4%		(125,805)
<b>\$ 549,390</b>	<b>\$ 440,600</b>	<b>\$ 108,790</b>	<b>24.7%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 549,390</b>	<b>\$ 440,600</b>	<b>\$ 108,790</b>	<b>24.7%</b>		<b>\$ 626,734</b>
<b>15.7%</b>	<b>13.7%</b>	<b>2.0%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>15.7%</b>	<b>13.7%</b>	<b>2.0%</b>			<b>19.6%</b>

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

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>JULY 2024</b>	<b>YTD 2025</b>
<b>1) <u>Gross Revenues</u></b>	Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ - \$ -
	Outpatient volumes were above budget in Lab tests, Lab Send Out Tests, EKGs, Diagnostic Imaging, Mammography, Ultrasounds, CT Scans, Oncology Drugs Sold to Patients, Respiratory Therapy, and Physical and Occupational Therapy.	Gross Revenue -- Outpatient	475,870 475,870
	Outpatient volumes were below budget in Emergency Visits, Surgery Cases, Drugs Sold to Patients and Speech Therapy.	Total	\$ 475,870 \$ 475,870
<b>2) <u>Total Deductions from Revenue</u></b>	We saw a shift in our payor mix with a 0.91% increase in Medicare, a 1.42% decrease in Medicaid, a 0.78% increase in Commercial insurance, a 0.28% decrease in Other, and County was at budget. We saw a negative variance in Contractual Allowances due to revenues coming in above budget 11.0% along with a decrease in our Medicare OP Reimbursement by 9% that went into effect in July.	Contractual Allowances	\$ (387,078) \$ (387,078)
		Charity Care	49,398 49,398
		Bad Debt	(41,166) (41,166)
		Prior Period Settlement	- -
		Total	\$ (378,846) \$ (378,846)
<b>3) <u>Other Operating Revenue</u></b>	IVCH ER Physician Guarantee is tied to collections, coming in below budget in July.	IVCH ER Physician Guarantee	\$ (17,560) \$ (17,560)
	Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.	Miscellaneous	(31,483) (31,483)
		Total	\$ (49,043) \$ (49,043)
<b>4) <u>Salaries and Wages</u></b>	Positive variance in Salaries and Wages was offset by negative variances in Paid Leave and Sick Leave.	Total	\$ 131,093 \$ 131,093
<b><u>Employee Benefits</u></b>	We saw increased use of Paid Leave and Sick Leave, creating a negative variance in PL/SL.	PL/SL	\$ (34,026) \$ (34,026)
		Pension/Deferred Comp	0 0
		Standby	(5,483) (5,483)
		Other	3,714 3,714
		Nonproductive	11,013 11,013
		Total	\$ (24,781) \$ (24,781)
		Total	\$ 1,068 \$ 1,068
		Total	\$ 45,420 \$ 45,420
<b>5) <u>Professional Fees</u></b>	Tele-Neurology coverage created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (1,903) \$ (1,903)
	Decreased use of Call coverage created a positive variance in IVCH ER physicians.	Administration	- -
		Miscellaneous	94 94
		Foundation	240 240
		IVCH ER Physicians	9,718 9,718
		Total	\$ 8,148 \$ 8,148
<b>6) <u>Supplies</u></b>	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 39.18%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (14,268) \$ (14,268)
	Purchase of Microstents for Cataract Surgeries created a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	(12,935) (12,935)
		Non-Medical Supplies	(5,011) (5,011)
		Minor Equipment	(1,493) (1,493)
		Food	(490) (490)
		Office Supplies	116 116
		Total	\$ (34,080) \$ (34,080)

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>JULY 2024</u>	<u>YTD 2025</u>
<b>7) <u>Purchased Services</u></b>			
IVCH Foundation fundraising expenses for the Dead Winter Carpenters event created a negative variance in Miscellaneous.	Foundation	\$ (12,970)	\$ (12,970)
Sponsorship for the North Lake Tahoe Community Health Auxiliary Golf Tournament created a negative variance in Miscellaneous.	Miscellaneous	(2,332)	(2,332)
	Engineering/Plant/Communications	(701)	(701)
	Diagnostic Imaging Services - All	(545)	(545)
	EVS/Laundry	(235)	(235)
	Multi-Specialty Clinics	(213)	(213)
	Pharmacy	(98)	(98)
	Laboratory	1,425	1,425
	Department Repairs	4,657	4,657
	<b>Total</b>	<b>\$ (11,012)</b>	<b>\$ (11,012)</b>
<b>8) <u>Other Expenses</u></b>			
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Miscellaneous	\$ (7,843)	\$ (7,843)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Other Building Rent	(5,431)	(5,431)
Oxygen tank rentals created a negative variance in Equipment Rent.	Equipment Rent	(4,336)	(4,336)
Telephone, Electricity, and Natural gas/propane costs were below budget, creating a positive variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	(665)	(665)
	Physician Services	-	-
	Insurance	673	673
	Dues and Subscriptions	1,802	1,802
	Marketing	1,866	1,866
	Outside Training & Travel	4,960	4,960
	Utilities	6,027	6,027
	<b>Total</b>	<b>\$ (2,948)</b>	<b>\$ (2,948)</b>
<b>9) <u>Donations</u></b>			
	<b>Total</b>	<b>\$ (50,252)</b>	<b>\$ (50,252)</b>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<b>\$ (1,847)</b>	<b>\$ (1,847)</b>
<b>12) <u>Interest Expense</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL JULY 2024	BUDGET JULY 2024	DIFFERENCE	PROJECTED 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	44,855,205		24,816,849	26,354,671	\$ 3,066,771	\$ 1,528,949	\$ 1,537,822	8,912,908	7,498,313	5,331,415	4,612,035
Interest Income	3,282,148		3,000,000	3,141,503	491,503	350,000	141,503	891,503	750,000	750,000	750,000
Property Tax Revenue	10,670,390		10,420,000	10,632,479	212,479	-	212,479	712,479	120,000	5,700,000	4,100,000
Donations	8,217,116		1,325,000	1,229,971	15,387	110,417	(95,029)	236,221	331,250	331,250	331,250
Debt Service Payments	(3,477,708)		(3,588,480)	(3,617,675)	(757,489)	(198,269)	(559,220)	(1,279,534)	(594,806)	(915,613)	(827,723)
Property Purchase Agreement	(811,928)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Muni Lease/2025 Muni Lease	(715,417)		(396,294)	(396,294)	-	-	-	-	-	(198,147)	(198,147)
Copier	(41,568)		(61,200)	(56,100)	-	(5,100)	5,100	(10,200)	(15,300)	(15,300)	(15,300)
2017 VR Demand Bond	(122,530)		(743,423)	(777,718)	(689,828)	-	(689,828)	(689,828)	-	(87,890)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,575,636)	-	(125,508)	125,508	(376,524)	(376,524)	(411,294)	(411,294)
Physician Recruitment	(146,666)		(1,000,000)	(916,667)	-	(83,333)	83,333	(166,667)	(250,000)	(250,000)	(250,000)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(3,026,710)	(194,606)	(397,760)	203,154	(1,193,281)	(1,164,341)	(568,088)	(101,000)
Municipal Lease Reimbursement	-		2,200,000	2,200,000	-	-	-	-	-	1,100,000	1,100,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	(2,053,081)	-	(65,833)	65,833	(197,500)	(1,323,410)	(372,085)	(160,086)
Building Projects/Properties	(11,602,725)		(25,877,332)	(25,877,332)	(32,543)	(1,495,000)	1,462,457	(4,485,000)	(6,008,000)	(6,355,000)	(9,029,332)
Change in Accounts Receivable	(7,256,196)	N1	1,437,080	6,059,657	3,226,782	(1,395,795)	4,622,577	950,838	1,822,404	5,327,439	(2,041,024)
Change in Settlement Accounts	10,961,797	N2	2,005,000	2,400,213	(571,454)	(966,667)	395,213	(2,097,787)	3,314,000	(4,543,000)	5,727,000
Change in Other Assets	(5,037,024)	N3	(3,600,000)	(5,025,556)	(2,175,556)	(750,000)	(1,425,556)	(3,175,556)	500,000	(1,100,000)	(1,250,000)
Change in Other Liabilities	(10,394,643)	N4	(3,850,000)	(3,208,376)	(458,376)	(1,100,000)	641,624	(4,808,376)	(2,100,000)	(400,000)	4,100,000
Change in Cash Balance	35,126,289		2,208,325	8,293,097	2,822,899	(4,463,292)	7,286,191	(5,699,752)	2,895,410	4,036,319	7,061,120
Beginning Unrestricted Cash	144,844,775		179,971,064	179,971,064	179,971,064	179,971,064	-	179,971,064	174,271,312	177,166,722	181,203,041
Ending Unrestricted Cash	179,971,064		182,179,389	188,264,161	182,793,963	175,507,772	7,286,191	174,271,312	177,166,722	181,203,041	188,264,161
Operating Cash	179,971,064		182,179,389	188,264,161	182,793,963	175,507,772	7,286,191	174,271,312	177,166,722	181,203,041	188,264,161
Expense Per Day	771,969		860,294	857,512	809,117	841,879	(32,762)	841,971	848,496	855,752	857,512
Days Cash On Hand	233		212	220	226	208	17	207	209	212	220

Footnotes:

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

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

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

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

## Board Interim CEO Report

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

**DATE: August 2024**

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### Community

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

- **Pass Fire**

This month, a wildfire (Pass Fire) started in close proximity to the main hospital campus. Evacuation warnings were issued. Incident command was setup. We directed the closure of retail pharmacy and urgent care as they are on the north side of Donner Pass Road, prepared the ECC residents to evacuate in the case the fire was to become worse, accounted for all patients and worked with external agencies in the case transportation was necessary. The fire was contained per Truckee Fire. Incident command ceased upon notification of the containment of the fire.

All staff did a wonderful job! Thank you to all of the firefighters for keeping our community and hospital safe!

### People

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

- **TFHS Summer Picnic**

In early August, the entire staff of Tahoe Forest Health System and their families were invited to enjoy in the fun at our annual employee picnic. The event was a huge success! There were great activities for the kids and amazing food for all. Thanks to the Human Resources team for once again planning a great event for the staff.

- **Medical Staff Backyard Bash**

This month the General Medical Staff hosted a backyard bash in downtown Truckee. The event was very well attended and all seemed to have a great time! The events main attraction was a band made up of two of our very own Physicians, Dr. Ward, Dr. Thomas, and TFHS OR Nurse, Mike Davis. They were great! Thanks to the Medical Staff Leadership for setting up a great event where we could get together, enjoy each other's company, and listen to great music.

### Service

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

- **Tahoe City Physical Therapy**

Operations have been restored effective July 3, 2024. There is still damage to the building which renders the elevator unusable. Patients are made aware of this access issue and offered other locations at time of scheduling to avoid any conflicts. Staff have been coordinating with the building owner to offer assistance with continued repairs. The Owner is coordinating with insurance representatives, design professionals and contractors to schedule and complete the work. There is no current timeline to report.

- **Community Health Project (RiteAid Space)**

Staff have submitted the zoning clearance application to the Town of Truckee. The programming effort and layout of the space is completed and the team has transitioned into schematic design. This effort includes the placement and design of all fixed furniture and equipment within each of the interior spaces leading to the required utility and space clearances. At this time, staff have completed the first rounds of consultations from the Operational and Medical Directors of the various departments and foresee one additional consultation, scheduled for Mid-August.

- **Gateway West Primary Care Remodel**

The Project Team has been working with Town of Truckee staff to respond to Development Permit comments. There is one outstanding site design clarification that we continue to refine with the Town and are preparing for resubmittal. The design was halted at the schematic design level to ensure comfort and clarity with the Development Permit review. As this effort is progressing well the Project Team is re-engaging in the design effort and kicking off design development.

- **Tahoe City Primary Care (Fabian Way Project)**

Design development has been completed. The Project Team reviewed the plans with end users on August 13, 2024 to assist in refining needs and confirming design decisions. The project has great support and is kicking off construction drawings. With completion of this phase, the next step will be Placer County plan review.

## **Quality**

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

- **CARTIC Move C- ARM – Cutting edge technology arrives to Tahoe Forest Health System**

We are thrilled to inform the community we serve about a significant advancement in our imaging capabilities with the arrival of a groundbreaking piece of equipment at Tahoe Forest Hospital. We are proud to be the first hospital in the nation to receive this state-of-the-art C-Arm mobile fluoroscopy system, which promises to revolutionize our patient care, particularly in the operating room. Fluoroscopy technology has been a cornerstone in patient care for decades, but this new system introduces a host of innovative features that will greatly benefit both our surgical teams and imaging technologists. One of the key advancements is the enhanced drivability and Bluetooth position save function. These features are designed to save valuable OR time and reduce the frustrations that often arise during procedures, improving the overall efficiency of the surgical process.



The ease of movement with this equipment is particularly noteworthy. The new system is equipped with "holonomic wheels" that allow it to move in any direction with precision and ease. This smoother, more automated movement can be controlled remotely or with a drive assist feature, ensuring that the equipment can be positioned quickly and accurately. This not only enhances workflow but also significantly reduces the risk of repetitive motion injuries, which is a major concern for our Diagnostic Imaging staff, especially when working with heavy equipment. Furthermore, the integration of Bluetooth technology is a game-changer. The Bluetooth position save function allows surgeons to precisely replicate previous positions, eliminating the need to repeatedly "find" the last position. This capability can reduce x-ray time in the OR by up to 50% in some cases, leading to a significant reduction in radiation exposure for both patients and the OR team. This new technology will be especially beneficial during overnight shifts, when a single technologist is often responsible for multiple areas, including CT, X-Ray, and the OR. The ability to save and replicate positions means that the technologist can step away from the OR for critical cases, such as stroke or trauma, without causing delays in the ongoing surgical procedure. This ensures that all patients receive timely care, regardless of the time of day. We believe that this technology is set to transform the X-Ray industry in the coming years, as more vendors recognize the benefits of these forward-thinking advancements. Tahoe Forest Hospital is leading the way and we are excited to see how this will enhance the quality of care we provide to our community.

## **Service**

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

Report provided by Dylan Crosby, Director Facilities and Construction Management

### **Active Moves:**

- No Planned Moves

### **Planned Moves:**

- No Planned Moves

## **Active Projects:**

**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 is well under way. A temporary CT is setup in the parking lot between the Cancer Center and Emergency Department and is in use. CT coordination with Siemens is ongoing and the room is in the utility phase of construction. All operating rooms have completed flooring replacement. There has been some issues with the new product, which, the team is working on. Phase 2, X-Ray room 2 and Fluoroscopy are in design moving into construction drawings. 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

### **Projects in Planning:**

**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 the building in its entirety to expand the District's Rural Health Care presents. Includes also a new surface parking lot, new building shell, new roof and improved frontage.

**Update Summary** Schematic design is complete. A development permit has been submitted and is deemed complete with comments received. Staff have met and are coordinating comments received with Town staff. The resubmittal is being prepared. Staff and the Design team are preparing a response to the Town along with a resubmittal. Design Development is kicking off to continue to progress the Design.

**Start of Construction:** Spring 2025

**Estimated Completion:** Winter 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 have been received and are under review by staff.

**Start of Construction:** Spring 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** Design development has completed. The team is progressing with construction drawings. Site verification application has been submitted and is under review.

**Start of Construction:** Winter 2024

**Estimated Completion:** Fall 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** Program validation is complete and the team is progressing into Schematic Design. The project team is meeting with the end user representative on optimizing the layout that has been completed. Staff submitted a zoning clearance application to the Town of Truckee.

**Start of Construction:** Winter 2024

**Estimated Completion:** Summer 2026

**Project:** NPC 5 Preparation

**Background:** The 2030 seismic compliance deadline is approaching. There are interim steps of compliance, which include plan submittal to HCAI January 1, 2026 and Permit Issuance by January 1, 2028. The scope of work required to meet NPC 5 compliance includes, removing the 1952 and 1966 buildings, demolition, and constructing water and wastewater storage for what HCAI considers acute care services. Interior construction and moves are required in order to vacate the 1952 and 1966 buildings, which include moving Respiratory Therapy, Material Management and Environmental Services. Also included in this project is replacing Nuclear Medicine and the Heating Hot water Boiler system due to adjacency, timing and efficiency of scale.

**Summary of Work:** Remodel Cardiac Rehab for Respiratory Therapy, remodel Respiratory therapy for Materials Management and EVS. Replace Nuclear Medicine and Heating Hot Water Boiler Plant.

**Update Summary** Staff are preparing bid documents.

**Start of Construction:** Fall 2026

**Estimated Completion:** Fall 2028

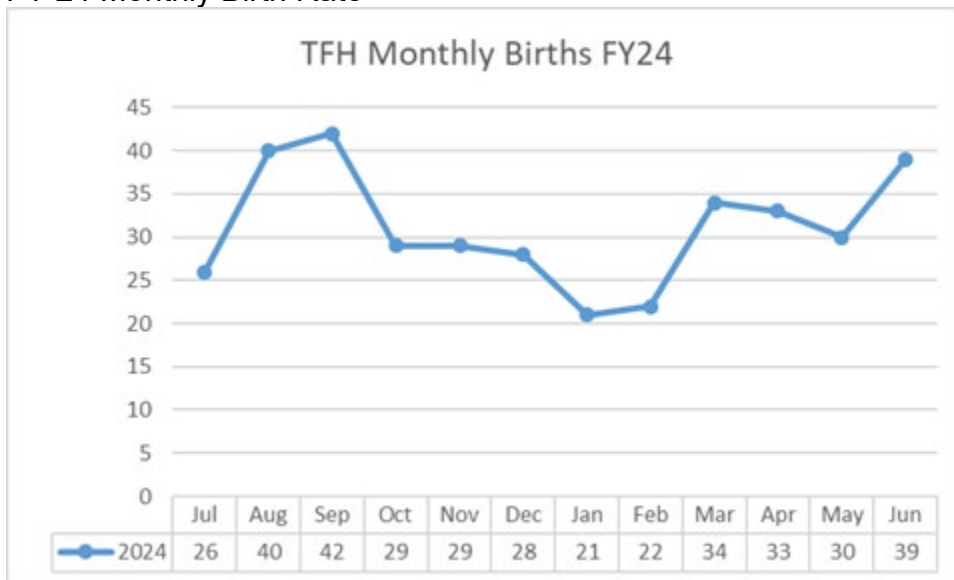
**By: Jan Iida, RN, MSN, CEN, CENP**  
Chief Nursing Officer

**DATE: August 2024**

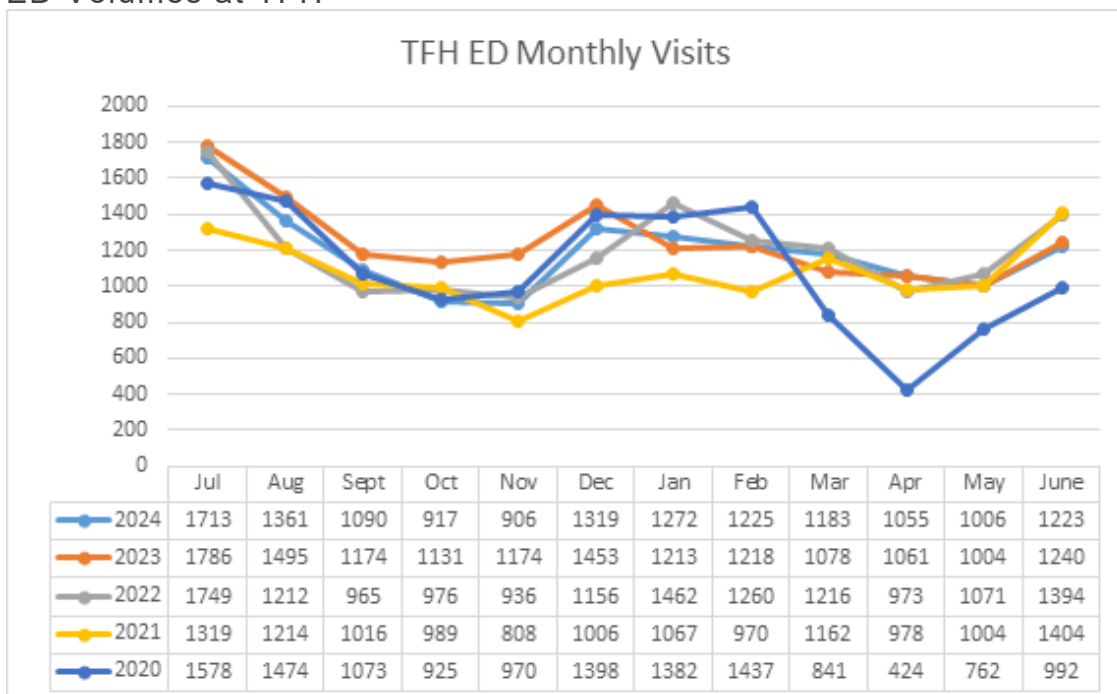
## Community

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

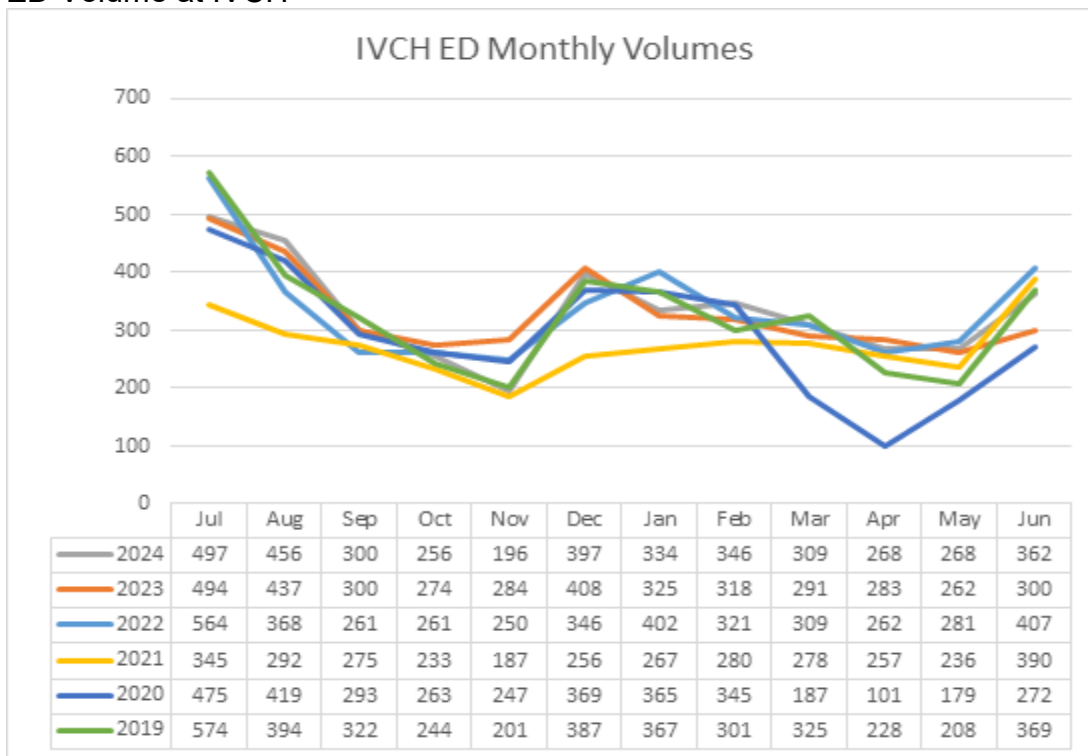
- FY 24 Monthly Birth Rate



- ED Volumes at TFH



- ED Volume at IVCH



### Service

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

- AB 40 requires emergency departments in California to develop an ambulance offload time reduction protocol by September 1, 2024. These assembly bill requirements are included into our surge plan policy and the ED physicians and nurses are aware of the changes to this policy. We are fortunate at TFH ED this is a very rare event to have ambulance not to receive a bed in the ED within 30 minutes of arrival.
- IVCH ED & Med Surg
  - The IV Therapy Service Line continues to grow: FY 2023=257, FY 2024=397.
  - Continue to participate in the BETA Heart Emergency Medicine Collaborative with focus on Diagnostic Error. Director will attend an in person meeting in Burbank on August 7, 2024. Current focus is a high-risk call back program. At IVCH all patients who are seen in the ED are called the following day. Will fine-tune the call back process with the work done in the EMC.
  - August will have a skills day with focus on competency sign offs:
    - These will include:
      - Lab POC (if your Glucometer expires before 8/9 Dean has said to see him or Greg to be checked off sooner if you're working and will need to use the glucometer)
      - Blood Transfusion
      - U/S IV insertion
      - Bipap
      - Zoll/Big Yank
      - Lucas
      - EZ IO
      - Nitrous

- RN Compounding
- The Stroke alerts are going well with one area that needs improvement, the actual activation of stroke alert. Manager is actively working with staff to increase their confidence in calling a stroke alert based on stroke symptoms. Once stroke alert is called, we are meeting all metrics!

### **Quality**

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

- Sierra Donor Services Hospital Development Director Met with Nursing to discuss our performance metrics for both hospitals. We do well and remain at 100% for the last quarter; our target is 95% for tissue donation. We are exploring organ donation in the future at TFH and discuss plans to educate staff through skills days and new hire orientation.

### **People**

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

- Recent fire in Truckee on a Sunday was a great learning opportunity for many nursing units/ECC on the importance of communication and Teamwork when faced with a potential urgent situation.



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

**DATE: August 13, 2024**

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

- Service Line Dyadic Leadership meetings begin 8/14/24. These meetings are designed to bring clinical leadership together with operational directors and managers to improve the culture of Tahoe Forest. The agenda includes a discussion of the history of our district, our current cultural strengths and opportunities, and the key components of effective service line leadership. There will also be a discussion on how to hold effective meetings, and create a reliable and bidirectional communication process. We will also provide options for ongoing leadership development for leadership, clinical and administrative.
- The Med Staff enjoyed a “backyard bash” party on 8/8 which was enjoyed by all attendees.

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

- Service line patient experience is now tracked and reported at each medical director check-in meeting. Downward trends are addressed with action plans. Overall, there has been exceptional performance across the system.

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

- CMS 5-Star quality goals are on track.
- The “Performance Improvement Committee” continues to meet every month to review quality metrics with select departments (each department comes once/yr). On 8/6 the PIC welcomed Extended Care Center, Home Health, Hospice, Palliative Care and the Cancer Center and quality performance was reviewed and were very favorable.

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

- The physician compensation committee met on 8/13 and reviewed options for new compensation models. There was discussion regarding whether to shift compensation more towards productivity-based mechanisms. Additional work needs to be done to fully assess the impact and feasibility of this change, but could have significant benefits for physicians and patients.
- The Access to Care project has been using the “A3” tools for analyzing complex problems, and tracking improvement initiatives. These are now part of the everyday work in the model areas of the project. Visual Management “huddle” boards are now being constructed and will be viewable next week. These boards will be an important communication channel for all staff.

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

- Several “pop-up” clinics (Truckee, Tahoe City, Incline) were held for high school students who require sports physicals. These were very popular events and allowed busy parents (and student-athletes) to access these necessary exams easily and at low-cost.

**Recruitment**

- Carin Eldridge, MD started in the department of Pediatrics on August 5.
- Dr. Krithika Chandrasekaran (Family Medicine) will join the system on September 1.

- Dr. Kari Rezac (Sports Medicine) starts on September 16.
- Dr. Emily Bevan (OB/GYN) will join Tahoe Forest on September 30.
- Dr. Stephen Hoff (Otolaryngology) will start December 1, 2024. Dr. Hoff is board certified and experienced in both adult and pediatric ENT.
- Dr. Kevin Johansen (Family Medicine) will start October 21 in Truckee providing additional primary care services to the community.



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

**DATE: 08/13/2024**

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### Service

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

### Projects:

#### *Executing:*

- Access to Care
- Affiliate builder education for financial analysts
- Affiliate builder education for Cadence
- AURA lab interface
- Axiom Sandbox
- Cash Arc (maybe terminating)
- Epiphany
- MSC dashboards
- Relyco Check Replacement
- Nihon Khoden Server Upgrade
- IVCH ENDO
- ARIA server Upgrade
- Occ Health SSO (nethealth Agility)
- UKG Phase 2
  - Visby
  - NOVUS/CRME replacement (OMEGA)
  - Clearing House Replacement
  - C-Diff BPA
  - i2i Pop health platform
  - Bright Futures
  - ParEx upgrade

#### *Initiating:*

- AB133 compliance reporting
- GE fetal monitors upgrade (early)
- SPECTRA
- SOGI (unapproved)
- POC Imaging – POC US Truckee Orthopedics
- Rite-Aid/Gateway – move/build sequence
  
- FYE26 project requests/review/budgeting

- PMO/SecOps – workflow and charter

### **Clinical Teams:**

#### Overall:

- Enhancing Provider Onboarding-Marketware.
- Quality: SOGI, SDOH, Reporting, Problem List/HCC, 430B
- HealthHIE NV Exchange-Epic integration
- Mercy Monthly/Quarterly Collaborations, Across the Org-enhancements
- SlicerDicer Validation and Rollout
- Secure Messaging and MyChart Clinician Policy/Workflow re-review
- Successful July Upgrade
- TF and Mercy HelpDesk enhancements and improvements
- Signal Enhancements
- Break fix: SmartPumps, Epic Latency, WQ's, Scanners, GE Monitors, ABN firing issue-resolved
- Working Events
- Provider PI Line-support
- Epiphany-security review/now into Testing
- EEG GoLive
- Monthly Epic Downtime

#### Impatient:

- Finishing annual BCA. I will fill you in on the last minute hurdle at our 1:1
- Parameter and ADT Testing for the NK server upgrade is complete. Last step is Biomed update before go live
- C-diff BPA project is kicked off and Mercy is predicting a September go live

#### Ambulatory:

- Upgrade- create tipsheets, disburse all information to correct areas, provided elbow support
- Surgical E-consents process, training
- Ozempic workflow process
- Trained 9 classes
- Provided first day elbow support for 2 providers
- Provided 1:1 support for 3 providers at their request
- Enhancing Provider support and Elbow to Elbow needs
- Enhancing Provider Efficiency Trainings
- Communications-improvements

#### Emergency Department:

- Multiple updates to quicklists to reflect new order for breathalyzer test
- New builds in quicklists for new Nitrous Oxide order and process
- Working with team to build documentation for Blood Cx bottle shortage

#### Surgery:

- Endo RNs ability to move patients on IVCH status board

- Confirmation from Mercy that Results Release is manually release only for pathology by default
- Trained OR nurse, several PAN/Endo/ASD RNs
- Created Endo Smartphrase for quality reporting
- Provation-GoLive
- Periop clinic
- Econsents-Ipad issue, change GoLive date, trainings
- Billing for anesthesia procedure

#### Lab:

- Epiphany Cardio server- Tracking the documentation of testing devices. We talked to Laura and she and will work on testing together when we have access to the application. She also has asked to have “Help Desk” level training for Epiphany so We have asked Tim from Baxter if he can train me for that and he agreed to do that.
- Aura-Natera – Mercy is completing the test build. We have confirmed with Danielle at Mercy that when we have access to this, I will be able to test the panels that are orderable. Mercy will do initial testing of their build and then I will be able to test for our location.
- Anora helps determine why a miscarriage occurred. Testing is performed on tissue from the pregnancy loss.
- Anora tests for chromosomal abnormalities and results are typically returned to your doctor within one week of sample receipt.
- Chemistry/Immunochemistry Analyzers- We had an on-site meeting for the new analyzers. We have submitted documents to Greg Mortimeyer for the security review. Beckman (vendor) is awaiting FDA approval for the instrument that connects the two analyzers together. Instruments are expected to ship in October, so we have been doing preliminary work.

#### Technical Team:

- With the foundation of ADP’s data protection systems (Rubrik) firmly in place and initial, comprehensive backups underway, our risk is mitigated to some extent in the event of a catastrophic incident like a ransomware attack or natural disaster. Great progress here.
- *Rubrik encompasses backup, instant recovery, replication, search, analytics, archival, compliance, and copy data management securely in the data center and cloud. It has fantastic benefits and functionalities to create seamless integration with all databases*
- The Microsoft 365 deployment blueprint has been completed and reviewed by the SECOPS committee. Implementation is set to begin next week. We are currently defining the training and support model to ensure it is appropriate for both pre and post go-live phases.
- Planning for the Unified Communication Systems (UCS) replacement is underway, with a contractor already identified for this significant effort. The scope and capabilities will be discussed once the current projects are well into their execution phase.
- The USAC (Universal Service Administrative Company) submissions for 2024 reimbursements for network and telephony circuits have been completed. All entries appear to have passed the initial review, and we are currently awaiting the reimbursement amounts.

- We have onboarded a new Field Technician to enhance the customer and staff experience. Additionally, we have filled the “Operations Admin” position, who will ultimately assist with day-to-day administration while leadership collaborates with our Administrative Council on strategic tactics and addressing growing security threats.
- We are working closely with the new Director of Business Intelligence Operations to assist in replacing a key staff member who is retiring in January 2025.
- This role is critical, and filling it is a top priority due to the essential metrics and reporting outputs necessary for maintaining successful operations.
- Increased spend for IT this month due to the beginning of the new fiscal year and associated renewals

### Email Activity

Incoming Mail Summary 14 Jul – 12 Aug

Threat Email Blocked: 880,949

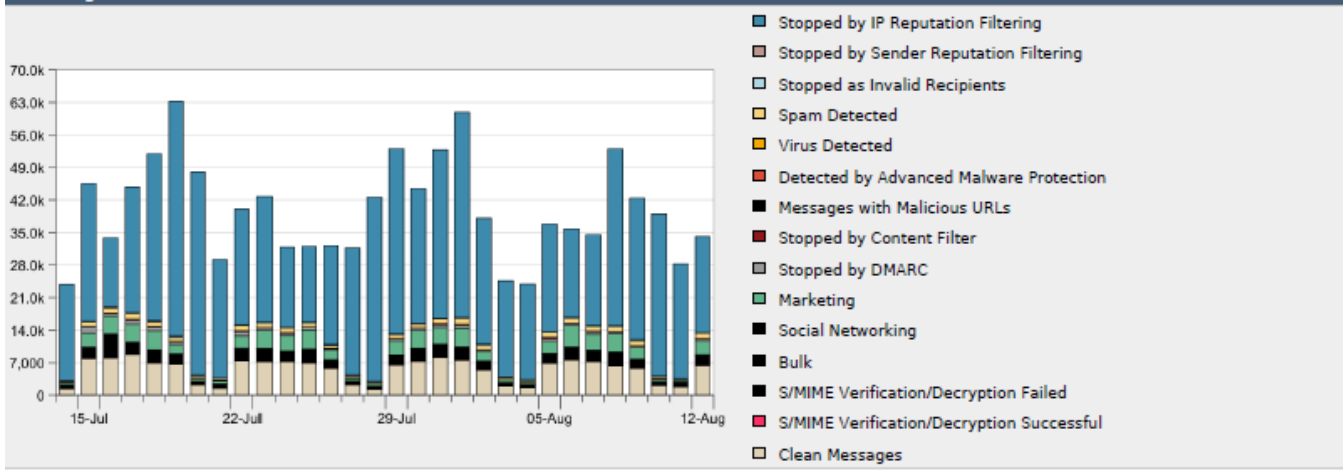
Graymail Allowed: 136,407 (user accepted subscriptions, newsletters)

Clean Message: 164,434

Total Email Processed for the Period: **1,181,790**

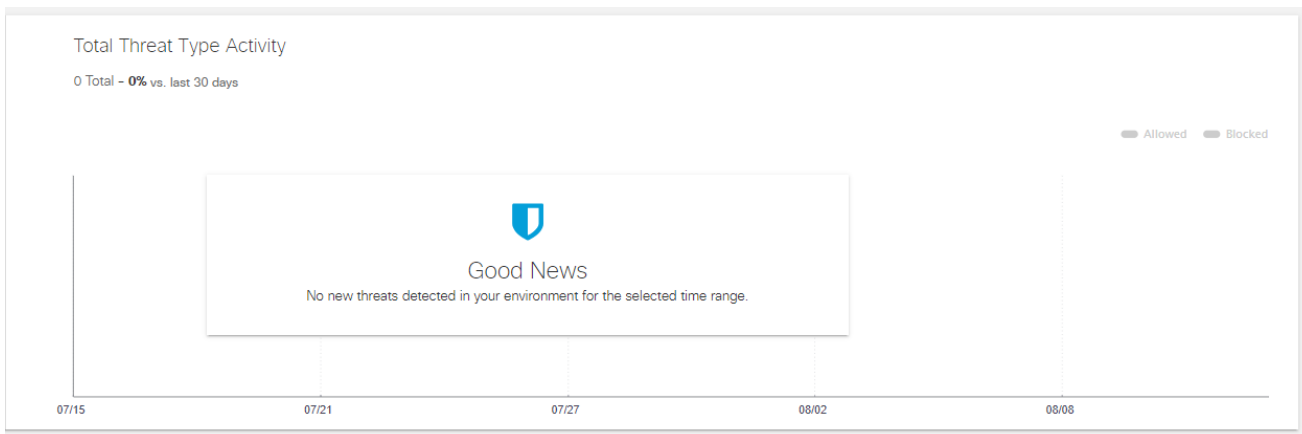
Message Category	%	Messages
Stopped by IP Reputation Filtering	71.8%	848,054
Stopped by Domain Reputation Filtering	0.0%	267
Stopped as Invalid Recipients	0.5%	6,431
Spam Detected	1.9%	22,489
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	357
Messages with Malicious URLs	0.0%	153
Stopped by Content Filter	0.3%	3,196
Stopped by DMARC	1.1%	13,009
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>74.5%</b>	<b>880,949</b>
Marketing Messages	6.2%	72,831
Social Networking Messages	0.1%	1,439
Bulk Messages	5.3%	62,137
<b>Total Graymails:</b>	<b>11.5%</b>	<b>136,407</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	13.9%	164,434
<b>Total Attempted Messages:</b>		<b>1,181,790</b>

### Incoming Mail Over Time



## Firewall Report: Internal Threat Activity Last 30 Days

Reporting / Core Reports  
 Top Threats





# MULTNOMAH GROUP

**Retirement Plans Oversight Presentation  
Tahoe Forest Hospital District Board of Directors  
Period Q1 & Q2, 2024**

August 22, 2024

# Breakdown of Plans – June 30, 2024

401(1) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none"> <li>• Plan Assets increased from               <ul style="list-style-type: none"> <li>• \$78.1 MM as of Dec. 31, 2023</li> <li>• \$85.6 MM as of June 30, 2024</li> <li>• <b>+ \$7.5 MM</b></li> </ul> </li> <li>➤ <b>JPMorgan US Equity Income</b> – Multnomah Group placed it on the Watch List as we monitor a Portfolio Manager transition.</li> <li>➤ <b>Invesco Developing Markets</b> – Multnomah Group will make the recommendation to remove this fund to the RPC on 8/29/24</li> <li>➤ All remaining investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan Assets increased from               <ul style="list-style-type: none"> <li>• \$94.9 MM as of Dec. 31, 2023</li> <li>• <i>\$106.7 MM as of June 30, 2023</i></li> <li>• <b>+ \$11.8 MM</b></li> </ul> </li> <li>• Investments: Same</li> </ul> <p>For the period Dec. 31, 2023, to June 30, 2024:</p> <ul style="list-style-type: none"> <li>• <b>Participation Rate</b> decreased from: 85.9% to 84.6%</li> <li>• <b>Ave. Deferral Rate</b> decreased from: 10.1% to 10%</li> </ul> <p><i>* Auto-enrollment is set at 6%</i>  <i>** Enrollment of participants not contributing to the plan was executed effective 1/5/23.</i></p> <ul style="list-style-type: none"> <li>• <b>Total Savings Rate</b> (EE &amp; ER) <u>remained the same:</u> 14%</li> </ul>

# Q1, 2024 Activities

- **Reviewed Performance of the Plan investments as of 12.31.2023**
    - JPMorgan US Equity Income was placed on the Watch List due to a portfolio manager's departure.
    - Invesco Developing Markets (EM) was placed on the Watch List due to poor performance.
    - All remaining funds were rated Satisfactory by Multnomah Group's Investment Committee.
  - **The Committee Reviewed the Plan Assets**
    - Committee noticed that some contributions were made to a legacy fund by Fidelity. The error has been corrected.
  - **The Committee Received Fidelity's Plan Review**
    - ✓ Planned a mix of virtual and in-person appointments throughout the coming year
    - ✓ Promote 1:1 participant consultations with a Fidelity advisor.
    - ✓ Distribute numerous educational flyers on different topics
    - ✓ Will Consider Fidelity Guaranteed Income Direct service at the next meeting.
      - ✓ Service is a brokerage option specifically for Annuities.
- Fiduciary Education**
- ✓ Tier 3 – Plan Documents



# Q2, 2024 Activities

- **Deferred to Q3, 2024.**

# Questions

# Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.

# Housing Our Workforce



TRUCKEE TAHOE  
Workforce Housing Agency

## Tahoe Forest Hospital District FY 23/24 Report

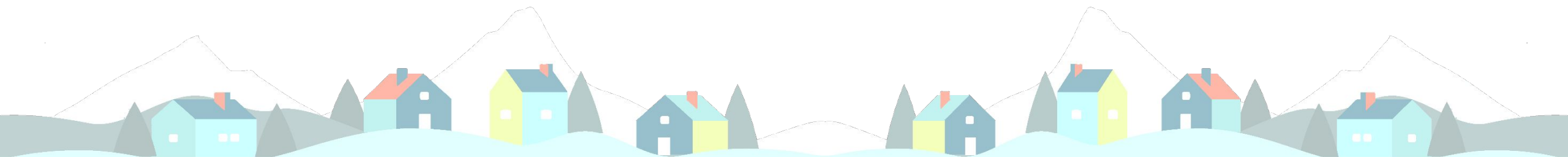
Nevada County | Placer County | Tahoe Forest Hospital District  
Tahoe Truckee Unified School District | Truckee Donner Public Utility District  
Truckee Tahoe Airport District | Town of Truckee





TRUCKEE TAHOE  
Workforce Housing Agency

# TTWHA Background



# Vision & Mission

***Vision:*** *We envision a thriving community where all local employees have access to quality homes that they can afford*

***Mission:*** *We Facilitate Workforce Housing Solutions for the Truckee-Tahoe Workforce (updated: 2023)*

# Who We Serve

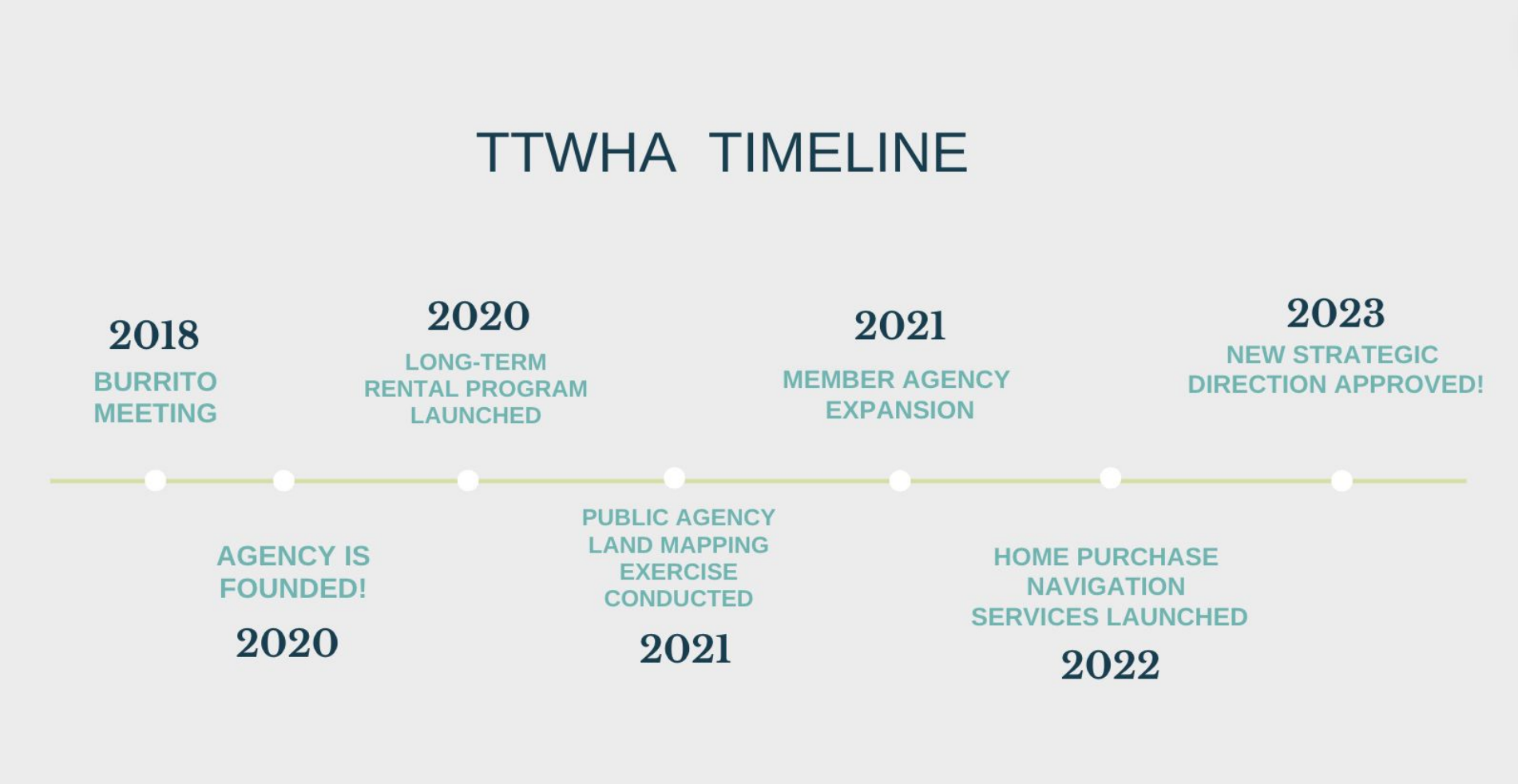


**Founded** in 2020 to provide housing access and affordability to the **2,300** employees of our seven member agencies

**Expanded** in 2023 to serve the housing needs of our greater Truckee-Tahoe Workforce



# TTWHA History & Timeline





# Board and Staff

## Board of Directors

Lauren Tapia, Board Chair – Human Resource Manager, *Truckee Tahoe Airport District*

Stephanie Holloway, Vice Chair – Deputy CEO, *Placer County*

Louis Ward, COO and acting CEO, *Tahoe Forest Hospital District*

Alison Lehman – CEO, *Nevada County*

Steven Poncelet – Public Information & Strategic Affairs Director, *Truckee Donner PUD*

Kerstin Kramer – Superintendent, *Tahoe Truckee Unified School District*

Jen Callaway – Town Manager, *Town of Truckee*

## Staff

Heidi Volkhardt Allstead, Executive Director | Secretary

Jackelin McCoy, Program Manager



# Funding Model

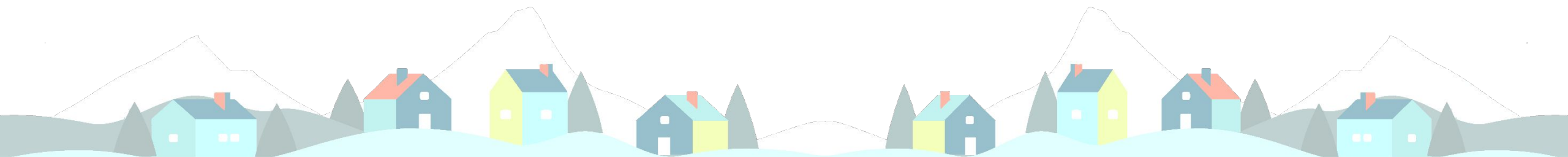
- **January:** Annual Employee Count
- **February:** Calculate Annual Membership Fees: Operating + Programs
- **June:** Invoice Member Agency
- **July:** Member Agency Fee Due

Member Agency Contributions	2023-24	2024-25
Tahoe Forest Hospital District	\$194,107	\$196,642
Tahoe Truckee Unified School District	\$98,527	\$99,169
Placer County	\$36,022	\$35,092
Town of Truckee	\$34,621	\$34,685
Truckee Donner Public Utility District	\$25,651	\$25,589
Nevada County	\$21,727	\$20,566
Truckee Tahoe Airport District	\$19,345	\$18,257
<b>Total Member Contributions</b>	<b>\$430,000</b>	<b>\$430,000</b>



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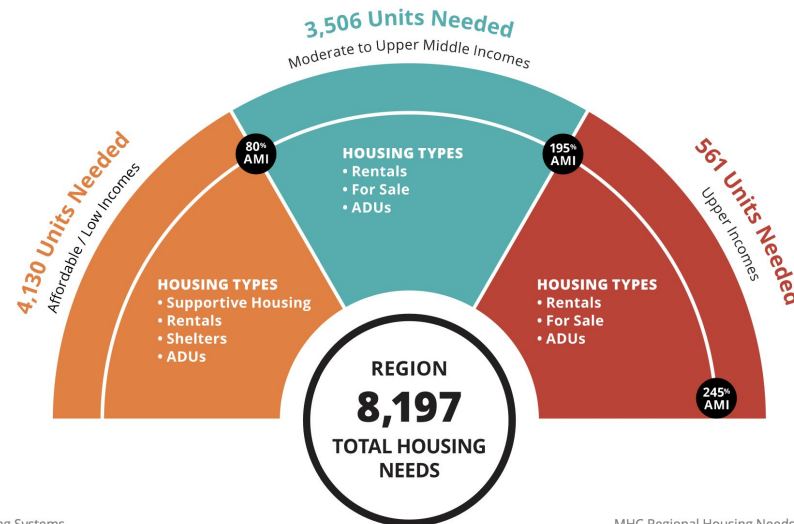
# Regional Housing Needs



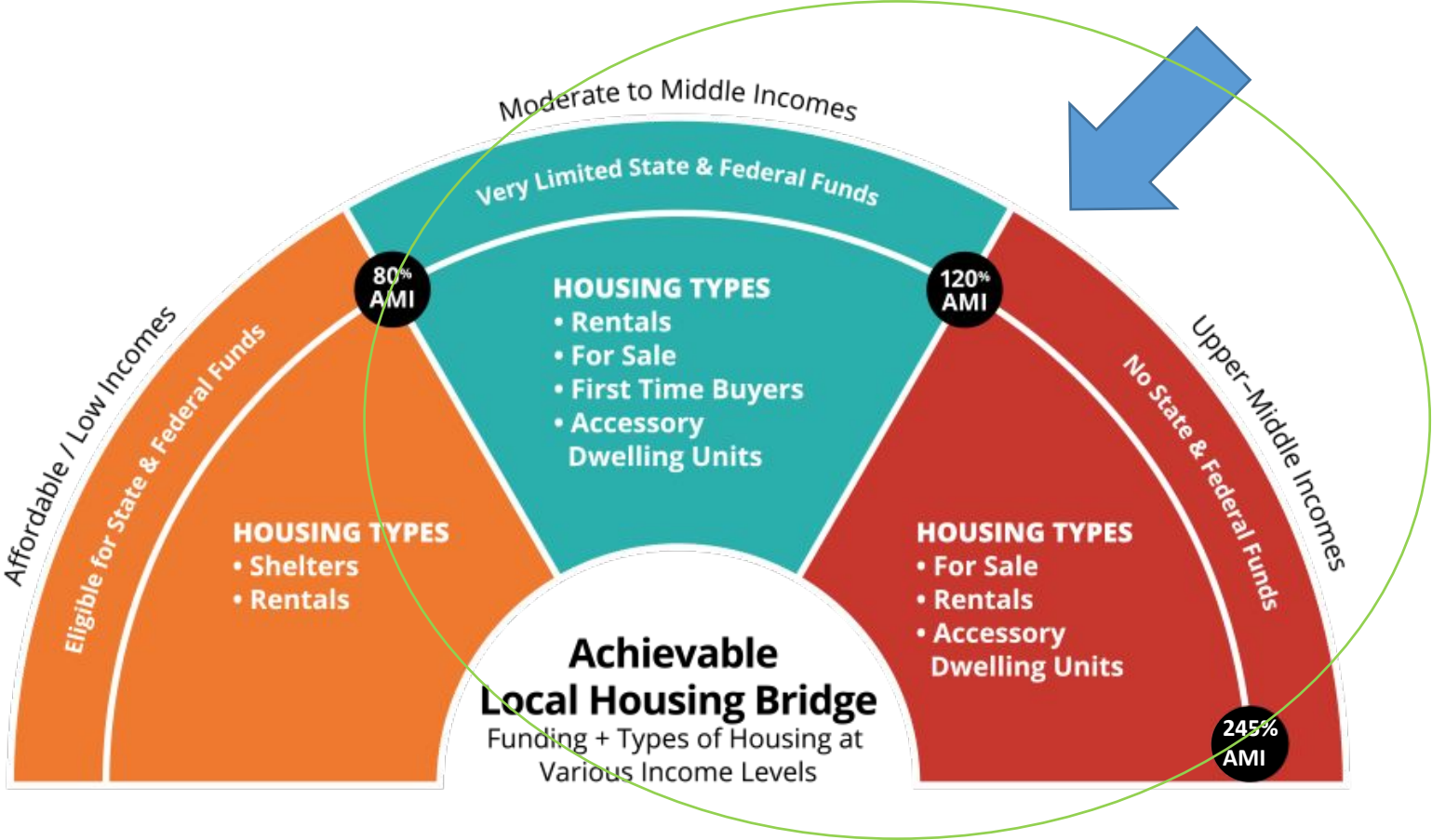
# General Housing Support

## Mountain Housing Council's 2023 Updated Housing Needs Assessment: **8,197 total housing needs**

- Households between 30 to 60% Area Median Income (AMI) and 80 to 120% AMI have the **most unmet housing needs**
  - 0-80%AMI: **Makes up 50%** of the population with unmet housing needs
  - 80-195% AMI: **Makes up 42%** of the population with unmet housing needs
- **Government subsidies are only available for those with who are < 80% AMI**



# Who We Serve - TTWHA Target AMI



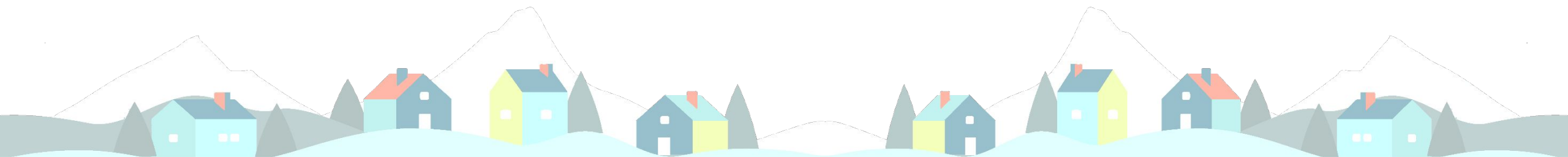
**Target AMI**  
80% to 245% AMI

**Family of 4**  
\$90,000 - \$280,000



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# How we Serve + Impact

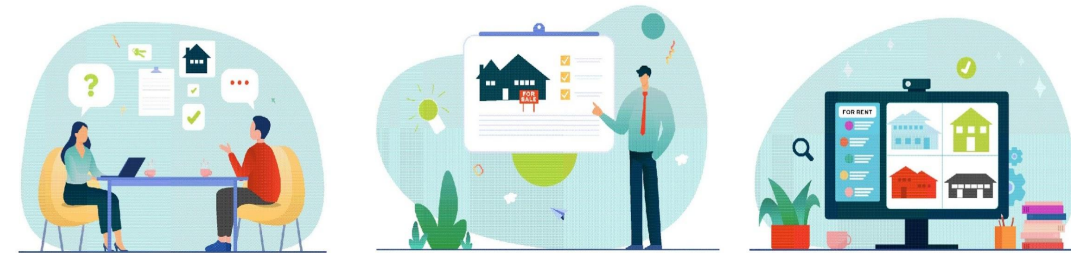


# How we Serve - General Housing Support

**TTWHA connects the *missing middle of 80% AMI and above* to:**

- Local and Statewide Housing Resources
- Local Rental Programs
- Down Payment Assistance Programs
- Housing Concierge Support
- TTWHA Home Rental Housing Match Program
- Master Lease Pilot Program (*future program*)

**TTWHA helps you navigate housing in Truckee-Tahoe.**



General  
Housing Support

Home Purchase  
Education + Assistance

Access to  
Rental Homes

ILLUSTRATIONS DESIGNED BY FREE PINK

■ ■ ■ **Need housing help?**



**TRUCKEE TAHOE**  
Workforce Housing Agency

Reach out to TTWHA today: [info@ttjpa.org](mailto:info@ttjpa.org)  
530-582-6593 | [www.ttjpa.org](http://www.ttjpa.org)



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Workforce Housing Agency

# Impact + Benefit of TTWHA Services

- **TTWHA Member Agency employees feel supported having access to the housing concierge services**
- **Enhanced Employee Satisfaction and Well-being**
- **Improved Recruitment and Retention**
- **Community Engagement and Agency Social Responsibility**



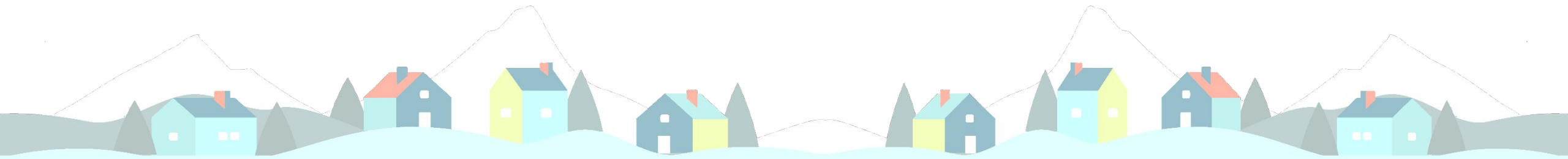
# FY 23/24 Stats

TTWHA Member Agency Stats - FY 23/24	TFHD	TTUSD	Placer Co.	Town	TDPUD	NV Co.	TTAD	Member Agency Total Served	General Public Total Served (Began serving general public in 2023)	Grand Total Served (TTWHA + General Public)
<b>Member Agency Fees</b>	\$194,107.00	\$98,527.00	\$36,022.00	\$34,621.00	\$25,651.00	\$21,727.00	\$19,345.00			
<i>Administrative Fee</i>	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00			
<i>Member Agency Fee (minus admin fee)</i>	\$179,107.00	\$83,527.00	\$21,022.00	\$19,621.00	\$10,651.00	\$6,727.00	\$4,345.00			
<i>Member Agency Fee vs. Percent of budget</i>	45.14%	22.91%	8.38%	8.05%	5.97%	5.05%	4.50%			
<b>All Time - Member Agency Stats (July 2020 - June 2024)</b>	205	86	16	24	12	15	7	365	272	637
<b>FY 23/24 - Member Agency Stats (July 2023 - June 2024)</b>	72	26	4	8	5	10	2	127	194	448
<b>All Time - Percent Served (Concierge + Public)</b>	56.16%	23.56%	4.38%	6.58%	3.29%	4.05%	1.92%	57.30%	42.70%	
***This data only compares TTWHA member agency stats										
<b>Services   Programs - FY 23/24</b>										
<b>Concierge Services</b>										
<i>For Rent</i>	31	18	4	0	7	4	9	73	184	257
<i>For Purchase</i>	41	8	1	2	1	0	1	54	10	64
<b>Total Employees</b>	72	26	5	2	8	4	10	127	194	321
<b>Home Rental Program</b>										
<i>Placements</i>	3	2	3	0	1	1	1	11	4	15
<b>Housing Purchase</b>										
<i>TFHD HPAP</i>	5							5		5
<b>Property Owner Education - Local Housing Programs</b>										
<i>Property Owners</i>									98	98



TRUCKEE TAHOE  
Workforce Housing Agency

# Programs



# Home Match Program + Concierge Services

- **Concierge Services:** **We serve all hospital employees who have housing needs**
  - **Accessing Rentals:** For emergency, temporary/short term, long term housing needs
  - **Home Purchases:** We educate and connect TFHD employees to the TFHD Home Purchase Assistance Program as well as other local down payment assistance programs such as THAP and Maris Fund Homebuyer Assistance Program
- **Home Match Program:**
  - Connected with over 200 employees since the start of this agency
  - Programmatic services make up 56% of the agency's operations
  - This past fiscal year we served 72 hospital employees and placed three families in rentals
  - In this new fiscal year which began in July 2024, we've assisted 3 additional TFHD employees by connecting them to rental properties.

# Home Purchase Assistance Program

## Program Details:

- Program commenced in 2023
- Originally designed for recruitment of key management positions that were hard to fill
- Evolved into a recruitment and retention program
- Provides assistance in the form of simple interest loan at 3% with options of deferred payments for homes being purchased within the TTUSD boundaries/Tahoe Forest Hospital District service area

## Program Stats:

**Yearly Budget:** \$900k

**Loans Distributed:** 10 loans

**Total Loan Distribution:** \$1,582,316



# Home Purchase Assistance Program

Loan #	APPLICANT / BORROWER	TFHD Role	LOAN AMOUNT TFHD
	<b>FY 2022-23</b>		
1		Anesthesiologist	\$ 300,000.00
2		Physician	\$ 88,000.00
	<b>FY 2022-23 Funds Disbursed</b>		<b>\$ 388,000.00</b>
	FY 2023-2024 Budget		\$ 900,000.00
	FY 2022-23 Remaining Funds		\$ 512,000.00
	<b>FY 2023-24</b>		
3		PC Tech	\$ 100,000.00
4		COO	\$ 300,000.00
5		CMO	\$ 78,240.00
6		Manager of Emergency Services	\$ 188,876.00
7		Occupational Therapist	\$ 98,400.00
8		Anesthesiologist / Nurse	\$ 180,000.00
	<b>FY 2023-24 Funds Disbursed</b>		<b>\$ 945,516.00</b>
	FY 2023-2024 Budget		\$ 1,100,000.00
	FY 2023-24 Remaining Funds		\$ 154,484.00
	<b>FY 2024-2025</b>		
9		Operating Room - Nurse Educator	\$ 133,600.00
10		Medical Staff Director	\$ 115,200.00
	<b>FY 2024-25 Funds Disbursed</b>		<b>\$ 248,800.00</b>
	FY 2024-2025 Budget		\$ 900,000.00
	FY 2024-25 Remaining Funds		\$ 651,200.00



# Success Story | Testimonials

**“Thank you so much for the fantastic news. Please share my gratitude with everyone who was a part of this process.”**

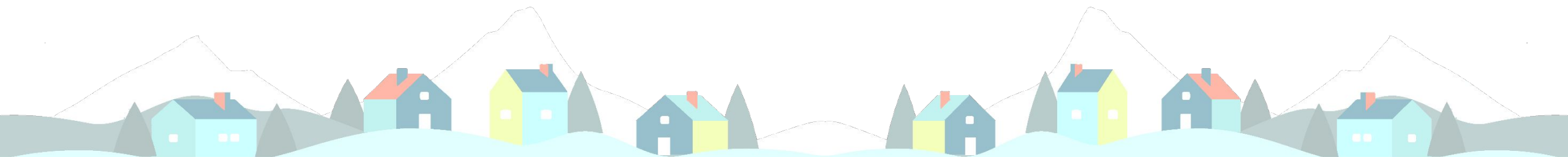
**“I am a clinician of 20 years and have worked at various hospitals from Monterey, to San Francisco, and Marin. On a whim I landed at Tahoe Forest Hospital. I wasn’t sure what my career was going to look like, the hospital is so much smaller than what I was used to. After working a few months, I realized I had found a big gem! Something you don’t let go of. However, I was insecure about my longevity here knowing I could never afford a sustainable living situation. I am beyond relieved and absolutely delighted with this assistance program in allowing me to settle here. Tahoe Forest Hospital is not only the best hospital I have worked for, but also the best workplace I have worked in. I am so fortunate to be able to work and live in this community. Thank you so much!”**

**- TFHD Employee who participated in the Home Purchase Assistance Program**



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Workforce Housing Agency

# Strategic Priorities FY 24/25



# FY 2024/2025

- 1. CREATE Innovative Financial Tools to Support Workforce Housing Solutions.**
  - Establish Fund Management Agreements to unlock public and private dollars
  - Implement Fundraising Plan for Workforce Housing Fund
- 2. FACILITATE development of workforce housing on public agency-owned sites.**
  - Facilitate two development sites (pilots): TTUSD Alder Creek and USFS Hobart Mills
  - Determine what JPA role is in development
- 3. ACQUIRE existing properties for immediate and long-term workforce housing needs. [On hold for 24/25]**
- 4. EXPAND + CONNECT housing programs to serve more of the regional workforce.**
  - Continue to provide and refine existing housing services and programs (and expand)
  - Grow programs to include current County housing programs such as Workforce Housing Preservation Program (WHPP) and Lease to Locals
  - Launch Master Lease Pilot Program
- 5. INFLUENCE state housing legislation through local coordination**
  - Launch Public Affairs Housing Advocacy Program with Sierra Business Council and housing partners





# Housing Our Workforce



TRUCKEE TAHOE  
Workforce Housing Agency

## Thank You

Heidi Volkhardt Allstead, Executive Director: [heidi@ttjpa.org](mailto:heidi@ttjpa.org)

Jackelin McCoy, Program Manager: [jackelin@ttjpa.org](mailto:jackelin@ttjpa.org)





# TFHS Emergency Management Program



Dylan Crosby,  
Director of Facilities & Construction  
Safety Officer

Myra Tanner  
EOC/Security Supervisor



INCLINE VILLAGE  
COMMUNITY HOSPITAL

# California's Emergency System

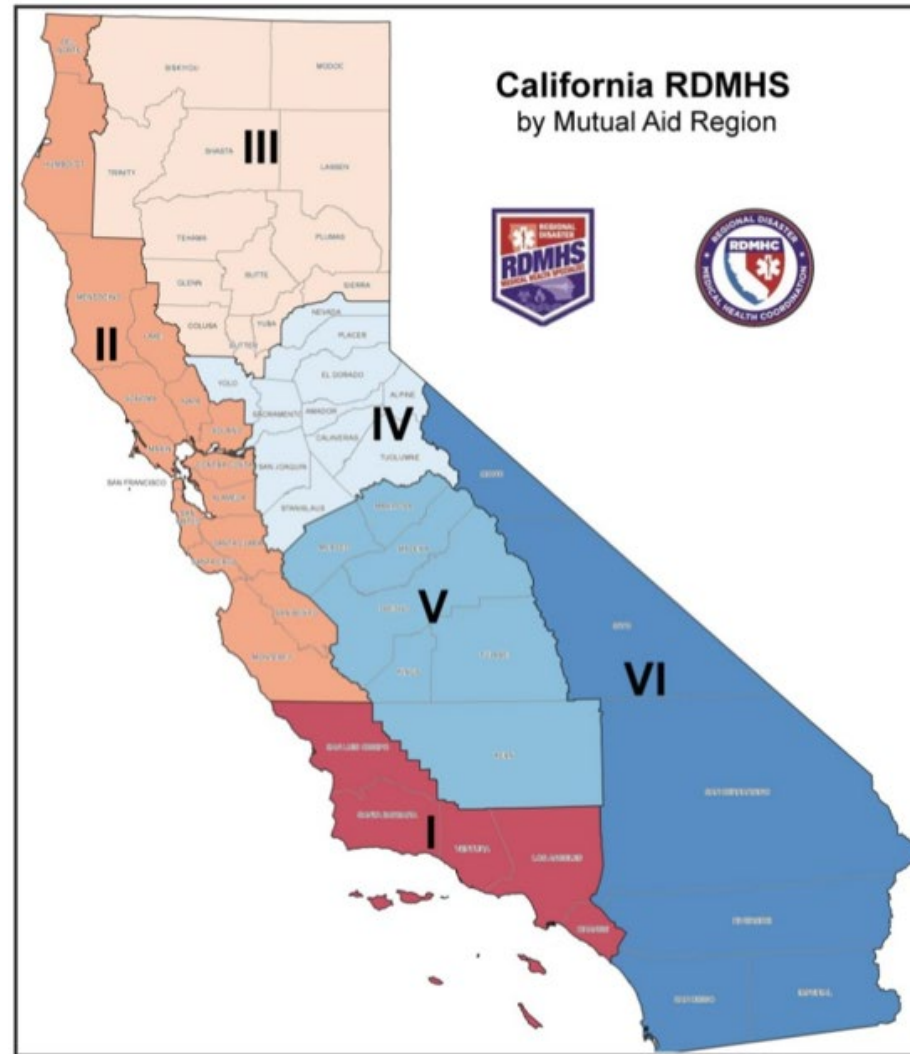
## Medical & Health Disaster Response System Entities

- Field Responders (LE, FD, EMS)
- Hospitals/Healthcare Providers
- Local OES
- LEMSA
- MHOAC
- RDMHC/S
- State Agencies



John Poland

# California's Emergency System



# Environment of Care

The Environment of Care (EOC) Program encompasses the following areas:

- **Building Safety**
- **Building Security**
- **Hazardous Materials and Waste**
- **Fire Life Safety**
- **Medical Equipment**
- **Utility Systems**
- **Emergency Management**

# Purpose

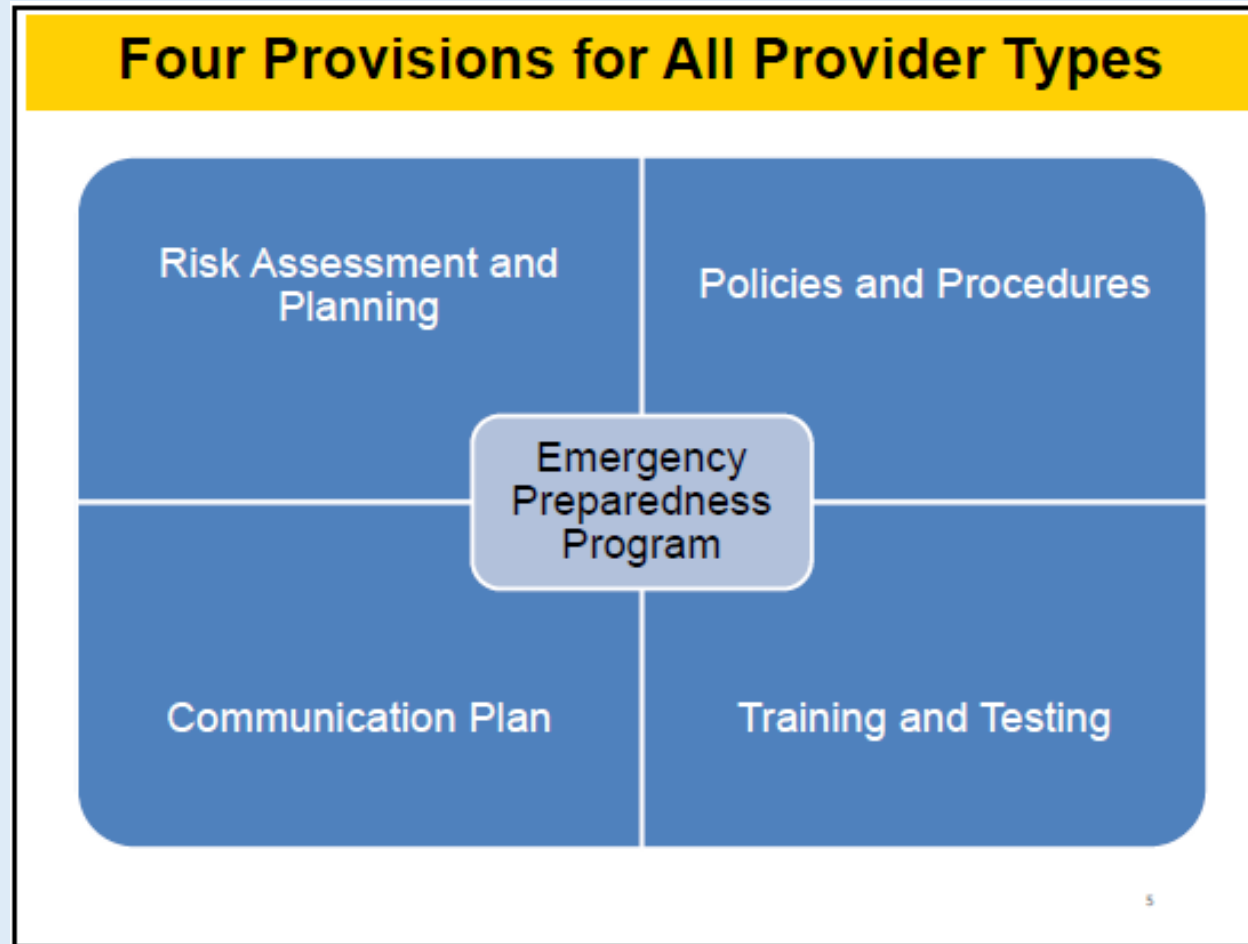
A disaster can come in many forms, fire, chemical, cyber, mass-casualty, etc.



The best way to respond to a disaster is to have a written plan. At Tahoe Forest Hospital the Emergency Operations Plan, AEOC-17 is the TFHS emergency preparedness plan which allows everyone to prepare and know their roll.

Emergency Operations Plan for THFS Clinics, AEOC-1902 details emergency procedures specifics for all TFHS Clinics.

# Emergency Management Program



# Risk Assessment and Planning

## Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

6



# Risk Assessment and Planning

## Tahoe Forest Hospital HVA 2024

### Emergency Management

Hazards - Tahoe Forest Hospital  
Hazard and Vulnerability Assessment Tool  
Naturally Occurring Events

Event	ALERTS	ACTIVATIONS	PROBABILITY	SEVERITY = ( MAGNITUDE - MITIGATION )						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Fire, External	0	0	3	2	2	3	1	1	2	61%
Severe Storms	15	4	3	2	2	2	1	1	1	50%
Supply Chain Shortage / Failure	4	1	3	2	1	3	1	1	1	50%
Cyber Threat	0	0	3	1	1	3	2	1	1	50%
Unplanned Power Outage	0	0	3	1	1	3	1	1	1	44%
Earthquake (< 5.5)	0	0	2	2	2	2	2	2	2	44%
Staffing Shortage	0	0	3	2	0	2	1	1	2	44%
Chemical Exposure, External	0	0	2	3	1	3	2	2	1	44%
Communication / Telephone Failure, Internal	0	0	2	2	1	3	2	1	3	44%
Communication / Telephone Failure, External	0	0	2	2	1	3	2	1	2	41%

# Risk Assessment and Planning

## Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

3

# Communication Plan

## Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

9

# Communication Plan embedded within the EOP

## Emergency Operations Plan (Comprehensive), AEOC-17

### TABLE OF CONTENTS

- A. Risk
- B. Policy
- C. Scope
- D. Organization
- E. Plan Foundation
- F. Communication Within and Outside of the System
- G. Resources and Assets
- H. Staff Roles and Responsibilities
- I. Managing Utilities During Emergencies
- J. Patient Management During Emergencies
- K. Business Continuity
- L. Evaluation of Effectiveness and Testing of The Emergency Operations Plan
- M. Cyber Security
- N. Functional Annexes
  - 1. Annex 1: Commonalities and Conventions
  - 2. Annex 2: Set-Up and Operation of the Command Center
  - 3. Annex 3: Command Center Set-Up
  - 4. Annex 4: Telephone Instructions in the HCC
  - 5. Annex 5: TFHS Codes & Emergency/Security Plans
  - 6. Annex 6: Essential Equipment and Service Failure Plans
  - 7. Annex 7: Communication Failure Plan
  - 8. Annex 8: Patient/Resident Visitor Plan

## Emergency Management Policies

- Emergency Management Plan, AEOC-14
- Emergency Operations Plan (Comprehensive), AEOC-17
- Emergency Operations Plan for TFHS Clinics, AEOC-1902
- Code Triage Internal and External, AEOC-2
- Code Tan – Facility Lockdown, AEOC-77
- Evacuation/Shelter in Place Plan, AEOC-10
- Rapid Discharge Tool, AEOC-15
- Disaster Surge Capacity Plan, AEOC-8
- Patient Decontamination, AEOC-12
- CHEMPACK Deployment, AEOC-18
- Weapons of Mass Destruction Procedures, AEOC-7

# Training and Testing Program

## Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.

10

# Emergency Management Training 2023-2024

## 2023

- 04/18/23 – Hospital Incident Command System (HICS)
- 05/05/23 – IVCH WebEOC Training
- 07/17/23 – NNPH Mutual Area Evacuation Agreement (MAEA) Training
- 11/03/23 – NNPH MCI/Alpha Plan Training
- 11/08/23 – NLTFPD/NTF MCI Drill Observation

## 2024

- 02/29/24 – WebEOC Patient Registration Train the Trainer
- 04/11/24 – NNPH Alternate Care Site Tabletop
- 04/01/24 – 06/11/24 – Departmental EVAC123 Tagging System Trainings
- 06/03/24 – 06/07/24 – FEMA MCI Training – Anniston, Alabama

## Future 2024 Trainings

- 10/15/24 – 10/17/24 – Decontamination Training
- 10/22/24 – CDPH CHEMPACK Training
- TBD – Staff FEMA ICS Training (online)

# FEMA MCI Healthcare Leadership Training June 2024





# Emergency Management Exercises/Events 2023-2024

## 2023

- 2023 – Multiple Winter Storm Alerts
- 04/21/23 – TFH EMS Evacuation Tabletop
- 05/24/23 – TFH & IVCH Reno-Tahoe Triennial Airport Exercise
- 08/16/23 – IVCH Full-scale Evacuation Exercise (Washoe County)

## 2024

- 2024 – Multiple Winter Storm Alerts
- 01/23/24 – Nevada County Cybersecurity & Infrastructure Workshop
- 03/07/24 – Nevada County Evacuation Workshop
- 03/19/24 – IVCH MCI Functional Exercise (Washoe County)
- 04/09/24 – Washoe County Chemical Tabletop Exercise
- 04/10/24 – IVCH Chemical Functional Exercise (Washoe County)
- 04/22/24 – Tahoe City Physical Therapy Elevator Fire (Real Event)
- 04/25/24 – Town of Truckee Evacuation Functional Exercise
- 05/14/24 – IVCH MCI Full-scale Exercise (Washoe County)
- 05/23/24 – Liberty Utilities Public Safety Power Shutoff Tabletop Exercise
- 06/12/24 – TFH Evacuation Functional Exercise
- 07/25/24 – TFHS Blood Culture Bottle Shortage (Real Event)
- 08/11/24 – TFH Pass Fire (Real Event)
- **Future 2024 Exercises**
  - 09/01-09/30/24 – TFHS Active Shooter Departmental Exercise
  - 10/09/24 – EMS Partner HazMat Response Workshop (Nevada, Placer, & Washoe Counties)

# Tahoe Forest Evacuation Exercise Incident Command 6/12/24



Questions?



## **DRAFT v2 FY2025 President & CEO Incentive Compensation Criteria**

### **Finance – 40%**

- Average Days Cash on Hand at the end of FY2025 to meet or exceed the average Days Cash on Hand as reflected in the 2024 audit.  
*(Target will use FY2025 quarterly average to calculate the metric.)*

### **Service & Access – 15%**

- Meet or exceed an average 95.55 Press Ganey Patient Satisfaction score.
- Increase surgical procedures total by 8% (includes TFH, IVCH, TSC).
- Lower the primary care provider third next available appointment number of days to fewer than 10 days for a new patient and fewer than 20 days for an established patient.  
*(Target will use average of the last quarter, fiscal year 2025 to calculate the metric.)*

### **Quality – 15%**

- Improve the performance of attached CMS Standard Work Bundles by increasing the number of process measures in the green zone from 0 out of 8 to 3 out of 8 by June 30, 2025.

### **Community – 15%**

- Increase the number of community health initiatives met from 3 out of 15 to 5 out of 15 by June 30, 2025.

### **People – 15%**

- Meet or exceed the average score of 3.20 for the listed alignment questions on the 2025 Medical Staff Press Ganey survey.

“I have adequate input into decisions that affect how I practice medicine”

“I can easily communicate any ideas and/or concerns I may have to hospital administration”

“Hospital administration is responsive to feedback from physicians”

“I have confidence in hospital administration’s leadership”

“This hospital treats physicians with respect”

“Overall, I am satisfied with the performance of hospital administration”

Tahoe Forest Hospital  
Standard Work Bundles  
2024

We have developed the following concurrent quality metric bundles:

- 1. OP-35: Emergency Visits after Outpatient Chemotherapy**
  - a. Stakeholders: Kelley Bottomley, Derek Baden
  - b. Standard work items
    - i. Initial prevention
    - ii. Symptomatic patients during treatment
      1. Evaluations and referrals
  - c. Numerator-Chemo patients with validated chemo teach
  - d. Denominator-New start chemo patients
  - e. **Goal =  $\geq 92\%$**
- 2. HAI-6/C-Diff**
  - a. Stakeholders: Trent Foust, Nicole Becker
  - b. Standard work items
    - i. Testing- call MD before
    - ii. Enteric contact precautions
    - iii. If C-Diff positive- PPE present, private room, hand hygiene observed
  - c. Numerator-Patients with bundle items done
  - d. Denominator- Patients with 3 or more loose stools in 24 hrs
  - e. **Goal  $\geq 90\%$**
- 3. Sep-1/Sepsis**
  - a. Stakeholders: Trent Foust, Nicole Becker, Ellie Cruz
  - b. Standard work items
    - i. 3 hour bundle
    - ii. 6 hour bundle
  - c. Numerator- Sepsis patients with 3 and 6 hour bundles verified
  - d. Denominator- Sepsis admissions or new sepsis developed
  - e. **Goal  $\geq 90\%$**
- 4. Falls**
  - a. Stakeholders: Trent Foust, Nicole Becker
  - b. Standard work items
    - i. Fall risk bundle in place
    - ii. Ambulation status posted (ICU/MS)
  - c. Numerator- High fall risk patients with all bundles in place
  - d. Denominator- Fall risk patients reviewed
  - e. **Goal  $\geq 90\%$**
- 5. SSI**
  - a. Stakeholders: Calley Corr, Kate Cooper
  - b. Standard work items

Tahoe Forest Hospital  
Standard Work Bundles  
2024

- i. Pre-op hair removal
    - ii. CHG Pre-op
    - iii. Nasal Decolonization
    - iv. Oral Decolonization
    - v. Vanco MRSA Positive only
    - vi. Normo-thermia pre-op
  - c. Numerator- TJR patients with all bundles
  - d. Denominator- Elective TJR patients
  - e. **Goal  $\geq 90\%$**
- 6. OP-10: Abdomen CT Use of Contrast**
  - a. Stakeholders: Sadie Wangler, Shayna Vosburgh
  - b. Standard work items
    - i. Exclusion diagnosis present
    - ii. Verified with Provider correct order
  - c. Numerator- Appropriate combined abdomen CT orders
  - d. Denominator- Combined abdomen CT orders
  - e. **Goal  $\geq 90\%$**
- 7. Total Joint Replacements**
  - a. Stakeholders: Danielle Moran, TBD
  - b. Standard work items
    - i. Medical and social clearance
    - ii. Patient education
    - iii. Monitoring/follow-up
      - 1. Sub-items within each category
  - c. Numerator- TJR patients with all bundles
  - d. Denominator- Elective TJR patients
  - e. **Goal  $\geq 90\%$**
- 8. Hospital-Wide All Cause Unplanned Readmissions**
  - a. Stakeholders: Karyn Grow, Anna McGuire
  - b. Standard work items
    - i. TCM referral
    - ii. Follow-up with PCP within 14 days
  - c. Numerator- High risk discharges with bundle items
  - d. Denominator- High risk discharges, score  $\geq 3$
  - e. **Goal  $\geq 90\%$**

Tahoe Forest Hospital  
Standard Work Bundles  
2024

The concurrent bundles are for internal tracking and not reportable to CMS. Previously we have tracked outcome measures, showing noncompliance with the quality metric. The concurrent bundle is being proactive to ensure compliance with the process measure to avoid a negative outcome. We are focused on standard work and adhering to it every time to ensure the best outcome for our patients. Tracking the bundles will be reported out in the form of a numerator (number of patients with quality metric bundle completed) and denominator (total number of patients being measured).

DRAFT