



TAHOE FOREST HOSPITAL DISTRICT

2024-11-21 Regular Meeting of the Board of Directors

Thursday, November 21, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2024-11-21 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 21, 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 Corporate Compliance Report

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

Subject Matter: First Quarter Fiscal Year 2025 Quality Report

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

5.3.1. 10/24/2024 Regular Meeting

5.4. **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**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 21, 2024 AGENDA – Continued

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 Standardized Procedures:

- *DTMSC-2402 Standardized Procedure – Ambulatory Clinic Administration of Acetaminophen Ibuprofen for Fever in Pediatric Patients*
- *ANS-1601 Standardized Procedure Vaccine Screening – Administration and Documentation*

Policy Review – With Changes:

- *AGOV-2401 Management of Disruptive Behavior Patient/Visitor*

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. 10/24/2024 Regular Meeting ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – October 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. CIO Board Report..... ATTACHMENT

13.3.5. VP Provider Services Board Report ATTACHMENT

13.4. Approve Quarterly Corporate Compliance Report

13.4.1. Third Quarter Corporate Compliance Report..... ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. Truckee Tahoe Workforce Housing Agency Update

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

14.2. Vizient Project Update

The Board of Directors will receive an update on the Access to Care project, Management Systems and Behavioral Health & Orthopedic service line optimization projects.

14.3. Centers for Medicare & Medicaid Services Five Star Rating ATTACHMENT

The Board of Directors will receive education on the Centers for Medicare and Medicaid Services (CMS) Five Star Rating system.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

16. BOARD COMMITTEE REPORTS

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 21, 2024 AGENDA – Continued

17. BOARD MEMBERS REPORTS/CLOSING REMARKS

-The Regular Board Meeting will be held on the third Thursday in December due to the holidays.

18. CLOSED SESSION CONTINUED

19. OPEN SESSION

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

21. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is December 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) 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

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Johanna Koch, MD Chief of Staff
ACTION REQUESTED	For Board Action
<p>BACKGROUND: During the November 14, 2024 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the November 21, 2024 meeting.</p>	
<p>New Standardized Procedures</p> <ul style="list-style-type: none"> • DTMSC-2402 Standardized Procedure – Ambulatory Clinic Administration of Acetaminophen Ibuprofen for Fever in Pediatric Patients • ANS-1601 Standardized Procedure Vaccine Screening – Administration and Documentation <p>Revised Policy</p> <ul style="list-style-type: none"> • AGOV-2401 Management of Disruptive Behavior Patient/Visitor 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



Origination N/A
Date
Last N/A
Approved
Last Revised N/A
Next Review N/A

Department Tahoe Multi-Specialty Clinics - DTMSC
Applicabilities Multispecialty Clinics

Standardized Procedure - Ambulatory Clinic: Administration of Acetaminophen / Ibuprofen for Fever in Pediatric Patients DTMSC-2402

RISK:

Failure to provide specific policy for medicating febrile pediatric patients may lead to delay in care

POLICY

To provide expedited care of the pediatric patient age 1 month-12 years, < 60kg presenting with fever.

The evaluation of a patient and the implementation of the standardized procedure for the pediatric patient, presenting with elevated temperature, will only be performed by a qualified MSC evaluator. A qualified MSC evaluator is a registered nurse (RN) employed in the Tahoe Forest Multispecialty Clinics with the competencies defined in this standardized procedure.

PROCEDURE:

- A. The RN may initiate the standardized procedure for elevated temperature or fever for any patient based on clinical judgment.
- B. The standardized procedure applies to any patient age 1 month-12 years, <60kg presenting for evaluation to a TFHD Multispecialty Clinic.
 1. Indications:
 - a. Any defined patient with elevated temperature or fever of > 100.4 Degrees Fahrenheit without clinical concern for NPO status.
 - b. If patient received Acetaminophen (Tylenol) in previous 4 hours, then the RN will provide Ibuprofen for children > 6 months only.

- c. Pediatric patients less than 6 months are not to receive Ibuprofen.
 - d. If patient received Ibuprofen (Motrin) in the previous 6 hours, then the RN will provide Acetaminophen.
2. Contraindications:
- a. Allergy to Ibuprofen (Motrin)
 - b. Allergy to Acetaminophen (Tylenol)
 - c. Avoid Acetaminophen use in patients with known liver disease.
 - d. Avoid Ibuprofen if suspected Varicella, mouth ulcers, severe Asthma, kidney or stomach concerns, at risk of bleeding or has Crohn's disease/ Ulcerative Colitis.
- C. The RN may order the following as needed per clinical judgment:
- 1. Acetaminophen (Children's Tylenol) 15 mg/kg PO x 1 dose (max 975 mg per dose and/or 4 grams per 24 hours) **OR** rectal dosing,
 - a. Infants 6 to 11 months: 80 mg every 6 hours; maximum daily dose: 320 mg/day.
 - b. Infants and Children 12 to 36 months: 80 mg every 4 to 6 hours; maximum daily dose: 400 mg/day.
 - c. Children >3 to 6 years: 120 mg every 4 to 6 hours; maximum daily dose: 600 mg/day.
 - d. Children >6 up to 12 years: 325 mg every 4 to 6 hours; maximum daily dose: 1,625 mg/day.
 - e. Acetaminophen (Tylenol) 20 mg/kg PR (rectally) x 1 dose (max 975 mg per dose and/or 4 grams per 24 hours) **OR**,
 - 2. Ibuprofen (Children's Motrin) PO x 1 dose, using weight-directed dosing: Infants and Children: 4 to 10 mg/kg/dose (maximum dose: 600 mg/dose) every 6 to 8 hours; maximum daily dose: 40 mg/kg/day or 2,400 mg/day, whichever is less.
- D. Prior to initiating any orders, the RN is to immediately inform the physician/NP/PA of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- E. If at any time the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they must confer with the physician/APP(NP/PA) on duty for guidance.
- F. The Physician/NP/PA on duty will assume all responsibility for the standardized procedure.
- G. A review of the patient's electronic medical record will be performed by the responsible Physician/NP/PA in a timely manner and will co-sign the order.
- H. A list of all MSC RNs who may initiate Standardized Procedures is to be kept in the RN's home department.
- 1. The list is to be updated annually and as changes occur.
- I. The RN caring for the patient must complete all documentation in the EMR.

- J. The standardized procedure was developed through an interdisciplinary collaboration between Nursing Leadership, Pharmacy, Education, and Pediatrics.
- K. This Standardized Procedure for Administration of Acetaminophen and/or Ibuprofen for Fever Control in Pediatric Patients is to be reviewed biennially by MSC Leadership.

Approval Signatures

Step Description	Approver	Date
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DRAFT



Origination N/A
Date
Last N/A
Approved
Last Revised N/A
Next Review N/A

Department Nursing Services
- ANS
Applicabilities System

Standardized Procedure - Vaccine Screening, Administration and Documentation, ANS-1601

RISK:

An ineffective vaccination screening and administration plan could negatively impact the health and well-being of employees, patients, visitors, and the community by allowing preventable infectious conditions to spread.

POLICY:

- A. Setting: This standardized procedure may apply to any patient presenting to a district hospital or clinic that employs Registered Nurses (RNs) trained to assist in the vaccine screening process.
- B. Registered Nurses (RNs) with documented competency are authorized to screen patients for recommended vaccines based on eligibility criteria and assessments for contraindications.
 1. Guidelines from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP), the Immunization Action Coalition, [Immunize.org](https://www.immunize.org), approved screening tools embedded in the electronic medical record (EMR), and/or outside specialist expert guidance/vaccine schedule (reviewed with PCP) will be used to determine vaccine eligibility.
- C. A qualified RN may place orders for vaccine administration if indicated by the screening results.
- D. Experience, Training and Educational Requirements for qualified RNs:
 1. Completion of orientation and submission of orientation/skills checklists specific to the department/clinic.
 2. Completion of annual competency in Vaccine Screening, Administration and

Documentation.

3. A list of all qualified RNs is maintained by Tahoe Forest Health System's Human Resources (Education Department) and reviewed annually.
- E. Licensed Vocational Nurses (LVNs) and Medical Assistants (MAs) administering vaccines will have documented competency in vaccine administration, including vaccine administration techniques, knowledge of possible side effects and adverse reactions to indicated vaccinations, and of appropriate treatment of adverse events occurring after vaccination.
- F. Supervision and Special Instructions/Definitions:
 1. General supervision for RNs and LVNs administering vaccines:
 - a. The provider must be available by phone or other communication methods for guidance, though physical presence is not required.
 2. Direct supervision for MAs:
 - a. Medical assistants administering vaccines must have a written order from a provider.
 - i. An RN may place the order per this standardized procedure.
 - b. Supervising provider or an RN must verify the correct medication and dosage before administration.
 - c. Supervising provider must be on-site during vaccine administration.
- G. Periodic Reviews:
 1. This Standardized Procedure will be reviewed annually, and as needed, by the Interdisciplinary Practice Committee (IDPC), the Medical Executive Committee, and the TFHD Board of Directors and other stakeholders as identified during the review process.
- H. A copy of the appropriate CDC vaccine information sheet (VIS) is provided to all patients with explanation and/or questions answered as needed.

PROCEDURE:

- A. RN screens patient to identify indicated vaccine(s) using the resources identified in Policy section B and according to department specific training.
 1. Notify provider for direction if the patient has a precaution or relative contraindication identified during the screening process.
- B. Orders may be placed by provider or by the RN based on this Standardized Procedure.
- C. Administration
 1. If the patient is determined to be eligible for vaccination, the RN, LVN, or MA will administer the indicated vaccine(s) and document the administration in the Electronic Medical Record (EMR).
 2. A Vaccine Information Statement (VIS) must be provided before each vaccine dose to the parent or legal representative of a child or to the adult receiving the vaccine.

- a. The current edition vaccine information material can be found at the CDC website.
 3. For outpatients, the patient, parent, or legal representative signs the vaccine authorization form.
 4. If a patient in the **outpatient** setting presents with a temperature >100.3°F or shows signs and symptoms of illness, the nurse or MA must notify the provider before administering the vaccine.
- D. Documentation
1. Complete all mandatory and appropriate optional fields in the electronic medical record to verify VIS, manufacturer, lot number, expiration date, location of injection and any other relevant clinical information.
- E. Management of adverse events and medical emergencies
1. The provider will be notified of any adverse events following vaccination.
 2. Refer to the policy Sentinel/Adverse Event/Error or Unanticipated Outcome, AQPI-1906 for suspected sentinel or reportable events.
 3. Medical emergencies or adverse events occurring after vaccination may be managed according to the clinical resources provided by [Immunize.org](http://immunize.org). See attachments for the version that was current at the time of most recent standardized procedure review.
 - a. [Medical Management of Vaccine Reactions in Adults in a Community Setting](#)
 - b. [Medical Management of Vaccine Reactions in Children and Teens in a Community Setting](#)

Related Policies/Forms:

[Sentinel/Adverse Event/Error or Unanticipated Outcome, AQPI-1906](#); [Code Blue/Code White, ANS-21](#), [Rapid Response Team, ANS-99](#)

References:

Immunization Action Coalition Standing Orders for Administering Vaccines (<http://www.immunize.org/standing-orders/>); Centers for Disease Control and Prevention Immunizations Schedules (<http://www.cdc.gov/vaccines/schedules/>); CA Board of Registered Nursing Explanation of the Scope of RN Practice Including Standardized Procedures; California Department of Public Health Immunization Branch; [Medical Assistants Scope of Practice Clarified - Medical Board of California Newsletter - Fall 2015](#);

Attachments

[Medical Management of Vaccine Reactions in Adults.pdf](#)

[Medical Management of Vaccine Reactions in Children andTeens.pdf](#)

Approval Signatures

Step Description

Approver

Date

DRAFT



Origination Date 05/2024
Last Approved 10/2024
Last Revised 10/2024
Next Review 10/2027

Department Governance - AGOV
Applicabilities System

Management of Disruptive Behavior Patient/Visitor, AGOV-2401

RISK:

Tahoe Forest Hospital District recognizes the risks to patients, families, and staff regarding disruptive behavior. This includes disruption in care as well as the personal well-being of patients, visitors, staff, [NP/PA](#), and physicians. This policy is intended to provide guidelines to assist team members with the management of non-team-members who engage in disruptive behavior in order to ensure an inclusive and safe environment for all patients, visitors, clinicians, and team members.

POLICY:

Tahoe Forest Hospital District is committed to providing a safe, therapeutic environment for patients, their families, and visitors, as well as our physicians, [NP/PAs, team members, and](#) volunteers, ~~and team members~~. This policy sets forth guidelines for handling mentally competent patients, parent/legal guardians of a minor child, or patient visitors, who engage in disruptive behavior that may adversely impact patient, visitor, and/or team member safety or the ability of team members to perform patient care.

PROCEDURE:

Levels of Disruptive Behavior

- A. Level 1: Inappropriate/Disrespectful/Persistent Behaviors
 1. Level 1 Behavior Examples:
 - a. Overly Demanding
 - b. Attempting to Direct Care

- c. Excessive repetitive questions, phone calls, emails, web comments (about care, patient and/or family/caregiver, etc.
- d. Continued statements of "confusion" about patient's clinical status in spite of multiple attempts to clarify same
- e. Refusal to meet with providers
- f. Demanding care that is medically contraindicated or unnecessary
- g. Verbal repetitions (continuous complaints, requests, or demands)
- h. Use of profanity
- i. Leaving without agreement/knowledge from care providers
- j. Refusal to receive care from a particular team member or category of team members (related to age, race, ethnicity, sex, gender identity, or culture)

2. Level 1 Plan of Action:

- a. Notify Manager/Director/Supervisor
- b. Manager/Director/Supervisor to provide and discuss with patient, parent/ legal guardian, or alternate decision maker the Patients, Parents/Legal Guardians Alternate Decision Makers behavioral expectations
- c. Expectations consist of but are not limited to:
 Healthcare/Health care team to be treated with respect at all times
 Any abusive, loud, threatening language toward healthcare/health care team will not be tolerated
 Actions or behaviors that interfere with patient's medical care will not be tolerated
- d. If after information is provided and behavior persists or escalates, the Manager/Director/Supervisor will meet with patient or visitor and verbally discuss expectations and plan.
- e. Inform visitor of hospital policy that they may be removed from the campus for continued disruptive behavior, and that local law enforcement may be notified for any physical violence
- f. Notify Security of situation if indicated
- g. [Contact Risk/Quality staff for support](#)
- h. Document in [electronic medical record \(EMR\)](#) discussion with patient or visitor
- i. Submit an Event Report and contact Risk Management
- j. Consider signing the Patient Safety Agreement form Attachment D or the Visitor Safety Agreement Form Attachment E
- k. Consider contacting Patient Access Leadership to place an FYI Disruptive Behavior Flag in Epic

B. Level 2: Dangerous/Safety-Compromising Behaviors

1. Level 2 Behavior Examples:

- a. Refusal to comply with reasonable requests from medical or nursing team members
- b. Entering clinical or restricted areas without approval of the team members
- c. Behaviors that may include: Responding by yelling, clenched fists, angry facial expressions, rigid posture, tautness, indicating intense effort to control behaviors
- d. Pattern of non-compliance with care (refusal of medications, refusal of medically necessary procedures, refusal of monitoring necessary for patient safety, dictating care such as medication regimes, diagnostic testing, wound care, vital signs, firing team members, etc.).
- e. Manipulating medical equipment (IVs, pumps, etc.).

2. Level 2 Plan of Action:

- ~~a. Follow the same steps as in Level 1 Plan of Action~~
- a. Follow the same steps as in Level 1 Plan of Action
- b. Contact Truckee Police Department (TFH) or Washoe County Sheriff Department (IVCH) if indicated
- c. Consider Ethics Committee consultation by contacting Medical Staff Office

C. Level 3: Physically Dangerous or Criminal Behaviors

1. Level 3 Behavior Examples:

- a. The possession or the use of illegal drugs/substances on hospital premises
- b. The possession of any weapon, including but not limited to guns, tasers, knives, box cutters, etc.
- c. The use of alcohol and other medication or substances that are not prescribed by the treating physician
- d. Overt, aggressive acts, destruction of property
- e. Unwanted sexual advances and inappropriate sexual behaviors towards team members or other patients
- f. Threats of physical assault
- g. Threats of death by patient to team members or other patients

2. Level 3 Plan of Action:

- ~~a. Contact Security if threat is imminent~~
- ~~b. Call a Code Gray if indicated~~
- ~~c. Follow the same steps as in Level 1 Plan of Action~~
- a. Follow the same steps as in Level 1 Plan of Action

- b. [Contact Security if threat is imminent](#)
- c. [Call a Code Gray if indicated](#)
- d. [Contact Truckee Police Department \(TFH\) or Washoe County Sheriff Department \(IVCH\) if indicated](#)
- e. [Consider Ethics Committee consultation by contacting Medical Staff Office](#)

Special Instructions / Definitions:

For the purpose of these guidelines, "disruptive behavior" means any conduct or behaviors perceived by a reasonable person to interfere with the delivery of health care or the performance of employee duties which:

- A. Interfere or are consistent with a safe working environment
- B. Inhibit the ability to provide safe and effective patient care
- C. Constitute the physical or verbal abuse of others involved with the patient or care being provided
- D. Includes non-compliance with hospital policies, potential for violence, non-physical violence, and physical violence

Related Policies/Forms:

Attachment A: Management of Disruptive Patients/Visitors Level 1 Checklist

Attachment B: Management of Disruptive Patients/Visitors Level 2 Checklist

Attachment C: Management of Disruptive Patients/Visitors Level 3 Checklist

Attachment D: Safety Agreement form

[Attachment E: Visitor Safety Agreement form](#)

References:

Chellew, Sandra (2016). *Managing Disruptive Patient Behavior*. Iron shore Obtained on 3/7/2019 from http://www.ironshore.com/pdfs/general/Healthcare_Whitepaper__Managing_Disruptive_Patients_11.1.17-1.pdf

Sammer, RN, PhD, Christine E. et al. "What is Patient Safety Culture? A Review of the Literature." *Journal of Nursing Scholarship* 42, no. 2 (2010): 156-165. <http://ohiohospitals.org/OHA/media/Images/Patient%20Safety%20and%20Quality/Documents/OPSI/CoS/4.pdf>.

U.S. Department of Labor. Occupational Safety and Health Administration. "Creating a Safety Culture." *Safety and Health Program Management: Fact Sheets, 1-3*. https://www.osha.gov/SLTC/etools/safetyhealth/mod4_factsheets_culture.html.

Youngberg, Barbara J. "Managing the Disruptive Patient: A Challenge to Patient and Provider Safety."

~~Beecher Carlson Insurance Services, LLC. Last modified 2012. <https://www.beechercarlson.com/whitepapers/managing-the-disruptive-patient-a-challenge-to-patient-and-provider-safety>~~

[Moreno-Leal, P.; Leal-Costa, C.; Díaz-Agea, J.L.; Jiménez-Ruiz, I.; Ramos-Morcillo, A.J.; Ruzafa-Martínez, M.; De Souza Oliveira, A.C. Disruptive Behavior at Hospitals and Factors Associated to Safer Care: A Systematic Review. Healthcare 2022, 10, 19. <https://doi.org/10.3390/healthcare10010019>](#)

All Revision Dates

10/2024, 09/2024, 05/2024

Attachments

[Attachment A Management of Disruptive Patients Visitors Level 1 Checklist.docx](#)

[Attachment B Management of Disruptive Patients Visitors Level 2 Checklist.docx](#)

[Attachment C Management of Disruptive Patients Visitors Level 3 Checklist.docx](#)

[Attachment D Safety Agreement form.docx](#)

[Attachment E Visitor Safety Agreement form.docx](#)

Approval Signatures

Step Description	Approver	Date
	Louis Ward: COO & Acting CEO	10/2024
	Janet VanGelder: Director	10/2024



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

Thursday, October 24, 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; Alex MacLennan, Chief Human Resources Officer; Dylan Crosby, Vice President of Facilities Management; Karli Epstein, Executive Director of Foundations; Ted Owens, Executive Director of Governance; Julia Bjorkman, Donor Engagement & Events; Christina Lee, Donor Relations Coordinator; Martina Rochefort, Clerk of the Board

Other: Mackenzie Anderson, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Items 4 and 5 will be switched.

4. INPUT AUDIENCE

Public comment was received from Karli Epstein.

Written comment was received from Ellen Bjorkman, Christina Lee and Julia Bjorkman.

5. ITEMS FOR BOARD DISCUSSION

5.1. Update on Municipal Lease Process

Gary Hicks, provided an update on the evaluation and selection of a municipal equipment lease provider to provide \$9,000,000 in financing. Discussion was held.

Open Session recessed at 4:20 p.m.

6. CLOSED SESSION

6.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged item.

6.2. Approval of Closed Session Minutes

6.2.1. 09/19/2024 Regular Meeting

6.2.2. 09/24/2024 Special Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

7. DINNER BREAK

8. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel shared there was no reportable action on item 6.1. Item 6.2. Closed Session Minutes and item 6.3. Medical Staff Credentials were approved unanimously on a 5-0 vote.

10. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

11. INPUT – AUDIENCE

Public comment was received by Meg Heim and Dr. Joy Koch.

12. INPUT FROM EMPLOYEE ASSOCIATIONS

Public comment was received by Julie Morgan.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policy Review – No Changes:

- *Computerized Physician Order Entry-CPOE, MSGEN-1701*

Policy Review – With Changes:

- *Induction and Augmentation Pitocin, DWFC-1415*
- *Postpartum-Anti-D Immune Globulin Administration, DWFC-1504*
- *WFC-Care of an Obstetric Patient in a Non Obstetric Area, DWFC-1492*
- *WFC-Hypertensive Emergencies in the Perinatal Period, DWFC 2301*
- *Labor-Maternal Sepsis Management, DWFC 2403*

No public comment was received.

ACTION: Motion made by Director Barnett to approve the Medical Executive Committee Consent Calendar as presented, seconded by Director McGarry.

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

Abstention: None

NAYS: None

Absent: None

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings

14.1.1. 09/19/2024 Regular Meeting

14.1.2. 09/24/2024 Special Meeting

14.2. Financial Reports

14.2.1. Financial Report – September 2024

14.3. Board Reports

14.3.1. Interim CEO/COO Board Report

14.3.2. CNO Board Report

14.3.3. CMO Board Report

14.3.4. CIO Board Report

14.3.5. VP Provider Services Board Report

Item 14.3.5. was pulled for further discussion.

ACTION: Motion made by Director Chamblin to approve the Consent Calendar excluding item 14.3.5., seconded by Director Brown.

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

Abstention: None

NAYS: None

Absent: None

15. ITEMS FOR BOARD ACTION

15.1. Fiscal Year 2024 Audited Financial Statements

Brian Conner, Justen Gomes, and Bradyn Stowe of Moss Adams presented the Fiscal Year 2024 Audited Financial Statements. Discussion was held.

ACTION: Motion made by Director Chamblin to approve the Fiscal Year 2024 Audited Financial Statements as presented, seconded by Director Barnett.

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

Abstention: None

NAYS: None

Absent: None

15.2. Resolution 2024-08

The Board of Directors reviewed and considered approval of Resolution 2024-08 to form a President and CEO Search Committee to review resumes, conduct initial interviews, and select a slate of finalists for the President and CEO position for in-person interviews with Board of Directors. Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown to approve Resolution 2024-08 as presented, seconded by Director McGarry.

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

Abstention: None

NAYS: None

Absent: None

16. ITEMS FOR BOARD DISCUSSION

16.1. Urgent Care

Chris Malone, Director of Urgent Care, and Dr. David Lemak, Medical Director of Urgent Care, presented an update on the volumes, growth, successes and community feedback of the Health System's Urgent Care outpatient clinics. Discussion was held.

Public comment was received from Scott Baker.

16.2. Sierra Center Presentation

The Board of Directors reviewed renderings of the new Tahoe Forest Sierra Center building. Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Item 14.3.5. was discussed.

No public comment was received.

ACTION: Motion made by Director Brown to approve the Consent Calendar item 14.3.5., seconded by Director McGarry.

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

Abstention: None

NAYS: None

Absent: None

18. BOARD COMMITTEE REPORTS

Director Chamblin provided an update from the October 22, 2024 Board Finance Committee.

Director McGarry provided an update from the recent TFHS Foundation meeting.

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

Board Member shared their takeaways from a recent Association of California Hospital Districts Conference.

Regular Board Meetings will be held on the third Thursday in November and December due to the holidays.

20. CLOSED SESSION CONTINUED

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 8:24 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT
OCTOBER 2024 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
OCTOBER 2024 FINANCIAL NARRATIVE

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

Activity Statistics

- ❑ TFH acute patient days were 360 for the current month compared to budget of 372. This equates to an average daily census of 11.6 compared to budget of 12.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Lab tests, Lab send out Tests, Oncology lab, Blood units, Radiation Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasounds, Drugs sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, and Outpatient Speech Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, EKGs, Mammography, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.4% in the current month compared to budget of 46.9% and to last month's 45.1%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.1% compared to budget of 47.0% and prior year's 45.1%.
- ❑ EBIDA was \$5,012,552 (8.3%) for the current month compared to budget of \$2,373,357 (4.2%), or \$2,639,195 (4.1%) above budget. Year-to-date EBIDA was \$15,365,599 (6.5%) compared to budget of \$9,748,440 (4.3%), or \$5,617,159 (2.2%) above budget.
- ❑ Net Income was \$3,526,309 for the current month compared to budget of \$1,842,538 or \$1,683,771 above budget. Year-to-date Net Income was \$15,607,594 compared to budget of \$7,614,224 or \$7,993,370 above budget.
- ❑ Cash Collections for the current month were \$29,228,370, which is 103% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$136,665,579 at the end of October compared to \$134,964,174 at the end of September.

Balance Sheet

- ❑ Working Capital is at 90.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 231.7 days. Working Capital cash increased a net \$3,014,000. Accounts Payable increased \$273,000 and Accrued Payroll & Related Costs increased \$2,081,000. The District received reimbursement from the SFY23 SNF Supplemental Reimbursement Program for \$99,000 and Cash Collections were above target by 3%.
- ❑ Net Patient Accounts Receivable increased a net \$518,000. Cash collections were 103% of target. EPIC Days in A/R were 70.7 compared to 69.8 at the close of September, a 0.90 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,453,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received \$99,000 from the State's SFY23 SNF Supplemental Reimbursement program and \$204,000 from the Nevada Private Hospital program and remitted \$245,000 to Nevada State for participation in the SFY2025 Second Quarter of the Nevada Private Hospital program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$1,038,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of October.
- ❑ GO Bond Tax Revenue Fund increased \$53,000 after recording the October property tax revenues received from Placer county.
- ❑ Investment in TSC, LLC decreased a net \$5,000 after recording the estimated loss for October and truing up the losses for September.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for October on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable increased \$273,000 due to the timing of the final check run in October.
- ❑ Accrued Payroll & Related Costs increased a net \$2,081,000 due to an increase in Accrued Payroll days in October.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for October, decreasing the liability \$289,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$144,000 as the District records payback of overpayments to the Medi-Cal program for prior fiscal year RHC payments.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$60,258,613 compared to budget of \$56,168,354 or \$4,090,259 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,835,081 compared to budget of \$7,118,704 or \$283,623 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$53,423,532 compared to budget of \$49,049,650 or \$4,373,882 above budget.
- ❑ Current month’s Gross Revenue Mix was 40.58% Medicare, 15.97% Medi-Cal, .0% County, 0.69% Other, and 42.77% Commercial Insurance compared to budget of 40.66% Medicare, 15.28% Medi-Cal, .0% County, 1.15% Other, and 42.91% Commercial Insurance. Last month’s mix was 39.93% Medicare, 18.13% Medi-Cal, .0% County, 1.05% Other, and 40.89% Commercial Insurance. Year-to-Date Gross Revenue Mix was 40.06% Medicare, 17.0% Medi-Cal, .0% County, 1.11% Other, and 41.83% Commercial Insurance compared to budget of 39.99% Medicare, 15.65% Med-Cal, .0% County, 1.23% Other, and 43.13% Commercial.
- ❑ Current month’s Deductions from Revenue were \$31,090,824 compared to budget of \$29,824,450 or \$1,266,374 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 0.09% decrease in Medicare, a 0.69% increase to Medi-Cal, County at budget, a 0.46% decrease in Other, and Commercial Insurance was below budget 0.14%, 2) Revenues were above budget 7.3%, and 3) the District received additional funds due from the SFY19/20 SNF Supplemental Reimbursement program.

DESCRIPTION	October 2024 Actual	October 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	11,398,006	11,295,439	(102,567)	
Employee Benefits	3,495,967	3,442,611	(53,356)	We saw increased use of Paid Leave, creating a negative variance in Employee Benefits.
Benefits – Workers Compensation	53,657	105,867	52,210	
Benefits – Medical Insurance	2,556,599	2,642,413	85,814	
Medical Professional Fees	607,131	408,305	(198,826)	Anesthesia, Diagnostic Imaging, Infectious Diseases, and IVCH ER physician fees were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	323,210	347,760	24,550	Decreased use of outsourced resources for IT implementations and integrations created a positive variance in Other Professional Fees.
Supplies	4,798,711	4,594,017	(204,694)	Drugs sold to Patients and Oncology Drugs Sold to Patients revenues were above budget, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,053,404	2,034,584	(18,820)	Interpreter services, outsourced Laboratory testing, and outsourced billing, coding, & collection services were above budget, creating a negative variance in Purchased Services.
Other Expenses	882,314	943,086	60,772	Utility costs, and Physician Recruitment were below budget, creating a positive variance in Other Expenses.
Total Expenses	26,169,000	25,814,082	(354,918)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
OCTOBER 2024

	Oct-24	Sep-24	Oct-23	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 75,323,799	\$ 72,310,296	\$ 32,957,705	1
PATIENT ACCOUNTS RECEIVABLE - NET	47,553,811	47,035,887	39,716,242	2
OTHER RECEIVABLES	10,582,186	9,851,593	13,602,326	
GO BOND RECEIVABLES	1,769,601	1,366,899	1,720,532	
ASSETS LIMITED OR RESTRICTED	10,310,482	10,599,414	10,935,895	
INVENTORIES	5,570,586	5,563,551	5,263,284	
PREPAID EXPENSES & DEPOSITS	4,255,022	4,235,380	4,525,419	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,295,217	21,841,756	22,869,076	3
TOTAL CURRENT ASSETS	<u>178,660,704</u>	<u>172,804,775</u>	<u>131,590,479</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,799,062	10,672,429	10,337,968	1
* CASH INVESTMENT FUND	106,516,496	106,501,373	105,825,237	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	2,889,788	3,927,819	(3,102,038)	4
TOTAL BOND TRUSTEE 2017	22,498	22,405	21,415	
TOTAL BOND TRUSTEE 2015	579,734	452,783	584,565	
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	1,358,906	1,305,974	1,358,370	5
DIAGNOSTIC IMAGING FUND	3,616	3,574	3,462	
DONOR RESTRICTED FUND	1,187,426	1,179,803	1,159,430	
WORKERS COMPENSATION FUND	52,392	17,793	15,338	
TOTAL	123,409,917	124,083,952	116,209,511	
LESS CURRENT PORTION	(10,310,482)	(10,599,414)	(10,935,895)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>113,099,435</u>	<u>113,484,538</u>	<u>105,273,615</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,202,358)	(4,207,338)	(3,627,100)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,715,390	
PROPERTY & EQUIPMENT NET	195,556,066	195,026,411	194,394,657	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,910,162</u>	<u>1,891,576</u>	<u>1,791,406</u>	
TOTAL ASSETS	<u>486,740,981</u>	<u>480,716,934</u>	<u>431,138,447</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	219,802	223,034	258,590	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	154,402	154,402	124,578	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,181,530	4,205,235	4,465,986	
GO BOND DEFERRED FINANCING COSTS	407,595	409,916	435,445	
DEFERRED FINANCING COSTS	108,189	109,229	120,672	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	11,232,503	11,369,439	7,630,395	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	25,842,208	26,160,899	29,434,637	7
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 42,146,229</u>	<u>\$ 42,632,154</u>	<u>\$ 42,470,304</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	11,153,457	10,880,607	\$ 10,622,247	8
ACCRUED PAYROLL & RELATED COSTS	34,778,807	32,698,195	26,112,393	9
INTEREST PAYABLE	258,866	200,024	421,048	
INTEREST PAYABLE GO BOND	754,358	502,905	784,858	
SUBSCRIPTION LIABILITY	27,517,494	27,806,158	30,681,210	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,943,731	4,087,698	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	2,440,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,126,098	4,126,098	4,125,869	
TOTAL CURRENT LIABILITIES	<u>92,981,251</u>	<u>90,750,126</u>	<u>83,830,489</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	26,073,554	26,274,912	25,604,961	
GO BOND DEBT NET OF CURRENT MATURITIES	87,786,987	87,804,943	90,687,454	
DERIVATIVE INSTRUMENT LIABILITY	154,402	154,402	124,578	
TOTAL LIABILITIES	<u>206,996,194</u>	<u>204,984,382</u>	<u>200,247,482</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	320,703,589	317,184,903	272,201,838	
RESTRICTED	1,187,426	1,179,803	1,159,430	
TOTAL NET POSITION	<u>\$ 321,891,016</u>	<u>\$ 318,364,706</u>	<u>\$ 273,361,269</u>	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 90.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 231.7 days. Working Capital cash increased a net \$3,014,000. Accounts Payable increased \$273,000 (See Note 8) and Accrued Payroll & Related Costs increased \$2,081,000 (See Note 9). The District received reimbursement from the SFY23 SNF Supplemental Reimbursement Program for \$99,000 and Cash Collections were above target by 3% (See Note 2).
2. Net Patient Accounts Receivable increased a net \$518,000. Cash collections were 103% of target. EPIC Days in A/R were 70.7 compared to 69.8 at the close of September, a 0.90 days increase.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,453,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received \$99,000 from the State's SFY23 SNF Supplemental Reimbursement program and \$204,000 from the Nevada Private Hospital program and remitted \$245,000 to Nevada State for participation in the SFY2025 Second Quarter of the Nevada Private Hospital program.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$1,038,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of October.
5. GO Bond Tax Revenue Fund increased \$53,000 after recording the October property tax revenues received from Placer county.
6. Investment in TSC, LLC decreased a net \$5,000 after recording the estimated loss for October and truing up the losses for September.
7. To comply with GASB No. 96, the District recorded Amortization Expense for October on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
8. Accounts Payable increased \$273,000 due to the timing of the final check run in October.
9. Accrued Payroll & Related Costs increased a net \$2,081,000 due to an increase in Accrued Payroll days in October.
10. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for October, decreasing the liability \$289,000.
11. Estimated Settlements, Medi-Cal & Medicare decreased \$144,000 as the District records payback of overpayments to the Medi-Cal program for prior fiscal year RHC payments.

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

WORKING CAPITAL			
US Bank	\$ 74,209,173	4.44%	
US Bank/Incline Village Thrift Store	13,949		
US Bank/Truckee Thrift Store	70,617		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,030,060</u>	2.02%	
Total			\$ 75,323,799
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>106,516,496</u>	4.42%	
Total			\$ 106,516,496
Building Fund	\$ -		
Cash Reserve Fund	<u>10,799,062</u>	4.52%	
Local Agency Investment Fund			\$ 10,799,062
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,498
Bonds Cash 2015			\$ 579,734
GO Bonds Cash 2008			\$ 1,358,906
DX Imaging Education	\$ 3,616		
Workers Comp Fund - B of A	52,392		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 56,008</u>
TOTAL FUNDS			\$ 194,656,502
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,379	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,151,738</u>	4.52%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,187,426</u>
TOTAL ALL FUNDS			<u><u>\$ 195,843,929</u></u>

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

CURRENT MONTH					YEAR TO DATE				PRIOR YTD OCT 2023
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE									
\$ 60,258,613	\$ 56,168,354	\$ 4,090,259	7.3%	Total Gross Revenue	\$ 236,531,511	\$ 226,069,084	\$ 10,462,427	4.6%	1 \$ 205,877,711
\$ 3,163,246	\$ 3,359,925	\$ (196,679)	-5.9%	Gross Revenues - Inpatient	\$ 13,497,624	\$ 13,858,530	\$ (360,906)	-2.6%	\$ 13,034,307
3,671,835	3,758,779	(86,944)	-2.3%	Daily Hospital Service	16,900,446	16,163,209	737,237	4.6%	15,292,766
6,835,081	7,118,704	(283,623)	-4.0%	Ancillary Service - Inpatient	30,398,070	30,021,739	376,331	1.3%	28,327,073
53,423,532	49,049,650	4,373,882	8.9%	Total Gross Revenue - Inpatient	206,133,441	196,047,345	10,086,096	5.1%	177,550,638
53,423,532	49,049,650	4,373,882	8.9%	Gross Revenue - Outpatient	206,133,441	196,047,345	10,086,096	5.1%	177,550,638
31,662,712	27,842,254	(3,820,458)	-13.7%	Total Gross Revenue - Outpatient	125,569,609	111,885,265	(13,684,344)	-12.2%	110,931,133
(180,725)	1,123,367	1,304,092	116.1%	Deductions from Revenue:	949,261	4,521,382	3,572,121	79.0%	524,978
(55,510)	858,829	914,339	106.5%	Contractual Allowances	1,216,385	3,455,723	2,239,338	64.8%	2,350,919
(335,654)	-	335,654	0.0%	Charity Care	(335,654)	-	335,654	0.0%	(699,811)
31,090,824	29,824,450	(1,266,374)	-4.2%	Bad Debt	127,399,602	119,862,370	(7,537,232)	-6.3%	113,107,219
115,149	113,682	(1,467)	-1.3%	Prior Period Settlements	435,678	439,267	3,589	0.8%	430,722
1,898,613	1,729,853	168,760	9.8%	Total Deductions from Revenue	7,327,962	6,840,784	487,178	7.1%	6,077,055
31,181,551	28,187,439	2,994,112	10.6%	Property Tax Revenue- Wellness Neighborhood	116,895,549	113,486,765	3,408,784	3.0%	99,278,269
11,398,006	11,295,439	(102,567)	-0.9%	Other Operating Revenue	101,529,951	103,738,325	2,208,374	2.1%	91,800,725
3,495,967	3,442,611	(53,356)	-1.5%	TOTAL OPERATING REVENUE	15,365,599	9,748,440	5,617,159	57.6%	7,477,544
53,657	105,867	52,210	49.3%	NET OPERATING REVENUE (EXPENSE) EBIDA	15,365,599	9,748,440	5,617,159	57.6%	7,477,544
2,556,599	2,642,413	85,814	3.2%	OPERATING EXPENSES					
607,131	408,305	(198,826)	-48.7%	Salaries and Wages	43,551,475	45,153,364	1,601,889	3.5%	40,340,885
323,210	347,760	24,550	7.1%	Benefits	14,913,268	14,213,200	(700,068)	-4.9%	13,333,049
4,798,711	4,594,017	(204,694)	-4.5%	Benefits Workers Compensation	202,476	423,468	220,992	52.2%	352,082
2,053,404	2,034,584	(18,820)	-0.9%	Benefits Medical Insurance	9,591,647	10,569,652	978,005	9.3%	8,408,887
882,314	943,086	60,772	6.4%	Medical Professional Fees	2,145,841	1,910,222	(235,619)	-12.3%	2,180,737
26,169,000	25,814,082	(354,918)	-1.4%	Other Professional Fees	1,201,711	1,650,540	448,829	27.2%	930,522
				Supplies	18,319,640	17,763,052	(556,588)	-3.1%	15,647,482
				Purchased Services	7,639,696	7,709,703	70,007	0.9%	7,012,437
				Other	3,964,197	4,345,124	380,927	8.8%	3,594,644
				TOTAL OPERATING EXPENSE	101,529,951	103,738,325	2,208,374	2.1%	91,800,725
				NON-OPERATING REVENUE/(EXPENSE)					
				District and County Taxes	3,484,180	3,480,590	3,590	0.1%	3,019,278
				District and County Taxes - GO Bond	1,822,533	1,822,533	(0)	0.0%	1,780,542
				Interest Income	1,519,483	976,472	543,011	55.6%	992,035
				Donations	321,776	441,714	(119,938)	-27.2%	333,759
				Gain/(Loss) on Joint Investment	(260,616)	(335,000)	74,384	22.2%	(216,253)
				Gain/(Loss) on Market Investments	2,274,558	400,000	1,874,558	-468.6%	293,053
				Gain/(Loss) on Investments - TIRHR	-	-	-	0.0%	-
				Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	-
				Gain/(Loss) on Sale of Equipment	2,750	-	2,750	0.0%	-
				Depreciation	(7,140,047)	(7,138,074)	(1,973)	0.0%	(6,741,496)
				Interest Expense	(734,366)	(734,194)	(172)	0.0%	(845,444)
				Interest Expense-GO Bond	(1,048,257)	(1,048,257)	0	0.0%	(1,085,953)
				TOTAL NON-OPERATING REVENUE/(EXPENSE)	241,995	(2,134,216)	2,376,211	111.3%	(2,470,479)
\$ 3,526,309	\$ 1,842,538	\$ 1,683,771	91.4%	INCREASE (DECREASE) IN NET POSITION	\$ 15,607,594	\$ 7,614,224	\$ 7,993,370	105.0%	\$ 5,007,065
				NET POSITION - BEGINNING OF YEAR	306,283,422				
				NET POSITION - AS OF OCTOBER 31, 2024	\$ 321,891,016				
8.3%	4.2%	4.1%		RETURN ON GROSS REVENUE EBIDA	6.5%	4.3%	2.2%		3.6%

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

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2024	YTD 2025
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget 3.2% or 12 days. Swing Bed days were below budget 88.9% or 24 days.	Gross Revenue -- Inpatient	\$ (283,623)	\$ 376,331
	Gross Revenue -- Outpatient	4,373,882	10,086,096
	Gross Revenue -- Total	\$ 4,090,259	\$ 10,462,427
Outpatient volumes were above budget in the following departments: Home Health visits, Surgery Cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Blood Units, Diagnostic Imaging, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasounds, CT Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, Physical Therapy Aquatic and Speech Therapy.			
Outpatient volumes were below budget in the following departments: Emergency Department Visits, Hospice Visits, EKGs, Mammography, Medical Oncology procedures, PET CT, Gastroenterology cases, Tahoe City Physical Therapy, Outpatient Physical Therapy, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
The payor mix for October shows a 0.09% decrease to Medicare, a 0.69% increase to Medi-Cal, 0.46% decrease to Other, County at budget, and a 0.14% decrease to Commercial when compared to budget. We saw a shift from Commercial and Medicare into Medi-Cal, revenues were above budget 7.30%, and AR over 90 and 120 Days increased 6.93% from September, creating a negative variance in Contractual Allowances.	Contractual Allowances	\$ (3,820,458)	\$ (13,684,344)
	Charity Care	1,304,092	3,572,121
	Bad Debt	914,339	2,239,338
	Prior Period Settlements	335,654	335,654
	Total	\$ (1,266,374)	\$ (7,537,232)
Positive variances in Charity Care and Bad Debt are lending to the negative variance in Contractual Allowances.			
We received additional funds due from the SFY19/20 SNF Supplemental Reimbursement Program, creating a positive variance in Prior Period Settlements.			
3) <u>Other Operating Revenue</u>			
Retail Pharmacy revenues were above budget 23.83%.	Retail Pharmacy	\$ 159,729	\$ 529,189
	Hospice Thrift Stores	10,984	(2,718)
	The Center (non-therapy)	8,582	15,362
IVCH ER Physician Guarantee is tied to collections which came in below budget in October.	IVCH ER Physician Guarantee	(51,279)	(130,860)
	Children's Center	(45,087)	(1,129)
Additional volumes were budgeted starting in October with the expectation space expansion would be complete. This is creating a negative variance in Children's Center revenues.	Miscellaneous	55,164	46,667
	Oncology Drug Replacement Grants	-	-
Quality Assurance fees and MIPS Bonus payments created a positive variance in Miscellaneous Total	Total	\$ 168,760	\$ 487,178
Funding to support the PRIME Suboxone program created a positive variance in Grants.			
4) <u>Salaries and Wages</u>			
	Total	\$ (102,567)	\$ 1,601,889
<u>Employee Benefits</u>			
Increased use of Paid Leave created a negative variance in PL/SL.	PL/SL	\$ (77,213)	\$ (571,169)
	Nonproductive	45,363	(165,839)
	Pension/Deferred Comp	(2,632)	(11,843)
	Standby	332	26,203
	Other	(19,206)	22,580
	Total	\$ (53,356)	\$ (700,068)
<u>Employee Benefits - Workers Compensation</u>			
	Total	\$ 52,210	\$ 220,992
<u>Employee Benefits - Medical Insurance</u>			
	Total	\$ 85,814	\$ 978,005
5) <u>Professional Fees</u>			
Anesthesia Physician Fees, Diagnostic Imaging Physician Fees, and Infectious Diseases Physician fees were above budget, creating a negative variance in Miscellaneous. A portion of the negative variance is related to physicians transitioning from the employment model to contract.	Miscellaneous	\$ (153,981)	\$ (297,562)
	Oncology	(2,083)	(35,849)
	Corporate Compliance	-	(2,470)
	TFH Locums	(13,006)	(726)
	Home Health/Hospice	-	-
Emergency Department Physician fees were above budget, creating a negative variance in TFH Locums.	Respiratory Therapy	-	-
	TFH/IVCH Therapy Services	-	-
	The Center	-	-
An increase in contracting support created a negative variance in Managed Care.	Managed Care	(14,975)	1,201
	Human Resources	2,106	2,923
Reimbursement consulting created a negative variance in Financial Administration.	Medical Staff Services	2,250	18,469
	Financial Administration	(7,000)	25,325
Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.	IVCH ER Physicians	(46,624)	26,801
	Multi-Specialty Clinics Administration	16,162	33,163
Outsourced professional services for a Revenue Integrity project created a negative variance in Patient Accounting/Admitting.	Marketing	6,504	33,928
	Patient Accounting/Admitting	(17,988)	42,012
	Administration	(37,219)	57,941
Outsourced Legal and Consulting services were above budget, creating a negative variance in Administration.	Multi-Specialty Clinics	3,019	141,845
	Information Technology	88,559	166,209
Decreased use of outsourced resources for implementations/integrations created a positive variance in Information Technology.	Total	\$ (174,276)	\$ 213,210

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>OCT 2024</u>	<u>YTD 2025</u>
6) <u>Supplies</u>	Pharmacy Supplies	\$ (291,263)	\$ (1,021,249)
Drugs Sold to Patients and Oncology Drugs Sold to Patient revenues were above budget 15.89% creating a negative variance in Pharmacy Supplies.	Food	(2,600)	2,539
	Office Supplies	8,619	22,457
	Minor Equipment	(29,637)	(11,859)
Implant costs and Non-Patient Chargeable supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Other Non-Medical Supplies	6,196	44,720
	Patient & Other Medical Supplies	103,990	406,805
	Total	\$ (204,694)	\$ (556,588)
7) <u>Purchased Services</u>	Miscellaneous	\$ (14,438)	\$ (52,579)
Outsourced billing and collection services for Skilled Nursing, interpreter services, purchased services in Surgery and services provided for the 75th Anniversary Fall Festival & Fun Run created a negative variance in Miscellaneous.	Human Resources	(37,683)	(35,141)
	Laboratory	(12,950)	(34,028)
	Patient Accounting	15,624	(18,409)
Employee Health screenings and post go-live support for the Ultimate payroll upgrade created a negative variance in Human Resources.	Medical Records	(14,232)	(9,647)
	Diagnostic Imaging Services - All	(11,523)	(9,230)
	Pharmacy IP	(7,686)	(4,572)
Outsourced lab testing volumes were above budget 28.2%, creating a negative variance in Laboratory.	The Center	16	(3,497)
	Home Health/Hospice	(3,455)	9,340
	Community Development	3,333	13,333
Record retention and outsourced coding services were above budget, creating a negative variance in Medical Records.	Multi-Specialty Clinics	13,501	65,656
	Information Technology	34,198	69,629
	Department Repairs	16,474	79,152
Outsourced Radiology reads created a negative variance in Diagnostic Imaging - All.	Total	\$ (18,820)	\$ 70,007
Purchased Services for Software maintenance were below budget, creating a positive variance in Information Technology.			
Information Technology Network Maintenance, Copy Machine maintenance costs, and Facility Maintenance costs were below budget, creating a positive variance in Department Repairs.			
8) <u>Other Expenses</u>	Marketing	\$ (31,602)	\$ (102,324)
Media Branding, Marketing Campaigns for Multi-Specialty Clinics, Billboard snipes and Website maintenance were above budget, creating a negative variance in Marketing.	Other Building Rent	(7,752)	(36,146)
	Equipment Rent	(3,522)	(11,474)
Dues and Subscriptions were above budget in Retail Pharmacy, Sports Medicine and Information Technology.	Physician Services	1,344	(1,639)
	Multi-Specialty Clinics Equip Rent	(128)	515
Electricity, Natural Gas/Propane and Telephone costs were below budget, creating a positive variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	387	785
	Dues and Subscriptions	(5,498)	3,299
Physician Recruitment expenses and budgeted Community program support and sponsorships were below budget, creating a positive variance in Miscellaneous.	Insurance	3,585	22,359
	Human Resources Recruitment	5,769	23,771
	Outside Training & Travel	1,618	114,946
	Utilities	23,395	123,506
	Miscellaneous	73,174	243,329
	Total	\$ 60,772	\$ 380,927
9) <u>District and County Taxes</u>	Total	\$ (1,466)	\$ 3,590
10) <u>Interest Income</u>	Total	\$ 169,972	\$ 543,011
Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.			
11) <u>Donations</u>	IVCH	\$ (38,356)	\$ (186,914)
	Operational	21,189	66,976
	Total	\$ (17,167)	\$ (119,938)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 88,729	\$ 74,384
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ (1,195,394)	\$ 1,874,558
The District booked the value of unrealized losses in its holdings with Chandler Investments.			
14) <u>Loss on Investments - TIRHR</u>	Total	\$ -	\$ -
15) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ -	\$ -
16) <u>Gain/(Loss) on Sale or Disposal of Equipment</u>	Total	\$ -	\$ 2,750
17) <u>Depreciation Expense</u>	Total	\$ (42)	\$ (1,973)
18) <u>Interest Expense</u>	Total	\$ (57)	\$ (172)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2024

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCT 2023		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 4,295,703	\$ 4,038,866	\$ 256,837	6.4%	Total Gross Revenue	\$ 18,666,652	\$ 17,220,686	\$ 1,445,966	8.4%	1	\$ 15,502,519
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	-
4,295,703	4,038,866	256,837	6.4%	Gross Revenue - Outpatient	18,666,652	17,220,686	1,445,966	8.4%		15,502,519
4,295,703	4,038,866	256,837	6.4%	Total Gross Revenue - Outpatient	18,666,652	17,220,686	1,445,966	8.4%	1	15,502,519
Deductions from Revenue:										
2,242,928	1,779,409	(463,519)	-26.0%	Contractual Allowances	9,200,040	7,567,027	(1,633,013)	-21.6%	2	7,426,583
145,508	80,777	(64,731)	-80.1%	Charity Care	279,183	344,414	65,231	18.9%	2	122,283
132,674	60,583	(72,091)	-119.0%	Bad Debt	456,694	258,310	(198,384)	-76.8%	2	505,507
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
2,521,110	1,920,769	(600,341)	-31.3%	Total Deductions from Revenue	9,935,917	8,169,751	(1,766,166)	-21.6%	2	8,054,373
(4,161)	79,731	(83,892)	-105.2%	Other Operating Revenue	109,918	408,355	(298,437)	-73.1%	3	291,129
1,770,433	2,197,828	(427,395)	-19.4%	TOTAL OPERATING REVENUE	8,840,653	9,459,290	(618,637)	-6.5%		7,739,275
OPERATING EXPENSES										
715,037	703,285	(11,752)	-1.7%	Salaries and Wages	2,764,172	3,077,622	313,450	10.2%	4	2,633,530
207,581	200,166	(7,415)	-3.7%	Benefits	882,965	901,984	19,019	2.1%	4	754,489
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	8,368	12,638	4,270	33.8%	4	10,640
158,916	165,194	6,278	3.8%	Benefits Medical Insurance	598,340	660,774	62,434	9.4%	4	514,099
172,226	126,630	(45,596)	-36.0%	Medical Professional Fees	704,359	731,013	26,654	3.6%	5	604,755
2,787	2,431	(356)	-14.6%	Other Professional Fees	9,607	9,724	117	1.2%	5	9,531
166,107	126,726	(39,381)	-31.1%	Supplies	477,358	519,305	41,947	8.1%	6	475,733
60,963	65,125	4,162	6.4%	Purchased Services	308,503	308,422	(81)	0.0%	7	207,974
109,232	97,811	(11,421)	-11.7%	Other	404,042	391,888	(12,154)	-3.1%	8	498,674
1,594,941	1,490,528	(104,413)	-7.0%	TOTAL OPERATING EXPENSE	6,157,714	6,613,370	455,656	6.9%		5,709,425
175,492	707,300	(531,808)	-75.2%	NET OPERATING REV(EXP) EBIDA	2,682,939	2,845,920	(162,981)	-5.7%		2,029,850
NON-OPERATING REVENUE/(EXPENSE)										
12,762	51,118	(38,356)	-75.0%	Donations-IVCH	17,560	204,474	(186,914)	-91.4%	9	173,569
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(203,527)	(203,527)	(0)	0.0%	Depreciation	(814,019)	(812,172)	(1,847)	-0.2%	11	(492,703)
(1,121)	(1,121)	-	0.0%	Interest Expense	(4,610)	(4,610)	-	0.0%	12	(5,816)
(191,886)	(153,530)	(38,356)	-25.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(801,069)	(612,308)	(188,761)	-30.8%		(324,950)
\$ (16,394)	\$ 553,770	\$ (570,164)	-103.0%	EXCESS REVENUE(EXPENSE)	\$ 1,881,870	\$ 2,233,612	\$ (351,742)	-15.7%		\$ 1,704,900
4.1%	17.5%	-13.4%		RETURN ON GROSS REVENUE EBIDA	14.4%	16.5%	-2.2%			13.1%

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

		Variance from Budget	
		Fav<Unfav>	
		OCT 2024	YTD 2025
1) <u>Gross Revenues</u>			
Outpatient volumes were above budget in Surgery cases, Lab Tests, Lab Send Out Tests, Mammography, Ultrasounds, Oncology Drugs Sold to Patients, Physical and Occupational Therapies.	Gross Revenue -- Inpatient	\$ -	\$ -
	Gross Revenue -- Outpatient	256,837	1,445,966
	Total	\$ 256,837	\$ 1,445,966
Outpatient volumes were below budget in Emergency Department Visits, EKGs, Diagnostic Imaging, CT Scans, Drugs Sold to Patients, Respiratory Therapy and Speech Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 2.71% increase in Medicare, a 0.50% decrease in Medicaid, a 2.85% decrease in Commercial insurance, a 0.64% increase in Other, and County was at budget. We saw a negative variance in Contractual Allowances due to the shift in Payor Mix from Commercial to Medicare, revenues were above budget by 6.4%, and A/R over 90 and 120 Days increased 4.83% from September.	Contractual Allowances	\$ (463,519)	\$ (1,633,013)
	Charity Care	(64,731)	65,231
	Bad Debt	(72,091)	(196,384)
	Prior Period Settlement		
	Total	\$ (600,341)	\$ (1,764,166)
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in October.	IVCH ER Physician Guarantee	\$ (51,279)	\$ (130,860)
	Miscellaneous	(32,613)	(167,576)
	Total	\$ (83,892)	\$ (298,437)
Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.			
4) <u>Salaries and Wages</u>			
	Total	\$ (11,752)	\$ 313,450
<u>Employee Benefits</u>			
	PL/SL	\$ (14,398)	\$ (31,114)
	Pension/Deferred Comp	0	(0)
	Standby	3,026	(7,638)
	Other	(4,400)	15,698
	Nonproductive	8,357	42,074
	Total	\$ (7,415)	\$ 19,019
<u>Employee Benefits - Workers Compensation</u>			
	Total	\$ 1,068	\$ 4,270
<u>Employee Benefits - Medical Insurance</u>			
	Total	\$ 6,278	\$ 62,434
5) <u>Professional Fees</u>			
Increased use of Call coverage and after hours Radiologic reads created a negative variance in IVCH ER Physicians.	Multi-Specialty Clinics	\$ 933	\$ (1,274)
	Administration	-	-
	Foundation	(355)	118
	Miscellaneous	94	1,125
	IVCH ER Physicians	(46,624)	26,801
	Total	\$ (45,952)	\$ 26,771
6) <u>Supplies</u>			
Purchase of Scrubs and Supply purchases for facility maintenance projects created a negative variance in Non-Medical Supplies.	Non-Medical Supplies	\$ (2,236)	\$ (13,200)
	Food	(272)	(1,867)
	Minor Equipment	455	(438)
	Office Supplies	315	1,381
	Patient & Other Medical Supplies	4,000	16,062
	Pharmacy Supplies	(41,643)	40,009
	Total	\$ (39,381)	\$ 41,947
Medical Supplies Sold to Patients revenues were below budget 37.29%, creating a positive variance in Patient & Other Medical Supplies.			
Oncology Drugs Sold to Patients revenues were above budget 52.81%, creating a negative variance in Pharmacy Supplies.			

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

		Variance from Budget	
		Fav<Unfav>	
		OCT 2024	YTD 2025
7) <u>Purchased Services</u>			
Waste Management Services, Facility maintenance and security services created a negative variance in Engineering/Plant/Communications.	Engineering/Plant/Communications	\$ (1,193)	\$ (7,020)
Surgical and Mammography volume increases requiring additional linen usage created a negative variance in EVS/Laundry.	EVS/Laundry	(3,477)	(5,681)
Increased radiology reads for Mammography and Ultrasound created a negative variance in Diagnostic Imaging - All.	Diagnostic Imaging Services - All	(2,048)	(4,918)
Department repairs were below budget in Diagnostic Imaging and Engineering.	Miscellaneous	(1,428)	(3,688)
	Foundation	4,278	(282)
	Pharmacy	(482)	8
	Multi-Specialty Clinics	513	802
	Laboratory	(434)	7,688
	Department Repairs	8,433	13,010
	Total	\$ 4,162	\$ (81)
8) <u>Other Expenses</u>			
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Other Building Rent	\$ (5,531)	\$ (22,123)
Natural Gas/Propane costs were above budget, creating a negative variance in Utilities.	Miscellaneous	(5,499)	(21,419)
Outside Training and Travel was below budget, creating a positive variance in this category.	Equipment Rent	(177)	(3,589)
	Marketing	96	(3,054)
	Multi-Specialty Clinics Bldg. Rent	(538)	(2,404)
	Physician Services	-	-
	Insurance	673	2,691
	Dues and Subscriptions	3,756	7,254
	Utilities	(9,899)	10,473
	Outside Training & Travel	5,698	20,018
	Total	\$ (11,421)	\$ (12,154)
9) <u>Donations</u>	Total	\$ (38,356)	\$ (186,914)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ (0)	\$ (1,847)
12) <u>Interest Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL OCT 2024	BUDGET OCT 2024	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	30,474,711	\$ 5,012,552	\$ 2,373,355	\$ 2,639,197	10,393,751	10,137,510	5,331,415	4,612,035
Interest Income	3,282,148		3,000,000	3,464,760	494,014	350,000	144,014	1,070,746	894,014	750,000	750,000
Property Tax Revenue	10,670,390		10,420,000	10,495,727	125,135	120,000	5,135	570,592	125,135	5,700,000	4,100,000
Donations	8,217,116		1,325,000	1,138,329	54,574	110,417	(55,843)	200,422	275,407	331,250	331,250
Debt Service Payments	(3,477,709)		(3,588,480)	(3,482,701)	(193,169)	(198,269)	5,100	(1,149,659)	(589,706)	(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)	(40,800)	-	(5,100)	5,100	-	(10,200)	(15,300)	(15,300)
2017 VR Demand Bond	(122,530)		(743,423)	(777,718)	-	-	-	(689,828)	-	(87,890)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,455,962)	(125,508)	(125,508)	(0)	(256,850)	(376,524)	(411,294)	(411,294)
Physician Recruitment	(146,666)		(1,000,000)	(750,000)	(55,000)	(83,333)	28,333	-	(221,667)	(250,000)	(278,333)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(3,930,449)	(1,441,852)	(388,114)	(1,053,738)	(815,094)	(2,218,079)	(568,088)	(329,187)
Municipal Lease Reimbursement	-		2,200,000	2,200,000	-	-	-	-	-	1,100,000	1,100,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	(1,178,081)	-	(441,137)	441,137	-	(382,273)	(372,085)	(423,723)
Building Projects/Properties	(11,602,725)		(25,877,332)	(25,877,332)	(435,017)	(2,002,667)	1,567,650	(1,464,737)	(4,440,350)	(9,709,801)	(10,262,444)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	3,530,104	(517,924)	(832,319)	314,395	4,489,776	(4,620,315)	5,321,337	(1,660,694)
Change in Settlement Accounts	5,273,357	N2	2,005,000	189,929	(1,597,428)	(966,667)	(630,761)	(4,239,029)	(6,990,348)	7,594,306	3,825,000
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(5,168,879)	(384,238)	500,000	(884,238)	(2,884,641)	(384,238)	(1,100,000)	(800,000)
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(3,391,655)	2,093,613	(600,000)	2,693,613	(985,268)	93,613	(2,400,000)	(100,000)
Change in Cash Balance	39,452,464		2,208,325	7,714,464	3,155,260	(2,058,733)	5,213,993	5,186,858	(8,321,297)	10,812,721	36,181
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	189,484,097	189,484,097	-	184,297,240	189,484,098	181,162,801	191,975,522
Ending Unrestricted Cash	184,297,240		186,505,565	192,011,703	192,639,357	187,425,365	5,213,993	189,484,098	181,162,801	191,975,522	192,011,703
Operating Cash	184,297,240		186,505,565	192,011,703	192,639,357	187,425,365	5,213,993	189,484,098	181,162,801	191,975,522	192,011,703
Expense Per Day	803,390		860,294	854,245	831,417	849,370	(17,953)	825,149	842,015	851,399	854,245
Days Cash On Hand	229		217	225	232	221	11	230	215	225	225

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.

DATE: November 2024

By: Louis Ward

Interim Chief Executive Officer / Chief Operating Officer

Community

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

- **75th Anniversary Gala**

This month we continued to celebrate the momentous milestone of providing healthcare to the North Lake Tahoe communities for the past 75 years! On November 1, 2024, the Tahoe Forest Health System Foundation hosted our 75th Anniversary Gala at the North Tahoe Events Center in Kings Beach. The event was a major success and provided fun for all of the attendees. It was wonderful to see past and present Tahoe Forest team members, physicians and nurses, board members who have served throughout the decades, volunteers, and of course members of the communities we proudly serve come together in celebration of the Health System's anniversary.

- **Senior Services in the Truckee Community**

This month, Administration attended a meeting focused on the needs of the seniors in the Truckee community. The meeting was developed and hosted by Hardy Bullock, Nevada County Board of Supervisors. The meeting was well attended. Agencies and stakeholders involved in the conversation were the Town of Truckee, Sierra Senior Services, Tahoe Truckee Community Foundation, TDRPD, In Home Health Services, Cambridge Property Management, and members of the senior community in Truckee. We spoke on a host of topics, notably: a lack of in-home health caregivers in the community, a need for more extended care facility beds, a lack of local assisted living beds, and various challengers of activities of daily living for the senior population in Truckee. The discussion was very informing, actions plans are being developed and future meetings will be scheduled. This is a community problem that will take community solutions.

People

Aspire for a highly engaged culture that inspires teamwork and joy

- **Director of Process Improvement**

The Health System will be interviewing candidates next month for a brand new Director of Process Improvement position. We are excited about a talented process improvement professional joining our ongoing improvement efforts in areas such as Access to Care, Management Systems, collaboration with the Project Management Office, and Business Plan creation.

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: November 2024

Community

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- IV nationwide shortage – TFHD is now doing ok, our biggest challenge is the 3000 CC Normal Saline, which we use in surgery. We continue to meet once a week and have a daily update attached to our morning huddle. We are watching closely and do not feel at this point we need to reschedule elective surgery. The Nursing units continue to find ways to conserve IV fluids.

Service

Aspire to deliver a timely, outstanding patient and family experience

- November 14 Endo Skills Day- Hands on training focusing on intra procedure equipment.
- In the Month of October, Endo did 70 more Endo procedures than the last 9 months rolling average per month!
- We are training all ASD, Endo, and pre-admit staff on E-Consents this month for a go live of December 2.
- November 25 in preparation for Dr. Hoff increasing our pediatric patient population, this month's Anesthesia 'Zed' Talk- the focus is on Pediatric emergencies in the PACU.

Quality

Aspire to deliver the best possible outcomes for our patients

- Nursing Management had several Nurses attend the HQI and Hospital Council Annual Conference held at Everline Resort October 21 and 22.
- IVCH and TFH ED opt in for Beta Heart Quest for Zero for 2025 completed and sent. The focus for 2025 ED patient callbacks and "must not missed diagnosis".
- IVCH received a new nitrous machine; it was rushed process due to the need to decommission the wall nitrous system wide. The North Lake Tahoe Community Health Care Auxiliary generously funded the Nitrous machine. Staff completed training at the October Skills day.

People

Aspire for a highly engaged culture that inspires teamwork and joy

- Nursing Peak Projects:
 - AWHONN QI Project – Lilith Anderson, Nurse Champion
 - Post Birth Warning Signs – Project went live in early October with publishing in our local newspaper and RN education provided to all of our OB Nursing staff. Staff started sharing this education during discharging teaching with patients the second week in October with supplementary

- printed materials added to the discharge folders. Initial compliance tracking of patient education resulted in 100% compliance for the month.
- Perinatal Anemia QI Project – Bailey Honea nurse champion
 - Working with quality, Heather Hiller and Dr. Fletcher to improve birth outcomes by improving anemia in the peri-partum periods
 - Birth equity project, Medical population has the highest percentage of anemia patients at admission to L&D
 - Perinatal Loss class was held October 21st – Tammy Melrose and Sandy Deason presented to a large group of TFH employees and community partners. This was a very successful training.
 - This month we have two skills dates open for OB staff to participate in drills for Code White (Neonatal Code) and Code Blue (Adult Code), as well as an opportunity to meet with our anesthesia providers to review the new OB Epidural protocol for intermittent bolus infusions during labor.
 - Haley Thompson has taken on Neonatal Codes and Nursery Skills as her Peak project for 2025. Haley has a background in NICU and we are excited for Haley to share her knowledge and expertise.

Finance

Aspire for long-term financial strength

- Revenue Integrity Update Form Jenny Parvin MSN,RN

Milestone Status		
Milestone	Activity	Status
Charge Reconciliation	Deployed in pilot departments.	Monitoring ongoing
RI Program Structure	Policies and procedures drafted. Denials committee date set	On track
Extended Recovery	Root Cause analysis shows appropriate billing occurring 59%. Average lag time of 39 days for hours to be added for billing. Resolution plan dispersed to stakeholders.	On Track
Telemetry in Observation	Guidance provided, Memo drafted	Complete
Slicer Dicer	Learned program of slicer dicer	On track
Activity		
<ul style="list-style-type: none"> ● Denials - Medicare as Primary leads to Rev Codes 0975 & 0960 flipping to 0942 in background when billing secondary. Ticket to discover pathway has been entered. Initial look back of 6 months = over 3,000 charts. Turned off the rule that led to this flip. Further investigation needed. ● More Denials- GI codes are denied for Auth, working with Emily and Marianne into contract for anything specific to colonoscopy. IVCH colonoscopy is reverting to place of service 11 instead of 22. Researching into scope. ● Policies – Discussed and will bring to Denials Committee for approval. ● Reconciliation – Revenue Guardian encounter report active and pilot departments are compliant on running report. Monitoring. ● Denials Committee – Set date for first meeting for Nov 4, 2024 		

- **Coding Improvement Taskforce** – Discovering scope of issue, looked at all existing work queues. Working to find rules for each WQ and not just definition. Working to discover what denial information providers are looking for.

Key Issues/ Risks	Closed Items
<ul style="list-style-type: none"> • Disallowed services with commercial payers. • Flipping to Rev Code 0942 • Extended Recovery RCA, sent to Jan and Crystal. Resolution plan in place. Monitoring for completion. • Incorrect place of service for IVCH colonoscopy. 	<ul style="list-style-type: none"> • Clinical Appeals- Completed 2 clinical appeals to Aetna • Participated in Provider annual audit reviews. • Sept Denial Overturn Ratio: <ul style="list-style-type: none"> ○ HB: 33.7% ○ PB: 54.5%



Board CMO Report

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

DATE: November 14, 2024

Supply Chain Disruptions

We are continuing to closely monitor and adjust to the reduction in IV fluid supplies that have affected health systems nationally. Our incident command remains open and we are tracking all IV fluid formulations. The most impacted items have been 1 liter bags of lactated Ringers solution, 1 liter normal saline, and 3 liter bags of normal saline used for irrigation. Efforts to conserve these supplies as well as find additional sources have been successful and our teams have been able to avoid cancelations and rescheduling of patients, except for a few cases. It appears that the supply chain will stabilize in the weeks ahead.

Quality Education

The Quality Department team continued its “**Quality Education Series**” on November 13. Heather Hiller presented an overview of the quality measures that we track, all of the reporting done by the district, and how we perform process improvement when needed.

Falls

The Extended Care Center has implemented a focused and comprehensive program to reduce falls. Some of the elements include frequent medication reviews, making the flooring more navigable by residents, bathroom lighting, fall risk assessments, etc.

Orthopedics

Using management systems a process improvement project has begun to improve **scheduling and authorizations** in the Orthopedics department. This work will improve efficiency and access for patients in Orthopedics as well as other service lines.

Behavioral Health

The Behavioral Health Department continues its management systems process improvement work and already realizing improvement in efficiency, management of suicidality, recruitment, esketamine therapy, etc.

Journal Club

Medical Staff Journal Club was held on October 29. Several articles were discussed that explored gender and racial bias in healthcare, and acute management of hypertension. The next Journal Club will capitalize on the expertise of one of our clinicians, Melissa Rider who will present on her 30 year history of traveling to Antarctica annually to study penguins.

Advanced Practice Providers (APPs)

Lead APP Sam Smith coordinated an “**APP appreciation evening**” held at Moody’s on November 7th. This was the first event of its type held by Tahoe Forest, and was a wonderful opportunity to relax and connect.

Hospitalist Services

For patients requiring hospitalization at Incline Village, physician coverage will transition from Vituity to our employed hospitalist group that currently provides admission services in Truckee. Tentative go-live date is April 1.

Recruitment

- Dr. Kevin Johansen (Family Medicine) will start in Truckee providing primary care services to the community at a date TBD.
- Nicholas Mills, PsyD started in Behavioral Health on October 21.
- Dr. Jacob Marquette Supervising MAT (Medication Assisted Therapy) started October 28.
- Brandi Kindig, MD joined the Hospitalist team November 1.
- Angela Mendoza, MD (Family Medicine) started November 4.
- Stephen Hoff, MD (Otolaryngology) will start December 1, 2024. Dr. Hoff is board certified and experienced in both adult and pediatric ENT.
- Dan Hansen, MD (Anesthesiology) will begin on December 1.
- Michael Hallenbeck, MD (Radiology) will begin on December 1.
- Emily McGinty, NP Starting in Behavioral Health December 2, and will provide 3 days of coverage at IVCH.
- Sharon Nomburg, LCSW (Behavioral Health) starting January 6.
- Alan Lopez, NP (Behavioral Health) starting February.
- Michael Hodes, Audiology starting February 3
- J. Brett Fugit, MD Starting in Radiology April 1.

By: Jake Dorst
Chief Information and Innovation Officer

DATE: 11/15/2024

Service

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

Project Management:

Completed:

- Assurepay – live
- Omega
 - technology-enabled services and solutions help providers, payers, pharma and clinical research organizations increase efficiencies, reduce costs, accelerate cash flow, and optimize revenue.

Executing

- Access to Care
- Affiliate builder education for financial analysts
- Affiliate builder education for Cadence
- AURA lab interface
- Axiom Sandbox
- Volpara for IVCH
- Single Sign On for Net Health Agility
- Health Equity (SOGI stuff for NV/CA – not full sogi)
- RLDatix Risk and Safety
- Epiphany
- MSC dashboards
- Nihon Khoden Server Upgrade
- ARIA server Upgrade
- UKG Phase 2
- i2i
- bright futures
- ParEx
- SECTRA
- Sac Valley Med Share
- Nuance Hub
- M365
- UCS – Sky Enterprises
- IVCH Endo

- APR-DRG (partnership health, solventum, Mercy, TFHD)

Initiating:

- GE fetal monitors upgrade (early)
- AB133 compliance reporting
- Sympliphy (ECG consulting)
- TOMTEC
 - TOMTEC Imaging Systems GmbH is a medical image software company that specializes in cardiology
- SSI Clearing House
- IVCH Walk in clinic
- ENT Clinic #2
- Vault Verify – HR
- Fair Warning – Imprivata
- MSC clinic Smartphrases (assign to Stotts)
- ProcDoc modification for Urgent Care
- Varian v18 updates
- IVCH Medically Indicated Transfer form adjustment
- PFT- Spirometer
- Registration processes
- Coding Processes

Clinical:

- HealthHIE Nv Epic integration
- Provider Efficiency and Elbow/Elbow support-enhancements.
- EpicUserWeb
- ClindDoc/OptTime Affiliate builder enhancements
- Home Health Hospice support and credential training
- SCOR survey follow up
- Slicer Dicer-planning, validation, roll out
- Monthly Epic/Mercy Collab meetings
- Successful Epic monthly downtimes
- Signal data support and rollout
- Secure Messaging-Epic and internal process
- Accessing outside records-EpicCareLink
- Aura project
- Epiphany project
- Pyxis Upgrade
- Fair Warning
- AMB Analyst hire-search
- Monthly Epic Updates
- Nursing Informatics meetings with Mercy
- Tickets/break fixes

AMB:

1. E- consent rollout/GoLive
2. Plan for clinic moves-2025

3. SmartPhrase builds for AMB
4. Cardio Server (Epiphany)
5. 1:1 with support providers
6. Care Coordination EPIC improvement
7. Provider Efficiency review
8. Jen S will be OOO, FMLA Dec 6th-12 weeks. Prep and planning for that

Inpatient:

1. OB SDOH question will be in PRD on 11/21. Cheryl is still working on the Epic report for data collection.
2. Effort for the pump troubleshooting is closed and I am watching for further issue. I spoke with Sally and Arlette from CC yesterday. They said they believe functionality has improved so far.
3. I have started sending out survey readiness info and reminders to nursing.
4. The quality daily bundle audits by nursing leads are moving along and we met with leads on Monday to make adjustments.
5. completed work on GE fetal monitoring setup in OBGYN clinic on new workstations.
6. supported Values Advocacy team at Treat Trail
7. Attended HQL conference in Olympic Valley Oct 20-21 2024
8. collaborative team working on Anesthesia nerve block billing
9. collaboration with Revenue team on charge capture updates for inpatient charges
10. collaborative work on provider coding integrity and optimization project
11. ECC medication reconciliation audits & tickets
12. physician day-day asks
13. onboarding a new Hospitalist Dr Brandi Kindig

ED:

1. Submitted project request with for our own MIT (medically indicated transfer form)
2. Multiple smartphrases, smartlist, smartlinks created
3. Working on CIWA to appear on ED Triage

Surgery:

1. Econsent education
2. PeriOp Clinic
 - a. Importing lab results workflow
3. Troubleshooting inputting outside lab results
4. Printer testing with Mercy

General:

- **Automated computer certificate enrollment:** Set up a system for computers to automatically receive digital certificates, ensuring secure network access.
- **Enabled 802.1x security:** Implemented a protocol that uses these certificates to control network access, enhancing security.
- **Clearpass failover:** Hardened the network's backup system to ensure stability and reliability. This eliminates a single source of failure.

- **Migrated NetScalers to Citrix Cloud:** Moved our network management and desktop delivery tools to the cloud for better efficiency.
- **Moved all SCCM apps to Intune:** Transferred applications from SCCM (a tool for managing computers) to Intune (a cloud-based management tool), allowing us to set up new computers using Intune.
- **Created new imaging script for Intune:** Developed a new set of instructions (script) to help Intune set up new computers efficiently.
- **Implemented LAPS and Bitlocker in Intune:** Set up LAPS (a tool for managing passwords) and Bitlocker (a tool for encrypting data) in Intune to enhance security on all managed computers.
- **Completed Ham Radio Setups:** Finished setting up ham radios at both hospitals for emergency communication.
- **Microsoft 365:** Deployed Beta version of Office 365 (release 1) to key business tester. Evaluating build issues and tightening up in order to meet enterprise needs during larger rollout (currently early January).
- **Wireless Access Point/Network Audit:** Completed onsite audit of Wireless Access Point coverage and network equipment. Awaiting formal findings for potential configuration changes or hardware updates/purchases.

Security:

Incoming Mail Summary 18 October – 17 November

Message Category	%	Messages
Stopped by IP Reputation Filtering	76.0%	1,114,168
Stopped by Domain Reputation Filtering	0.0%	268
Stopped as Invalid Recipients	0.4%	6,376
Spam Detected	1.5%	22,138
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	5
Messages with Malicious URLs	0.0%	274
Stopped by Content Filter	0.2%	3,202
Stopped by DMARC	0.7%	10,395
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	78.2%	1,146,432
Marketing Messages	5.3%	78,010
Social Networking Messages	0.1%	1,350
Bulk Messages	4.7%	68,350
Total Graymails:	10.1%	147,710
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	11.7%	171,362
Total Attempted Messages:		1,465,504



Board Informational Report
Quarterly Compliance Officer's Report
By: Scott Kraft and Sean Weiss
Compliance Officers, DoctorsManagement, LLC

DATE: November 21, 2024

Dear Members of the Board,

As the appointed Compliance Officers for Tahoe Forest Health System (TFHS), we (Scott G. Kraft and Sean M. Weiss) are pleased to submit this compliance officer's open session report for 2024 Quarter 2.

Written Policies and Procedures

We continue to perform, in conjunction with Compliance Analyst Amanda Pratt, a top-to-bottom review of the more than 2,000 documents that currently are part of the TFHS compliance policy structure. We now expect to complete this review as well as recommended revisions, deletions and changes in the first quarter of 2025.

Current Corporate Compliance Committee:

This is the composition of the Corporate Compliance Committee as of July 25, 2024:

Sean M Weiss, DoctorsManagement – Compliance Officer
Scott G. Kraft, DoctorsManagement – Compliance Officer
Louis Ward, Interim Chief Executive Officer/Chief Operating Officer
Jan Iida, RN- Chief Nursing Officer
Crystal Felix – Chief Financial Officer
Brian Evans, MD – Chief Medical Officer
Jake Dorst – Chief Information and Innovation Officer
Alex MacLennan – Chief Human Resources Officer
Matt Mushet – In-house Legal Counsel
Bernice Zander, Health Information Management Director
Scott Baker, Vice President of Physician Services
Sarah Swezey, Privacy Officer
Amanda Pratt, Compliance Analyst and Auditor

Education and Training

OPEN SESSION

Health Stream – We are in the final stages of migrating documentation related to gift disclosure requires and conflict of interest reporting into the HealthStream onboarding process. We expect the Compliance Department to manage training and resources around these topics and we anticipate Human Resources will manage retention of the forms.

Provider Education – We plan to monitor the current acceptance rate for optional provider training based on audit results and engage individual clinic site administrators and managers to boost participation. Following the completion of this audit and training cycle, we will assess any change to participation and determine if more robust or mandatory training is required.

Medical Necessity – We hope to finalize in the coming days/weeks a medical necessity policy for TFHS for instances where it is urgent that patients receive care, agnostic of the ability to pay. This definition is designed to provide guidance to providers and administrative staff while ensuring patients continue to be counseled about payment obligations as appropriate.

Effective Lines of Compliance Reporting

A weekly compliance log is maintained for all calls to the Compliance Hotline and/or reports to the Compliance Department.

Compliance Reporting/Detected Offenses/Corrective Action Plans:

- A report was received regarding chart access protocols for employees and internal access. Interviews with impacted employees are being conducted and one employee has left the system related to this investigation. There have been additional reports related to chart access that are currently under investigation.
- A report was received concerning the possibility of drug diversion and prescriptions of costly, non-schedule medications but an investigation did not find any engagement from TFHS.
- We continue to investigate a recent complaint that co-pays and deductibles are not being collected properly for patients receiving some tests. We haven't completed our findings yet but will likely have some re-training.
- We have one pending complaint concerning the DNR process for obtaining and using to inform treatment decisions.
- We investigated a report concerning services that a minor can consent to without parental access and this was found to not have merit.

Auditing & Monitoring

- An overall audit of all providers was conducted except urgent care, with an overall evaluation and management accuracy rate of 74 percent; procedure accuracy was 78 percent and ICD-10-CM coding was 79 percent.
- A soft audit of consent for pediatric services found overall compliance of 90 percent; other reviewed areas did not have any findings.

It was determined that, with the completion of additional, more recent audits, that we would review the results of those audits and form the basis of an education strategy.

OPEN SESSION

Ongoing Compliance Support

We have added more broad monitoring tools to better detect inappropriate chart access and will work with Amanda Pratt, Compliance Analyst and Sarah Swezey, Privacy Officer, on monitoring violations.

These tools will require employees in some instances to explain why access to specific charts is needed as a condition of access to those charts. We will monitor any impact on productivity that may arise.

We will continue to proactively outreach to different departments to explain the function of compliance, how we support TFHS and answer questions, as part of our initiative to better integrate compliance functions into TFHS.

We are also available to answer queries from the Board of Directors.

Sincerely,
Sean M. Weiss
sweiss@drsmgmt.com

Scott G. Kraft
skraft@drsmgmt.com

Chief Compliance Officers
Tahoe Forest Health System

AGENDA ITEM COVER SHEET

ITEM	Care Compare Star Rating Overview
RESPONSIBLE PARTY	Heather Hiller, MSN, RN, CPHQ, Clinical Quality Analyst Janet Van Gelder, DNP, RN, CPHQ, Director of Quality & Regulations
ACTION REQUESTED?	Informational/educational
<p>BACKGROUND:</p> <p>Tahoe Forest Hospital (TFH) voluntarily participates in the CMS Quality Star Rating program. In 2023, the most recent released rating; TFH was rated a 3 Star quality hospital and received 5 Stars for patient experience. In July 2024, TFH did not receive a quality star rating due to low patient volumes in required measures used to calculate the rating. Find Healthcare Providers: Compare Care Near You Medicare</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>This presentation will provide an overview of the CMS Star Rating, what it is, what is required, how scores are calculated, and what the consumer can view on Care Compare. Current measures for TFH will be reviewed, including our top measures and those that have improvement opportunities. Standard work bundles will be discussed and data shown for 2 of the 8 measures being tracked in 2024.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>Can you share specific process improvement initiatives that have been implemented to address our outlier quality metrics? What are the reporting timeframes for the quality metrics? How often is the Star rating updated on Care Compare?</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Not applicable</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> Tahoe Forest Hospital Star Rating Overview PPT 	



Tahoe Forest Hospital Star Rating Overview

2024

Heather Hiller, MSN, RN, Clinical Quality Analyst
Janet Van Gelder, DNP, RN, Director of Quality & Regulations



Confidential

1

What is a Star Rating?



The Centers for Medicare & Medicaid Services (CMS) Star Rating Program is a five-star rating system that measures the quality of health and drug services for Medicare beneficiaries. The ratings are published annually for Medicare Advantage (Part C) and Medicare Part D (Prescription Drug) plans. [↗](#)

The Star Rating Program helps Medicare consumers compare plans and make informed health care decisions. The ratings are based on measurements of customer satisfaction and the quality of care a plan provides. The goal is to improve the quality of care and health status for Medicare beneficiaries. [↗](#)


Star rating	Meaning
5 stars	Excellent
4 stars	Above average
3 stars	Average
2 stars	Below average
1 star	Poor

Care Compare website

Hospital

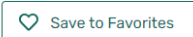
Tahoe Forest Hospital



Overall star rating: **Not available** ¹⁶

Patient survey rating: 

LOCATION
10121 Pine Ave
Truckee, CA 96161

PHONE NUMBER
(530) 587-6011




1. **Tahoe Forest Hospital**  

0.1 mi

CRITICAL ACCESS HOSPITALS

10121 Pine Ave
Truckee, CA 96161
(530) 587-6011

Overall star rating
Not available ¹⁶

Patient survey rating



Ratings **Quality** Details Affiliated Doctors & Clinicians Location

QUALITY

Choose a category to see how this hospital scores on quality topics:

- Timely & effective care
- Complications & deaths
- Unplanned hospital visits
- Maternal health >
- Patient-reported outcomes >
- Psychiatric unit services >
- Payment & value of care >



2. **Incline Village Community Hospital** 

14.2 mi

CRITICAL ACCESS HOSPITALS

880 Alder Street
Incline Village, NV 89451
(775) 833-4100

Overall star rating
Not available ¹⁶

Patient survey rating
Not available ⁵

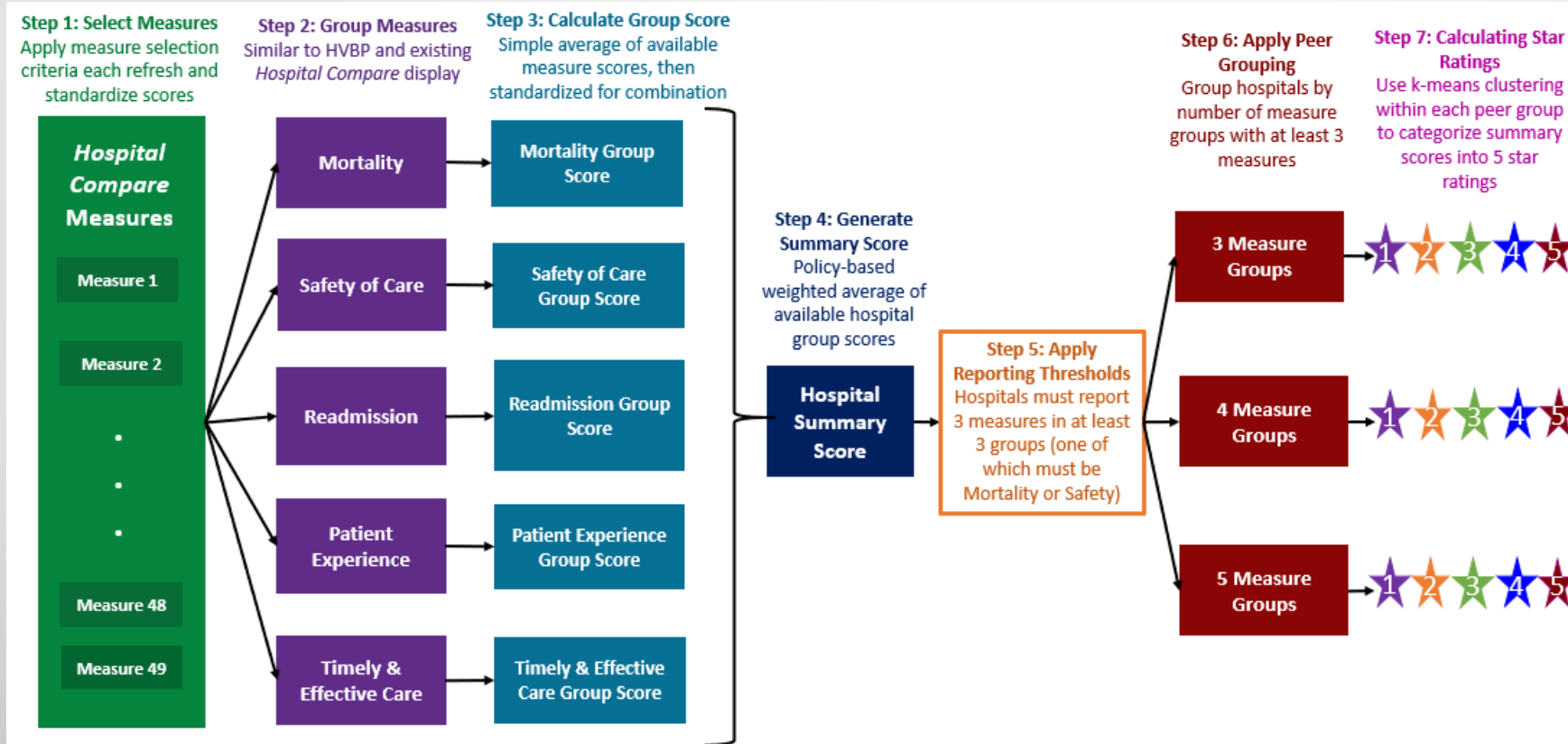
<https://www.medicare.gov/care-compare/details/hospital/051328?city=Truckee&state=CA&zipcode=96161#ProviderDetailsQualityIndicatorsContainer>

What is needed to receive a Quality Star Rating?

- Only hospitals that met the minimum reporting requirement (***three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care***) will receive the summary score and a Quality Star Rating.
- Our hospital's measure group score is calculated from the individual measure scores and the individual measure weights for measures that are reported.
- Hospitals that do not meet the minimum measure reporting threshold (three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care) will not receive a summary score or Overall Star Rating.
- Our last quality rating reported July 2023 was 3 stars



Overview of the **NEW** Algorithm



Clear as mud right?!!!!



Measures for Tahoe Forest

Timely & Effective Care 12%	Readmission 22%	Patient Experience 22%	Mortality 22%	Safety of Care 22%	Details
Sep-1: Severe Sepsis and Septic Shock	EDAC-30-PN: Excess Days in Acute Care after Hospitalization for Pneumonia (PN) (Claims)	Cleanliness and Quietness of Hospital Environment	MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate (Claims)	HAI-6: Clostridium Difficile (C.difficile)	<p>HIGHEST PERFORMING MEASURES LIST FIRST IN ORDER (28 total measures)</p> <p>***Out of a possible 47 measures, TFH only has enough data for 28-30 scored measures</p> <p>***if the measure is not from Claims or Press Ganey, it is manually submitted to CMS-HQR portal</p>
OP-22: ED Left Without Being Seen	OP-36: Hospital Visits after Hospital Outpatient Surgery (Claims)	Care Transition	MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate (Claims)	COMP-HIP-KNEE: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) (Claims)	
IMM-3: Healthcare Personnel Influenza Vaccination	OP-35: Admissions for Patients Receiving Outpatient Chemotherapy (Claims)	Overall Rating of Hospital	MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate (Claims)	To get a Star Rating we must have at least 3 measures in one of these- Mortality or Safety of Care	
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients	EDAC-30-HF: Excess Days in Acute Care after Hospitalization for Heart Failure (Claims)	Communication with Nurses			
PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation (retiring)	READM-30-HOSP-WIDE: HWR Hospital-Wide All-Cause Unplanned Readmission (Claims)	Responsiveness of Hospital Staff			<p>Yellow= we did not get a score for this measure last release</p>
OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	READM-30-HIP-KNEE: Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) (Claims)	Communication About Medicines			
HCP COVID-19:COVID-19 Vaccination Coverage Among HCP	OP-35: Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (Claims)	Communication with Doctors			
OP-10: Abdomen CT Use of Contrast Material (Claims)		Discharge Information			
Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery (Claims)					
OP-8: MRI Lumbar Spine for Low Back Pain (Claims)					

*These all come from Press Ganey

Measures come from a variety of sources: claims data, patient satisfaction survey data, & manual submissions
*eCQMs are not included

Top Measures

Measure Group	Measure ID	Measure Name	Measure Reporting Period	Your Hospital's Measure Result
Patient Experience	H-CLEAN-HSP / H-QUIET-HSP **	Cleanliness and Quietness of Hospital Environment	April 1, 2022 - March 31, 2023	5.00
Patient Experience	H-COMP-7 **	Care Transition	April 1, 2022 - March 31, 2023	5.00
Patient Experience	H-HSP-RATING / H-RECMND **	Overall Rating of Hospital	April 1, 2022 - March 31, 2023	5.00
Timely & Effective Care	SEP-1 **	Severe Sepsis and Septic Shock	April 1, 2022 - March 31, 2023	87%
Patient Experience	H-COMP-1 **	Communication with Nurses	April 1, 2022 - March 31, 2023	5.00
Patient Experience	H-COMP-3 **	Responsiveness of Hospital Staff	April 1, 2022 - March 31, 2023	5.00
Patient Experience	H-COMP-5 **	Communication About Medicines	April 1, 2022 - March 31, 2023	4.00
Safety of Care	HAI-6	Clostridium Difficile (C.difficile)	April 1, 2022 - March 31, 2023	0.000
Timely & Effective Care	OP-22 **	ED-Patient Left Without Being Seen	January 1, 2022 - December 31, 2022	0%



Summary



- Perform well on all patient experience measures, sepsis, ED measures, and C-difficile (to name a few)
- Focused improvement efforts include:
 - Documentation and accurate coding that impact all quality measures
 - Readmissions, total joint complications, ED visits after chemotherapy, inappropriate use of contrast and imaging, pneumonia and heart failure mortality
 - Many of the measures we have little control over, i.e., mortality, and working to find options such as earlier hospice referrals, which is an exclusion criteria
 - Discovered Mercy Epic issues and coding are impacting our imaging measures
 - Significant strides in readmissions and complications with our Transitional Care Management (TCM) program and the pre-operative clinic, which optimizes patients before surgery
 - These improvements will be reflected once the reported data is current

Standard Work 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
- 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
- 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

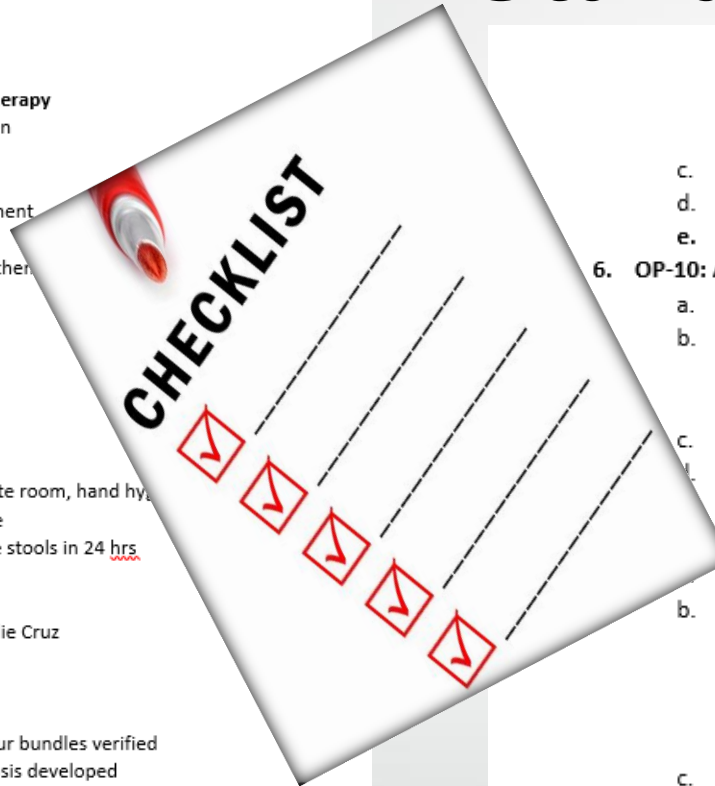
- a. Stakeholders: Trent Foust, Nicole Becker, Ellie Cruz
- b. Standard work items
 - i. 3 hour bundle
 - ii. 6 hour bundle
- c. Numerator- Sepsis patients with 3 and 6 hour bundles verified
- d. Denominator- Sepsis admissions or new sepsis developed
- e. Goal $\geq 90\%$

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
 - 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. Patient Replacements

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 ≥ 3
- e. Goal $\geq 90\%$

OP-35: ED Visits after Chemotherapy

Bundle includes:

New chemotherapy patients receive education, initial prevention, managing symptomatic patients

Bundle Compliance 2024



Standard Work

ED Visits & Admissions for new chemo patients 2024



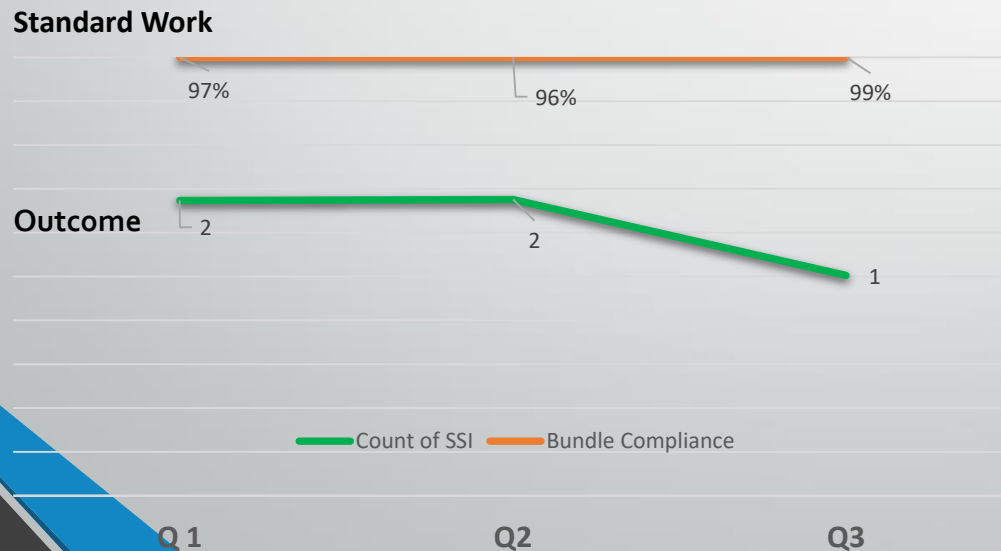
Outcome

Surgical Site Infections

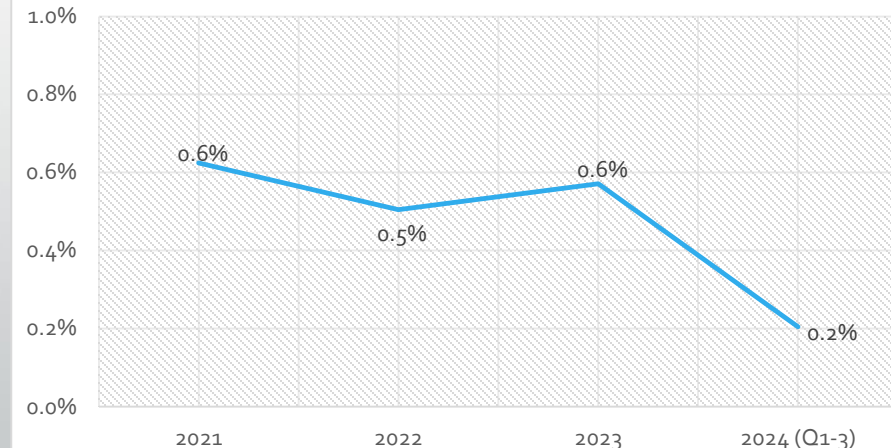
SSI bundle includes:

- Hair removal in ASD,
- CHG showers at home x 2,
- ASD CHG wipes op site or full body (if did not do/complete CHG showers @ home),
- Nasal & oral decolonization
- MRSA (+): Mupirocin ointment BID x 5 days preop, Vanco & Ancef as preop Abx

SSI Bundle 2024



Total SSI% 2021-2024



What is our GOAL?



