



TAHOE FOREST HOSPITAL DISTRICT

# 2019-09-26 Regular Meeting of the Board of Directors

Thursday, September 26, 2019 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2019-09-26 Regular Meeting of the Board of Directors

9/26/19 Agenda Packet Contents

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## AGENDA

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## ITEMS 1 - 4: See Agenda

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## 5. ITEMS FOR BOARD ACTION

### 5.1. Tahoe City Physical Therapy Expansion Bid

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No related materials.

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## 16. CONSENT CALENDAR

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### 16.2. Financial Report

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### 16.4. Approve Revised Tahoe Forest Health System Foundation Bylaws

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16.5. Approve Revised Committee Charter

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16.6. Policy Review

16.6.1. ABD-02 President & CEO Compensation.pdf Page 71

16.6.2. ABD-19 Orientation & Continuing Education  
Item will be pulled and presented at the next board meeting.

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17. ITEMS FOR BOARD DISCUSSION

17.1. KidsZone Museum Presentation

No related materials.

17.2. Wellness Neighborhood Annual Update

17.2.a. Wellness Neighborhood Board Presentation\_ Sept2019.pdf Page 74

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18. ITEMS FOR BOARD ACTION

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# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 26, 2019 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

**\*\*MEETING WILL BE CONTINUED TO 5:15 PM\*\***

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **ITEMS FOR BOARD ACTION** ♦

**5.1. Tahoe City Physical Therapy Expansion Bid** ♦ .....ATTACHMENT

The Board of Directors will award the contract for the Tahoe City Physical Therapy Expansion at 925 N. Lake Blvd Building C Suites C202A, C202B and C203, Tahoe City, CA 96145, to the lowest bidder, Agate Construction, Inc., for \$351,049.00 and authorize the CEO or his designee to sign the contract.

6. **CLOSED SESSION**

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

*Subject Matter: Medical Staff Credentials*

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

08/22/2019

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

7. **DINNER BREAK**

8. **OPEN SESSION – CALL TO ORDER**

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

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

11. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**September 26, 2019 AGENDA – Continued**

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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 President may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

**12. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**13. SAFETY FIRST**

**13.1.** September Safety First Topic

**14. ACKNOWLEDGMENTS**

- 14.1.** September 2019 Employee of the Month .....ATTACHMENT
- 14.2.** Own the Bone Recognition .....ATTACHMENT
- 14.3.** International Infection Prevention Week – October 13-19.....ATTACHMENT

**15. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

- 15.1.** Medical Executive Committee (MEC) Meeting Consent Agenda .....ATTACHMENT  
*MEC recommends the following for approval by the Board of Directors:*  
Privilege Form (with changes): Emergency Medicine Privilege Form

**16. 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.

**16.1. Approval of Minutes of Meetings**

- 16.1.1.** 08/22/2019 .....ATTACHMENT

**16.2. Financial Reports**

- 16.2.1.** Financial Report – August 2019 .....ATTACHMENT

**16.3. Staff Reports**

- 16.3.1.** CEO Board Report .....ATTACHMENT
- 16.3.2.** COO Board Report.....ATTACHMENT
- 16.3.3.** CNO Board Report.....ATTACHMENT
- 16.3.4.** CIIO Board Report .....ATTACHMENT
- 16.3.5.** CMO Board Report.....ATTACHMENT

**16.4. Approve Revised Tahoe Forest Health System Foundation Bylaws**

- 16.4.1.** Tahoe Forest Health System Foundation Bylaws .....ATTACHMENT

**16.5. Approve Revised Committee Charter**

- 16.5.1.** Governance Committee Charter.....ATTACHMENT

**16.6. Policy Review**

- 16.6.1.** ABD-02 President & Chief Executive Officer Compensation .....ATTACHMENT
- 16.6.2.** ABD-19 Onboarding and Continuing Education for Board Members.....ATTACHMENT

**17. ITEMS FOR BOARD DISCUSSION**

**17.1. KidsZone Museum**

The Board of Directors will receive a presentation from the KidsZone Museum.

**17.2. Wellness Neighborhood Annual Report**.....ATTACHMENT

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**September 26, 2019 AGENDA – Continued**

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**18. ITEMS FOR BOARD ACTION ♦**

**18.1. Resolution 2019-09 ♦ .....ATTACHMENT**

The Board of Directors will approve a resolution approving and authorizing the execution of the Joint Exercise of Powers Agreement creating the Truckee Tahoe Workforce Housing Agency.

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

**20. BOARD COMMITTEE REPORTS**

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

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

**23. OPEN SESSION**

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

**25. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is October 24, 2019 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The 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 (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Tahoe City Physical Therapy Expansion
<b>RESPONSIBLE PARTY</b>	Judy Newland, Chief Operating Officer Dylan Crosby, Director Construction and Facilities
<b>ACTION REQUESTED?</b>	Action #1: Award construction contract for Tahoe City Physical Therapy Expansion
<p><b>BACKGROUND:</b> This project includes expanding the existing Tahoe City Physical Therapy space throughout the 2<sup>nd</sup> floor of Building C. Within this project a wellness suite will also be included for expanded services. Project scope includes demolition of existing walls, new framing, HVAC upgrades, electrical upgrades and aesthetic upgrades.</p> <p>At completion the Tahoe City expansion will have expanded physical therapy, expanded cardio space, three new treatment rooms, a community room and consult room.</p>	
<p><b>SUMMARY/OBJECTIVES:</b> Bidding process has been completed.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b> None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to award the contract for the Tahoe City Physical Therapy Expansion at 925 N. Lake Blvd Building C Suites C202A, C202B and C203 Tahoe City, CA 96145, to the lowest bidder, Agate Construction, Inc., for \$351,049.00 and authorize the CEO or his designee to sign the contract.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• Tahoe City Physical Therapy Expansion - Sep 2019</li> </ul>	

**Tahoe Forest Hospital District  
Tahoe City Physical Therapy Expansion**

**Staff Recommendations on Bids/Contracts**

**Action #1:** Staff recommends that the Board of Directors award the contract for the Tahoe City Physical Therapy Expansion at 925 N. Lake Blvd Building C Suites C202A, C202B and C203 Tahoe City, CA 96145, to the lowest bidder, Agate Construction, Inc., for \$351,049.00 and authorize the CEO or his designee to sign the contract.





EMPLOYEE OF THE MONTH, SEPTEMBER 2019

SHEILA SIMS, DI TECH II/TECH AIDE

DI DEPARTMENT

We are honored to announce Sheila Sims, DI Tech II/Tech Aide,  
DI Department, as our September 2019 Employee of the Month!

Sheila has been with Tahoe Forest for nine years.

Sheila continuously works hard toward the betterment of the department,  
going out of her way for everyone. She makes sure that patients as well as  
the employees are very well taken care of.

She is a beam of energy and anyone who works with her can always feel  
her happiness. We appreciate Sheila for all she does.

**Please join us in congratulating all of our terrific Nominees!**

**Leraina Avendano**

**Dianna Green**

**Gillian Collom**



**FOR IMMEDIATE RELEASE**  
Sept 11, 2019

**Contact:** Paige Thomason  
Director of Marketing & Communications, TFHS  
pthomason@tfhd.com  
(530) 582-6290

**TAHOE FOREST HEALTH SYSTEM ORTHOPEDIC PROGRAM  
RECOGNIZED FOR FRAGILITY FRACTURE PATIENT CARE**

*By the American Orthopaedic Association*

[www.tfhd.com](http://www.tfhd.com)

(Tahoe/Truckee, CA) - Tahoe Forest Health System (TFHS) is proud to announce they have received an Own the Bone Star Performer designation for the 2020 year, an achievement reserved for institutions that perform the highest level of fragility fracture and bone health care.

Tahoe Forest Health System achieved an exceptional compliance rate on the 10 prevention measures outlined by the American Orthopedic Association (AOA), including: educating patients on the importance of calcium and vitamin D, physical activity, falls prevention, limiting alcohol intake, and quitting smoking, recommending and initiating bone mineral density testing, discussing pharmacotherapy and treatment (when applicable), and providing written communication to patients and their physicians regarding specific risk factors and treatment recommendations.

Through participation in AOA's Own the Bone program and recognition as an Own the Bone Star Performer, Tahoe Forest Health System has demonstrated a commitment to helping patients understand their risk for future fractures and the steps they can take to prevent them.

"We work hard to both educate patients and to keep our patients safe," says Harry Weis, Chief Executive Officer, TFHS. "We are grateful for the recognition of our exceptional orthopedics team and program and we thank our community for continuing to trust us with their health and well-being."

**More**

## **What can patients do to protect their bones?**

- Get adequate calcium and vitamin D, either through diet or supplements, if necessary.
- Engage in regular weight bearing and muscle strengthening exercise.
- Prevent falls around the home and be careful of stairs, railings, clutter, etc.
- Avoid smoking and limit alcohol to 2-3 drinks per day.

Have you or a loved one had a broken bone over age 50? Talk to your health care provider and get a bone density screening to determine if osteoporosis might be the cause and learn additional steps you might need to take to prevent future fractures.

For more information about Tahoe Forest Health System's orthopedic program and treatment options, please contact the Orthopedics & Sports Medicine clinic at (530) 587-7461, or visit [www.tahoeorthopedicsandsports.com](http://www.tahoeorthopedicsandsports.com)

# # #

### **About the AOA**

*Founded in 1887, The American Orthopaedic Association (AOA) is the oldest orthopaedic association in the world. The AOA's mission is: "Engaging the orthopaedic community to develop leaders, strategies, and resources to guide the future of musculoskeletal care." For more information, visit [www.aoassn.org](http://www.aoassn.org) or call (847) 318-7336.*

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### **About Tahoe Forest Health System**

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

**October 13-19, 2019 is the International Infection Prevention Week**

The 2019 theme is Vaccines are Everybody's Business. Vaccines present an easy way to stay healthy and prevent infections from spreading. Help us to raise awareness of the role vaccines play in infection prevention. Let's celebrate all the infections prevented and lives saved this year!

# Vaccines are everybody's business



**International Infection  
Prevention Week**

**October 13-19, 2019**

Learn more at [apic.org/IIPW](http://apic.org/IIPW)



## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee Consent Agenda
<b>RESPONSIBLE PARTY</b>	Greg Tirdel, MD, Chief of Staff
<b>ACTION REQUESTED?</b>	For Board Action
<b>BACKGROUND:</b> During the September 19, 2019 Medical Executive Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
<b>SUMMARY/OBJECTIVES:</b> Approval of the following consent agenda items: <u>Privilege Form (with changes)</u> <ol style="list-style-type: none"> <li>2. Emergency Medicine Privilege Form</li> </ol> EZ Interosseous Line Placement was moved to core privileges.	
<b>SUGGESTED DISCUSSION POINTS:</b>	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve Medical Executive Committee consent agenda as presented.	
<b>LIST OF ATTACHMENTS:</b> <ul style="list-style-type: none"> <li>• Emergency Medicine Privilege Form</li> </ul>	

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Emergency Medicine**  
**Delineated Privilege Request**

**SPECIALTY: EMERGENCY MEDICINE**

**NAME:** \_\_\_\_\_  
Please print

**Check which applies:**    **Tahoe Forest Hospital (TFH)**    **Incline Village Community Hospital**  
**Check one:**             **Initial**         **Change in Privileges**     **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Emergency Medicine; Internal Medicine, or Family Medicine.
<b>Board Certification:</b>	Board certification or qualified in Emergency Medicine or applicable ABMS Boards in Internal Medicine, or Family Medicine required. If not Board certified by an ABMS member board, must become board certified within five (5) years of residency of fellowship training.
<b>Required Previous Experience:</b> (required for new applicants)	Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where applicant has maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over the last 24 months and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. References must include emergency medicine physicians and other specialists whose patients were seen in the emergency department.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the State of NV. Ability to participate in federally funded programs (Medicare or Medicaid).</li> <li>• Current certification in Advanced Trauma Life Support (ATLS) is required.</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above**

**It is understood that core privileges listed on this form are considered “core” to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
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<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core</b>            History and Physical examinations.            24 Hour Admitting privileges to include overnight stay and admitting orders.            Arrange appropriate follow-up or referral as required.            Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.</p> <p>Core privileges in Emergency Medicine include being able to assess, work up, and provide initial treatment to patients who present with illness or injury, condition, or symptom in the ED. The following treatments and procedures are expected to be treated by any physicians with privileges in emergency medicine:</p> <ul style="list-style-type: none"> <li>• Abdominal paracentesis/lavage</li> <li>• Abdominal and GI disorders</li> <li>• Acute abdominal medical and surgical conditions and abdominal trauma</li> <li>• Acute airway obstruction</li> <li>• Administration of thrombolytics</li> <li>• Arterial puncture</li> <li>• Arterial catheter insertion</li> <li>• Arthrocentesis</li> <li>• Burns – preliminary evaluation and treatment</li> <li>• Cardiac injuries, including hemopericardium</li> <li>• Cauterization, intranasal</li> <li>• Chest injuries including fracture, flail chest, pneumo, hemopneumo and tension</li> <li>• Closed chest cardiac compression</li> <li>• Coma of any etiology</li> <li>• Convulsive states</li> <li>• CVA's and other neurologic emergencies</li> <li>• Cut-down venipuncture</li> <li>• Defibrillation and emergency cardioversion</li> <li>• Dysrhythmias without M.I</li> <li>• EKG interpretation (dysrhythmias, ischemia, injury and infarctions)</li> <li>• ENT trauma, infections, F.B., nasal hemorrhage – anterior and posterior</li> <li>• Emergency stabilization of all fractures</li> <li>• Eye injuries including burns, embedded foreign body, hyphemia, orbital fracture and infections</li> <li>• <u>Esophagogastric tamponade</u></li> <li>• <u>EZ Interosseous Line Placement</u></li> <li>• Fracture/dislocations/sprains</li> <li>• Gastric lavage</li> <li>• G. I. Bleeding</li> <li>• Head, ear, eye, nose and throat disorders</li> <li>• Head injuries with or without coma</li> <li>• Immune system disorders</li> <li>• Ingestions, poisonings and overdoses</li> <li>• Interosseous Line Placement</li> <li>• Lacerations</li> </ul>	Emergency Department  Limited In-Patient as defined	Representative case chart review and observation during one or more shifts.  Documentation of at least 10 representative cases observed	Demonstration of on-going work in the Emergency Department/s, seeing a minimum of 100 patients annually  25 Hours annually of continuing medical education (CME) in Emergency Medicine (submit with reapplication form)
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**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above**

**It is understood that core privileges listed on this form are considered “core” to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
		<ul style="list-style-type: none"> <li>• Laryngoscopy, direct and indirect</li> <li>• Lumbar puncture (adult and pediatric)</li> <li>• Maintenance of airway (Endotracheal intubation, tracheostomy or cricothyroidotomy)</li> <li>• M.I. with dysrhythmia, shock and/or CHF/pulmonary edema</li> <li>• Multiple trauma – head, spine, chest, abdominal, pelvis extremities, neuro</li> <li>• Nasogastric tube</li> <li>• Ob/Gyn emergencies (e.g. initial tubal pregnancy stabilization, placenta previa, abruption, threatened or incomplete abortion, emergency vaginal delivery)</li> <li>• Packing, intranasal, anterior and posterior</li> <li>• Paracentesis</li> <li>• Partial tendon repair</li> <li>• Pediatric airway management – Epiglottitis, croup, foreign body</li> <li>• Pericardiocentesis</li> <li>• Placement IV needle/catheter</li> <li>• Placement C.V. P. catheter (subclavian, internal jugular)</li> <li>• Placement temporary transvenous pacemaker</li> <li>• Psychiatric emergencies (e.g. acute neuroses/anxiety states, acute psychosis, depression including suicidal patients)</li> <li>• Pulmonary ventilation via mechanical means</li> <li>• Rapid sequence intubation</li> <li>• Removal (simple) foreign body embedded corneal, conjunctival, ear canal, nose, pharynx, vagina, urethra, rectum, sub cut and muscle</li> <li>• Renal and urogenital disorders</li> <li>• Respiratory disorders</li> <li>• Severe infections including sepsis and meningitis</li> <li>• Shock (Cardiogenic, hypovolemic, septic, neurogenic and anaphylactic)</li> <li>• Slit lamp examination</li> <li>• Spinal injuries including unstable injuries</li> <li>• Suprapubic bladder catheterization</li> <li>• Testicular detorsion</li> <li>• Thoracentesis</li> <li>• Tooth stabilization</li> <li>• Transtracheal needle jet insufflation</li> <li>• Tube thoracostomy</li> <li>• Urologic trauma, calculi, obstructions, infections and torsion.</li> <li>• Urethral catheterization</li> <li>• Vaginal delivery, emergency</li> <li>• X-ray interpretation, initial</li> </ul>			



**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above**

**It is understood that core privileges listed on this form are considered “core” to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
<input type="checkbox"/>		REMOVAL FROM CORE PRIVILEGES: Should applicant’s current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.  _____ _____ _____			
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation (see attached credentialing criteria)</b>	Emergency Department	Successfully completing attestation	Successfully completing attestation
<input type="checkbox"/>	<input type="checkbox"/>	<b>Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.</b>	Emergency Department	Successfully completing attestation	Successfully complete competency or has satisfactorily performed 24 cases in previous 2 years with no adverse outcomes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>EZ Interosseous Line Placement</b>	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>Limited Use of Ultrasound in the Emergency Department (See attached credentialing criteria)</b>	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gastric Occult Testing</b>	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.			
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted.			

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual’s request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above**

**It is understood that core privileges listed on this form are considered “core” to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
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Modifications or Other Comments:

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**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Department Review Date: 1/07; 6/07; 3/09; 3/8/2016, 3/21/19, 6/19, 9/19

Medical Executive Committee: 2/21/07, 6/20/07; 3/09; 3/16/16, 3/21/19, 6/19, 9/19

Board of Directors approval: 2/27/07, 6/26/07; 3/09; 3/24/16, 3/28/19, 6/19, 9/19

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above**

**It is understood that core privileges listed on this form are considered “core” to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	CORE PRIVILEGES – EMERGENCY MEDICINE	SETTING	PROCTORING	REAPPOINTMENT
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Credentialing Criteria for Limited Emergency Focused Ultrasound Exam

**TRAINING AND EDUCATION – Level 1**

8 hours of formal didactic instruction in ultrasonology from an approved course by nationally recognized expert that includes lecture, structure reading, and practice on models with demonstratable pathology as well as normal exams.

**VOLUMES/PROCTORING**

150 Documented (or 25 single indication credentialing) and Outcome reviewed limited Emergency Focused Ultrasound Exams for:

Presence of Intrauterine Pregnancy – 25 exams (may be combination of endovaginal and transabdominal exams)

Abdominal right upper quadrant – 25 exams in evaluation of gallstones, the common bile ducts and the gallbladder wall.

Emergency Cardiac – 25 exams in assessing for pericardial effusion and determination of cardiac activity during cardiac arrest.

Abdominal aortic Aneurysm – 25 exams of aorta from subxiphoid to bifurcation

Renal – 25 exams for presence or absence of urolithiasis and hydronephrosis

Trauma – 25 FAST exams for assessment of hemoperitoneum and hemopericardium

Procedures – Ultrasound for vascular access thoracentesis and paracentesis, abscess location and foreign body isolation. Ultrasound is used as an adjunct for guidance and risk reduction only. There is no minimum required.

**OR**

Board certification by the American Board of Radiology with radiology-level Ultrasound level experience

**OR**

Previous certification in emergency department ultrasound at an ACGMA accredited residency program.

Evidence of current privileges at another acute care hospital.



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

Thursday, August 22, 2019 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 4:00 p.m.

**2. ROLL CALL**

Board: Alyce Wong, Board Chair; Sarah Wolfe, Secretary; Dale Chamblin, Treasurer; Randy Hill, Board Member

Staff in attendance: Harry Weis, President & CEO; Judy Newland, COO; Alex MacLennan, Chief Human Resources Officer; Shawni Coll, DO, CMO; Ted Owens, Executive Director Governance and Business Development; Matt Mushet, In-House Counsel; Todd Johnson, Risk and Privacy Officer; Sarah Jackson, Executive Assistant

Other: David Ruderman, Assistant General Counsel

*Absent: Mary Brown, Vice Chair*

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

No changes were made to the agenda.

**4. INPUT AUDIENCE**

No public comment was received.

**Open Session recessed at 4:01 p.m.**

**5. CLOSED SESSION**

**5.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.*

*Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))*

*Name of Person Threatening Litigation: Suzette Uhlr*

Discussion was held on a privileged item.

**5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One*

*Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))*

*Name of Person Threatening Litigation: Chris Duarte*

Discussion was held on a privileged item.

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

*Subject Matter: Second Quarter 2019 Service Excellence Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: Fourth Quarter FY2019 Quality Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

**5.6. Approval of Closed Session Minutes**

07/25/2019

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Meeting reconvened at 6:00 p.m.

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

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

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. SAFETY FIRST**

**12.1.** Dr. Coll presented August Safety First Topic on the Chain of Command.

**13. ACKNOWLEDGMENTS**

**13.1.** Ivy Gillette was named August 2019 Employee of the Month.

**14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

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

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

New Policies/ Guidelines: Level 3 Trauma Activation, DED-1901; Trauma Activation  
Algorithm-V.3.19.19

Clinical Practice Guidelines: Acute Spinal Cord Injury, Blunt Chest Trauma with a Pulse

Evaluating the Adult with Traumatic Brain Injury, General Surgery Admission,  
Genitourinary Trauma, Head CT's for Trauma Patients, Hospitalist Admissions for  
Trauma, ICU Admissions, Liver Injury Grading Scale, OR Notification, Orthopedic Surgery  
Consultations, PlanB, Radiological to Evaluate Pelvic Fractures, Rib Fractures, SMR,  
Spleen Injury Grading Scale, Surgeon Backup, The Box, TXA, TXA-Infographic,  
Vaccinations Post Non-Elective Splenectomy, Geriatric Trauma, Trauma Transfer  
Guidelines, Trauma Transfer Poster,

Policy Review (with no changes): MSC Policies; Low Volume Policy, MSCP-11

Privilege Form (with changes): Radiology Privilege Form

Discussion was held.

**ACTION:** Motion made by Director Hill, seconded by Director Wolfe, to approve the  
Medical Executive Committee (MEC) Meeting Consent Agenda as presented.

**AYES:** Directors Hill, Chamblin, Wolfe and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Brown

**15. 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.

**15.1. Approval of Minutes of Meetings**

**15.1.1.** 07/25/2019

**15.2. Financial Reports**

**15.2.1.** Financial Report – July 2019

**15.3. Staff Reports**

- 15.3.1. CEO Board Report
- 15.3.2. COO Board Report
- 15.3.3. CNO Board Report
- 15.3.4. CIO Board Report
- 15.3.5. CMO Board Report

**15.4. Policy Review**

- 15.4.1. ABD-01 President & CEO Performance Evaluation

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

**AYES:** Directors Hill, Chamblin, Wolfe and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Brown

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. 2019 General Obligation Refunding Bonds Update**

Gary Hicks, TFHD Financial Advisor, provided an update on the 2019 General Obligation Refunding Bonds.

**16.2. Retirement Committee Update**

Brian Montanez of The Multnomah Group provided a semi-annual update from the Retirement Committee.

**17. ITEMS FOR BOARD ACTION**

**17.1. Patient & Family Advisory Council (PFAC) Overview and Accomplishments**

The Board of Directors received an overview and accomplishments update from the District's Patient & Family Advisory Council. Discussion was held.

**ACTION:** Motion made by Director Chamblin, seconded by Director Hill, to approve the 2019 Patient & Family Advisory Council summary report as presented.

**AYES:** Directors Hill, Chamblin, Wolfe and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Brown

**17.2. 2019 Structures Demolition Contracts Award**

Discussion was held.

**ACTION:** Motion made by Director Chamblin, seconded by Director Wolfe, to award the contract for the 2019 Structures Demolition Project at 11015 Donner Pass Rd, and 10113 and 10143 Levon Ave. in Truckee, California, to the lowest bidder, Resource Environmental, Inc., for \$268,000.00 and authorize the CEO or his designee to sign the contract.

**AYES:** Directors Hill, Chamblin, Wolfe and Wong

**Abstention:** None

**NAYS: None**  
**Absent: Brown**

### **17.3. Extended Care Center (ECC) Facility Assessment**

Discussion was held on the Extended Care Center (ECC) Facility Assessment.

**ACTION:** Motion made by Director Hill, seconded by Director Wolfe , to approve the Extended Care Center (ECC) Facility Assessment as presented.

**AYES:** Directors Hill, Chamblin, Wolfe and Wong

**Abstention: None**

**NAYS: None**

**Absent: Brown**

### **17.4. TFHD Board of Directors Vacancy**

Director Randy Hill submitted his resignation effective October 2, 2019. The Board of Directors considered appointment to fill an upcoming board vacancy. Discussion was held.

*Director Hill recused himself for the duration of this item.*

Public comment was received by Dr. Greg Tirdel.

**ACTION:** Motion made by Director Chamblin, seconded by Director Wolfe, to not proceed with a special election and use an appointment process.

**AYES:** Directors Wolfe, Chamblin and Wong

**Abstention: Hill**

**NAYS: None**

**Absent: Brown**

## **18. ITEMS FOR BOARD DISCUSSION**

### **18.1. Board Education**

#### **18.1.1. Social Determinants of Health**

Karen Baffone, Chief Nursing Officer, provided board education on the social determinants of health.

#### **18.1.2. Population Health**

Maria Martin, Director of Wellness Neighborhood and Community Health provided an update on population health.

## **19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

## **20. BOARD COMMITTEE REPORTS**

Director Wong provided an update from a recent Quality Committee meeting.

## **21. BOARD MEMBERS REPORTS/CLOSING REMARKS**

Director Chamblin would like Accounts Receivables and investment opportunities covered on the agenda.



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

Not applicable.

**23. OPEN SESSION**

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

**25. ADJOURN**

Meeting adjourned at 7:42 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT  
AUGUST 2019 FINANCIAL REPORT  
INDEX**

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

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**AUGUST 2019 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the two months ended August 31, 2019.

**Activity Statistics**

- ❑ TFH acute patient days were 502 for the current month compared to budget of 503. This equates to an average daily census of 16.2 compared to budget of 16.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Hospice visits, Surgical cases, Laboratory tests, Diagnostic Imaging, Mammography, Radiation Oncology procedures, MRI, Ultrasounds, Cat Scan, PET CT, Oncology Drugs Sold to Patients, Tahoe City Physical Therapy, Outpatient Physical Therapy, Speech Therapy, and Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 50.2% in the current month compared to budget of 49.8% and to last month's 50.4%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 50.3% compared to budget of 49.9% and prior year's 51.2%.
- ❑ EBIDA was \$3,109,436 (8.2%) for the current month compared to budget of \$1,914,108 (5.7%), or \$1,195,328 (2.5%) above budget. Year-to-date EBIDA was \$6,988,171 (9.5%) compared to budget of \$2,823,903 (4.3%), or \$4,164,268 (5.2%) above budget.
- ❑ Net Income was \$2,608,183 for the current month compared to budget of \$1,509,260 or \$1,098,923 above budget. Year-to-date Net Income was \$6,092,247 compared to budget of \$1,997,449 or \$4,094,798 above budget.
- ❑ Cash Collections for the current month were \$15,414,274 which is 105% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$79,291,222 at the end of August compared to \$76,325,104 at the end of July.

**Balance Sheet**

- ❑ Working Capital is at 45.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 167.7 days. Working Capital cash decreased a net \$1,091,000. Cash collections exceeded target by 5%. Accrued Payroll & Related Costs increased \$1,567,000, and the District reimbursed \$1,354,000 against the FY19 Medicare Outpatient overpayment.
- ❑ Net Patient Accounts Receivable increased approximately \$3,507,000 and Cash collections were 105% of target. EPIC Days in A/R were 65.5 compared to 66.6 at the close of July, a 1.10 days decrease.
- ❑ Other Receivables decreased a net \$439,000 after recording receipt of Property Tax revenues received from Placer county and 340B rebates booked as a receivable at the close of FY19.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$1,078,000 after recording the estimated August FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs along with repayment of the FY19 Medicare Outpatient overpayments leaving a receivable due from the program based on the FY19 interim cost report calculations.
- ❑ GO Bond Tax Revenue Fund increased \$184,000 after recording receipt of property tax revenues from Placer County.
- ❑ Accrued Payroll & Related Costs increased \$1,567,000 as a result of increased month-end accrued payroll days.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$570,000 after reimbursing the Medicare program on the FY19 Outpatient overpayment on claims.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$38,080,787, compared to budget of \$33,554,433 or \$4,526,354 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,814,565, compared to budget of \$8,766,291 or \$48,274 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$29,266,222 compared to budget of \$24,788,142 or \$4,478,080 above budget.
- ❑ Current month’s Gross Revenue Mix was 39.1% Medicare, 13.6% Medi-Cal, .0% County, 2.4% Other, and 44.9% Insurance compared to budget of 38.3% Medicare, 15.9% Medi-Cal, .0% County, 3.0% Other, and 42.8% Insurance. Last month’s mix was 42.4% Medicare, 11.2% Medi-Cal, .0% County, 3.6% Other, and 42.8% Insurance. Year-to-date Gross Revenue Mix was 40.7% Medicare, 12.4% Medi-Cal, .0% County, 3.0% Other, and 43.9% Insurance compared to budget of 38.0% Medicare, 16.0% Medi-Cal, .0% County, 3.2% Other, and 42.8% Insurance.
- ❑ Current month’s Deductions from Revenue were \$18,966,137 compared to budget of \$16,856,726 or \$2,109,411 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .74% increase in Medicare, a 2.37% decrease to Medi-Cal, a .23% increase to County, a .65% decrease in Other, and Commercial was above budget 2.05%, and 2) Revenues exceeded budget by 13.5%.

DESCRIPTION	August 2019 Actual	August 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,143,406	6,225,360	81,954	
Employee Benefits	2,016,158	1,835,590	(180,568)	Increased use of vacation time along with Sick Leaves created a negative variance in Employee Benefits.
Benefits – Workers Compensation	52,280	78,105	25,825	
Benefits – Medical Insurance	1,963,401	1,177,057	(786,344)	We continue to see an expansion in our self-insured health insurance claims creating a negative variance in Benefits-Medical Insurance.
Medical Professional Fees	1,846,001	1,573,177	(272,824)	We saw negative variances in Multi-Specialty Clinic physician fees due to the timing of transitioning to the employment model along with over budgeted professional fees for TFH/IVCH Therapy Services.
Other Professional Fees	216,056	216,662	606	
Supplies	2,560,964	2,321,271	(239,693)	Oncology Drugs Sold to Patients revenues exceeded budget by 67.66%, creating a negative variance in Pharmaceutical supply purchases.
Purchased Services	1,718,476	1,569,096	(149,380)	Outsourced coding and claim edit services, increased security services, Credit Card fees, facility wide maintenance and services provided to Patient Financial Services to assist with claim processing and collections created a negative variance in Purchased Services.
Other Expenses	731,815	850,937	119,122	Controllable expenses are closely monitored by Senior Leadership creating positive variances in most all of the Other Expense categories.
Total Expenses	17,248,558	15,847,255	(1,401,303)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
AUGUST 2019

	Aug-19	Jul-19	Aug-18	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 23,886,313	\$ 24,976,824	\$ 2,675,287	1
PATIENT ACCOUNTS RECEIVABLE - NET	27,056,959	23,550,339	28,695,735	2
OTHER RECEIVABLES	7,826,410	8,265,695	6,184,231	3
GO BOND RECEIVABLES	825,839	597,087	374,886	
ASSETS LIMITED OR RESTRICTED	8,261,752	8,376,252	6,853,249	
INVENTORIES	3,475,622	3,477,988	3,123,845	
PREPAID EXPENSES & DEPOSITS	3,062,550	2,991,962	2,830,612	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	10,128,087	9,050,042	7,327,067	4
<b>TOTAL CURRENT ASSETS</b>	<u>84,523,532</u>	<u>81,286,189</u>	<u>58,064,912</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,390,780	64,390,780	62,129,099	1
MUNICIPAL LEASE 2018	3,501,824	3,497,294	-	
TOTAL BOND TRUSTEE 2017	20,353	20,319	19,973	
TOTAL BOND TRUSTEE 2015	274,428	151,699	414,930	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	561,821	377,654	799,532	5
DIAGNOSTIC IMAGING FUND	3,307	3,307	3,229	
DONOR RESTRICTED FUND	1,138,731	1,138,731	1,127,440	
WORKERS COMPENSATION FUND	16,855	19,632	11,137	
TOTAL	<u>69,908,100</u>	<u>69,599,416</u>	<u>64,505,340</u>	
LESS CURRENT PORTION	<u>(8,261,752)</u>	<u>(8,376,252)</u>	<u>(6,853,249)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>61,646,348</u>	<u>61,223,164</u>	<u>57,652,091</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	451,785	451,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	865,197	850,882	873,491	
PROPERTY & EQUIPMENT NET	176,126,527	175,986,883	165,548,680	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,813,726</u>	<u>1,791,406</u>	<u>1,822,165</u>	
<b>TOTAL ASSETS</b>	<u>325,427,116</u>	<u>321,590,309</u>	<u>283,961,339</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	420,209	423,441	458,997	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,370,780	1,370,780	1,063,457	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,651,221	5,674,926	5,935,678	
GO BOND DEFERRED FINANCING COSTS	441,004	442,938	464,218	
DEFERRED FINANCING COSTS	<u>172,686</u>	<u>173,726</u>	<u>185,169</u>	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 8,055,900</u>	<u>\$ 8,085,812</u>	<u>\$ 8,107,519</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 6,689,261	\$ 6,673,303	\$ 5,159,382	
ACCRUED PAYROLL & RELATED COSTS	19,032,871	17,465,853	11,112,509	6
INTEREST PAYABLE	188,870	106,493	224,240	
INTEREST PAYABLE GO BOND	301,788	-	317,842	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	161,103	731,374	262,512	7
HEALTH INSURANCE PLAN	2,042,670	2,042,670	1,312,436	
WORKERS COMPENSATION PLAN	2,396,860	2,396,860	1,886,559	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,172,232	1,172,232	1,184,419	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,547,744	2,547,744	1,454,876	
<b>TOTAL CURRENT LIABILITIES</b>	<u>35,863,398</u>	<u>34,466,529</u>	<u>24,244,775</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	34,686,233	34,870,969	25,517,831	
GO BOND DEBT NET OF CURRENT MATURITIES	99,473,247	99,486,668	100,964,295	
DERIVATIVE INSTRUMENT LIABILITY	<u>1,370,780</u>	<u>1,370,780</u>	<u>1,063,457</u>	
<b>TOTAL LIABILITIES</b>	<u>171,393,658</u>	<u>170,194,946</u>	<u>151,790,358</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	160,950,627	158,342,444	139,151,060	
RESTRICTED	<u>1,138,731</u>	<u>1,138,731</u>	<u>1,127,440</u>	
<b>TOTAL NET POSITION</b>	<u>\$ 162,089,358</u>	<u>\$ 159,481,175</u>	<u>\$ 140,278,500</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
AUGUST 2019

1. Working Capital is at 45.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 167.7 days. Working Capital cash decreased a net \$1,091,000. Accrued Payroll & Related Costs increased \$1,567,000 (See Note 6), the District reimbursed \$1,354,000 against the FY2019 Medicare Outpatient overpayment, and cash collections exceeded target by 5%.
2. Net Patient Accounts Receivable increased approximately \$3,507,000 and cash collections were 105% of target. EPIC Days in A/R were 65.5 compared to 66.6 at the close of July, a 1.10 days decrease.
3. Other Receivables decreased a net \$439,000 after recording receipt of 340B rebates booked as a receivable at the close of FY19 and remittance of Property Tax revenues from Placer county.
4. Estimated Settlements, Medi-Cal & Medicare increased \$1,078,000 after recording the estimated August FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs along with repayment of the FY19 Medicare Outpatient overpayments leaving a receivable due from the program based on the FY19 interim cost report calculations.
5. GO Bond Tax Revenue Fund increased \$184,000 after receiving payment of Property Tax Revenues from Placer County.
6. Accrued Payroll & Related Costs increased \$1,567,000 as a result of increased month-end accrued payroll days.
7. Estimated Settlements, Medi-Cal & Medicare decreased \$570,000 after reimbursing the Medicare program on the FY19 Outpatient overpayment on claims.

**Tahoe Forest Hospital District  
Cash Investment  
August 2019**

<b>WORKING CAPITAL</b>			
US Bank	\$ 22,704,809		
US Bank/Kings Beach Thrift Store	14,532		
US Bank/Truckee Thrift Store	154,123		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,012,849</u>	0.50%	
<b>Total</b>			<b>\$ 23,886,313</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.02%	
Capital Equipment Fund	<u>-</u>		
<b>Total</b>			<b>\$ -</b>
Building Fund	\$ -		
Cash Reserve Fund	<u>64,390,780</u>	2.34%	
Local Agency Investment Fund			<b>\$ 64,390,780</b>
Municipal Lease 2018			<b>\$ 3,501,824</b>
Bonds Cash 2017			<b>\$ 20,353</b>
Bonds Cash 2015			<b>\$ 274,428</b>
GO Bonds Cash 2008			<b>\$ 561,821</b>
DX Imaging Education	\$ 3,307		
Workers Comp Fund - B of A	16,855		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b><u>\$ 20,163</u></b>
<b>TOTAL FUNDS</b>			<b>\$ 92,655,682</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,360	0.02%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,095,730</u>	2.34%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,138,731</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 93,794,413</u></u></b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
AUGUST 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD AUG 2018
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>								
\$ 38,080,787	\$ 33,554,433	\$ 4,526,354	13.5%	\$ 73,595,259	\$ 65,616,198	\$ 7,979,061	12.2%	1 \$ 58,368,910
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,232,956	\$ 2,798,153	\$ 434,803	15.5%	\$ 6,476,211	\$ 5,377,478	\$ 1,098,733	20.4%	\$ 5,807,134
5,581,610	5,968,138	(386,528)	-6.5%	11,473,560	11,807,559	(333,999)	-2.8%	9,230,839
8,814,565	8,766,291	48,274	0.6%	17,949,771	17,185,037	764,734	4.5%	15,037,973
Total Gross Revenue - Inpatient								
29,266,222	24,788,142	4,478,080	18.1%	55,645,488	48,431,161	7,214,327	14.9%	43,330,937
29,266,222	24,788,142	4,478,080	18.1%	55,645,488	48,431,161	7,214,327	14.9%	43,330,937
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
16,993,094	15,060,146	(1,932,948)	-12.8%	33,453,700	29,366,614	(4,087,086)	-13.9%	26,879,495
1,380,000	1,207,966	(172,034)	-14.2%	2,636,425	2,356,829	(279,596)	-11.9%	1,927,615
-	-	-	0.0%	-	-	-	0.0%	-
606,514	588,614	(17,900)	-3.0%	512,366	1,149,058	636,692	55.4%	(248,191)
(13,470)	-	13,470	0.0%	(13,470)	-	13,470	0.0%	(95,577)
18,966,137	16,856,726	(2,109,411)	-12.5%	36,589,020	32,872,501	(3,716,519)	-11.3%	28,463,342
Total Deductions from Revenue								
101,853	101,451	(403)	-0.4%	170,938	215,401	44,463	20.6%	140,334
1,141,490	962,205	179,285	18.6%	2,203,195	1,956,396	246,799	12.6%	1,649,758
20,357,994	17,761,363	2,596,631	14.6%	39,380,372	34,915,494	4,464,878	12.8%	31,695,660
Property Tax Revenue- Wellness Neighborhood								
Other Operating Revenue								
<b>TOTAL OPERATING REVENUE</b>								
<b>OPERATING EXPENSES</b>								
6,143,406	6,225,360	81,954	1.3%	11,523,085	12,323,513	800,428	6.5%	9,625,284
2,016,158	1,835,590	(180,568)	-9.8%	3,808,480	3,662,559	(145,921)	-4.0%	3,156,010
52,280	78,105	25,825	33.1%	111,799	156,210	44,411	28.4%	107,280
1,963,401	1,177,057	(786,344)	-66.8%	3,232,207	2,354,114	(878,093)	-37.3%	1,601,011
1,846,001	1,573,177	(272,824)	-17.3%	3,666,418	3,712,473	46,055	1.2%	3,892,186
216,056	216,662	606	0.3%	403,499	432,203	28,704	6.6%	381,206
2,560,964	2,321,271	(239,693)	-10.3%	5,102,673	4,574,007	(528,666)	-11.6%	4,131,371
1,718,476	1,569,096	(149,380)	-9.5%	3,194,807	3,133,409	(61,398)	-2.0%	2,327,360
731,815	850,937	119,122	14.0%	1,349,233	1,743,103	393,870	22.6%	1,279,581
17,248,558	15,847,255	(1,401,303)	-8.8%	32,392,201	32,091,591	(300,610)	-0.9%	26,501,289
Total Operating Expense								
<b>3,109,436</b>	<b>1,914,108</b>	<b>1,195,328</b>	<b>62.4%</b>	<b>6,988,171</b>	<b>2,823,903</b>	<b>4,164,268</b>	<b>147.5%</b>	<b>5,194,371</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
507,730	508,132	(402)	-0.1%	1,048,229	1,003,766	44,463	4.4%	1,145,583
412,919	412,919	0	0.0%	825,839	825,839	(0)	0.0%	749,772
154,766	160,825	(6,059)	-3.8%	318,273	321,458	(3,185)	-1.0%	242,549
-	-	-	0.0%	-	-	-	0.0%	-
1,366	88,155	(86,789)	-98.5%	29,480	176,310	(146,830)	-83.3%	-
-	-	-	0.0%	-	-	-	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	-
5,200	-	5,200	0.0%	5,200	-	5,200	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	-
(1,150,694)	(1,154,615)	3,921	0.3%	(2,253,796)	(2,309,231)	55,435	2.4%	(2,119,954)
(118,536)	(118,476)	(60)	-0.1%	(237,553)	(237,438)	(115)	0.0%	(206,791)
(314,006)	(301,788)	(12,218)	-4.0%	(631,595)	(607,158)	(24,437)	-4.0%	(650,686)
(501,253)	(404,848)	(96,406)	-23.8%	(895,924)	(826,454)	(69,470)	-8.4%	(839,527)
Total Non-Operating Revenue/(Expense)								
<b>\$ 2,608,183</b>	<b>\$ 1,509,260</b>	<b>\$ 1,098,923</b>	<b>72.8%</b>	<b>\$ 6,092,247</b>	<b>\$ 1,997,449</b>	<b>\$ 4,094,798</b>	<b>205.0%</b>	<b>\$ 4,354,844</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>								
<b>NET POSITION - BEGINNING OF YEAR</b>				<b>155,997,111</b>				
<b>NET POSITION - AS OF AUGUST 31, 2019</b>				<b>\$ 162,089,358</b>				
<b>8.2%</b>	<b>5.7%</b>	<b>2.5%</b>		<b>9.5%</b>	<b>4.3%</b>	<b>5.2%</b>		<b>8.9%</b>
<b>RETURN ON GROSS REVENUE EBIDA</b>								



**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**AUGUST 2019**

**1) Gross Revenues**

Acute Patient Days were at budget at 502 days. Swing Bed days were above budget 500% or 15 days. Inpatient Ancillary revenues were below budget due to the lower acuity levels in our patients.

Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health & Hospice visits, Surgical cases, Laboratory tests, Diagnostic Imaging, Mammography, Radiation Oncology procedures, MRI, Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Tahoe City Physical Therapy, Outpatient Physical, Speech, and Occupational Therapy.

Gross Revenue -- Inpatient  
Gross Revenue -- Outpatient  
Gross Revenue -- Total

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>AUG 2019</b>	<b>YTD 2020</b>
	Gross Revenue -- Inpatient	\$ 48,274	\$ 764,734
	Gross Revenue -- Outpatient	4,478,080	7,214,327
	Gross Revenue -- Total	<u>\$ 4,526,354</u>	<u>\$ 7,979,061</u>

**2) Total Deductions from Revenue**

The payor mix for August shows a .74% increase to Medicare, a 2.37% decrease to Medi-Cal, .65% decrease to Other, a 23% increase to County, and a 2.05% increase to Commercial when compared to budget. Contractual Allowances were above budget as a result of revenues exceeding budget by 13.5%.

Contractual Allowances	\$ (1,932,947)	\$ (4,087,085)
Charity Care	(172,034)	(279,586)
Charity Care - Catastrophic	-	-
Bad Debt	(17,900)	636,692
Prior Period Settlements	13,470	13,470
Total	<u>\$ (2,109,411)</u>	<u>\$ (3,716,519)</u>

**3) Other Operating Revenue**

Retail Pharmacy revenues exceeded budget by 8.19%.

Negative variance in Hospice Thrift Store revenues related to the IVCH (formerly Kings Beach) Thrift store still remaining closed until final occupancy is obtained.

IVCH ER Physician Guarantee is tied to collections which exceeded budget in August.

Children's Center revenues were above budget by 10.57%.

Positive variance in Miscellaneous related to Cafeteria Sales and Rebates & Refunds.

Retail Pharmacy	\$ 20,019	\$ 51,095
Hospice Thrift Stores	(18,147)	(34,732)
The Center (non-therapy)	(12,760)	(14,881)
IVCH ER Physician Guarantee	76,176	104,643
Children's Center	9,492	5,863
Miscellaneous	112,005	129,958
Oncology Drug Replacement Grants	-	-
	(7,500)	4,853
Total	<u>\$ 179,285</u>	<u>\$ 246,799</u>

**4) Salaries and Wages**

**Employee Benefits**

Negative variance in PL/SL is a result of increased vacation time in August along with multiple Sick Leaves.

**Employee Benefits - Workers Compensation**

**Employee Benefits - Medical Insurance**

We continue to see increased use of our self-insured health insurance plan, creating a negative variance in Employee Benefits-Medical Insurance.

Total	<u>\$ 81,954</u>	<u>\$ 800,428</u>
PL/SL	\$ (156,959)	\$ (200,524)
Nonproductive	(6,751)	38,612
Pension/Deferred Comp	(16,438)	0
Standby	4,824	(4,049)
Other	(5,244)	20,040
Total	<u>\$ (180,568)</u>	<u>\$ (145,921)</u>
Total	<u>\$ 25,825</u>	<u>\$ 44,411</u>
Total	<u>\$ (786,344)</u>	<u>\$ (878,093)</u>

**5) Professional Fees**

Negative variance in Multi-Specialty Clinics due to the timing of physicians moving to the employment model.

Therapy services provided to our Home Health/Hospice patients created a negative variance in this category.

Legal services provided to HR created a negative variance in Human Resources.

Tahoe City Physical Therapy and TFH Occupational Therapy revenues exceeded budget creating a negative variance in TFH/IVCH Therapy Services.

Negative variance in TFH Locums related to the timing of our Hospitalists converting to the Employee Based model.

Multi-Specialty Clinics	\$ (211,414)	\$ (370,496)
Home Health/Hospice	(25,529)	(27,144)
The Center (includes OP Therapy)	2,921	(19,227)
Human Resources	(13,885)	(11,392)
IVCH ER Physicians	(3,349)	(3,498)
Patient Accounting/Admitting	-	-
Respiratory Therapy	-	-
Managed Care	-	-
Corporate Compliance	(2,000)	-
Medical Staff Services	(555)	733
Oncology	(2,060)	1,210
Financial Administration	2,328	3,012
Administration	62	3,312
Multi-Specialty Clinics Administration	2,615	3,349
Marketing	3,208	5,483

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**AUGUST 2019**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>AUG 2019</u>	<u>YTD 2020</u>
<b>5) <u>Professional Fees (cont.)</u></b>	TFH/IVCH Therapy Services	(17,882)	7,312
	Information Technology	4,140	8,002
	Sleep Clinic	9,799	18,951
	Miscellaneous	47,559	41,803
	TFH Locums	(68,177)	413,352
	<b>Total</b>	<b>\$ (272,218)</b>	<b>\$ 74,759</b>
<b>6) <u>Supplies</u></b>	Pharmacy Supplies	\$ (384,919)	\$ (466,378)
Oncology drugs Sold to Patients revenues exceeded budget by 67.66% creating a negative variance in Pharmacy Supplies.	Patient & Other Medical Supplies	101,216	(126,136)
	Minor Equipment	2,683	(12,248)
	Imaging Film	-	-
Medical Supplies Sold to Patients revenues exceeded budget by 25.21%, however, the mix of drugs administered were lower in cost than anticipated in budget.	Office Supplies	9,897	14,887
	Food	18,497	20,598
	Other Non-Medical Supplies	12,932	40,611
	<b>Total</b>	<b>\$ (239,693)</b>	<b>\$ (528,666)</b>
<b>7) <u>Purchased Services</u></b>	Medical Records	\$ (52,367)	\$ (66,190)
Outsourced coding and claim edits created a negative variance in Medical Records.	Miscellaneous	(86,288)	(59,680)
	Department Repairs	(41,857)	(28,899)
Increased Security services, Credit Card fees, and Medical Waste removal created a negative variance in Miscellaneous.	Patient Accounting	(17,460)	(21,705)
	The Center	1,944	(1,124)
Facility wide building maintenance along with maintenance services on diagnostic equipment created a negative variance in Department Repairs.	Community Development	292	583
	Diagnostic Imaging Services - All	(281)	711
Negative variance in Patient Accounting related to outsourced services to help with claim processing and collections.	Pharmacy IP	70	4,392
	Home Health/Hospice	1,040	4,874
	Information Technology	(1,850)	6,796
	Multi-Specialty Clinics	(2,261)	13,900
	Laboratory	18,808	23,875
Positive variance in Human Resources related to Employee Health screenings and Wellness Bank services coming in below budget estimations.	Human Resources	30,830	61,069
	<b>Total</b>	<b>\$ (149,380)</b>	<b>\$ (61,398)</b>
<b>8) <u>Other Expenses</u></b>	Multi-Specialty Clinics Bldg Rent	\$ (327)	\$ (654)
Electricity and Natural Gas/Propane costs exceeded budget creating a negative variance in Utilities.	Multi-Specialty Clinics Equip Rent	32	63
	Physician Services	1,420	1,898
Controllable expenses continue to be monitored by Senior Leadership. This is creating positive variances in most of the remaining Other Expense categories.	Other Building Rent	580	2,511
	Equipment Rent	3,296	2,805
	Human Resources Recruitment	10,875	18,000
	Utilities	(8,490)	23,384
	Miscellaneous	(7,469)	26,549
	Dues and Subscriptions	13,477	27,255
	Insurance	12,718	31,485
	Marketing	31,503	114,273
	Outside Training & Travel	61,505	145,302
	<b>Total</b>	<b>\$ 119,122</b>	<b>\$ 392,870</b>
<b>9) <u>District and County Taxes</u></b>	<b>Total</b>	<b>\$ (402)</b>	<b>\$ 44,463</b>
<b>10) <u>Interest Income</u></b>	<b>Total</b>	<b>\$ (6,059)</b>	<b>\$ (3,185)</b>
<b>11) <u>Donations</u></b>	IVCH	\$ (41,334)	\$ (82,667)
	Operational	(45,455)	(64,163)
	Capital Campaign	-	-
	<b>Total</b>	<b>\$ (86,789)</b>	<b>\$ (146,830)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>13) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	<b>Total</b>	<b>\$ 5,200</b>	<b>\$ 5,200</b>
<b>15) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ 3,921</b>	<b>\$ 55,435</b>
<b>16) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ (60)</b>	<b>\$ (115)</b>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
AUGUST 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD AUGUST 2018		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>						
\$ 2,763,457	\$ 2,257,286	\$ 506,171	22.4%	Total Gross Revenue	\$ 5,159,583	\$ 4,530,229	\$ 629,354	13.9%	1	\$ 4,448,652
				<b>Gross Revenues - Inpatient</b>						
\$ -	\$ 18,896	\$ (18,896)	-100.0%	Daily Hospital Service	\$ -	\$ 23,395	\$ (23,395)	-100.0%		\$ 14,601
-	3,473	(3,473)	-100.0%	Ancillary Service - Inpatient	-	14,949	(14,949)	-100.0%		15,124
-	22,369	(22,369)	-100.0%	Total Gross Revenue - Inpatient	-	38,344	(38,344)	-100.0%	1	29,725
2,763,457	2,234,917	528,540	23.6%	Gross Revenue - Outpatient	5,159,583	4,491,885	667,698	14.9%		4,418,927
2,763,457	2,234,917	528,540	23.6%	Total Gross Revenue - Outpatient	5,159,583	4,491,885	667,698	14.9%	1	4,418,927
				<b>Deductions from Revenue:</b>						
1,018,265	917,253	(101,012)	-11.0%	Contractual Allowances	2,065,601	1,831,693	(233,908)	-12.8%	2	1,532,792
129,485	111,765	(17,720)	-15.9%	Charity Care	241,624	218,019	(23,605)	-10.8%	2	169,493
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
94,715	111,765	17,050	15.3%	Bad Debt	116,243	218,019	101,776	46.7%	2	(5,410)
(13,357)	-	13,357	0.0%	Prior Period Settlements	(13,357)	-	13,357	0.0%	2	-
1,229,107	1,140,783	(88,324)	-7.7%	Total Deductions from Revenue	2,410,111	2,267,731	(142,380)	-6.3%	2	1,696,875
139,567	63,437	76,130	120.0%	Other Operating Revenue	263,248	159,471	103,777	65.1%	3	221,794
1,673,918	1,179,940	493,978	41.9%	<b>TOTAL OPERATING REVENUE</b>	3,012,719	2,421,969	590,750	24.4%		2,973,571
				<b>OPERATING EXPENSES</b>						
344,517	381,371	36,854	9.7%	Salaries and Wages	677,978	727,948	49,970	6.9%	4	648,832
160,598	110,861	(49,737)	-44.9%	Benefits	267,068	219,792	(47,276)	-21.5%	4	213,796
3,013	4,303	1,290	30.0%	Benefits Workers Compensation	6,026	8,606	2,580	30.0%	4	6,780
112,338	67,391	(44,947)	-66.7%	Benefits Medical Insurance	184,983	134,782	(50,201)	-37.2%	4	95,338
304,780	294,702	(10,078)	-3.4%	Medical Professional Fees	568,295	568,695	400	0.1%	5	499,286
1,520	1,536	16	1.1%	Other Professional Fees	3,039	3,073	34	1.1%	5	4,208
30,897	67,866	36,969	54.5%	Supplies	59,845	150,514	90,669	60.2%	6	76,608
65,042	50,599	(14,443)	-28.5%	Purchased Services	100,310	104,921	4,611	4.4%	7	81,969
69,882	80,441	10,559	13.1%	Other	133,063	163,070	30,007	18.4%	8	145,189
1,092,587	1,059,070	(33,517)	-3.2%	<b>TOTAL OPERATING EXPENSE</b>	2,000,608	2,081,401	80,793	3.9%		1,772,006
<b>581,330</b>	<b>120,870</b>	<b>460,460</b>	<b>381.0%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,012,112</b>	<b>340,568</b>	<b>671,544</b>	<b>197.2%</b>		<b>1,201,565</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>						
-	41,334	(41,334)	-100.0%	Donations-IVCH	-	82,667	(82,667)	-100.0%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(61,607)	(65,043)	3,436	-5.3%	Depreciation	(130,879)	(130,086)	(793)	-0.6%	11	(118,604)
(61,607)	(23,709)	(37,898)	-159.8%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(130,879)	(47,419)	(83,460)	-176.0%		(118,604)
<b>\$ 519,723</b>	<b>\$ 97,161</b>	<b>\$ 422,562</b>	<b>434.9%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 881,233</b>	<b>\$ 293,149</b>	<b>\$ 588,084</b>	<b>200.6%</b>		<b>\$ 1,082,961</b>
<b>21.0%</b>	<b>5.4%</b>	<b>15.7%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>19.6%</b>	<b>7.5%</b>	<b>12.1%</b>			<b>27.0%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
AUGUST 2019**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>AUG 2019</u>	<u>YTD 2020</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were below budget by 4 at 0 and Observation Days were at budget at 1.	Gross Revenue -- Inpatient	\$ (22,369)	\$ (38,344)
	Gross Revenue -- Outpatient	528,540	667,698
		<u>\$ 506,171</u>	<u>\$ 629,354</u>
Outpatient volumes exceeded budget in Emergency Department visits, Cat Scans, Physical Therapy, and Speech Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 3.30% increase in Commercial Insurance, a 1.02% increase in Medicare, a 4.65% decrease in Medicaid, a .33% increase in Other, and County was below budget by .01%. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 22.4%.	Contractual Allowances	\$ (101,011)	\$ (233,908)
	Charity Care	(17,720)	(23,605)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	17,050	101,776
	Prior Period Settlement	13,357	13,357
	Total	<u>\$ (88,324)</u>	<u>\$ (142,380)</u>
The District completed its FY17 Medicaid desk audit resulting in additional amounts due from the program, creating a positive variance in Prior Period Settlements.			
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in August.	IVCH ER Physician Guarantee	\$ 76,176	\$ 104,643
	Miscellaneous	(46)	(866)
	Total	<u>\$ 76,130</u>	<u>\$ 103,777</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ 36,854</u>	<u>\$ 49,970</u>
<b><u>Employee Benefits</u></b>			
Increased usage of Paid Leave for vacations in August created a negative variance in PL/SL.	PL/SL	\$ (50,084)	\$ (49,088)
	Standby	809	620
	Other	237	1,598
	Nonproductive	293	587
	Pension/Deferred Comp	(992)	(992)
	Total	<u>\$ (49,737)</u>	<u>\$ (47,276)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 1,290</u>	<u>\$ 2,580</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
We continue to see increased claims processed by our Third Party Administrator which is causing negative variances in Employee Benefits-Medical Insurance	Total	<u>\$ (44,947)</u>	<u>\$ (50,201)</u>
<b>5) <u>Professional Fees</u></b>			
Orthopedic Surgery physician fees and extended coverage in MSC IM/Peds created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (27,536)	\$ (38,529)
	IVCH ER Physicians	(3,349)	(3,499)
	Administration	-	-
	Foundation	17	33
	Miscellaneous	776	803
Sleep Clinic professional fees are tied to collections which fell short of budget in August.	Sleep Clinic	9,799	18,951
	Therapy Services	10,232	22,674
Physical Therapy revenues exceeded budget, however, the mix of procedures delivered to patients resulted in a positive variance in Therapy Services Professional Fees.	Total	<u>\$ (10,062)</u>	<u>\$ 434</u>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues exceeded budget by 42.72%, however, the mix of patient chargeable supplies administered were lower in cost than budget estimations, creating a positive variance in Patient & Other Medical Supplies	Imaging Film	\$ -	\$ -
	Food	25	141
	Minor Equipment	(1,127)	383
	Office Supplies	463	973
	Non-Medical Supplies	351	1,678
	Patient & Other Medical Supplies	18,511	38,000
	Pharmacy Supplies	18,746	49,495
Drugs Sold to Patients Revenues exceeded budget by 51.49%, however, the pharmaceuticals used in patient care were lower in cost than budgeted, creating a positive variance in Pharmacy Supplies.	Total	<u>\$ 36,969</u>	<u>\$ 90,669</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
AUGUST 2019**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>AUG 2019</b>	<b>YTD 2020</b>
<b>7) <u>Purchased Services</u></b>			
Negative variance in Department Repairs related to equipment maintenance in Sterile Processing, Diagnostic Imaging, and Cat Scan.	Department Repairs	\$ (15,438)	\$ (7,221)
	Foundation	(6,607)	(3,532)
	Diagnostic Imaging Services - All	(1,225)	(1,608)
	Multi-Specialty Clinics	(183)	(155)
Stewardship expenses related to IVCHF Fundraising events created a negative variance in Foundation.	Surgical Services	-	-
	Pharmacy	-	-
	Miscellaneous	566	2,218
	EVS/Laundry	164	2,352
	Engineering/Plant/Communications	2,443	3,416
	Laboratory	5,837	9,140
	<b>Total</b>	<b>\$ (14,443)</b>	<b>\$ 4,611</b>
<b>8) <u>Other Expenses</u></b>			
Senior Leadership continues to monitor controllable expenses, leading to positive variances in most of the Other Expense categories.	Other Building Rent	\$ (614)	\$ (613)
	Dues and Subscriptions	245	(308)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Utilities	(869)	1,033
	Equipment Rent	716	3,305
	Insurance	1,919	3,839
	Marketing	512	4,054
	Outside Training & Travel	4,320	8,679
	Miscellaneous	4,329	10,018
	<b>Total</b>	<b>\$ 10,559</b>	<b>\$ 30,007</b>
<b>9) <u>Donations</u></b>	Total	<b>\$ (41,334)</b>	<b>\$ (82,667)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	Total	<b>\$ 3,436</b>	<b>\$ (793)</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2019		BUDGET FYE 2020	PROJECTED FYE 2020	ACTUAL AUG 2019	BUDGET AUG 2019	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 25,310,161		\$ 12,072,919	\$ 16,259,055	\$ 3,109,436	\$ 1,914,108	\$ 1,195,328	\$ 8,621,163	\$ 4,137,259	\$ 2,488,975	\$ 1,011,658
Interest Income	1,322,573		1,854,579	1,854,692	-	-	-	414,192	477,577	481,808	481,114
Property Tax Revenue	7,435,543		7,125,000	7,466,208	353,103	50,000	303,103	491,208	75,000	3,950,000	2,950,000
Donations	968,991		1,060,000	925,072	65,896	130,000	(64,104)	155,072	290,000	240,000	240,000
Debt Service Payments	(3,938,422)		(5,031,900)	(5,494,179)	(475,747)	(353,249)	(122,498)	(1,522,026)	(1,194,500)	(1,059,747)	(1,717,906)
Property Purchase Agreement	(270,643)		(811,932)	(811,931)	(67,661)	(67,661)	0	(202,982)	(202,983)	(202,983)	(202,983)
2018 Municipal Lease	(1,148,646)		(1,717,332)	(1,574,221)	(143,111)	(143,111)	0	(286,222)	(429,333)	(429,333)	(429,333)
Copier	(24,163)		(64,560)	(64,098)	(5,149)	(5,380)	231	(15,678)	(16,140)	(16,140)	(16,140)
2017 VR Demand Bond	(853,995)		(792,912)	(1,413,133)	-	-	-	(620,221)	(134,753)	-	(658,159)
2015 Revenue Bond	(1,640,975)		(1,645,164)	(1,630,796)	(259,826)	(137,097)	(122,729)	(396,923)	(411,291)	(411,291)	(411,291)
Physician Recruitment	(145,863)		(180,000)	(180,000)	(90,000)	(15,000)	(75,000)	(90,000)	-	(45,000)	(45,000)
Investment in Capital											
Equipment	(3,296,438)		(5,320,498)	(5,320,498)	(151,879)	(714,017)	562,138	(1,493,883)	(1,311,931)	(1,011,500)	(1,503,184)
Municipal Lease Reimbursement	4,530,323		4,650,000	3,450,000	-	-	-	-	1,700,000	1,000,000	750,000
IT/EMR/Business Systems	(3,016,084)		(4,222,246)	(4,222,246)	(201,613)	(52,666)	(148,947)	(453,393)	(1,089,853)	(1,558,000)	(1,121,000)
Building Projects/Properties	(12,443,362)		(23,169,292)	(23,169,292)	(996,301)	(1,795,847)	799,546	(4,080,000)	(6,746,500)	(3,422,950)	(8,919,842)
Capital Investments	(916,898)		-	-	-	-	-	-	-	-	-
Change in Accounts Receivable	(2,492,148)	N1	2,451,297	2,336,196	(3,506,620)	(571,486)	(2,935,134)	207,858	731,497	1,881,379	(484,537)
Change in Settlement Accounts	265,612	N2	1,615,831	(116,581)	(1,648,316)	(224,502)	(1,423,814)	(4,593,169)	(762,500)	(2,507,412)	7,746,500
Change in Other Assets	(5,018,346)	N3	(2,400,000)	(841,036)	786,178	(200,000)	986,178	958,964	(600,000)	(600,000)	(600,000)
Change in Other Liabilities	7,647,518	N4	(695,000)	(1,734,057)	1,665,352	1,200,000	465,352	560,943	(5,040,000)	1,320,000	1,425,000
Change in Cash Balance	16,213,160		(10,189,310)	(8,786,666)	(1,090,511)	(632,659)	(457,852)	(823,071)	(9,333,951)	1,157,553	212,803
Beginning Unrestricted Cash	70,805,546		87,018,706	87,018,706	89,367,605	89,367,605	-	87,018,706	86,195,635	76,861,684	78,019,237
Ending Unrestricted Cash	87,018,706		76,829,396	78,232,040	88,277,094	88,734,946	(457,852)	86,195,635	76,861,684	78,019,237	78,232,040
Expense Per Day	486,737		516,504	517,327	526,286	521,437	4,849	522,060	519,918	520,242	516,504
Days Cash On Hand	179		149	151	168	170	(2)	165	148	150	151

Footnotes:

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

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

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

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



## Board Informational Report

**By: Harry Weis**  
CEO

**DATE: 9/16/19**

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### **Finance Strategies:**

Overall volume and revenues continue to be quite strong through the first two months of this fiscal year with actual revenues and volumes being approximately 12% above budget. It is very humbling to see the year over year growth in patient volumes.

### **People Strategies:**

All managers and senior leaders are going through High Reliability Healthcare System training. This course, approximately four hours long, will help us ever improve in the safety and quality of care our team members provide.

Earlier in 2019 we launched a greatly improved intranet page for our team. Since that launch we have been focusing on increasing and improving our communications by posting a weekly bulletin every Monday.

I am also proud of our team on the daily huddles as these have been going on since before our "go live" with EPIC on November 1, 2017. They are highly valued by all areas in the health system.

Our team is gearing up for the Press Ganey Physician Engagement Survey to be given during the month of November.

Our team is also very focused on ever improving the content for physician employment and all of the adjoining policies that pertain to this topic.

### **Service Strategies:**

We had record participation in our annual SCOR Culture of Safety survey. Our team is focusing on opportunities to improve, as this topic will always be an opportunity for us even though the survey results showed great improvement versus the previous year.

The team is also working hard on completing all aspects of the BETA HEART program, which is intense. Our completion date is June 2020 and then meeting all future requirements on an annual basis thereafter.

We look forward to more in depth strategic plan updates with the board in October.

**Quality Strategies:**

Our team is very attentive to all issues, which support our journey to be a rare five star health system in the US. This is an intense ongoing effort. We have many quality improvement strategies in place.

**Growth Strategies:**

We continue to collaborate with area health systems, to better understand the healthcare needs of the region.

We continue to look for a Neurologist and additional Gastroenterologist. We are looking at further improvements to our mental health program.

We plan to add dental services down the road as well.

Construction continues on schedule for the 2<sup>nd</sup> floor of the Cancer Center for new patient exams rooms and provider services space.

We now have church parking lot space available at two local churches to create additional patient parking here on campus by having our employees park offsite.

We also continue our strong focus on work force housing with some critical review and approval documents for the board to consider at its September meeting. This need will grow ever more acute each year into the future.

We also remain active in our monitoring and active on all California and Nevada legislation that is either helpful or harmful to our health system.





## Board COO Report

**By: Judith B. Newland**

**DATE: September 2019**

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

#### Focus on our culture of safety

Our Reliability Management Team (RMT) continues to be active with weekly huddles and monthly training. Our Directors, Managers and Supervisors just completed online Reliability Management training modules.

#### Prioritize patient and family perspective

To improve our Outpatient Satisfaction Press Ganey results, a process improvement team, under the support of our Project Management Department, has been implemented. This team is meeting weekly to develop and implement new processes and strategies to improve our patient experience and satisfaction.

Our Patient and Family Experience Training program is expected to begin mid-October. This is a two-hour training for all Health System staff to attend that provides training on striving to provide a perfect care experience for patients and how we treat each other. It will take over a year to train all employees.

### **Growth: Foster and Grow Community and Regional Relationships**

#### Enhance and promote our value to the community

TFH Dietary, EVS and Facilities leadership continue to work closely with the Town of Truckee to meet recycling requirements. This includes changes to utilization of bins for recycling.

The Tahoe Forest Health System Foundation (TFHSF) had a successful Donor Appreciation Event on September 11<sup>th</sup>, 2019 thanking the generosity and support of donors. The event included having donors learn more about how their local hospital is expanding access to health care and to meet many of our physicians.

The Incline Village Community Hospital Foundation (IVCHF) had a successful Donor Appreciation Event on September 13<sup>th</sup>, 2019. The event was held at the Lacey Estate and provided an opportunity for community members to meet and learn more about Incline Health Center's newest physicians. Dr. Kim, Dr. Hagen, and Dr. Clyde were present and spoke at the event.

### **Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency**

#### Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

#### **Moves:**

- Pediatrics move is completed
- Incline Thrift Occupancy is being planned.

- Multispecialty Clinic moves are in planning to occupy the 2<sup>nd</sup> Floor of the Cancer Center Building. This move is dependent upon CDPH licensing.

**Projects in Progress:**

**Project:** TFHD Pharmacy Clean Room, OSHPD S170926-29-00

**Estimated Start of Construction:** 4/30/2018

**Estimated Completion:** Fall 2019

**Summary of Work:** To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

**Update Summary:** The Temporary room is under construction to be turned back over to a procedure room.

**Project:** 3<sup>rd</sup> Floor MOB Phase 1

**Update Summary:** Project is completed.

**Project:** Cancer Center 2<sup>nd</sup> Floor

**Estimated Start of Construction:** 10/18/2018

**Estimated Completion:** Fall 2019

**Summary of Work:** Construct the 2<sup>nd</sup> floor of the Cancer Center for expansion of Rural Health Clinic Services.

**Update Summary:** 2<sup>nd</sup> floor is being furnished. First floor is under construction.

**Project:** Tahoe City Physical Therapy Expansion

**Estimated Start of Construction:** October 2019

**Estimated Completion:** TBD

**Summary of Work:** Lease and renovate the remainder of the second floor of existing building.

**Update Summary:** Bids have been received.

**Project:** Center for Health and Sports Performance Renovation

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Transform existing center into open floor concept and provide additional treatment tables.

**Update Summary:** Project on Hold

**Project:** 2019 TFH Structure Demolition

**Estimated Start of Construction:** September 2019

**Estimated Completion:** November 2019

**Summary of Work:** Demolish Pat and Ollies, North and South Levon Apartment structures.

**Update Summary:** Abatement of North Levon Apartment is underway.

**Project:** ECC Interior Upgrades

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remodel all patient rooms and dining area of the 1985 building of the ECC

**Update Summary:** Project has been approved by OSHPD and is being prepared to go out to bid.

**Projects in Permitting:**

**Project:** Campus Water Improvements

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

**Update Summary:** Electrical has been approved, water improvements are under review.

**Project:** Security Upgrades

**Estimated Start of Construction:** Winter 2019

**Estimated Completion:** Summer 2020

**Summary of Work:** Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments.

**Update Summary:** The project under OSHPD Review

### **Projects in Design:**

**Project:** Day tank and Underground Storage tank replacement.

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remove and replace the 30-year-old underground storage tank and existing day tank.

**Update Summary:** Project is in the process of being designed.

**Project:** 2<sup>nd</sup> Floor MOB

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remodel 3 suites of the 2<sup>nd</sup> floor of the MOB.

**Update Summary:** Project is in the process of being designed.

**Project:** Site Improvements Phase 2

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Project include the Levon Parking Structure, Pat and Ollies Parking, Gateway Temporary Lot and MOB East Parking Extension.

**Update Summary:** Project is in the process of being designed.

**Project:** Gateway Medical Office Building

**Estimated Start of Construction:** Spring 2021

**Estimated Completion:** Winter 2024

**Summary of Work:** Create a new medical office building to house multiple hospital entities.

**Update Summary:** Procurement method is in development.

**Project:** Incline Endoscopy and SPD Remodel

**Estimated Start of Construction:** Spring 2021

**Estimated Completion:** Winter 2024

**Summary of Work:** Create a new procedure room for ENDO procedure and enhance SPD for processing.

**Update Summary:** Project is in design.



## Board CNO Report

**By: Karen Baffone, RN, MS**  
Chief Nursing Officer

**DATE: September, 2019**

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

*Use technology to improve efficiencies*

- Monitor project kick off completed 9-12-19 – Cables are currently being pulled throughout both organizations
- EPIC update completed on 9-12-19 without major incident. Next update scheduled for March 2020.

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

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

- **Level III Trauma**
  - Data collection has started. Will continue to look at resource consumption related to the registry process and performance improvement for the Level III Trauma Center.
  - Level III Trauma grant from CareStar is being processed by the Foundation and should be completely executed by 10/1/2019.
  - Trauma Protocols are nearing completion with the Medical Executive Committee approving them.
- **Care Coordination**
  - Pediatric Care Coordinator hiring process is taking place with anticipated start in October.

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

*Enhance and promote our value to the community*

- Truckee Surgery Center
  - Scheduled opening 9/23/19
  - First Assist Contract processing
  - Facility improvements complete
  - Third Party Payer Contracts completed
  - OR will be limited to those procedures that are covered services by our payers.

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

**DATE: September 2019**

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

*Use technology to improve efficiencies*

- Epic Upgrade September 11 to Version May 2019 successful.
- CDPH: Parkinson's Disease Registry interface live and backload of data
- Cancer Center Epic project continues
- Interfaces for Epic Cancer Center to Varian integration project 50% complete
- Lab Open Scheduling project live and available on TFHD website
- NV HIE interfaces fully live.
- Dietary Food Management interfaces live
- Windows 10 Upgrade Begins 9/21 – Access Center – Streamlined upgrade process to leverage SCCM rather than human touch on every system
- Tahoe Surgery Center – Workstations, Phone, Printers in place. Ready for opening on 10/23
- Network Analytics - Security – Introspect and ExtraHop both in active Proof Of Concept engagements
- Data Loss Protection - Security (Digital Guardian) – Plan to place on network first week of December. Appliance will collect data through the holidays too normalize via machine learning
- Phishing Campaign - Security – KnowBe4 Dashboard in place. Stakeholder communication being crafted, 1<sup>st</sup> phishing campaign (Baseline) 10/18
- TTMG – HW Staging begins 10/4 in Squaw prior to season open in November to minimize impact to daily operations. Working on printer leases
- Storage – Nutanix storage solution in place to support tiered storage.
- TFHD/Partner secure file transfer – Security tightened for in transit data between TFHD and our partners. TFHD hosted Citrix solution in place. Removed Drop Box
- M\*Modal – Defining implementation plan to migrate solution to cloud
- Imprivata - Continuing to troubleshoot issues with single sign on
- Nihon Kohden – Working with vendor on network requirements & options for patient monitors
- Panorama – continued work on Infrastructure
- Cancer Center TBR- Starting a project to revamp the Tumor Board room at the Cancer Center to replace old equipment
- Heavy maintenance and patching for Servers in play
- Install of employee timeclocks - 10/3
- 2nd floor MSC Clinic moves
- Opening of IVCH Thrift Store
- Remodel of 1st floor MOB for Occ Health and move of Occ Health to MOB 1st floor
- Remodel of 2nd floor MOB
- Remodel of IVCH 2nd floor exam rooms and DI rooms
- Remodel of W&F space for HR to move into.
- Remodel of HR space
- Remodel of SPR in Surgery

- Remodel / addition of TC PT space
- ECC Room upgrades – to include TV replacement and cabling.
- TTMG migration
- Security initiative to add DSX to many more doors of the district.
- Impress Tracking

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

**DATE: September 17, 2019**

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

*Build Trust*

- We are receiving positive feedback on the new Physician Engagement Bonus program.

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

- We are actively recruiting both a Gastroenterologist and Neurologist and have prospects for both, keep your fingers crossed!

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

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

- We continue to meet with revenue cycle and IT to develop the most streamlined processes as we move forward with the Epic Optimization Project.

*Implement a focused master plan*

- The specialists who plan to move into the second floor of the Cancer Center are getting excited about their new space and the upcoming moves. The Pediatricians are enjoying their new space and have complimented the surroundings and all the natural light!

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

*Focus on our culture of safety*

- As part of the new Physician Engagement Bonus, we will be rolling out the High Reliability Organization modules to help improve our culture of safety.

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

- This is Sepsis Awareness Month and I would like to bring to your attention that we are collaborating with BETA Healthcare Insurance on a Maternal Sepsis program, developing a toolkit to present to all BETA hospitals. During this project, TFHS has specifically developed an algorithm to identify when patients should stay or leave a facility for higher level of care.

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

*Enhance and promote our value to the community*

- Karli Epstein, Director of Foundations, hosted two specific events; one in Truckee to gather donors and Foundation board members together with our physicians for face to face time and the other in Incline Village to introduce Drs. Hagen and Clyde to the Incline Foundation board members and donors. These community events were a big hit!

*Define opportunities for growth and recapture outmigration*

- Reviewed updated outmigration data at the executive leadership team retreat and will incorporate into growth strategy in the upcoming months.

**BYLAWS  
OF  
TAHOE FOREST HEALTH SYSTEM FOUNDATION  
(a California Non-profit Corporation)  
ARTICLE ONE - ORGANIZATION**

A. Name. The name of the non-profit corporation is **TAHOE FOREST HEALTH SYSTEM FOUNDATION (A CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPORATION)** (hereafter referred to as the “Corporation”). The principal office of the Corporation shall be located at 10121 Pine Avenue, Nevada County, California 96161. The mailing address is P.O. Box 2508, Truckee, CA 96160-2508. The Board of Directors (the “Board”) is granted authority to change the location of the principal office. Any change shall be noted on these Bylaws opposite this section, or this section may be amended to state the new location.

B. Corporate Seal. The seal of the Corporation shall be inscribed with the name of the Corporation, the year of incorporation and the words “California” and “seal”, and shall be in a form approved by the board, which may alter the same at its leisure.

C. Governing Law. This Corporation shall be governed by and these Bylaws shall be interpreted to be consistent with California law.

D. Purpose. The purpose for which this Corporation is formed shall be to promote the health and welfare of the citizens of Truckee/Tahoe community through the Tahoe Forest Health System and such other acts which are or may be carried on for non-profit purposes.

**ARTICLE TWO - MEMBERSHIP**

A. Sole Member. The Tahoe Forest Hospital District shall be the sole member of the Corporation.

**ARTICLE THREE - MEETINGS OF MEMBERS**

A. Voting. At any meeting of the members of the Corporation, each member shall be entitled to cast one vote.

B. Majority of Members. As used in these Bylaws, the term “majority of members” shall mean those members holding 51% or more of the votes in accordance with the voting rights assigned in these Bylaws.

C. Quorum. Upon proper notice to the members and except as otherwise provided in these Bylaws, the presence in person, telephonically, electronically or by proxy of any amount of members shall constitute a quorum.



D. Corporation Responsibilities. The members shall constitute the Corporation which will have the authority, duties and responsibilities as set forth herein. Except as otherwise provided herein, the decisions and resolutions of the Corporation shall require approval by a majority of the Directors as provided in Article Four, hereinbelow. When a quorum is present at the commencement of any members' meeting, the vote of a majority of the members present shall decide any matter brought before the members' meeting.

The member shall have the right to vote, as set forth in these Bylaws, on (1) the election of directors; (2) the dissolution of the Corporation; (3) the merger with another corporation; (4) amendment of the Articles of Incorporation or Bylaws; and (4) the disposition of corporate assets in excess of 50 percent of the total corporate value. The member shall have veto authority over such decisions of the Board of Directors. In addition, the member shall have those rights afforded members under the California Nonprofit Public Benefit Corporation Law.

E. Place of Meetings. The meetings of the members of the Corporation shall be held at such suitable place convenient to the members as may be designated by the members.

F. Annual Meetings. The annual meeting of the members of the Corporation shall be held at such time and place as may be designated by the members of the Corporation. The members may also transact such other business of the Corporation as may properly come before them.

G. Special Meetings. It shall be the duty of the ~~Chief Executive Officer~~Chair of the Board, Chairman of the Board of Directors or a majority of the Board of Directors to call a special meeting of the members or upon a petition signed by a majority of the members and having been presented to the Secretary. The notice of any special meeting shall state the time and place of such meeting and the purpose thereof. No business shall be transacted at a special meeting except as stated in the notice except by consent of the members as a lawful urgency or emergency item.

H. Notice of Meetings. Notice of each annual or special meeting shall be given to the members as directed by the members. Notice shall be deemed to have been given if actual notice is received by the member as evidenced by return receipt acknowledgement by regular or electronic mail (email). All such notices shall be given not less than ten (10) nor more than sixty (60) days before each annual or special meeting, and shall specify the place, the day and the hour of such meeting, and shall state such other matters, if any, as may be expressly required by law.

I. Adjourned Meetings. Any members' meeting, annual or special, whether or not a quorum is present, may be adjourned from time to time by the vote of the members present either in person or by proxy thereat. When any members' meeting, either annual or special, is adjourned for five (5) days or more, notice of the adjourned meeting shall be given as in the case of an original meeting. Except as aforesaid, it shall not be necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting, if the time and place thereof are announced at

the meeting at which such adjournment is taken.

J. Order of Business, Proxies and Voting. The order of business at all meetings of the members shall be as follows:

1. Roll call.
2. Proof of notice of meeting or waiver of notice.
3. Reading of minutes of proceeding meeting; taking necessary action thereon.
4. Reports of officers.
5. Reports of committees.
6. Unfinished business.
7. New business.
8. Adjournment

At all meetings of members, each member may vote in person or by proxy. All proxies shall be in writing, signed by the member and filed with the Secretary. Such proxy may be valid for any period of time stated thereon up to a maximum of six (6) months except as otherwise provided in the Articles of Incorporation or these Bylaws. A majority of members present, in person or by proxy, shall prevail at such meeting. Any proxy may be amended or revoked by a proxy signed later than the prior proxy.

K. Action Without Meeting. Any action which under the provisions of the applicable statutes may be taken at a meeting of the members, may be taken without a meeting if authorized in writing signed by a majority of all the members who would be entitled to vote at a meeting for such purpose, on file with the Secretary.

L. Transfer of Membership. No membership or right arising from membership shall be transferred. Subject to Article 3 of these bylaws, all membership rights cease on the member's death or dissolution

#### **ARTICLE FOUR - DIRECTORS**

A. Number and Qualification. The affairs of the Corporation shall be governed by a Board of Directors composed of at least three (3) Directors. Provided that the Corporation has at least three (3) Directors, the number of Directors may at any time or times be increased or decreased by an affirmative vote by the Members. The CEO of Tahoe Forest Hospital District shall serve as one of the Directors.

B. Powers and Duties of Board of Directors. The Board of Directors have the power and duties necessary for the administration of the affairs of the Corporation, including but not limited to the election of the Chairman of the Corporation by a majority vote of the members of the Board of Directors, and may do all such acts and things as are not by law or by these Bylaws directed to be exercised and done by the members.

C. Compensation. Directors, as such, shall not receive any salary or compensation for their services as Directors, provided, however, that nothing herein construed shall be considered to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefore. Directors may be reimbursed for actual authorized expenses incurred in the performance of their duties.

D. Action Taken Without a Meeting. The Directors shall have the right to take any action in the absence of a meeting which they could take at a meeting by obtaining the written consent of a majority of the Directors which shall be filed in the minute book of the Corporation. Any action so approved shall have the same effect as though taken at a meeting of the Directors. A copy of any such consent action shall be mailed promptly to each Director. Any Director dissenting from such action may file a written dissent with the Secretary who shall file such dissent in the minute book of the Corporation.

E. Appointment and Term of Office. Each Director shall be elected for a period of three years with one-third of the Directors to be elected in each year. In the initial year of the Corporation, the members shall elect Directors to fill terms of one, two and three years, as appropriate. The Directors shall hold office until their successors have been appointed and hold their first meeting. Immediately after the annual meeting of the members, at a meeting of the board of Directors, the Directors then in office shall by a majority vote recommend their successors. The members of the Corporation shall then elect the Directors. No person, who by virtue of having previously served as a Director, shall be ineligible for election appointment in a subsequent term; provided, however, that no Director may serve in excess of three (3) full terms. In furtherance of the foregoing, the Board of Directors may appoint a nominating committee to recommend the candidates for the upcoming election.

F. Books. The Board of Directors shall cause to be maintained a full set of books and records showing the financial condition of the affairs of the Corporation in a manner consistent with generally accepted accounting principles. Such records shall be available for inspection by members and their agents.

This Corporation shall also keep the following:

- (1) Adequate and correct books and records of account;
- (2) Minutes of the proceedings of its members, Board, and committees of the board; and
- (3) A record of each member's name, address, and class of membership.

The minutes and other books and records shall be kept either in written form or in any other form capable of being converted into clearly legible tangible form or in any combination of the two.

G. Resignation. Any Director may resign at any time effective upon giving written notice to the Chairman, or on such other date specified in the notice.

H. Vacancies. Vacancies in the Board of Directors caused by any reason shall be filled by a majority vote of the members, and each person so appointed shall be a Director until a successor is elected at the next annual meeting of the members.

I. Removal of Directors. At any time, by a majority vote of the members, the members may remove, with or without cause, any Director and a successor may then and there be elected by the members to fill a vacancy thus created. In addition to the foregoing, at any time, by a majority vote of the Directors, the Directors may remove, with or without cause, any Director and a successor may then and there be elected by the members to fill a vacancy thus created.

Any Director who does not attend three successive Board meetings will automatically be removed from the Board without Board resolution unless:

(A) The Director requests a leave of absence for a limited period of time, and the leave is approved by the Directors at a regular or special meeting. If such leave is granted, the number of Board members will be reduced by one in determining whether a quorum is or is not present.

(B) The Director suffers from an illness or disability which prevents him or her from attending meetings and the Board by resolution waives the automatic removal procedure of this section.

(C) The Board by resolution of the majority of Board members agrees to reinstate the Director who has missed three meetings.

J. Regular Meetings. Regular meetings of the Board of Directors may be held at such time and place as shall be determined, from time to time, by a majority of the Directors, but at least one of such meetings shall be held immediately after the annual meeting of the members of the Corporation. Notice of regular meetings of the Board of Directors shall be given to each Director personally, by mail, email, or telephone at least seven (7) days prior to the day named for such a meeting, which notice shall state the time, place and purpose of the meeting. If said notice is given by mail, delivery shall be to the address provided to the Corporation by the Director for purposes of Notice.

K. Special Meetings. Special meetings of the Board of Directors may be called by the ~~Chairman or the Chief Executive Officer~~Chair of the Board on at least three (3) days' notice to each Director, given personally or by mail, email, or telephone, which notice shall state the time, place and purpose of the meeting along with an agenda for all items to be voted on at that meeting. Special meetings of the Board of Directors shall be called by the ~~Chief Executive Officer~~Chair of the Board or Secretary in a like manner and upon like notice on the written request of at least three Directors.

L. Waiver of Notice. Before, at or after any meeting of the Board of Directors, any Director may, in writing, waive notice of such meeting and such waiver shall be deemed equivalent to the giving of such notice. Attendance and participation without objection by a Director at any meeting of the Board, personally, by email, telephonically or by written consent, shall be a waiver of notice by him of the time and place thereof. If all the Directors are present at any meeting of the Board, no notice shall be required and any business may be transacted at such meeting.

M. Board of Directors Quorum. At all meetings of the Board of Directors, presence of a majority of the Directors, personally, or telephonically, shall constitute a quorum for the transaction of business, and the acts of the majority of the Directors so present at a meeting at which a quorum is present shall be the acts of the Board of Directors. Once a quorum is present, all business properly noticed can be conducted even though one or more Directors leaves the meeting. If at any meeting of the Board of Directors, there be less than a quorum present, the majority of those present may adjourn the meeting from time to time. At such adjourned meeting, any business which might have been transacted at the meeting as originally called may be transacted without further notice.

N. Fidelity Bonds. The Board of Directors may require that all officers and employees of the Corporation handling or responsible for Corporation funds shall furnish adequate fidelity bonds. The premiums on such bonds shall be paid by the Corporation.

O. Indemnification. To the maximum extent permitted under California law, the Corporation shall indemnify and hold harmless its Directors, officers and agents as they are duly elected or appointed from time to time, from any and all damages, expenses, costs, attorneys fees or claims thereof arising out of or occurring in the performance of their work and activities on behalf of the Corporation excepting therefrom only willful misconduct or gross negligence of said persons and provided further that there shall be no right of subrogation against the Corporation by any insurance or other person by reason of this Bylaw or by any act or omission of any indemnified person; and each such indemnified person shall agree that there shall be no such right of subrogation as consideration for the benefit of this resolution which shall not otherwise apply to him.

In determining whether indemnification is available to the Director of this Corporation under California law, the determination as to whether the applicable standard of conduct set forth in Corporations Code § 5238 has been met shall be made by a majority vote of a quorum of Directors who are not parties to the proceeding. If the number of Directors who are not parties to the proceeding is less than two-thirds of the total number of Directors seated at the time the determination is to be made, the determination as to whether the applicable standard of conduct has been met shall be made by the court in which the proceeding is or was pending.

P. Insurance. This Corporation shall have the right, and shall use its best efforts, to purchase and maintain insurance to the full extent permitted by law on behalf of its officers, directors, employees, and other agents, to cover any liability asserted against or incurred by any

officer, director, employee, or agent in such capacity or arising from the officer's, director's, employee's, or agent's status as such.

## ARTICLE FIVE - OFFICERS

A. Designation. The principal officers of the Corporation shall be a ~~Chief Executive Officer~~Chair of the Board ~~(also known as the President for statutory filing purposes)~~, a Secretary and a Treasurer, all of which shall be elected by the Board of Directors. The Directors may appoint one or more vice presidents, assistant treasurers, assistant secretaries, and such other officers as in their judgment may be necessary.

B. Election of Officers. The officers of the Corporation shall be elected annually by the Board of Directors at the organization meeting of each new Board and shall hold office at the pleasure of the Board.

C. Removal of Officers. Upon an affirmative vote of a majority of the Board of Directors, any officer may be removed, either with or without cause, and his or her successor elected at any regular meeting of the Board of Directors, or at any special meeting of the Board called for such purpose.

D. ~~Chief Executive Officer~~Chair of the Board ~~(President).~~ The ~~Chief Executive Officer of the Corporation, shall be the President of the Corporation for statutory filing purposes. He or she~~Chair of the Board shall have all of the general powers and duties which are usually vested in the office of the Chief Executive Officer of a Corporation, including but not limited to the power to appoint committees from among the members of the Board of Directors from time to time as he or she may in his or her discretion decide is appropriate to assist in the conduct of the affairs of the Corporation.

E. Secretary. The Secretary shall keep the minutes of all meetings of the Board of Directors and the minutes of all meetings of the Corporation; he or she shall have charge of such books and papers as the Board of Directors may direct; and he or she shall, in general, perform all duties incident to the office of the Secretary.

F. Treasurer. If designated by Tahoe Forest Hospital District's Chief Financial Officer ("CFO"), ~~the~~ Treasurer ~~shall~~will have the responsibility for ~~Corporation~~corporate funds and securities and ~~shall~~will be responsible for keeping full and accurate accounts of all receipts and disbursements in books belonging to the Corporation. If designated, ~~He~~ or she ~~shall~~will be responsible for the deposit of all monies and other valuable effects in the name, and to the credit of the Corporation in such depositories as may from time to time be designated by the Board of Directors. CFO has the authority to assign another designee for these duties.

## ARTICLE SIX - AMENDMENTS

These Bylaws may be amended by a majority vote of the members of the Corporation at a meeting held pursuant to Article Three, above.

## **ARTICLE SEVEN - CONFLICT**

In case any of these Bylaws conflict with any provisions of the laws of the State of California, such conflicting Bylaws shall be void upon final determination to such effect by a court of competent jurisdiction, but all other Bylaws shall remain in effect.

## **ARTICLE EIGHT - MISCELLANEOUS**

### **A. Contracts.**

(a) No Director or Officer of this Corporation, nor any other corporation, firm, association, or other entity in which one or more of this Corporation's Directors or Officers are directors or have a material financial interest, shall be interested, directly or indirectly, in any contract or other transaction with this Corporation, unless (i) the material facts regarding such Director's or Officer's financial interest in such contract or transaction and/or regarding such common directorship, officership, or financial interest are fully disclosed in good faith and are noted in the minutes, or are known to all members of the Board prior to consideration by the Board of such contract or transaction; (ii) such contract or transaction is authorized in good faith by a majority of the Board by a vote sufficient for that purpose without counting the vote or votes of such interested Director(s); (iii) prior to authorizing or approving the transaction, the Board considers and in good faith determines after reasonable investigation under the circumstances that the Corporation could not obtain a more advantageous arrangement with reasonable effort under the circumstances; and (iv) this Corporation enters into the transaction for its own benefit, and the transaction is fair and reasonable to this Corporation at the time the transaction is entered into.

(b) The provisions of this Section do not apply to a transaction which is part of an educational or charitable program of the Corporation if it: (i) is approved or authorized by the Corporation in good faith and without unjustified favoritism; and (ii) results in a benefit to one or more Directors or Officers or their families because they are in the class of persons intended to be benefited by the educational or charitable program of this Corporation.

(c) The Board of Directors shall have power to make, adopt, amend, abolish and promulgate such policies, rules, regulations, contracts and any other types of fees or dues, not inconsistent with applicable law, the Articles of Incorporation, or these Bylaws, in each case as such may be amended from time to time, as the Board may deem advisable for the management, administration and regulation of the business and affairs of the Corporation.

**B. Loans.** The Corporation shall not make any loan of money or property to or guarantee the obligation of any Director or Officer, unless approved by the Attorney General of the

State of California; provided, however, that the Corporation may advance money to a Director or Officer of the Corporation for expenses reasonably anticipated to be incurred in the performance of the duties of such Director or Officer, provided that in the absence of such advance such Director or Officer would be entitled to be reimbursed for such expenses by the Corporation.

No loans shall be contracted for or on behalf of the Corporation and no evidence of indebtedness shall be issued in the name of the Corporation unless authorized by a resolution of the Board. Such authority shall be confined to specific instances.

C. Checks, Drafts, and Notes. All checks, drafts, or other orders for payment of money, notes, or other evidence of indebtedness issued in the name of the Corporation shall be signed by ~~such officer or officers, or agents of the Corporation~~the Chief Financial Officer of Tahoe Forest Hospital District, or designee and in such manner as shall be determined by the Board.

D. DepositsSupport of Other Health Programs. ~~All funds of the Corporation not otherwise employed shall be deposited to the credit of the Corporation in such banks, trust companies, or other custodians as the Board may select.~~The CorporationFoundation is entitled to retain, at District'sits discretion, up to fifteen percent (15%) of the net unrestricted funds raised for each fiscal year, for support of Other Health Programs, which are subject to Tahoe Forest Hospital District CEO approval. Any other funds raised may be used to support TFHD programs either within or outside its boundaries.

E. Fiscal Year. The fiscal year of the Corporation shall begin on ~~June-July 1~~June 30 of the following calendar year. of each year and end on ~~July 31 of that year.~~

F. ~~Annual Report.~~ Annual Report. ~~The Corporation shall timely file any annual reports required by the required due date of each year. The Board shall cause an annual report to be sent to the members and Directors within 120 days after the end of the Corporation's fiscal year. That report shall contain the following information, in appropriate detail:~~

- ~~(1) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year;~~
- ~~(2) The principal changes in assets and liabilities, including trust funds;~~
- ~~(3) The Corporation's revenue or receipts, both unrestricted and restricted to particular purposes;~~
- ~~(4) The Corporation's expenses or disbursements for both general and restricted purposes;~~
- ~~(5) Any information required by these bylaws; and~~
- ~~(6) An independent accountants' report or, if none, the certificate of an authorized officer of the Corporation that such statements were prepared without audit from the Corporation's books and~~



records.

~~This requirement of an annual report shall not apply if the Corporation receives less than \$25,000 in gross receipts during the fiscal year, provided, however, that the information specified above for inclusion in an annual report must be furnished annually to all Directors and to any member who requests it in writing. If the Board approves, the Corporation may send the report and any accompanying material sent pursuant to this section by electronic transmission. If a report sent to the Attorney General in compliance with the requirements of California Government Code §§ 12580-12599.7 includes the information required in the annual report, then the Corporation may furnish a copy of its report to the Attorney General in lieu of the annual report whenever it is required to furnish an annual report.~~

~~———— G. ——— As part of the annual report to all members, or as a separate document if no annual report is issued, the Corporation shall, within 120 days after the end of the Corporation's fiscal year, annually prepare and mail, deliver, or send by electronic transmission to each member and furnish to each Director a statement of any transaction or indemnification of the following kind:~~

~~(1) Any transaction (a) in which the Corporation, or its parent or subsidiary, was a party, (b) in which an "interested person" had a direct or indirect material financial interest, and (c) that involved more than \$50,000 or was one of several transactions with the same interested person involving, in the aggregate, more than \$50,000. For this purpose, an "interested person" is either~~

~~(i) Any Director or officer of the corporation, its parent, or subsidiary (but mere common directorship shall not be considered such an interest); or~~

~~(ii) Any holder of more than 10 percent of the voting power of the corporation, its parent, or its subsidiary.~~

~~The statement shall include a brief description of the transaction, the names of interested persons involved, their relationship to the Corporation, the nature of their interest in the transaction, and, if practicable, the amount of that interest, provided that if the transaction was with a partnership in which the interested person is a partner, only the interest of the partnership need be stated.~~

~~(2) Any indemnifications or advances aggregating more than \$10,000 paid during the fiscal year to any officer or Director of the Corporation under Article Four of these bylaws, unless that indemnification has already been approved by the members under Corporations Code § 5238(e)(2).~~

H. Transfer of Property. No Property, including real estate, belonging to the Corporation shall be conveyed or encumbered except by authority of a majority vote of the Board of the Corporation. Any such conveyance or encumbrance shall be executed by the Chief Executive Officer of ~~the Corporation~~ TFHD in the name of the Corporation, and such instrument shall be duly attested and sealed by the Secretary or Treasurer of the Corporation.

H. This Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Internal Revenue Code § 4942, shall not engage in any act of self-dealing as defined in Internal Revenue Code § 4941(d), shall not retain any excess business holdings as defined in Internal Revenue Code § 4944, and shall not make any taxable expenditures as defined in Internal Revenue Code § 4945(d).

## **ARTICLE NINE - DISTRIBUTION ON DISSOLUTION**

Upon dissolution or other termination of the Corporation, any assets remaining after all debts of the Corporation have been paid shall be disposed of as provided in the Articles of Incorporation.

## **ARTICLE TEN - INTERPRETATION**

These bylaws are adopted for the sole purpose of facilitating the discharge, in an orderly manner, of the purposes of the Corporation. These bylaws shall never be construed in any such way as to impair the efficient operation of the Corporation.

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**IN WITNESS WHEREOF**, we, being all of the Directors of the Corporation have hereunto set our hands effective this ~~14<sup>th</sup>~~-26<sup>th</sup> day of ~~February~~September, 2017~~9~~.

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**Harry Weis, Director**

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**Mary Brown, Director**

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**Jack McHugh, Director**

\* \* \* \* \*

**CERTIFICATE OF SECRETARY**

I, \_\_\_\_\_, the undersigned, the duly elected and acting Secretary of the Tahoe Forest Health System Foundation (A California Non-Profit Corporation), do hereby certify that the foregoing BYLAWS of said Corporation were adopted by the Corporation on the 14<sup>th</sup> day of February, 2017, by the Directors of said Corporation

\_\_\_\_\_  
\_\_\_\_\_, Secretary

**BYLAWS**  
**OF**  
**TAHOE FOREST HEALTH SYSTEM FOUNDATION**  
**(a California Non-profit Corporation)**  
**ARTICLE ONE - ORGANIZATION**

A. Name. The name of the non-profit corporation is **TAHOE FOREST HEALTH SYSTEM FOUNDATION (A CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPORATION)** (hereafter referred to as the “Corporation”). The principal office of the Corporation shall be located at 10121 Pine Avenue, Nevada County, California 96161. The mailing address is P.O. Box 2508, Truckee, CA 96160-2508. The Board of Directors (the “Board”) is granted authority to change the location of the principal office. Any change shall be noted on these Bylaws opposite this section, or this section may be amended to state the new location.

B. Corporate Seal. The seal of the Corporation shall be inscribed with the name of the Corporation, the year of incorporation and the words “California” and “seal”, and shall be in a form approved by the board, which may alter the same at its leisure.

C. Governing Law. This Corporation shall be governed by and these Bylaws shall be interpreted to be consistent with California law.

D. Purpose. The purpose for which this Corporation is formed shall be to promote the health and welfare of the citizens of Truckee/Tahoe community through the Tahoe Forest Health System and such other acts which are or may be carried on for non-profit purposes.

**ARTICLE TWO - MEMBERSHIP**

A. Sole Member. The Tahoe Forest Hospital District shall be the sole member of the Corporation.

**ARTICLE THREE - MEETINGS OF MEMBERS**

A. Voting. At any meeting of the members of the Corporation, each member shall be entitled to cast one vote.

B. Majority of Members. As used in these Bylaws, the term “majority of members” shall mean those members holding 51% or more of the votes in accordance with the voting rights assigned in these Bylaws.

C. Quorum. Upon proper notice to the members and except as otherwise provided in these Bylaws, the presence in person, telephonically, electronically or by proxy of any amount of members shall constitute a quorum.

D. Corporation Responsibilities. The members shall constitute the Corporation which will have the authority, duties and responsibilities as set forth herein. Except as otherwise provided herein, the decisions and resolutions of the Corporation shall require approval by a majority of the Directors as provided in Article Four, hereinbelow. When a quorum is present at the commencement of any members' meeting, the vote of a majority of the members present shall decide any matter brought before the members' meeting.

The member shall have the right to vote, as set forth in these Bylaws, on (1) the election of directors; (2) the dissolution of the Corporation; (3) the merger with another corporation; (4) amendment of the Articles of Incorporation or Bylaws; and (4) the disposition of corporate assets in excess of 50 percent of the total corporate value. The member shall have veto authority over such decisions of the Board of Directors. In addition, the member shall have those rights afforded members under the California Nonprofit Public Benefit Corporation Law.

E. Place of Meetings. The meetings of the members of the Corporation shall be held at such suitable place convenient to the members as may be designated by the members.

F. Annual Meetings. The annual meeting of the members of the Corporation shall be held at such time and place as may be designated by the members of the Corporation. The members may also transact such other business of the Corporation as may properly come before them.

G. Special Meetings. It shall be the duty of the Chair of the Board or a majority of the Board of Directors to call a special meeting of the members or upon a petition signed by a majority of the members and having been presented to the Secretary. The notice of any special meeting shall state the time and place of such meeting and the purpose thereof. No business shall be transacted at a special meeting except as stated in the notice except by consent of the members as a lawful urgency or emergency item.

H. Notice of Meetings. Notice of each annual or special meeting shall be given to the members as directed by the members. Notice shall be deemed to have been given if actual notice is received by the member as evidenced by return receipt acknowledgement by regular or electronic mail (email). All such notices shall be given not less than ten (10) nor more than sixty (60) days before each annual or special meeting, and shall specify the place, the day and the hour of such meeting, and shall state such other matters, if any, as may be expressly required by law.

I. Adjourned Meetings. Any members' meeting, annual or special, whether or not a quorum is present, may be adjourned from time to time by the vote of the members present either in person or by proxy thereat. When any members' meeting, either annual or special, is adjourned for five (5) days or more, notice of the adjourned meeting shall be given as in the case of an original meeting. Except as aforesaid, it shall not be necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting, if the time and place thereof are announced at

the meeting at which such adjournment is taken.

J. Order of Business, Proxies and Voting. The order of business at all meetings of the members shall be as follows:

1. Roll call.
2. Proof of notice of meeting or waiver of notice.
3. Reading of minutes of proceeding meeting; taking necessary action thereon.
4. Reports of officers.
5. Reports of committees.
6. Unfinished business.
7. New business.
8. Adjournment

At all meetings of members, each member may vote in person or by proxy. All proxies shall be in writing, signed by the member and filed with the Secretary. Such proxy may be valid for any period of time stated thereon up to a maximum of six (6) months except as otherwise provided in the Articles of Incorporation or these Bylaws. A majority of members present, in person or by proxy, shall prevail at such meeting. Any proxy may be amended or revoked by a proxy signed later than the prior proxy.

K. Action Without Meeting. Any action which under the provisions of the applicable statutes may be taken at a meeting of the members, may be taken without a meeting if authorized in writing signed by a majority of all the members who would be entitled to vote at a meeting for such purpose, on file with the Secretary.

L. Transfer of Membership. No membership or right arising from membership shall be transferred. Subject to Article 3 of these bylaws, all membership rights cease on the member's death or dissolution

#### **ARTICLE FOUR - DIRECTORS**

A. Number and Qualification. The affairs of the Corporation shall be governed by a Board of Directors composed of at least three (3) Directors. Provided that the Corporation has at least three (3) Directors, the number of Directors may at any time or times be increased or decreased by an affirmative vote by the Members. The CEO of Tahoe Forest Hospital District shall serve as one of the Directors.

B. Powers and Duties of Board of Directors. The Board of Directors have the power and duties necessary for the administration of the affairs of the Corporation, including but not limited to the election of the Chairman of the Corporation by a majority vote of the members of the Board of Directors, and may do all such acts and things as are not by law or by these Bylaws directed to be exercised and done by the members.

C. Compensation. Directors, as such, shall not receive any salary or compensation for their services as Directors, provided, however, that nothing herein construed shall be considered to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefore. Directors may be reimbursed for actual authorized expenses incurred in the performance of their duties.

D. Action Taken Without a Meeting. The Directors shall have the right to take any action in the absence of a meeting which they could take at a meeting by obtaining the written consent of a majority of the Directors which shall be filed in the minute book of the Corporation. Any action so approved shall have the same effect as though taken at a meeting of the Directors. A copy of any such consent action shall be mailed promptly to each Director. Any Director dissenting from such action may file a written dissent with the Secretary who shall file such dissent in the minute book of the Corporation.

E. Appointment and Term of Office. Each Director shall be elected for a period of three years with one-third of the Directors to be elected in each year. In the initial year of the Corporation, the members shall elect Directors to fill terms of one, two and three years, as appropriate. The Directors shall hold office until their successors have been appointed and hold their first meeting. Immediately after the annual meeting of the members, at a meeting of the board of Directors, the Directors then in office shall by a majority vote recommend their successors. The members of the Corporation shall then elect the Directors. No person, who by virtue of having previously served as a Director, shall be ineligible for election appointment in a subsequent term; provided, however, that no Director may serve in excess of three (3) full terms. In furtherance of the foregoing, the Board of Directors may appoint a nominating committee to recommend the candidates for the upcoming election.

F. Books. The Board of Directors shall cause to be maintained a full set of books and records showing the financial condition of the affairs of the Corporation in a manner consistent with generally accepted accounting principles. Such records shall be available for inspection by members and their agents.

This Corporation shall also keep the following:

- (1) Adequate and correct books and records of account;
- (2) Minutes of the proceedings of its members, Board, and committees of the board; and
- (3) A record of each member's name, address, and class of membership.

The minutes and other books and records shall be kept either in written form or in any other form capable of being converted into clearly legible tangible form or in any combination of the two.

G. Resignation. Any Director may resign at any time effective upon giving written notice to the Chairman, or on such other date specified in the notice.

H. Vacancies. Vacancies in the Board of Directors caused by any reason shall be filled by a majority vote of the members, and each person so appointed shall be a Director until a successor is elected at the next annual meeting of the members.

I. Removal of Directors. At any time, by a majority vote of the members, the members may remove, with or without cause, any Director and a successor may then and there be elected by the members to fill a vacancy thus created. In addition to the foregoing, at any time, by a majority vote of the Directors, the Directors may remove, with or without cause, any Director and a successor may then and there be elected by the members to fill a vacancy thus created.

Any Director who does not attend three successive Board meetings will automatically be removed from the Board without Board resolution unless:

(A) The Director requests a leave of absence for a limited period of time, and the leave is approved by the Directors at a regular or special meeting. If such leave is granted, the number of Board members will be reduced by one in determining whether a quorum is or is not present.

(B) The Director suffers from an illness or disability which prevents him or her from attending meetings and the Board by resolution waives the automatic removal procedure of this section.

(C) The Board by resolution of the majority of Board members agrees to reinstate the Director who has missed three meetings.

J. Regular Meetings. Regular meetings of the Board of Directors may be held at such time and place as shall be determined, from time to time, by a majority of the Directors, but at least one of such meetings shall be held immediately after the annual meeting of the members of the Corporation. Notice of regular meetings of the Board of Directors shall be given to each Director personally, by mail, email, or telephone at least seven (7) days prior to the day named for such a meeting, which notice shall state the time, place and purpose of the meeting. If said notice is given by mail, delivery shall be to the address provided to the Corporation by the Director for purposes of Notice.

K. Special Meetings. Special meetings of the Board of Directors may be called by the Chair of the Board on at least three (3) days' notice to each Director, given personally or by mail, email, or telephone, which notice shall state the time, place and purpose of the meeting along with an agenda for all items to be voted on at that meeting. Special meetings of the Board of Directors shall be called by the Chair of the Board or Secretary in a like manner and upon like notice on the written request of at least three Directors.

L. Waiver of Notice. Before, at or after any meeting of the Board of Directors, any



Director may, in writing, waive notice of such meeting and such waiver shall be deemed equivalent to the giving of such notice. Attendance and participation without objection by a Director at any meeting of the Board, personally, by email, telephonically or by written consent, shall be a waiver of notice by him of the time and place thereof. If all the Directors are present at any meeting of the Board, no notice shall be required and any business may be transacted at such meeting.

M. Board of Directors Quorum. At all meetings of the Board of Directors, presence of a majority of the Directors, personally, or telephonically, shall constitute a quorum for the transaction of business, and the acts of the majority of the Directors so present at a meeting at which a quorum is present shall be the acts of the Board of Directors. Once a quorum is present, all business properly noticed can be conducted even though one or more Directors leaves the meeting. If at any meeting of the Board of Directors, there be less than a quorum present, the majority of those present may adjourn the meeting from time to time. At such adjourned meeting, any business which might have been transacted at the meeting as originally called may be transacted without further notice.

N. Fidelity Bonds. The Board of Directors may require that all officers and employees of the Corporation handling or responsible for Corporation funds shall furnish adequate fidelity bonds. The premiums on such bonds shall be paid by the Corporation.

O. Indemnification. To the maximum extent permitted under California law, the Corporation shall indemnify and hold harmless its Directors, officers and agents as they are duly elected or appointed from time to time, from any and all damages, expenses, costs, attorneys fees or claims thereof arising out of or occurring in the performance of their work and activities on behalf of the Corporation excepting therefrom only willful misconduct or gross negligence of said persons and provided further that there shall be no right of subrogation against the Corporation by any insurance or other person by reason of this Bylaw or by any act or omission of any indemnified person; and each such indemnified person shall agree that there shall be no such right of subrogation as consideration for the benefit of this resolution which shall not otherwise apply to him.

In determining whether indemnification is available to the Director of this Corporation under California law, the determination as to whether the applicable standard of conduct set forth in Corporations Code § 5238 has been met shall be made by a majority vote of a quorum of Directors who are not parties to the proceeding. If the number of Directors who are not parties to the proceeding is less than two-thirds of the total number of Directors seated at the time the determination is to be made, the determination as to whether the applicable standard of conduct has been met shall be made by the court in which the proceeding is or was pending.

P. Insurance. This Corporation shall have the right, and shall use its best efforts, to purchase and maintain insurance to the full extent permitted by law on behalf of its officers, directors, employees, and other agents, to cover any liability asserted against or incurred by any officer, director, employee, or agent in such capacity or arising from the officer's, director's,

employee's, or agent's status as such.

## **ARTICLE FIVE - OFFICERS**

A. Designation. The principal officers of the Corporation shall be a Chair of the Board, a Secretary and a Treasurer, all of which shall be elected by the Board of Directors. The Directors may appoint one or more vice presidents, assistant treasurers, assistant secretaries, and such other officers as in their judgment may be necessary.

B. Election of Officers. The officers of the Corporation shall be elected annually by the Board of Directors at the organization meeting of each new Board and shall hold office at the pleasure of the Board.

C. Removal of Officers. Upon an affirmative vote of a majority of the Board of Directors, any officer may be removed, either with or without cause, and his or her successor elected at any regular meeting of the Board of Directors, or at any special meeting of the Board called for such purpose.

D. Chair of the Board. The Chair of the Board shall have all of the general powers and duties which are usually vested in the office of the Chief Executive Officer of a Corporation, including but not limited to the power to appoint committees from among the members of the Board of Directors from time to time as he or she may in his or her discretion decide is appropriate to assist in the conduct of the affairs of the Corporation.

E. Secretary. The Secretary shall keep the minutes of all meetings of the Board of Directors and the minutes of all meetings of the Corporation; he or she shall have charge of such books and papers as the Board of Directors may direct; and he or she shall, in general, perform all duties incident to the office of the Secretary.

F. Treasurer. If designated by Tahoe Forest Hospital District's Chief Financial Officer ("CFO"), the Treasurer will have the responsibility for corporate funds and securities and will be responsible for keeping full and accurate accounts of all receipts and disbursements in books belonging to the Corporation. If designated, he or she will be responsible for the deposit of all monies and other valuable effects in the name, and to the credit of the Corporation in such depositories as may from time to time be designated by the Board of Directors. CFO has the authority to assign another designee for these duties.

## **ARTICLE SIX - AMENDMENTS**

These Bylaws may be amended by a majority vote of the members of the Corporation at a meeting held pursuant to Article Three, above.

## ARTICLE SEVEN - CONFLICT

In case any of these Bylaws conflict with any provisions of the laws of the State of California, such conflicting Bylaws shall be void upon final determination to such effect by a court of competent jurisdiction, but all other Bylaws shall remain in effect.

## ARTICLE EIGHT - MISCELLANEOUS

### A. Contracts.

(a) No Director or Officer of this Corporation, nor any other corporation, firm, association, or other entity in which one or more of this Corporation's Directors or Officers are directors or have a material financial interest, shall be interested, directly or indirectly, in any contract or other transaction with this Corporation, unless (i) the material facts regarding such Director's or Officer's financial interest in such contract or transaction and/or regarding such common directorship, officership, or financial interest are fully disclosed in good faith and are noted in the minutes, or are known to all members of the Board prior to consideration by the Board of such contract or transaction; (ii) such contract or transaction is authorized in good faith by a majority of the Board by a vote sufficient for that purpose without counting the vote or votes of such interested Director(s); (iii) prior to authorizing or approving the transaction, the Board considers and in good faith determines after reasonable investigation under the circumstances that the Corporation could not obtain a more advantageous arrangement with reasonable effort under the circumstances; and (iv) this Corporation enters into the transaction for its own benefit, and the transaction is fair and reasonable to this Corporation at the time the transaction is entered into.

(b) The provisions of this Section do not apply to a transaction which is part of an educational or charitable program of the Corporation if it: (i) is approved or authorized by the Corporation in good faith and without unjustified favoritism; and (ii) results in a benefit to one or more Directors or Officers or their families because they are in the class of persons intended to be benefited by the educational or charitable program of this Corporation.

(c) The Board of Directors shall have power to make, adopt, amend, abolish and promulgate such policies, rules, regulations, contracts and any other types of fees or dues, not inconsistent with applicable law, the Articles of Incorporation, or these Bylaws, in each case as such may be amended from time to time, as the Board may deem advisable for the management, administration and regulation of the business and affairs of the Corporation.

B. Loans. The Corporation shall not make any loan of money or property to or guarantee the obligation of any Director or Officer, unless approved by the Attorney General of the State of California; provided, however, that the Corporation may advance money to a Director or Officer of the Corporation for expenses reasonably anticipated to be incurred in the performance of the duties of such Director or Officer, provided that in the absence of such advance such Director or Officer would be entitled to be reimbursed for such expenses by the Corporation.

No loans shall be contracted for or on behalf of the Corporation and no evidence of indebtedness shall be issued in the name of the Corporation unless authorized by a resolution of the Board. Such authority shall be confined to specific instances.

C. Checks, Drafts, and Notes. All checks, drafts, or other orders for payment of money, notes, or other evidence of indebtedness issued in the name of the Corporation shall be signed by the Chief Financial Officer of Tahoe Forest Hospital District, or designee and in such manner as shall be determined by the Board.

D. Support of Other Health Programs. The Corporation is entitled to retain, at District's discretion, up to fifteen percent (15%) of the net unrestricted funds raised for each fiscal year, for support of Other Health Programs, which are subject to Tahoe Forest Hospital District CEO approval. Any other funds raised may be used to support TFHD programs either within or outside its boundaries.

E. Fiscal Year. The fiscal year of the Corporation shall begin on July 1 of each year and end on June 30 of the following calendar year.

H. Transfer of Property. No Property, including real estate, belonging to the Corporation shall be conveyed or encumbered except by authority of a majority vote of the Board of the Corporation. Any such conveyance or encumbrance shall be executed by the Chief Executive Officer of TFHD in the name of the Corporation, and such instrument shall be duly attested and sealed by the Secretary or Treasurer of the Corporation.

I. This Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Internal Revenue Code § 4942, shall not engage in any act of self-dealing as defined in Internal Revenue Code § 4941(d), shall not retain any excess business holdings as defined in Internal Revenue Code § 4944, and shall not make any taxable expenditures as defined in Internal Revenue Code § 4945(d).

## **ARTICLE NINE - DISTRIBUTION ON DISSOLUTION**

Upon dissolution or other termination of the Corporation, any assets remaining after all debts of the Corporation have been paid shall be disposed of as provided in the Articles of Incorporation.

## **ARTICLE TEN - INTERPRETATION**

These bylaws are adopted for the sole purpose of facilitating the discharge, in an orderly manner, of the purposes of the Corporation. These bylaws shall never be construed in any such way as to impair the efficient operation of the Corporation.

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**IN WITNESS WHEREOF**, we, being all of the Directors of the Corporation have hereunto set our hands effective this 26<sup>th</sup> day of September, 2019.

\_\_\_\_\_  
**Harry Weis, Director**

\_\_\_\_\_  
**Mary Brown, Director**

\_\_\_\_\_  
**Jack McHugh, Director**

\* \* \* \* \*

**CERTIFICATE OF SECRETARY**

I, \_\_\_\_\_, the undersigned, the duly elected and acting Secretary of the Tahoe Forest Health System Foundation (A California Non-Profit Corporation), do hereby certify that the foregoing BYLAWS of said Corporation were adopted by the Corporation on the 14<sup>th</sup> day of February, 2017, by the Directors of said Corporation

\_\_\_\_\_  
\_\_\_\_\_, Secretary

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

**Purpose:**

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

**Responsibilities:**

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

**Duties:**

1. Conduct at least a biennial review of the Bylaws and Board policies.
2. Submit recommendations to the Board of Directors for changes to Bylaws and Board policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance.
5. ~~As Ensure, in conjunction with the Board Chair, the annual board self-assessment is conducted no later than December 1. and board goal setting process is conducted.~~
6. Ensure a board goal setting process is conducted no later than April 30 and reviewed at the October board retreat.

**Composition:**

The Committee shall be comprised of ~~at least~~ two (2) Board members appointed by the Board ~~President~~Chair.

**Meeting Frequency:**

The Committee shall meet as needed.

REVISED June 19, 2019

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	ABD-0 President & Chief Executive Officer Compensation
<b>RESPONSIBLE PARTY</b>	Martina Rochefort, Clerk of the Board
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>ABD-02 President &amp; CEO Compensation Policy was reviewed by the Governance Committee at their September 19, 2019 meeting.</p> <p>The committee added the following timelines to ABD-02 for Incentive Compensation:</p> <ul style="list-style-type: none"> <li>• Committee will meet by April 30 to decide incentive comp metrics which the board will approve prior to the start of the fiscal year.</li> <li>• The Board will meet after the audit to determine incentive comp payout.</li> </ul>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>Governance Committee is recommending approval of the attached policy.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Approval via Consent Calendar.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• ABD-02 President &amp; CEO Compensation Policy</li> </ul>	

# **President & Chief Executive Officer Compensation, ABD-02**

## **PURPOSE**

Tahoe Forest Hospital District ("TFHD") Board of Directors wants to ensure that the compensation decisions for the President & Chief Executive Officer are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices.

## **POLICY**

It is the responsibility of the Board Executive Compensation Committee to review executive compensation and manage the President & Chief Executive Officer contract renewal process. The Board Executive Compensation Committee is composed of two board members and is appointed annually by the Board President.

## **PROCEDURE**

### **A. Total Compensation**

The Executive Compensation Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey, third party compensation expert, and other targeted data. Survey comparisons will be to like size healthcare systems. Review of standalone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

Total compensation for the President & Chief Executive Officer position with TFHD may include, but not limited to:

1. Base salary
2. Personal leave
3. Long Term Sick Leave
4. \$1,000,000 life insurance benefit
5. Automobile allowance
6. Housing assistance
7. Health, dental and vision insurance
8. Long Term Disability policy
9. Participation in Money Purchase Pension Plan
10. Employer match into 457 Deferred Compensation Plan
11. Discretionary deferred compensation
12. Incentive Compensation Plan
13. Severance agreement

### **B. Target**

The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above industry standards to offset base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.

The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

### **C. Other factors**

Other factors such as competitive market forces, each individual's job responsibilities are also considered in TFHD compensation and benefit decisions. These may include:

1. Organizational complexity (the number and variety of services and/or organizational units).



2. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
3. The availability or lack of availability of staff experts.
4. The depth and breadth of the executive's knowledge and experience.
5. The rate of organizational growth.
6. The executive's value in the labor market as reflected, in part, by his salary history elsewhere.
7. The hospital's prior success in recruiting and retaining competent executive personnel.
8. Fees charged for comparable services by recognized hospital management companies.

#### **D. Incentive Compensation**

1. The Executive Compensation Committee will meet no later than April 30 each year to develop the President & CEO's Incentive Compensation metrics for the next fiscal year. The Board of Directors will approve the metrics prior to the start of the fiscal year.
- 8.2. The Board of Directors will meet after the audited financial statements have been presented and no later than November 30 to determine the payout of the previous fiscal year Incentive Compensation award.



# Wellness Neighborhood & Community Health

## **2019 Annual Report**

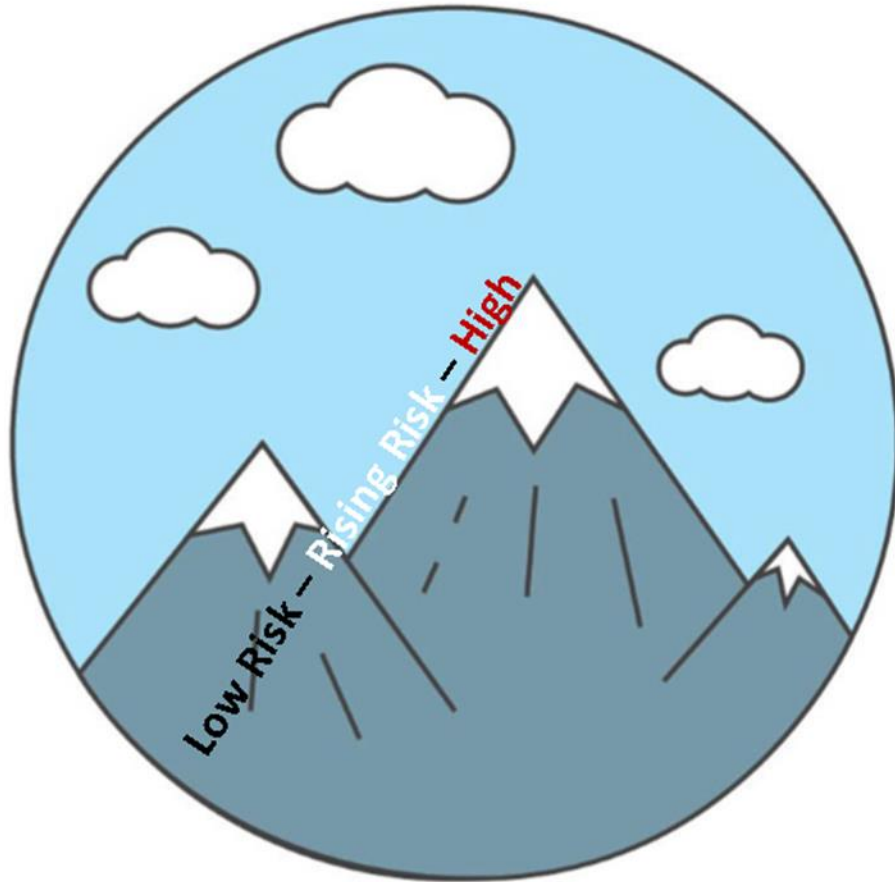
Presented by: Maria Martin, MPH, RDN, Director



## Annual Report Contents:

- Background-
  - Align with Community Health Needs Assessment and Improvement Plan
  - Health Through a Population-Focused Lens
- Highlights from Targeted Intervention Areas
  - Chronic Disease
  - Substance Misuse
  - Prevention and Wellness
  - Mental/Behavioral Health

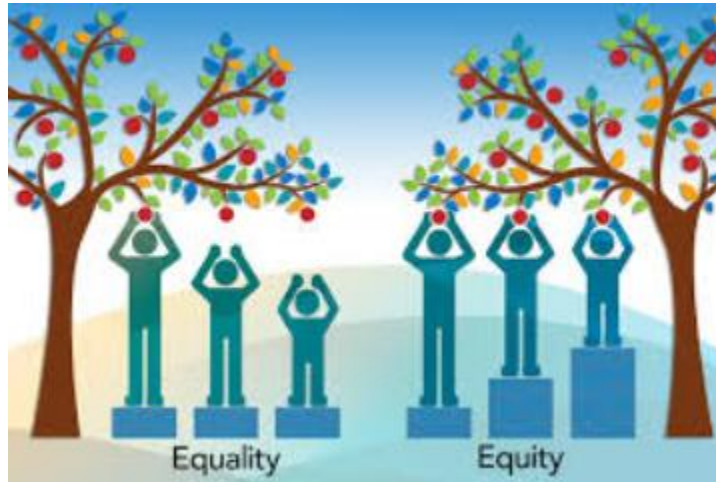
# Risk Stratification and Targeted Interventions



- Current interventions at each risk level
- Spotlights:
  - Detailed updates and data points on targeted programs
- Reach
  - Total community members reached
  - Total targeted events

# Chronic Disease

548 Community  
Members Reached  
68 Targeted Events



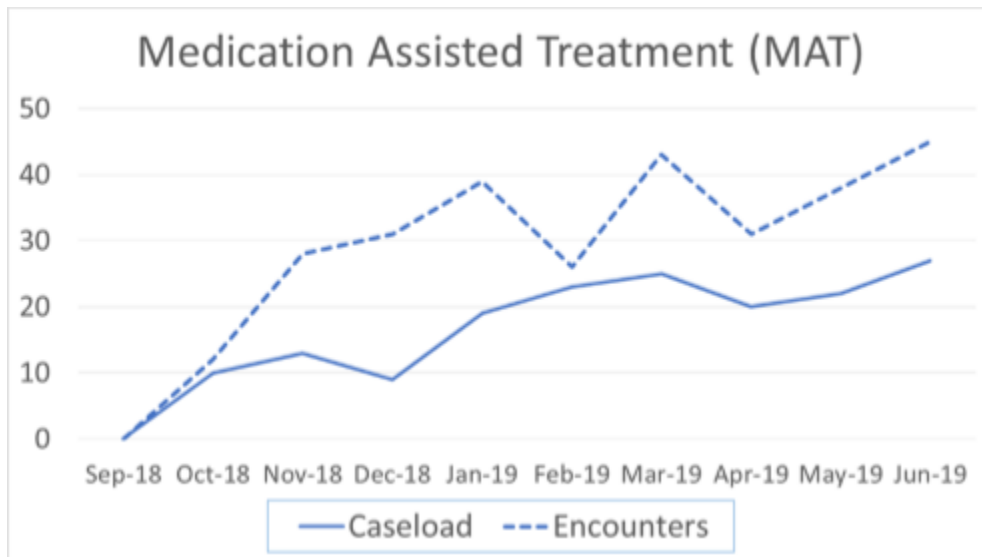
- **Community Health Advocates/Promotoras**
  - Help Latino patients receive culturally and language appropriate health services
  - Work closely with Chronic Care Management and Care Coordination teams
  - Support the Self-Management Program
- **Diabetes Prevention Program**
  - Achieved Preliminary Recognition Status - CDC
  - 81% Retention Rate
  - Exceeding weekly physical activity goals

598 Community Members Reached  
27 Targeted Events

# Substance Misuse

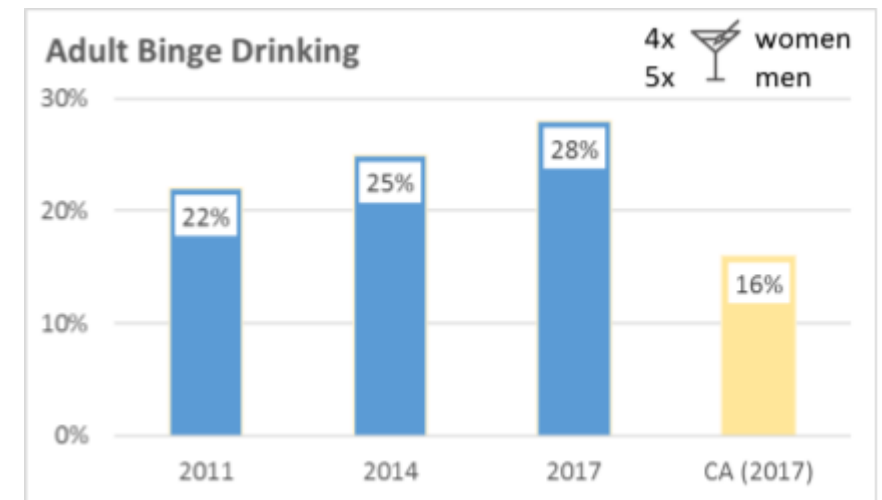
## • Medication Assisted Treatment

- Suboxone treatment in Primary Care
- Counseling services



## • Alcohol Awareness Campaign

- Articles and Social Media
- Alcohol Awareness Challenge
- Spirit-Free beverage tasting at *Best of Tahoe Chefs*



Keeping the healthy, healthy!

# Prevention and Wellness

## Regional Coalitions

Immunization: HPV, School Immunizations, Flu

Dental: Screenings and Fluoride Varnish, Education

Youth Health Initiative: Wellness, Reproductive, Dental, Mental/Substance

Suicide Prevention: Guest Speakers, Community Education, 5150 Data Analysis

Cancer Committee: Prevention, Screenings, Community Outreach and Evaluation

## Schools and Youth

Harvest of the Month

B-FIT

Athletic Trainer and Injury Prevention

Nutrition Education and Cooking Classes

Guest Speakers

Health Fairs

Wellness Policy/Committee

## Community Outreach

Events: Air Show, Block Party, Wellness Fairs, etc.)

Education: Articles, Multimedia Avenues, Community Challenges, Rethink Healthy Lectures, Cooking Classes, Stress Reduction, Affordable Labs and Health Screenings

## Perinatal and Families

Childbirth Education

Breastfeeding Support

Infant and Child CPR

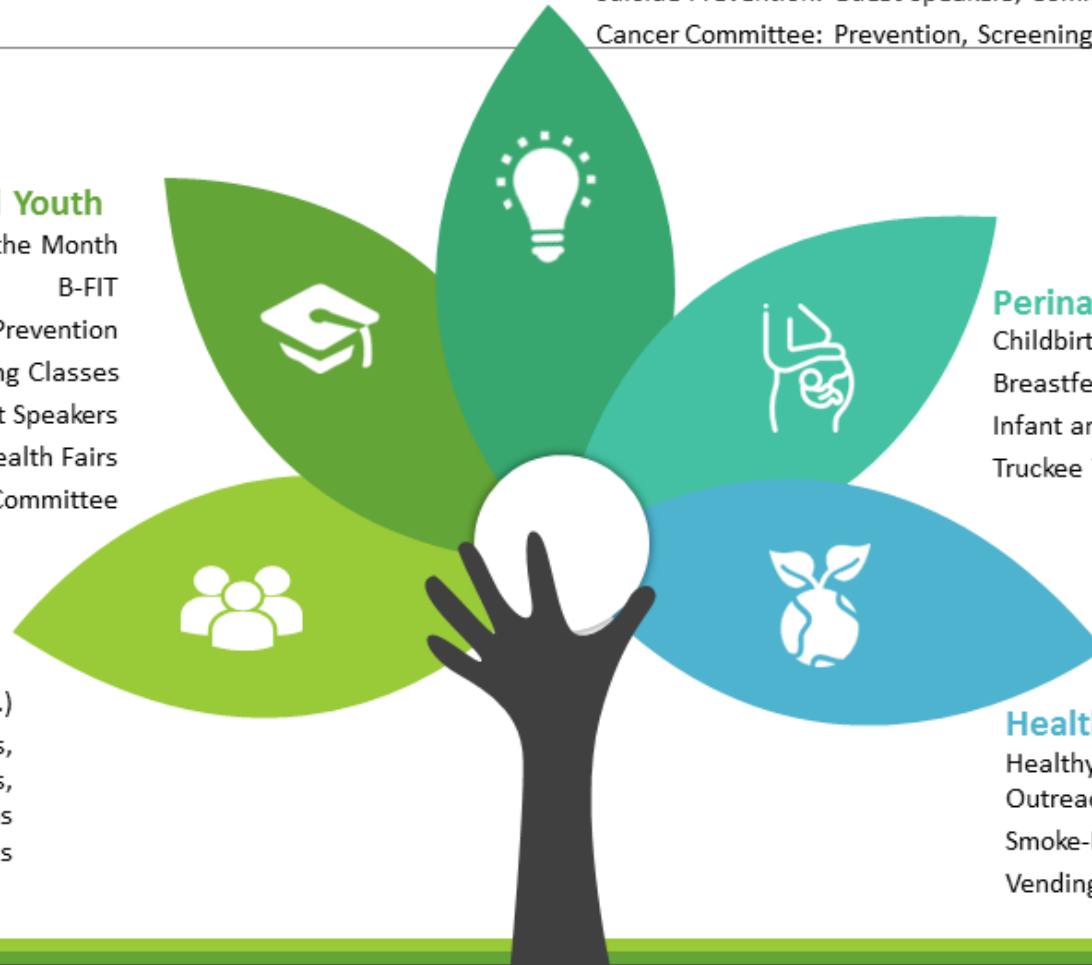
Truckee Thursday Baby Station

## Health Supportive Environments

Healthy Hospital Initiative: Survey for Pine St Café, PR and Outreach for Pine St Changes

Smoke-Free Campus: Signage

Vending Machine Adherence to Million Hearts Guidelines



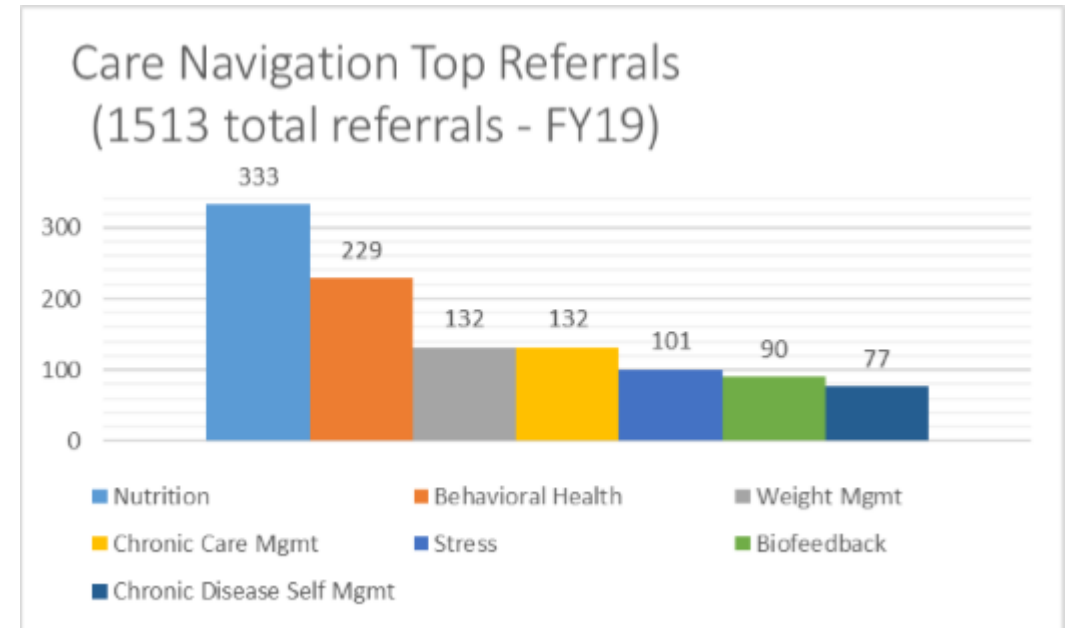
**12,232 Community Members Reached**  
**1,968 Targeted Events**

# Prevention and Wellness

- HPV Vaccination
  - Immunization rate females 13-15yo increased to 76.6%
- Dental Health
  - 11 dental Screening events reaching 1,254 children
- Community Screenings
  - 48 events reaching 683 people



- Care Navigation and Referrals
  - Averages 157 referrals/month





**1,345 Community  
Members Reached**  
**49 Targeted Events**

# Mental/Behavioral Health

- **Your Authentic Wellness**

- Bi-monthly sessions
- Presentation by an expert in the topic followed by discussion and practical skill building.
- Provide participants with tools they can use in their daily life.



57% of Adults experienced depressive symptoms in past two weeks  
(2017 CHNA)

- **Counseling Services**

- 160 sessions for PMAD
- 290 sessions Medicare Counseling
- 199 referrals to Youth Health Navigator

- **Community Collaboration**

- **Gateway Mountain Center:**
  - supported 532 hours of therapeutic mentoring
- **Suicide Prevention Coalition:**
  - HR Outreach

# Questions?



# TAHOE FOREST HEALTH SYSTEM



**wellnessneighborhood**

*A Service of Tahoe Forest Health System*

## Wellness Neighborhood & Community Health

### **2019 Annual Report**

*Collaboration*

*Integration*

*Coordination*

# Rethink Healthy!

The Wellness Neighborhood and Community Health departments strive to educate, inspire, and empower the Truckee/Tahoe community to improve their health through prevention, informed self-care, chronic disease management, and lasting lifestyle change.



## Community HEALTH & WELLNESS

### *Tahoe Forest Health System Mission:*

We exist to make a difference in the health of our communities through excellence and compassion in all we do.

*Vision:* To serve our region by striving to be the best mountain health system in the nation.

### *Wellness Neighborhood Mission:*

To support and inspire our patients and community members to achieve their best health through coordination/navigation of services and collaborative community-based care and education.

### Inside this issue:

About the Wellness Neighborhood	2
Health Through a Population– Focused Lens	3
Risk Stratification Across the Population	4
Chronic Disease	5
Substance Misuse	8
Prevention and Wellness	11
Mental/Behavioral Health	17
Thank You!!	21
Wellness Team Members	22

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

## About the Wellness Neighborhood:

Consistent with our mission, core values and vision, Tahoe Forest Health System is committed to the health needs of the communities we serve. Every three years we conduct a Community Health Needs Assessment (CHNA) to understand our broad health care needs and to prioritize identified issues and develop strategies to address these needs. The Wellness Neighborhood was established in 2012 to provide community health programming to meet the health priorities identified in the 2011 Community Health Needs Assessment (CHNA).

Following each needs assessment, a Community Health Improvement Plan (CHIP) is developed to build upon current programs and services and introduce new areas for interventions. The 2017 CHNA shows the most significant health risks in the Tahoe Forest Health System medical service area, in terms of both the number of people affected and the amount of death and disability each creates, relate to substance use, mental health and overweight/obesity, including behaviors such as diet and exercise. On par with these findings, health conditions including high cholesterol, high blood pressure, and poor heart health are impacting more people than in previous surveys.

The 2017 and previous CHNAs support interventions to address the following focus areas:

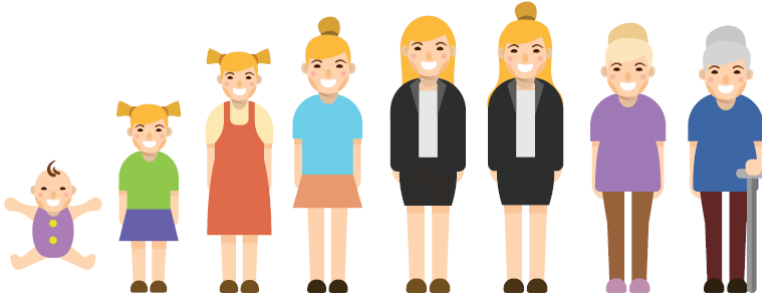
- Mental/Behavioral health
- Substance Misuse
- Chronic Disease
- Prevention and Wellness



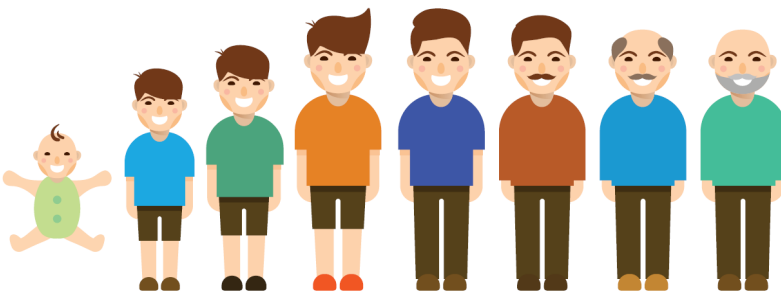
## Health through a Population-Focused Lens

***“Population health is the collective well-being and functional ability of an identified group of people to experience their full capabilities.” (National Quality Forum)***

Population health not only focuses on disease and illness, but also on health, well-being, and prevention activities, and on the disparities in these outcomes within and between groups. Population health management relies on measuring these outcomes and risks and targeting interventions to groups with modifiable risks.



The Wellness Neighborhood implements and supports programming to address health needs across the lifespan and risk levels. This strategy includes both patient-centered care management for high risk populations and community health improvement to support wellness, prevention, and self-management.



TFHS is a recipient of PRIME funding, a state and federal demonstration project to transform primary care by implementing best practice workflows and universal screenings [for targeted populations]. PRIME Million Hearts and Chronic Pain initiatives complement Wellness Neighborhood strategic priorities for

chronic disease and substance misuse, and staff work closely to achieve the goals of each department.

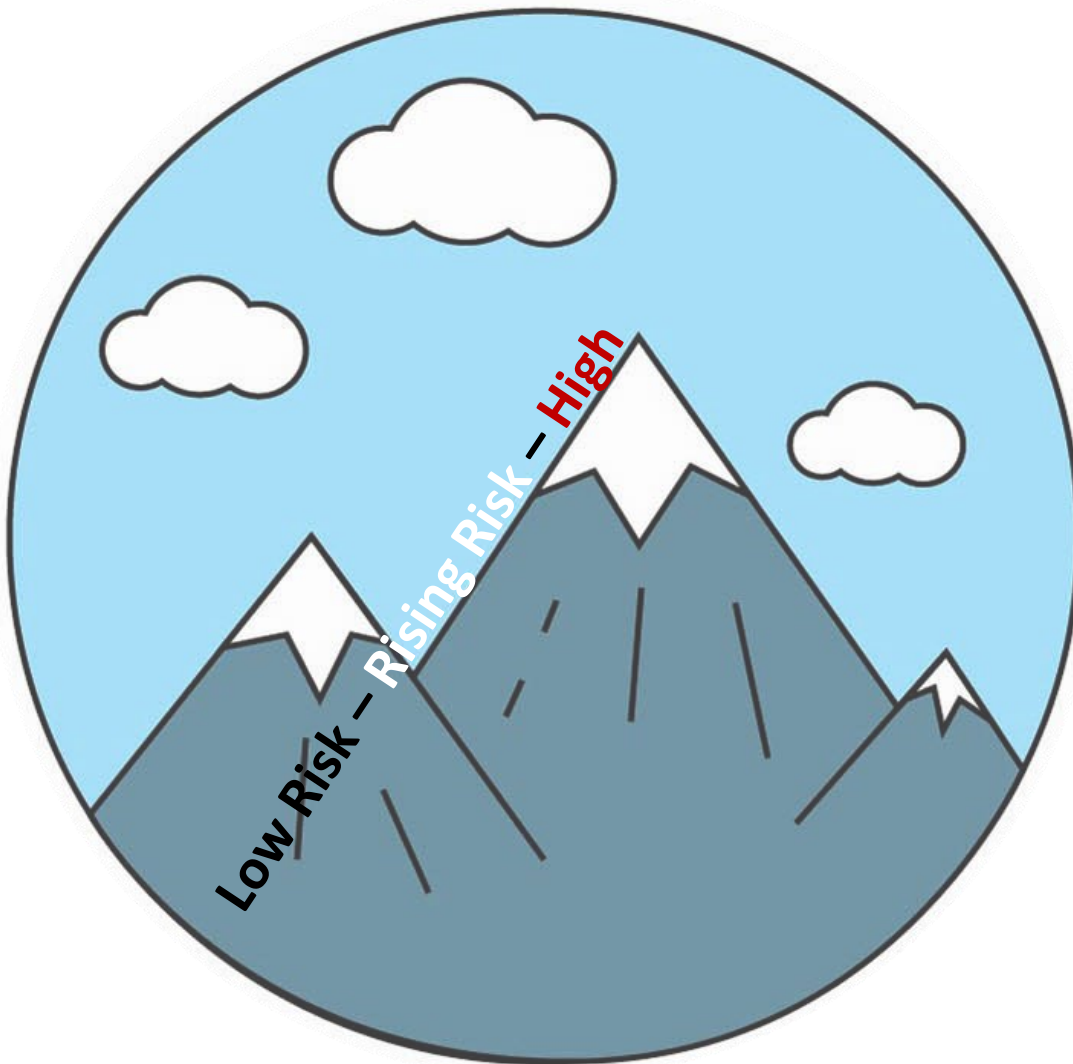


### **Healthy People 2020 overarching goals:**

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminating disparities, and improving the health of all groups;
- Create social and physical environments that promote good health for all;
- Promote quality of life, healthy development, and healthy behaviors across all life stages

## **Risk Stratification across the Population**

Risk stratification enables providers and community health educators to identify the right level of care and services for distinct subgroups of patients and community members. The Wellness Neighborhood and Community Health target the majority of our programming and interventions to low risk and rising risk populations. We focus on broad community-facing interventions to support healthy habits and behaviors, low or no cost services, and interventions and outreach targeted to disparate populations.



**A small percentage of high risk individuals are responsible for 45-50% of health care costs.**

<b><u>Population Risk Level</u></b>	<b><u>Health Care Cost Impact</u></b>	<b><u>Targeted Intervention</u></b>
High Risk (5%)	45-50%	Care Management
Rising Risk (35-40%)	30-40%	Early Identification and Interventions
Low Risk (50-60%)	10-20%	Wellness and Prevention

# Chronic Disease

Chronic Disease is defined as a human health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than three months. **Chronic Diseases account for 7 out of 10 deaths and affect the quality of life for over 90 million Americans.** The top 5% of Medicare beneficiaries have 2 or more chronic diseases such as diabetes, arthritis, and cardiac diseases.

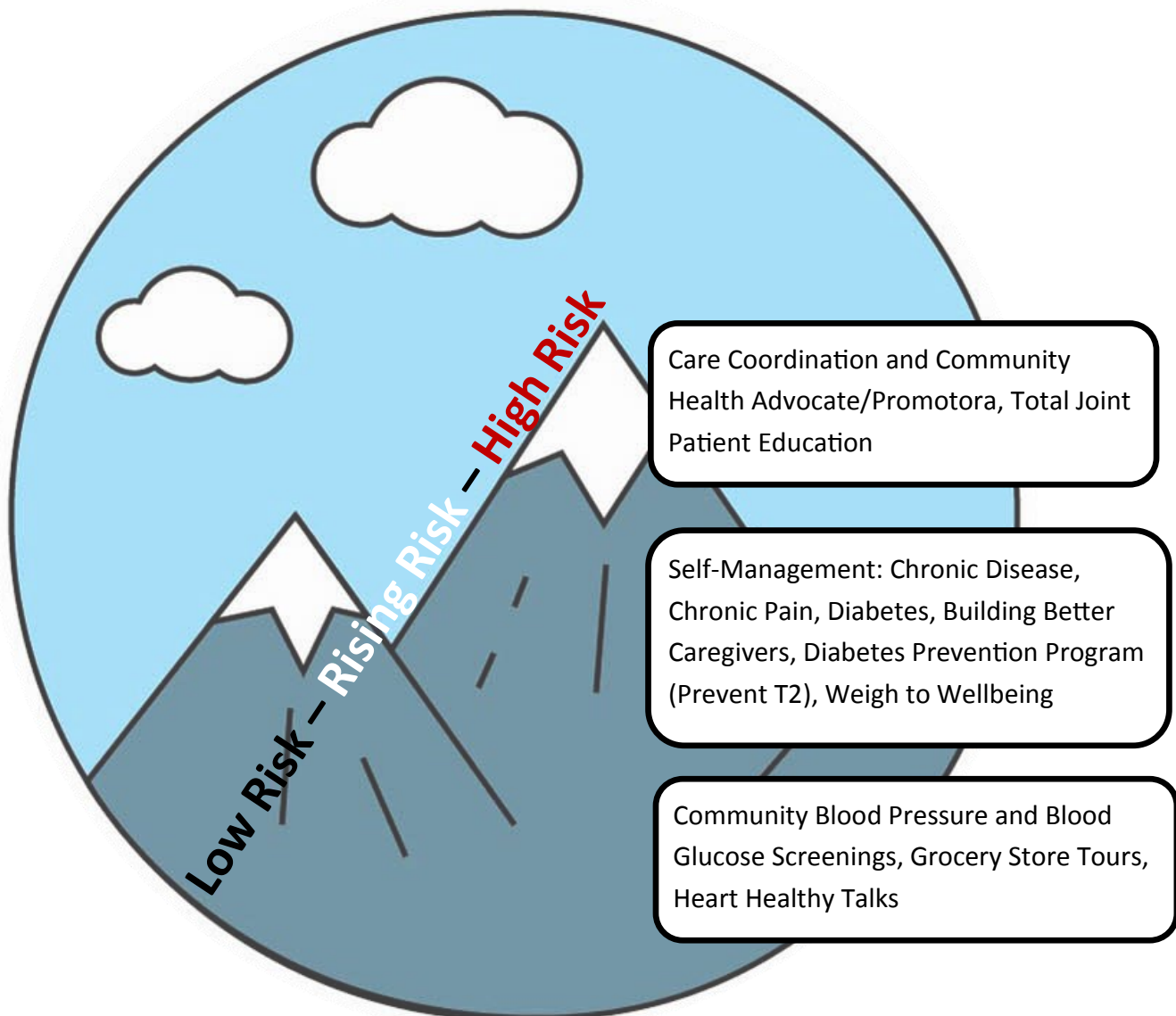
Research shows that people who live with chronic disease can experience improved quality of life and longevity as well as reduced medical costs through the implementation of programs that provide education and support in adopting a healthy lifestyle to include well balanced nutrition, physical activity, regular health checkups, stress management, and psychosocial support.

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

## Broad Objectives:

Improve general health of those with chronic conditions

Increase participation in Chronic Care Management





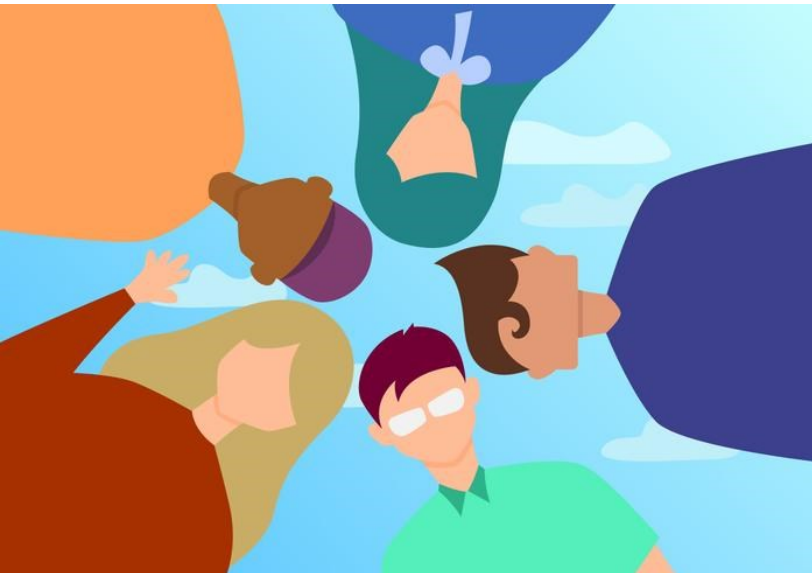
# Spotlight: Community Health Advocates/Promotoras

The Wellness Neighborhood offers the support of bilingual, bicultural Community Health Advocates/Promotoras to help our Latino patients receive culturally and language appropriate health services. Promotoras aid individuals with complex medical and psychosocial conditions navigate the healthcare system and improve access to community and wellness resources.

Promotoras are members of the local community and share many social, cultural, and economic characteristics with a target population. They act as a bridge between the diverse populations they serve and the health care system to reduce ethnic disparities and improve health equity. The close follow up that Promotoras provide to patients allows for updates to the provider between appointments and optimizes care.

TFHS Promotoras work closely with the Chronic Care Management and Care Coordination teams. They work under the supervision of our Registered Nurses and Social Workers to support some of our most vulnerable patients in accessing services, implementing their care plans, and serving as the patient’s advocate at medical appointments, and other interactions with the health system. Promotoras help patients take an active role in their health care.

TFHS Promotoras work closely with Promotoras from the Family Resource Centers to offer Self-Management Programs to Spanish-speaking community members. Self-Management classes address chronic disease, diabetes, chronic pain as well as a new class for caregivers. Participants who complete a self-management series report greater confidence in managing their health conditions and this is reflected in improved outcomes. For example, **89% of the participants in the Diabetes Self-Management Program in FY2019 maintained a hemoglobin A1C level of < 7 or reduced their A1C level.**



**184 community members completed a self-management education series.**

Topic	English	Spanish
Caregivers	10	—
Chronic Disease	29	19
Chronic Pain	30	7
Diabetes	33	29
Leader Training	6	21

# Spotlight: Diabetes Prevention Program

## Introducing PREVENT T2

A unique program for people who do not have diabetes but may be at risk.

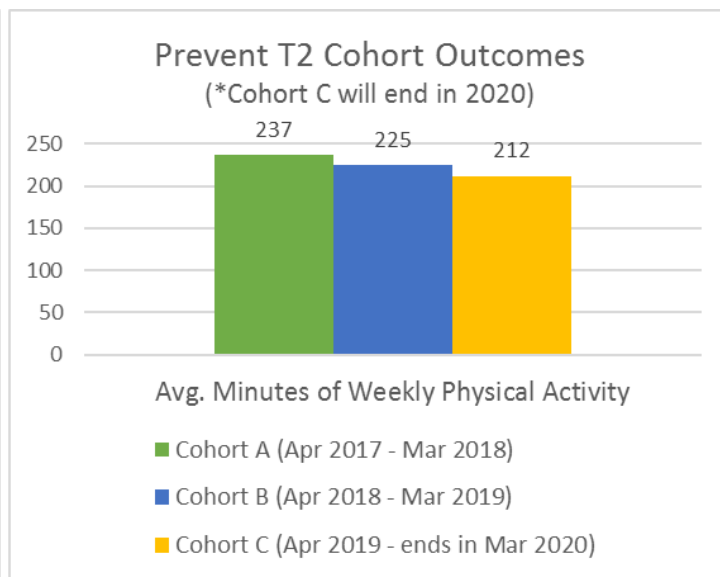
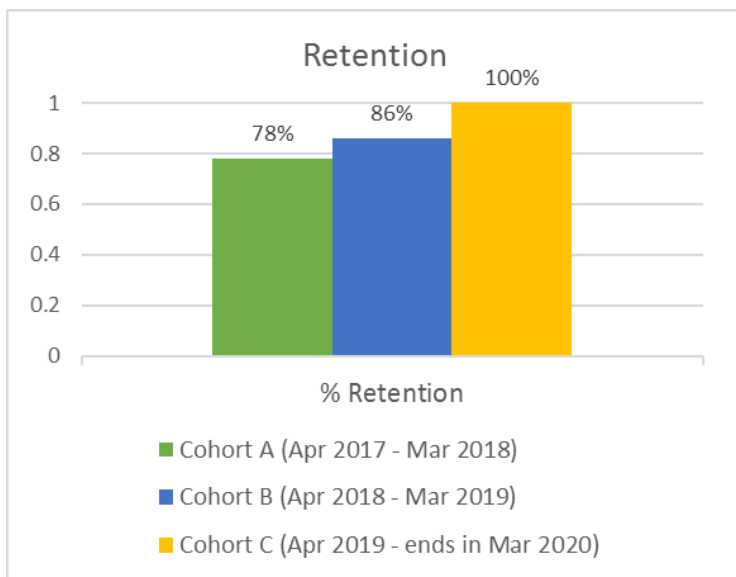
Prevent T2 offers a proven approach to preventing or delaying the onset of type 2 diabetes through modest lifestyle changes made with the support of a coach and program peers.



Tahoe Forest Health System is in its third year of offering the CDC-recognized National Diabetes Prevention Program (also called Prevent T2). This is the first prevention program that is reimbursed by the Centers for Medicare and Medicaid (CMS). **The program has reached 23 local participants and achieved an 81% graduation rate** from this year-long program. The program is designed to instill lifelong behavior change and, to achieve this, requires a one year participant commitment. While retention is key to program and individual success, it also poses a significant barrier. This year we attained “Preliminary Status” based on demonstrated strong participation and high retention rates and we are now eligible to bill Medicare for our services.

### Program Background

- One in three American adults has prediabetes (higher-than-normal blood sugar levels)
- Without lifestyle changes, 15-30% of those with prediabetes will develop Type 2 Diabetes within 3 to 5 years.
- 90% of people with prediabetes are unaware that their blood sugar levels are high
- Participants who complete the Prevent T2 can cut their risk for developing Type 2 Diabetes by



### Prevent T2 Goals:

1. **At least 5% weight loss from starting weight**
2. **Physical activity for at least 150 minutes per week for the duration of the program**

Moving forward we are planning to offer Prevent T2 in Spanish, add class times to increase accessibility to eligible participants, and a newly-formed Diabetes Task Force will be working to amplify awareness and outreach.

**Chronic Disease:**  
**548 Community Members Reached**  
**68 Targeted Events**

# Substance Misuse

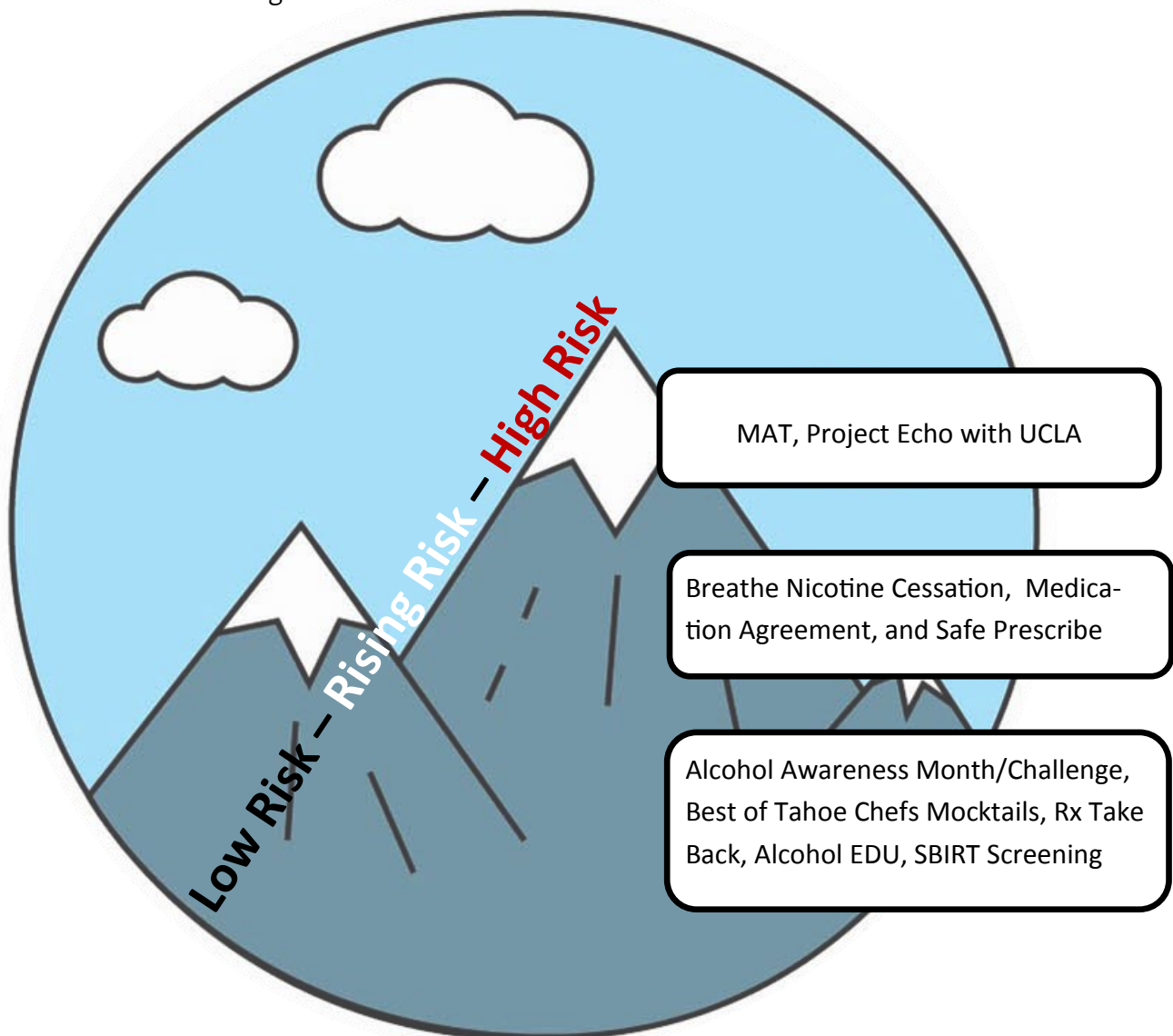
The definition of substance misuse has evolved in a short time. Policy changes have led to the legalization of marijuana, and the over use of legal prescription drugs has led to a national public health crisis. At the local level, the recreation and tourism nature of our community has resulted in a lenient interpretation of substance misuse, especially in terms of alcohol.

As a health care system, medical providers must navigate the complexity of alleviating pain and managing symptoms while being cognizant of the implications and risks of addiction. Ensuring responsible use of substances is multifaceted and complicated.

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

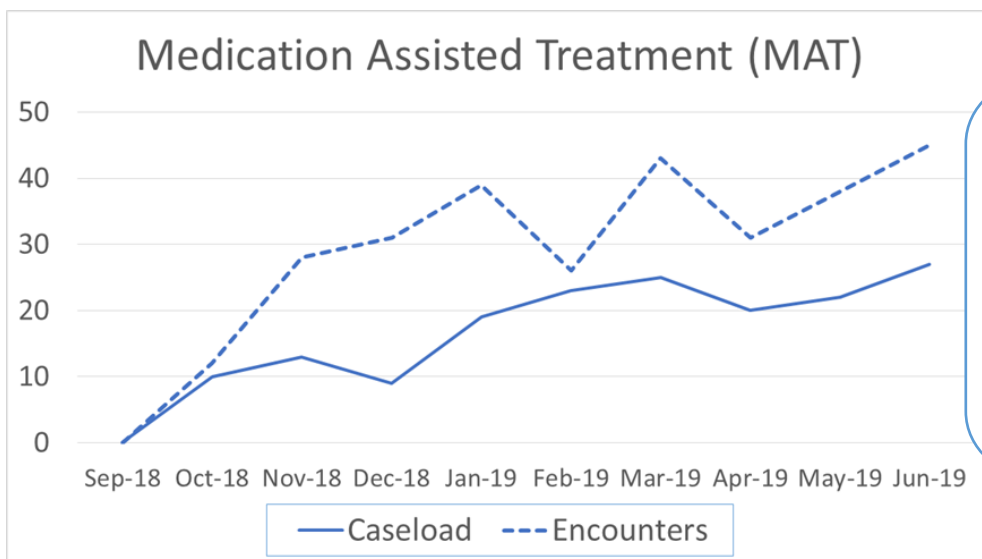
**Broad Objectives:**

- Reduce binge drinking in adults
- Reduce substance use disorders in adults
- Reduce youth substance use
- Reduce adult smoking



# Spotlight: Medication Assisted Treatment

Medication-Assisted Treatment (MAT) is one way to help those with opioid addiction regain control of their lives. MAT consists of three, equally-important components: Medication, Counseling, and Support from Family and Friends. The most common medications used in treatment of opioid addiction are Buprenorphine and Methadone. Buprenorphine (i.e. suboxone) is dispensed at treatment center or prescribed by certified medical providers, and became available at TFHD in September 2018 when TFHD launched their MAT program. MAT can help patients get through withdrawal and cope with cravings. Through counseling, people learn why the addiction occurred, the problems it caused, and what they need to change to overcome those problems. Counseling can provide encouragement and motivation to stick to treatment, teach coping skills and how to prevent relapse.



### In their own words....

*"If it weren't for MAT, I would still be going to the street to avoid being dope sick."*

*"I owe my life to Tahoe Forest."*

Moving forward we are excited to add Medication Assisted Treatment for patients experiencing **Alcohol Use Disorder**. Additionally, there is consensus for all TFHD departments to move forward with striving to become a Designated Opioid Safe Hospital.

*"I have custody of my son again...my son is the most important thing to me—not drugs—I won't jeopardize [our relationship] again."*

*"I'm holding down a job, and I feel like a real person."*

## Rx Medication Take-back Day

*Keeping our kids and water drug free*

**FREE Drop-off Unneeded or Expired Medications**

**Saturday, April 27, 2019**

**Truckee: 9 am - 1 pm**  
Gateway Shopping Center

- Free
- Anonymous
- Convenient

**Tahoe City: 9 am - 12 pm**  
"Old" Vacant Fire Station

Contact: TT-FWDD at (530) 550-2309 or [www.ttfwdd.com](http://www.ttfwdd.com)



### Substance Misuse:

**598 Community Members Reached**

**27 Targeted Events**

**Rx Take Back volume: 564 lbs**

# Spotlight: Alcohol Awareness Campaign

January-June, 2019

*“The alcohol awareness challenge was great! VERY HELPFUL – Exactly what I wanted. Loved the daily emails and checking off the steps on the challenge. Appreciate the opportunity!”*

Have you ever wondered about the role alcohol plays in our community? Is the alcohol culture in Tahoe-Truckee similar to the rest of the country or the state? Or, does our community have a drinking problem?

According to the 2017 Community Health Needs Assessment, 28.3% of residents self-reported at least one binge drinking episode within the past 30 days. This is 42% higher than the binge drinking rate for the state of California (16.3%).



This year the Wellness Neighborhood implemented an Alcohol Awareness Campaign to begin a dialog about our collective drinking habits and the impact on health. January through March we contributed monthly articles shared in the Pace Setter, on social media, and archived on the TFHD website. Topics included decreasing alcohol consumption in the New Year, the role of alcohol in our community culture, and alcohol and stress reduction. We culminated this outreach with a challenge to decrease alcohol consumption during alcohol awareness month in April.



## mocktail recipe Truckee Rickey

### INGREDIENTS:

- 3/4 ounce fresh lime juice
- 1 ounce simple syrup
- 3 dashes Angostura bitters\*
- Club soda
- Lime for garnish

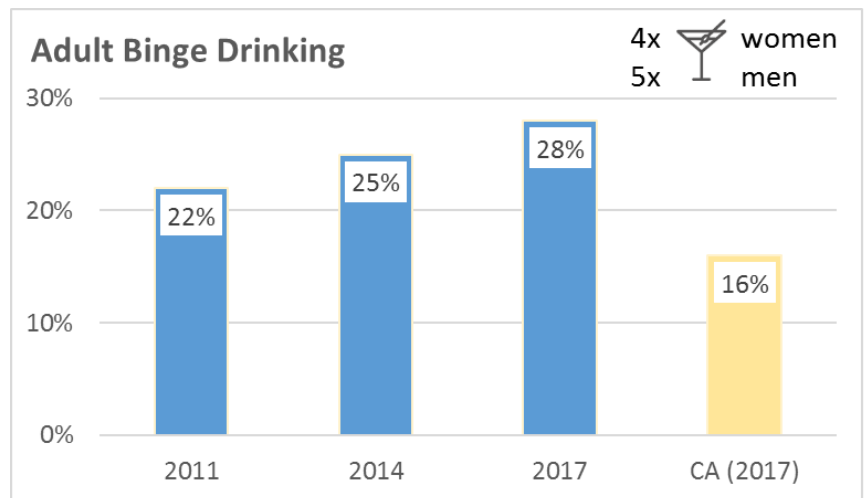
### DIRECTIONS:

Mix first three ingredients in a collins or iced tea glass, top with club soda, and garnish with lime.

Key messaging for the social media campaign and employee challenge included information and resources on topics such as: how much is too much; deciding to make a change in behavior; tracking your intake; alcohol and your health; and an alcohol spending calculator. 7,000 people were reached via social media messaging and 57 people participated in the challenge.

We also hosted a spirit-free beverage tasting station at the Best of Tahoe Chefs fundraiser in June where we offered two alcohol-free cocktails.

Plans are underway to encourage alcohol-free options at local restaurants and expand outreach.



Source: Community Health Needs Assessment

Keeping the healthy, healthy!

# Prevention and Wellness

## Schools and Youth

Harvest of the Month

B-FIT

Athletic Trainer and Injury Prevention

Nutrition Education and Cooking Classes

Guest Speakers

Health Fairs

Wellness Policy/Committee

## Community Outreach

Events: Air Show, Block Party, Wellness Fairs, etc.)

Education: Articles, Multimedia Avenues,  
Community Challenges, Rethink Healthy Lectures,  
Cooking Classes, Stress Reduction, Affordable Labs  
and Health Screenings



## Regional Coalitions

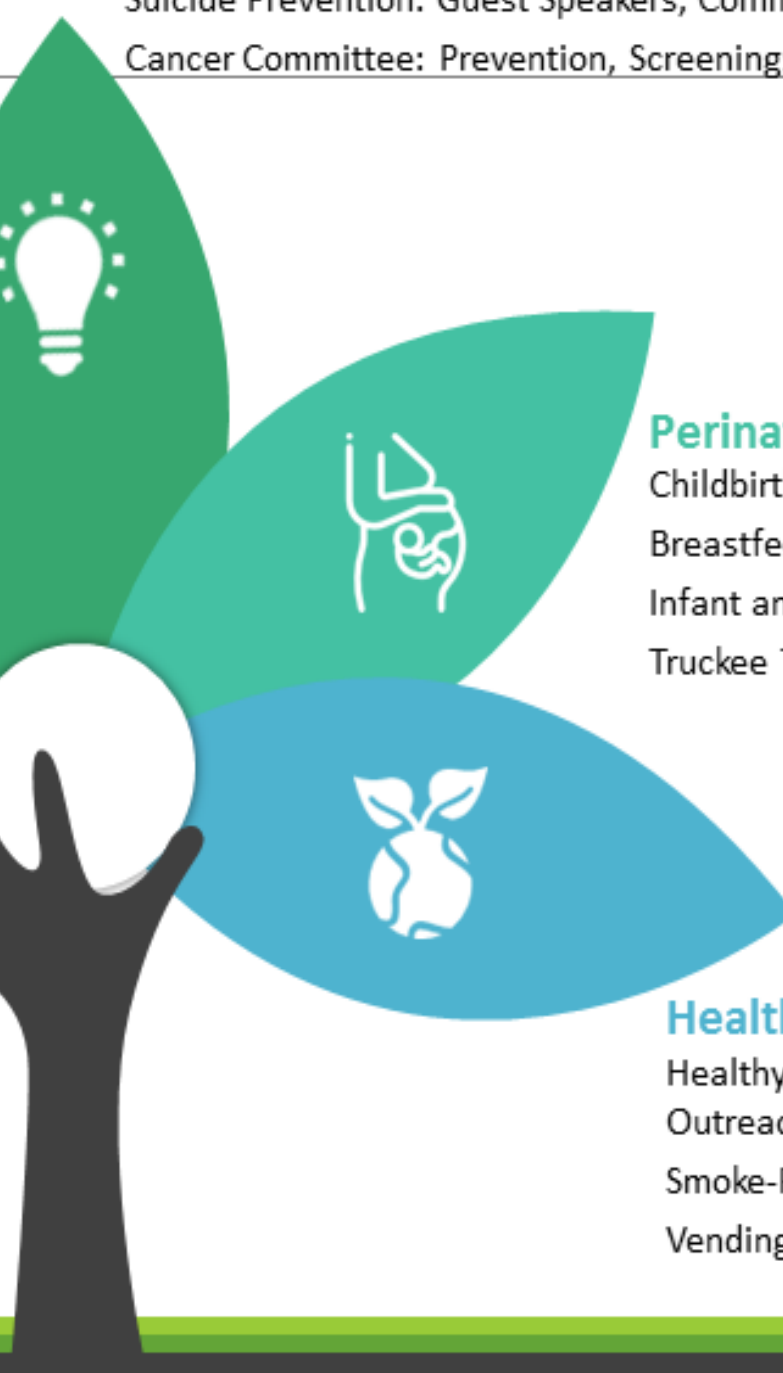
Immunization: HPV, School Immunizations, Flu

Dental: Screenings and Fluoride Varnish, Education

Youth Health Initiative: Wellness, Reproductive, Dental, Mental/Substance

Suicide Prevention: Guest Speakers, Community Education, 5150 Data Analysis

Cancer Committee: Prevention, Screenings, Community Outreach and Evaluation



## Perinatal and Families

Childbirth Education

Breastfeeding Support

Infant and Child CPR

Truckee Thursday Baby Station

## Health Supportive Environments

Healthy Hospital Initiative: Survey for Pine St Café, PR and Outreach for Pine St Changes

Smoke-Free Campus: Signage

Vending Machine Adherence to Million Hearts Guidelines

# Prevention & Wellness

Wellness is defined by the World Health Organization as “not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being”. Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Our role in this intentional, yet individual, process is to make the healthy choice the easy choice.

**Goal:** Cultivate an environment that supports healthy behaviors and lifelong wellness.

## Broad Objectives

- Increase vegetable consumption
- Increase adult physical activity
- Increase immunization rates
- Increase health screenings

## Prevention Outreach Highlights



**Harvest of the Month**  
**3,245 students** reached each month with nutrition education and tasting of new fruits and vegetables



**Baby Station**  
 9 Truckee Thursdays reaching 225 families



**Flu Clinic**  
**100 Immunizations**



**186** expecting parents received child-birth education



**1, 156 bags** provided via employee produce program



**2,050 students** reached each month with physical activity brain breaks and wellness themes




**Truckee Air Show**  
 96 gallons of water, 425 water bottles



**48 Community Blood Pressure and Blood Glucose Screenings** reaching 683 community members

## Wellness Challenges


Facilitated six community/employee challenges in FY2019 helping **365** individuals develop healthy habits.



**Veggies**  
 (Aug and Mar)  
 84 people



**Project Zero**  
 (Nov-Jan)  
 Turkey/Scale  
 78 people



**Walking**  
 (Oct and May)  
 146 people



**Alcohol**  
 (April)  
 57 people



**Senior Yoga**  
 119 classes reaching **1,085 seniors**

**Prevention:**  
 12,232 Community Members Reached  
 1,968 Targeted Events



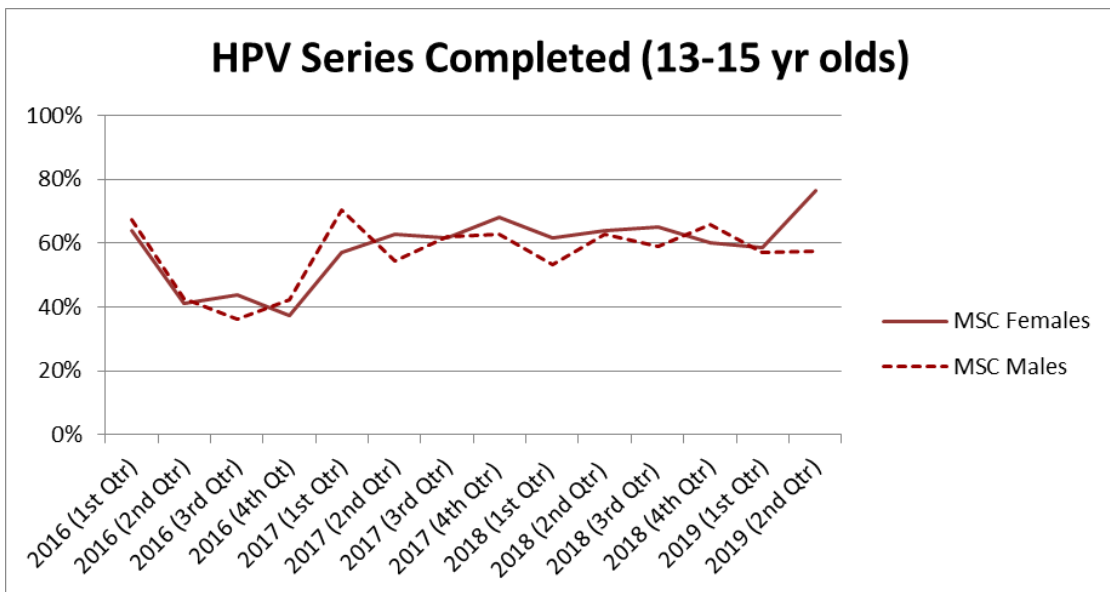
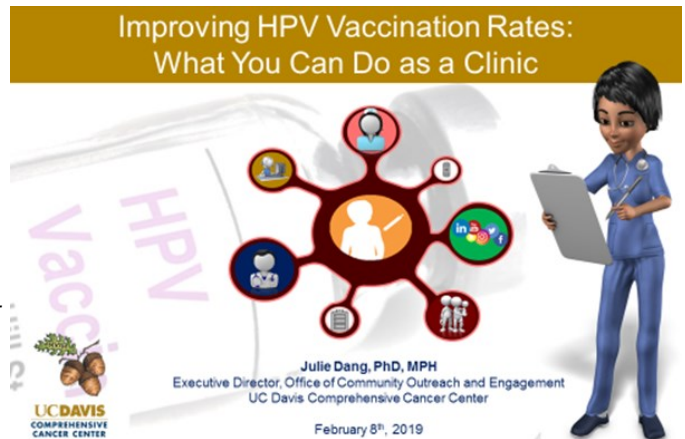
# Spotlight: HVP Vaccination

Starting in 2016, the Wellness Neighborhood began tracking HPV immunization rates of youth who had a well visit within TFHS. We adopted the Healthy People 2020 goal of 80% females and males, ages 13-15, being fully vaccinated.

Providers were educated with the evidence-based message that a strong recommendation from a child’s medical provider is the most effective way to increase HPV vaccination rates. This has included developing and updating a bilingual HPV Vaccine brochure for providers to share with patients and parents, distributing HPV Roundtable/CDC resources tailored to support the health care professionals’ role as a nurse, medical assistant, front office specialist, administrator, or provider in boosting vaccination rates during office visits, and ensuring clinics are up-to-date with current best practice information on recommended vaccine administration, in-person education, and electronic email messaging.

In February of 2019, the Wellness Neighborhood partnered with the UC Davis Comprehensive Cancer Center to provide targeted HPV education to all primary care providers who see youth. **All of these efforts combined have led to a steady increase in youth vaccinated against HPV. Females who had a well child visit are nearing the Healthy People 2020 Goal of 80%** as evidence by the graph below: HPV Series Completed (13-15 yr olds).

In addition to supporting goals of the Truckee North Tahoe Immunization Coalition, HPV vaccination also supports the Gene Upshaw Memorial Tahoe Forest Cancer Center in meeting accreditation through the Commission on Cancer for Standard 4.1: Cancer Prevention Programs.



# Spotlight: Dental Health

After identifying oral health as a key need for youth in our region, the Wellness Neighborhood convened key stakeholders to form the Truckee North Tahoe Dental Coalition in 2016. Our strategies have primarily focused on young children because tooth decay is the most common chronic disease of childhood and 40% of children have tooth decay by the time they reach kindergarten.

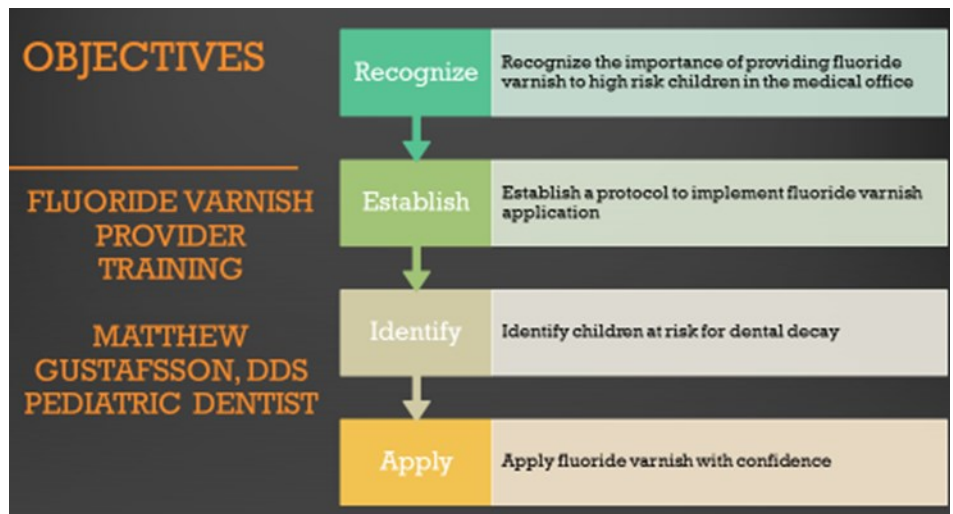


## Coalition strategies to improve youth dental health include:

1. Community outreach and education
2. Application of fluoride varnish during well-child checkups
3. School-based screenings and treatment

## Dental Coalition activities from spring of 2016 through June 2019 include:

- Coordination of **11** dental screenings at local schools, screening **1,254** children.
- Care coordination for youth identified to have dental needs = **39%** youth screened
- Distribution of **1,300** dental kits.
- Outreach and education to **850+** educators, medical providers, parents, and school-age children.
- Oral health information in TFH “New Mom” packets and My Chart follow up 0-9 months post-partum.
- Creation of bilingual fluoride varnish brochure to address parent concerns around safety.
- Process improvement to increase fluoride varnish applications during Well Child Visits: trainings by Pediatric Dentist targeting Medical Assistant Preceptors and Medical Staff.
- Collaboration with Placer County Oral Health Alliance and Nevada County Oral Health.
- Application and designation as a Dental Health Professional Shortage Area, Dental HPSA.

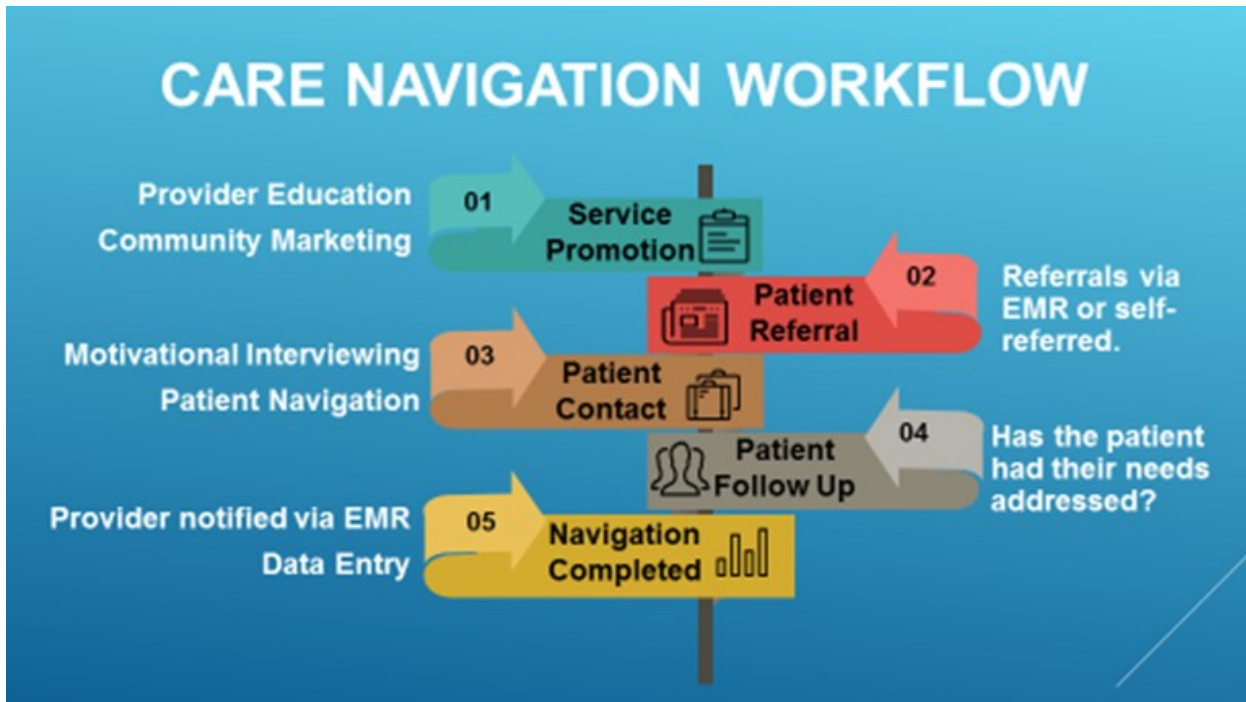


### TNT Dental Coalition members:

Tahoe Forest Health System Pediatrics, Perinatal Care Coordination and the Wellness Neighborhood; Placer County Public Health; Nevada County Public Health; Tahoe Truckee Unified School District; Truckee Pediatric Dentistry and Medi-Cal Dental Educators

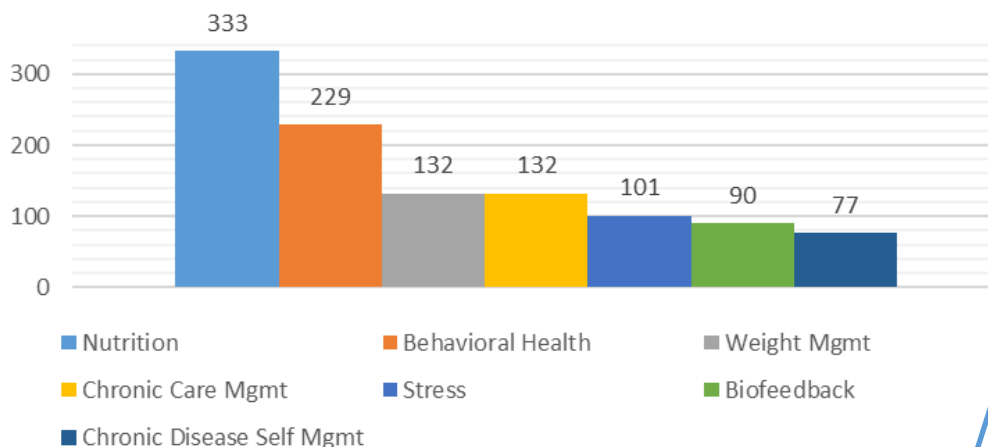
# Spotlight: Care Navigation and Referrals

The Customer Care Navigators at the Tahoe Forest Center for Health help patients connect with services to best meet their needs. The team works closely with community members, resource advocates and medical providers 7 days a week with the patient’s wellness goals in mind.



During FY2019, the Navigators managed a total of 1,513 referrals. For the last six months, Navigation **averaged 157 referrals per month**. Referrals managed by Care Navigation continue to increase. Currently, the top service line referrals are for Nutrition and Behavioral Health.

Care Navigation Top Referrals  
(1513 total referrals - FY19)



*"I am so grateful that Liz helped me find transportation to my doctors appointment. She made a big difference in my life yesterday. Her compassion, willingness to help and to listen isn't something I experience a lot and it helped me tremendously."*

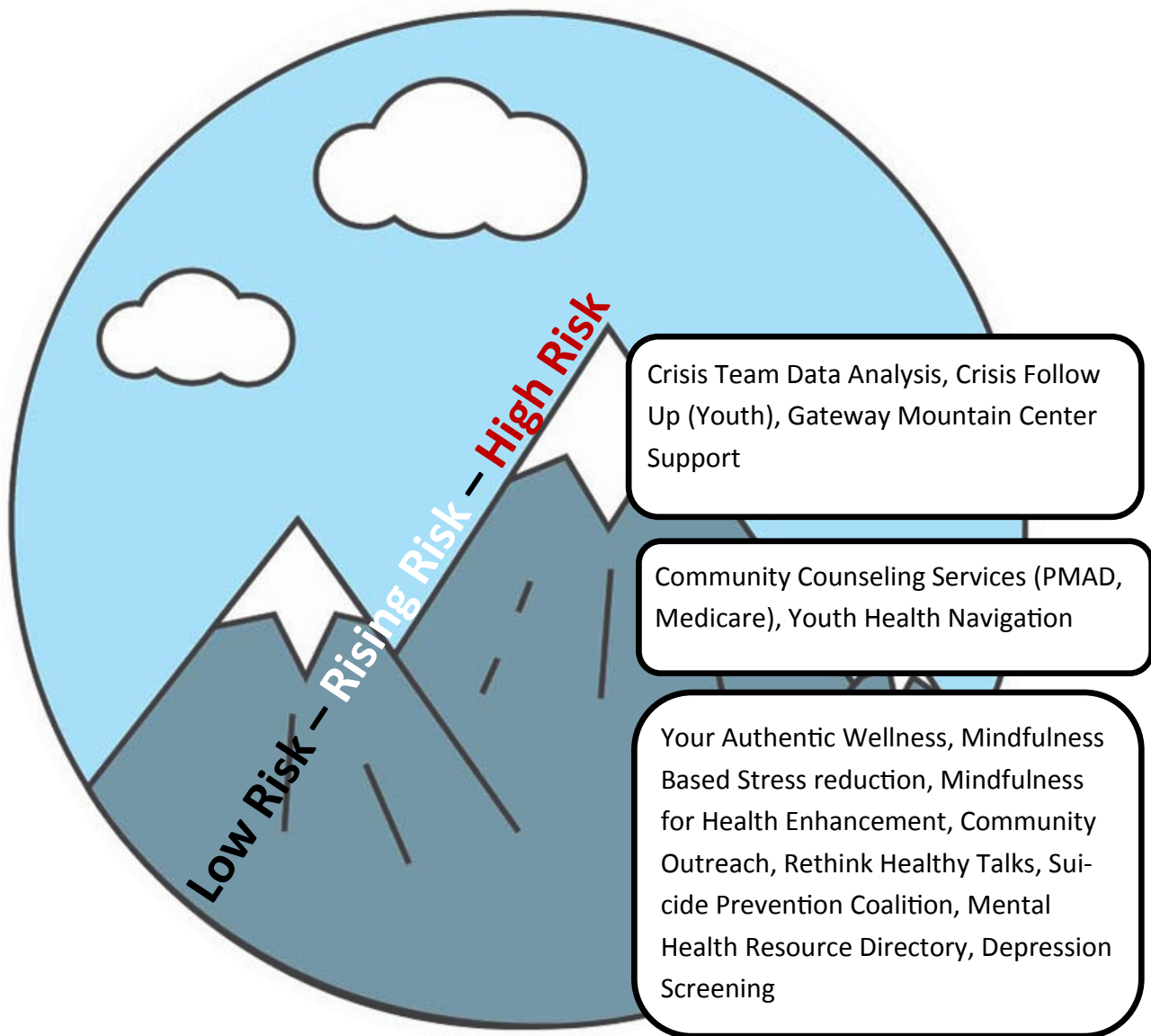
# Mental/Behavioral Health

Mental and Behavioral Health has been a recurrent theme since the 2011 CHNA. As per our 2017 Community Health Improvement Plan (CHIP), we are supporting the expansion of existing mental health programs. This includes increasing access, promoting protective factors and integrating mental and behavioral health with physical health to provide comprehensive health care.

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

**Broad Objectives:**

Increase mental/behavioral health services  
Suicide Prevention



# Spotlight: Your Authentic Wellness

The *Your Authentic Wellness* program\* aims to empower participants to improve their quality of life and take an active role in self-care and family wellbeing. This program is developed to meet a known need for adults in our community, identified via the Community Health Needs Assessment of 2017. The program consists of bi-monthly sessions for individuals who want to improve their mental and physical well-being. Each session consists of a presentation by an expert in the topic followed by discussion and practical skill building. The goal of each session is to provide participants with tools they can use in their daily life. *Your Authentic Wellness* has reached 104 participants over 9 sessions (average of 11 participants per session). Sessions continue to attract new and repeat clients.



**Your Authentic Wellness**  
Explore. Plan. Apply

*Life feeling out of balance?  
Taking care of everyone but yourself?  
Ready for change, but don't know where to start?  
2019 is the year to explore the power of you!*

**2nd and 4th Thursdays, every month  
5:15 pm - 6:30 pm**

**June 13: Science of Motivation & Habit Change  
June 27: Biofeedback & the Art of Breath Work**

**Tahoe Forest Center for Health**  
10710 Donner Pass Road, Truckee

Fee: No Cost

For more information, or to register, please call (530) 587-3769 or email [wellness@tfhd.com](mailto:wellness@tfhd.com)




57% of Adults experienced depressive symptoms in past two weeks (2017 CHNA)

## Session Topics (February—June 2019)

Positive Health – Optimize your Wellbeing	February
A Mindful Approach to Sleep	March
Food and Mood	March
Self-care for Caregivers	April
Mindful Movement and Self Massage	April
Harnessing Strengths to Live your Best Life	May
Foods that Heal: What to Eat to Feel Better and Reduce Inflammation	May
The Science of Motivation and Habit Change	June
Biofeedback and the Art and Science of Breath	June

*“The Authentic Wellness talks have been a great addition to the other programs offered by the Center for Health. Topics like Positivity, Strengths Based Living, and Motivation, given by Liz Schenk, plus Food and Mood by Jill Whisler have all been informative and interesting for me personally. I hope the program continues with even more relevant, life enhancing subjects.”*

\*Program is supported through a generous grant through Epic Promise from Vail resorts.

# Evolution of TFHD Behavioral Health

## Fiscal Year Milestones

**2012-2016**

- ◆ Community Health Needs Assessments identified mental health as top priority
- ◆ Formation of Suicide Prevention Coalition
- ◆ Participation in County Crisis Team and monthly tracking of 5150 assessments

**2017**

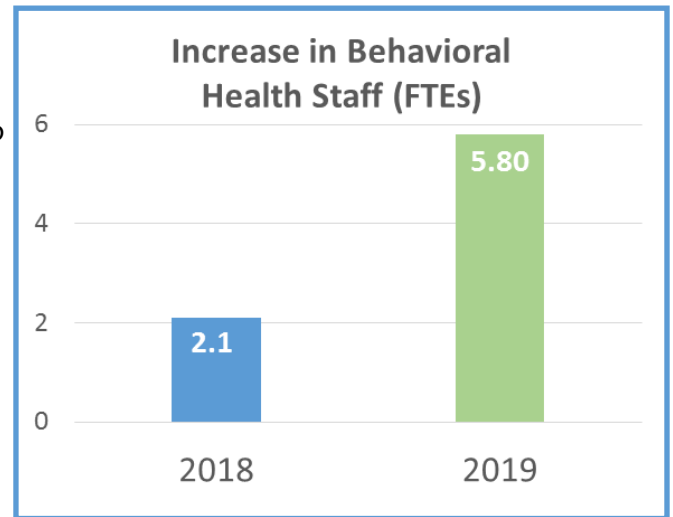
- ◆ Youth Health Navigator hired
- ◆ Launch of PRIME Chronic Pain
- ◆ PRIME Care Coordinator hired
- ◆ Outreach on multi-modal therapies and treatment options
- ◆ Infrastructure with EMR for PRIME metrics
- ◆ Increased collaboration between Wellness and Social Services

**2018**

- ◆ PHQ9 Depression Screenings implemented in Primary Care (PRIME)
- ◆ Perinatal Mood & Anxiety Disorder Counseling
- ◆ Senior Counseling
- ◆ Psychologist to support PRIME/MAT hired

**2019**

- ◆ Behavioral Health Care Coordinator hired
- ◆ Medication Assisted Treatment (MAT) funding via AEGIS Grant
- ◆ Psych Specialist hired
- ◆ Emergency Department (ED) Bridge



## The Future of Behavioral Health at TFHD

Wellness has responded to needs identified in the CHNA to expand behavioral health services. This includes researching best practices, developing staffing and workflows, and implementing program evaluation and process improvement.

# Community Collaborations:

The Wellness Neighborhood collaborates with local schools, county public health, and local non-profits to promote optimal youth health, suicide prevention, and mental health. Last year, we reached 1,000 community members with targeted suicide prevention outreach events in partnership with the Suicide Prevention Coalition and supported Gateway Mountain Center in providing on-on-one, therapeutic mentoring.

- ◆ In FY 2019, Gateway Mountain Center provided about \$73,000 of unfunded mental health therapeutic mentoring services to high risk youth and transitional age youth in the Truckee Tahoe Area. (775 hours of service). Tahoe Forest Health System, through a grant from the Wellness Neighborhood, supported over 68% of these costs. (532 hours of service)



**Helping Youth  
Learn, Heal & Thrive!**

- ◆ Knowing that approximately 70% of suicides are among working-age adults who spend a significant portion of their lives at the workplace, the Suicide Prevention Coalition chose to target Human Resource Directors in the Tahoe/Truckee region. This included developing a Suicide Prevention Guide to assist HR departments in supporting employees' mental health. We reached nine organizations and met with HR directors and staff. The workplace can foster protective factors against suicide, including a sense of satisfaction, belonging, purpose and community. For these reasons, the Coalition hopes to further engage employers in suicide prevention outreach.



- ◆ Youth Health Navigation is a service Wellness began offering in 2016. Referrals for Mental/Behavioral health made up 70% of the 193 referrals received in FY2019.

*"I cannot say thank you enough to [the Youth Health Navigator]. She has been the most amazing support. When she called me the first time and told me she would be contacting the doctors and helping me set up appointments [for my medically-complex son], I was floored. I believe every hospital could learn from you."*

**Mental/Behavioral  
Health:**

**1,345 Community  
Members Reached**

**49 Targeted Events**

# Thank You!

"During the [Alcohol Awareness] challenge, I lost weight, had more energy and switched to Non-Alcohol Beer. I go country line dancing 2 times a week and didn't sweat nearly as much. It was a great challenge and I will continue non-alcohol beverages."  
Thank You "

"Having volunteered for [Harvest of the Month] since kinder to 6th grade, I can see immense changes in the kids eating preferences and willingness to try new/ healthy foods. They grow to love being presented with even the strangest food choices like sunchokes and celeriac. I was asked if we could have kale smoothies this year!"

"I so appreciate participating in TFH Prevent Type 2 Diabetes year-long program! ... My A1c at the beginning of the program was nearing 5.8; but at the end of the program, I had lowered it to 5.5!!! Thank you!"

"[The Total Joint Class was] very informative & alleviates pre-op anxieties."

"I am so happy that I joined Prevent T2!! It has given me that extra incentive boost that I needed to improve my diet and return to exercising regularly. I've lost a few pounds and am feeling better in general since the changes I've made. I especially enjoy everyone sharing how they have been overcoming the obstacles that they encounter, because I have some of the same ones."

*"Glad I took [Mindfulness Based Stress Reduction] - had a lot of stressful situations come up during the 8 weeks."*

"I remembered what you said about pushing in [Prenatal] class and the visualization of it actually happening. So while I was in labor, its all I thought about. Everyone at the hospital called it a miracle birthing experience. It was

One man who came with his wife for the [Heart Healthy Grocery Store] tour was VERY thankful to be in the grocery store for the education. He said it was much more effective than if he would have received the information in a nutrition counseling session.

"The kids retain so much over the course of the year (2nd grade) about why to eat our fruits and veggies and how much. They are becoming really regular healthy eaters with the long-term exposure to [the Harvest of the Month] program."

**"The produce is incredible!"**

"B-Fit was SO much fun to teach, definitely helps to get [elementary school students] up and moving during the day!"



## Wellness Team Members:

Maria Martin, MPH, RDN – Director, Community Health and Wellness Neighborhood

Lizzy Henasey, MPH – Population Health Analyst

Gwen Van Natta – Wellness Program Coordinator

Reyna Sanchez Correa – Community Health Advocate, Master Trainer - Self-Management Program

Victoria Bocking – Community Health Advocate

Amelia Espinoza – Community Health Advocate (Perinatal)

Lisa Stekert, MSW, LCSW – Youth Health Navigator

Mary Hoffmann, RN, LCCE, ASPO – Prenatal Educator and Infant CPR Instructor

Sue Train, MPH, RN—Perinatal Care Coordinator, Lactation Consultant

Liz Schenk, NBC-HWC, MBA – Health Coach, Smoking Cessation, PRIME

Jackie Griffin, RN – Care Coordinator, Mindfulness Instructor, Master Trainer - Self-Management Program

Eileen Knudson, RN – Director, PRIME and Behavioral Health

Sunee Zrno, LMFT – PRIME Care Coordinator (Chronic Pain)

Lorna Fichter, RN – PRIME Care Coordinator (Million Hearts)

### Registered Dietitian Nutritionists:

Betsy Taylor, RDN

Jill Whisler, MS, RDN

Dana Dose, RDN, CDE, LD

Lisa Fligor, MS, RDN, LD

Wendy Buchanan, MS – Director, Wellness Programs, Center for Health

### Customer Care Navigators:

Brandy Willoughby

Gloria Acevedo-Klenk

Tori Echeverria

**Volunteers:** Matthew Gustafsson, DDS; Kristen Morgan, DDS; Mary Breckenridge, DA; Christina Cox, RDH; Jason Fligor, DDS and his team; Bryan Pierce, DDS; Marc Thomas, DDS; Amanda Haeder, RDH; Connie Gast, Joanne Sandry, Bobbie Gifford and Samara Kemp, Hector Toledano, Marie Clukey



**Partners:** Tahoe Truckee Unified School District, Community Collaborative of Tahoe Truckee, Placer County Public Health, Nevada County Public Health, Truckee Pediatric Dentistry, Medi-Cal Dental contractor Delta Dental, Gateway Mountain Center, Tahoe Safe Alliance, Family Resource Center of Truckee, North Tahoe Family Resource Center, Project Mana, Tahoe Truckee Suicide Prevention Coalition, Sierra Mental Wellness, Immunization Coalition, Truckee North Tahoe Dental Coalition, Sacramento District Dental Society, Truckee North Tahoe Youth Health Initiative, Nevada County Behavioral Health Department, Placer Oral Health Alliance, Nevada County Oral Health Steering Committee, Sierra College, Tahoe Truckee Future Without Drug Dependence, University of California- Davis



# wellnessneighborhood

*A Service of Tahoe Forest Health System*

For More Information, please see our website at:

<https://www.tfhd.com/wellness-neighborhood>

Or contact us at: 530-550-6730

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Truckee Tahoe Workforce Housing JPA
<b>RESPONSIBLE PARTY</b>	Ted Owens, Executive Director Governance & Business Development
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b> Tahoe Forest Hospital District, Tahoe Truckee Unified School District, Truckee Tahoe Airport District and the Truckee Donner Public Utility District have partnered in the development of a JPA for the purposes of solving housing needs the membership has collectively. Utilizing the JPA structure offers many benefits to the member agencies such as, shared risk and liability, flexibility and opportunities that would be more challenging as individual agencies.</p> <p>Each agency board of directors authorized fund allocation for the development of the JPA. Included in that process was the development of documents or agreement by which the JPA will function. The attached documents have been vetted by the agencies at the staff and board level and is now seeking the approval of each board on the final enabling documents.</p>	
<b>SUMMARY/OBJECTIVES:</b>	
<b>SUGGESTED DISCUSSION POINTS:</b>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Approve Resolution 2019-09 as presented.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• Final Truckee Tahoe JPA Agreement</li> <li>• Presentation slide deck by Municipal Resource Group, LLC</li> <li>• Resolution 2019-09</li> </ul>	



# TRUCKEE TAHOE WORKFORCE HOUSING JOINT POWERS AGENCY

- Truckee Donner Public Utility District
- Tahoe Forest Health System
- Tahoe Truckee Unified School District
- Truckee Tahoe Airport District

**Municipal Resource Group, LLC**



## TONIGHT'S OBJECTIVE

- Receive and address Board questions regarding the final JPA Agreement.
- Obtain Board approval of the JPA Agreement.



## BACKGROUND

- Four agencies have identified workforce housing as an employee need.
- In January 2019 the agencies retained MRG to help evaluate the feasibility of creating a Joint Powers Authority (JPA) to support workforce housing for the agencies' respective needs.
- California law allows member agencies to delegate to a JPA the powers that they hold in common for the purpose of achieving specific goals.



## MRG'S WORK WITH THE FOUR AGENCIES

- Met with agency representatives individually in February 2019 to identify the specific needs of each agency.
- Developed a Draft JPA Term Sheet outline.
- Retained legal counsel to evaluate whether the proposed structure was legally viable.
- Worked with the four agencies to develop the Draft JPA Term Sheet.



## MRG'S WORK WITH THE FOUR AGENCIES

- Reviewed the Draft Term Sheet with the Boards of each of the four participating agencies in June and July.
- Assisted in preparation of the JPA formation document and reviewed and modified the document based on agency staff input.





## REVIEW OF THE JPA FORMATION DOCUMENT

The JPA formation document (JPA Agreement) is scheduled to be reviewed / approved at the board meetings of the agencies on the following dates:

- Truckee Tahoe Airport District – September 25, 2019
- Tahoe Forest Hospital District – September 26, 2019
- Truckee Donner Public Utility District – October 2, 2019
- Tahoe Truckee Unified School District – November 6, 2019



## JPA AGREEMENT

- The Joint Powers Agency Agreement provides the framework for the organization and operation of the the JPA.
- The JPA will provide a platform for the participants to take advantage of a broad range of alternate means of acquiring and / or providing workforce housing for employees of the member agencies.



## THE JPA AGREEMENT

The staff report describes key components of the JPA Agreement including:

- The JPA's status as a separate legal entity
- The powers and obligations of the JPA
- Organization of the Board of Directors
- Financial provisions of the JPA
- Withdrawal and termination provisions



## LEGAL REVIEW OF PROPOSED JPA

- MRG retained Richards, Watson & Gershon (RWG), a San Francisco-based law firm with significant JPA experience, to provide legal advice.
- RWG evaluated each of the proposed Member Agencies' respective formation documents and concluded that the proposed JPA was a legally viable agency.
- RWG also reviewed and assisted finalize the Draft Term Sheet and drafted the final JPA Agreement.



## NEXT STEPS

- If the four Boards approve the JPA Agreement, the document will be executed, the JPA will convene its first meeting and the new entity will begin to implement the initial administrative actions as outlined in the staff report.
- The JPA Board members will provide regular updates on the activities of the JPA and bring any action of significance to their Board for review.



## NEXT STEPS

- It is anticipated that during the JPA's first year of operation a framework for exploring opportunities to provide agency employee workforce housing will be developed. Any opportunities identified will be reviewed and discussed with each Agency Board as appropriate.



# QUESTIONS?

**A JOINT EXERCISE OF POWERS AGREEMENT  
CREATING THE  
TRUCKEE TAHOE WORKFORCE HOUSING AGENCY**

This Joint Exercise of Powers Agreement (“Agreement”), effective as of \_\_\_\_\_, 2019, is made and entered into pursuant to the provisions of Title 1, Division 7, Chapter 5, Article 1 (Section 6500 *et seq.*) of the Government Code relating to the joint exercise of powers among the public agencies listed in Exhibit A (collectively, “Members”). The term “Members” shall also include any public agencies added to this Agreement in accordance with Section 5.1.

RECITALS

WHEREAS, the Members are California public agencies authorized and empowered to contract for the joint exercise of powers and to jointly exercise any power common to them under the Joint Exercise of Powers Act, Government Code Section 6500 *et seq.*; and

WHEREAS, there is a significant shortage of workforce housing available in the Truckee Tahoe region, which has affected the Members’ ability to recruit, hire, and retain qualified employees and to reliably serve the community; and

WHEREAS, there is a demonstrated need for the Members to share resources and expertise in order to more efficiently and effectively address the housing shortage and its impacts on Members’ employees; and

WHEREAS, the Members wish to jointly exercise their common powers to address the shared challenge of a lack of adequate workforce housing, and to establish a separate public agency, known as the Truckee Tahoe Workforce Housing Agency, under the provisions of the Joint Exercise of Powers Act in order to collectively support, acquire, develop, construct, or contract for workforce housing for their employees; and

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants and promises herein set forth, the Members agree as follows:

**ARTICLE 1  
DEFINITIONS**

- 1.1 “Agency” means the Truckee Tahoe Workforce Housing Agency.
- 1.2 “Agency Documents” means documents duly adopted by the Board by resolution or motion implementing the powers, functions and activities of the Agency, including but not limited to the Operating Rules and Regulations, the annual budget, and plans and policies.
- 1.3 “Agreement” means this Joint Exercise of Powers Agreement establishing the Agency.
- 1.4 “Board” means the Board of Directors of the Agency.



1.5 “Director” means a member of the Board of Directors representing a Member.

1.6 “Effective Date” means the date on which this Agreement shall become effective and the Truckee Tahoe Workforce Housing Agency shall exist as a separate public agency.

1.7 “Entire Board of Directors” means the full number of authorized Directors on the Board of Directors regardless of any vacancies on the Board at the time of the meeting.

1.8 “Initial Participants” shall mean the Tahoe Truckee Unified School District, the Tahoe Forest Hospital District, the Truckee Tahoe Airport District, and the Truckee Donner Public Utility District.

1.9 “Members” means the signatories to this Agreement that are Initial Participants or that have satisfied the conditions in Section 5.1 such that they are considered members of the Agency. The Members are referred to individually as “Member.”

1.10 “Quorum” shall mean a majority of the Directors of the Entire Board of Directors.

1.11 “Workforce Housing Project” means any arrangement or endeavor whereby the Agency acquires, develops, or contracts for housing units for the purpose of providing housing to employees of the Members or a Member.

## ARTICLE 2 FORMATION OF TRUCKEE TAHOE WORKFORCE HOUSING AGENCY

2.1 **Effective Date and Term.** This Agreement shall become effective and the Agency shall exist as a separate public agency when all the Initial Participants have executed the Agreement (“Effective Date”). The Agency shall provide notice to the Initial Participants of the Effective Date. The Agency shall continue to exist, and this Agreement shall be effective, until the Agreement is terminated in accordance with Section 7.4, subject to the rights of Members to withdraw from the Agency.

2.2 **Formation.** There is formed as of the Effective Date a public agency named the Truckee Tahoe Workforce Housing Agency (the “Agency”). Pursuant to Government Code Sections 6506 and 6507, the Agency is a public agency separate and apart from the Members. Unless otherwise agreed by the Members, the debts, liabilities, and obligations of the Agency shall not be debts, liabilities or obligations of the Members. A Member who has not agreed to assume an Agency debt, liability, or obligation on a Workforce Housing Project shall not be responsible in any way for such debt, liability obligation even if a majority of the Members agree to assume the debt, liability or obligation of the Agency.

2.3 **Filing of Notices.** Within 30 days after the Effective Date, the Agency shall cause a notice of this Agreement to be prepared containing the information required by Government Code Section 6503.5 and filed with the California Secretary of State and the State Controller. Within seventy 70 days after the Effective Date, the Agency shall cause a statement of information to be filed with the California Secretary of State, the El Dorado County Clerk, the El Dorado County Local Agency Formation Commission (LAFCo), the Placer County Clerk, the

Placer County LAFCo, the Nevada County Clerk, and the Nevada County LAFCo, stating the facts required to be stated pursuant to subdivision (a) of Government Code Section 53051.

**2.4 Purpose.** The purpose of this Agreement is to establish an independent public agency, to support and promote the development of workforce housing for Members within the jurisdiction of the Agency. The Agency may plan, acquire, develop, finance, create, contract for, or own workforce housing for Member employees and support housing programs that provide workforce housing to Member employees.

### **ARTICLE 3 POWERS OF THE AGENCY**

**3.1 General Powers.** The Agency shall have all powers common to the Members and any such additional powers accorded to it by law. The Agency is authorized, in its own name, to exercise all powers and do all acts necessary and proper to carry out the provisions of this Agreement and fulfill its purposes, including, but not limited to, each of the following:

- a. acquire, lease, construct, own, manage, maintain, dispose of or operate (subject to the limitations herein) any buildings, works, or improvements deemed necessary by the Board to provide workforce housing located on or off Member-owned properties;
- b. acquire, hold, manage, maintain, or dispose of any other real or personal property by any lawful means, including without limitation gift, purchase, lease, lease-purchase, license, eminent domain, or sale, in order to support the development of workforce housing for the Members;
- c. develop programs that provide Members' employees the ability to acquire housing or access rental housing that may not be owned or operated by the Agency;
- d. seek, receive, and administer funding from any available public, non-profit, foundation, or private source, including grants or loans under any available Federal, State, and local programs for assistance in achieving the purposes and objectives of the Agency;
- e. seek the adoption or defeat of any Federal, State, or local legislation or regulation necessary or desirable to accomplish the stated purposes and objectives of the Agency;
- f. adopt rules, regulations, policies, bylaws, and procedures governing the operation of the Agency;
- g. make and enter into contracts, including intergovernmental contracts;
- h. employ employees, including but not limited to an Agency manager, and contract with agents, contractors, consultants and professional services entities or persons;
- i. incur authorized debts, liabilities and obligations, including insurance and sale of bonds, notes, certificates of participation, bonds authorized

pursuant to the Mello-Roos Local Bond Pooling Act of 1985, Government Code Sections 6584 *et seq.* or any other legal authority common to the Members or granted to the Agency, and such other evidences of indebtedness, subject to the limitations herein to accomplish the stated purposes and objectives of the Agency;

- j. sue and be sued in its own name;
- k. receive gifts, contributions, and donations of property, funds, services, and other forms of assistance from any persons, firms, corporations, or governmental entities;
- l. adopt budgets and conduct audits;
- m. invest money pursuant to Government Code Section 6505.5 that is not required for the immediate necessities of the Agency, as the Agency determines is advisable, in the same manner and upon the same conditions as local agencies, pursuant to Government Code Section 53601 as it now exists or may hereafter be amended;
- n. defend, hold harmless, and indemnify, to the fullest extent permitted by law, each Member from any liability, claims, suits, or other actions;
- o. carry out and enforce all the provisions of this Agreement.

**3.2 Limitation on Powers.** As required by Government Code Section 6509, the power of the Agency is subject to the restrictions upon the manner of exercising power possessed by the Truckee Tahoe Airport District.

**3.3 Compliance with Local Zoning and Building Laws.** Notwithstanding any other provisions of this Agreement or state law, any facilities, buildings or structures located, constructed or caused to be constructed by the Agency shall comply with the General Plan, zoning and building laws of the local jurisdiction within which the facilities, buildings or structures are constructed.

## ARTICLE 4 OPERATING RULES AND REGULATIONS

**4.1** The Board may adopt from time to time such policies, procedures, bylaws, rules or regulations, for the conduct of its affairs as deemed necessary by the Board.

## ARTICLE 5 ORGANIZATION

### 5.1 Members

- a. **Initial Participants.** The initial Members of the Agency shall be those Initial Participants that have entered into the Agreement on or before the Effective Date.
- b. **Addition of Members.** A public agency may be considered for Membership in the Agency after the Effective Date by presenting an adopted resolution to the Board which includes a request to become a Member of the Agency. The Board shall accept proposed Members upon a unanimous affirmative vote of the entire Board and upon satisfaction of any conditions established by the Board as a prerequisite for membership including but not limited to payment of any Board-determined membership fee to reflect the pro rata share of organizational, planning, and other pre-existing expenditures.
- c. **Continuing Participation.** The Members acknowledge that the membership of the Agency may change with the addition and/or withdrawal or termination of Members. The Members agree to participate with such other Members as may later be added. The Members also agree that the withdrawal or termination of a Member shall not affect this Agreement or the remaining Members' continuing obligations under this Agreement.

### 5.2 Board of Directors

- a. **Board of Directors.** The Agency shall be governed by the Board of Directors, which shall exercise all powers and authority on behalf of the Agency unless delegated in accordance with the provisions herein.
- b. **Composition.** Each Agency that is a Member to this Agreement shall have 1 regular Director and 1 alternate Director on the Board of Directors. The alternate Director may vote and represent his or her Agency at Board meetings only in the absence of the regular Director. Each Director shall be the chief administrative officer or the general manager of the Member, or a designee of the chief administrative officer or general manager. Each alternate Director shall be a designee of the chief administrative officer or general manager of the Member. If at any time a vacancy occurs on the Board, a replacement shall be provided by the affected Agency to fill the position of the previous Director within 45 days of the date that such position becomes vacant.
- c. **Quorum.** A majority of Directors of the Entire Board of Directors shall constitute a quorum for the transaction of business, except that less than a quorum may adjourn from time to time in accordance with applicable law.

- d. **Voting.** Each Director shall have one vote. Alternatives shall have no voting power except when serving in the place of an absent Director. Any action of the Board shall require an affirmative vote of a majority of the Directors of the Entire Board of Directors, excepting the following actions which shall require a unanimous vote of the Entire Board of Directors:
- (i) adding new members;
  - (ii) issuing bonds or other forms of indebtedness;
  - (iii) approving commencement of eminent domain proceedings;
  - (iv) termination of this Agreement and dissolution of the Agency.
- e. **Chair and Vice Chair.** The Board shall elect, from among themselves, a Chair and Vice Chair. The Chair shall be the presiding officer of all Board meetings and shall represent the Agency and perform such other duties as may be imposed by the Board in accordance with law and this Agreement. The Vice Chair shall serve in the absence of the Chair. The term of office of the Chair and Vice Chair shall continue for one year, but there shall be no limit on the number of terms held by either the Chair or Vice Chair. In the event that the Chair is unable to continue serving on the Board, the Vice Chair shall become Chair, and a new Vice Chair shall be selected at the next meeting of the Board. In the event that the Vice Chair is unable to continue serving on the Board, a new Vice Chair shall be selected at the next meeting of the Board.
- f. **Director Compensation.** Compensation for work performed by Directors on behalf of the Agency shall be borne by the Member that appointed the Director. The Board, however, may adopt by resolution a policy relating to the reimbursement of expenses incurred by Directors.
- g. **Meetings.** The Board shall hold not less than two general meetings per year. Meetings shall be conducted and noticed in accordance with the provisions of the Ralph M. Brown Act, Government Code Section 54940 *et seq.*
- h. **Secretary.** The Board shall appoint a Secretary, who need not be a member of the Board, to be responsible for keeping the minutes of all meetings of the Board and all other official records of the Agency. Upon approval by the Board, such minutes shall become a part of the official records of the Agency.
- i. **Additional Officers.** The Board may appoint any additional officers deemed necessary or desirable.
- i. **Committees.** The Board may establish permanent or temporary committees as the Board deems appropriate to assist the Board in carrying

out its functions and the provisions of this Agreement. The Board also may establish standing and ad hoc committees consisting of less than a quorum of Board members as authorized by the Brown Act.

- j. **Conflicts of Interest.** Board members shall be considered “public officials” within the meaning of the California Political Reform Act of 1974, Government Code Section 8100 *et seq.*, and “officials” within the meaning of the Levine Act, Government Code Section 84308.

### 5.3 **Manager**

- a. **Selection.** The Board shall appoint a Manager or engage management services at the first publicly noticed meeting of the Board following the Effective Date. The Manager may be an employee of the Agency, an employee of one of the Members, a consultant, an independent contractor, or an employee of another entity who can perform the responsibilities and duties described in this Section 5.3.
- b. **Powers and Duties.** The powers and duties of the Manager shall include the following:
  - (i) to direct, coordinate, and supervise the daily operations of the Agency and to be responsible to the Board for the proper administration of all activities of the Agency;
  - (ii) to make recommendations to the Board regarding the operations of the Agency;
  - (iii) to hire, promote, discipline, terminate, supervise, and coordinate the training of any Agency employees;
  - (iv) to supervise and direct the preparation of the annual budget and to be responsible for its administration following adoption by the Board;
  - (v) to establish policies and procedures for the Agency in order to implement directives from the Board;
  - (vi) to perform such other duties as the Board may require in carrying out the purposes of the Agency.

**5.4 Employees.** If the Agency hires employees, such employees shall not be deemed employed by or subject to the requirements of any Member by reason of their employment by the Agency. The Board shall develop and adopt Employer-Employee Relations Procedures and Personnel Rules and Regulations for such employees. The Agency shall not participate in CalPERS or any other public retirement system based on a defined benefit plan. Notwithstanding the foregoing, the Agency may provide to its employees a 401(a) or other defined contribution retirement plan.

**5.5 Principal Office.** The Board shall establish by resolution the principal physical office of the Agency, to be located at one of the Member's offices or another suitable location.

## **ARTICLE 6 FINANCIAL PROVISIONS**

**6.1 Fiscal Year.** The Agency's fiscal year shall be 12 months commencing July 1 and ending June 30. The fiscal year may be changed by Board resolution.

**6.2 Agency Budget.** Prior to April 1 each year, the Manager designated in accordance with Section 5.3 shall prepare and present a proposed annual budget to the Board for its review and approval. Prior to July 1 of each year, the Board shall approve the final budget for the following fiscal year. The Board may revise the budget from time to time as may be necessary to address changed circumstances, contingencies and unexpected expenses. The time requirements in this section shall not apply to the adoption of the first budget which shall be prepared and approved as soon as practicable after the Effective Date.

**6.3 Operations and Maintenance Costs.** The Initial Participants shall fund the initial operating costs of the Agency as described in Exhibit B.

After housing units have been secured by the Agency, each Member shall contribute the funds necessary to carry out the purposes and powers of the Agency. For the purposes of this Agreement, "secured" means that housing units have been leased or constructed by or on behalf of the Agency and are available for occupancy by Member employees. Each Member's annual funding contribution shall be based on the number of housing units allocated to each Member or on another basis approved by a unanimous vote of the Entire Board of Directors. By April 1 of each year as part of budget preparations, the Manager shall prepare the proposed funding contribution by each Member based on the total number of housing units allocated to that Member as of April 1. As part of the Board resolution adopting the Agency budget, the funding contribution by each Member shall be established. Each Member shall transmit its annual contribution as determined under this section to the Agency within 30 days after a written invoice is sent to the Member.

**6.4 Workforce Housing Project Contributions.** Prior to acquiring housing units in a Workforce Housing Project, the Members shall determine the financial contribution of each Member for the Project. Members shall not be required to make a financial contribution to or otherwise participate in any Workforce Housing Project.

The number of housing units allocated to each Member in a Workforce Housing Project shall be proportional to the Member's financial contribution to that Project unless otherwise approved by the Board. In the event a Workforce Housing Project contains more housing units than are required for use by the Members, the Agency may choose to offer the surplus units first to Members who are not participating in the Workforce Housing Project and, if surplus units are still available, then to non-member public agencies. Any agreement for a non-member public agency's use of Project housing unit(s) shall attempt to fully recover the costs incurred by the Agency for the development or acquisition of such unit(s).

**6.5 Additional Contributions and Advancements.** Pursuant to Government Code 6504, the Members may in their discretion make financial contributions, loans, or advances to the Agency for the purposes set forth in this Agreement. The repayment of such contributions, loans, or advances shall be on the terms agreed to by the Member making the contribution, loan, or advance and the Agency.

**6.6 Transfer of Records, Accounts, Funds, and Property.** The Board shall adopt procedures by which the Agency documents the transfer and receipt of records, accounts, funds, or property from Members or other entities.

**6.7 Capital Assets.** Capital assets of the Members may be transferred to the Agency according to the disposition rules applicable to that Member.

**6.8 Treasurer and Auditor.** The Board shall appoint a qualified person to act as the Treasurer and a qualified person to act as the Auditor. The Board may appoint a qualified person to serve as both Treasurer and Auditor as authorized by law. Except as otherwise provided by law, the Agency shall cause an independent audit to be made by a certified public accountant, or public accountant, in compliance with Government Code Section 6505. The Treasurer shall act as the depository of the Agency and have custody of all funds of the Agency, from whatever source, and shall have all of the duties and responsibilities specified in Government Code Section 6505.5 and this Agreement. The Board shall require the Treasurer and/or Auditor to file with the Agency an official bond in an amount to be fixed by the Board. The Treasurer shall report directly to the Board and shall comply with all applicable legal requirements in performing the Treasurer's duties. The Board may transfer the responsibilities of Treasurer to any person or entity as the law may provide at the time.

**6.9 Separate Accounts.** All funds of the Agency shall be held in separate accounts in the name of the Agency and not commingled with funds of any Member or any other person or entity.

## ARTICLE 7 WITHDRAWAL AND TERMINATION

**7.1 Withdrawal.** After July 1, 2023, any Member shall have the right to withdraw from this Agreement by giving no less than 24 months advance written notice of its intention to do so to the Board and to each other Member subject to the provisions of Section 7.2.

**7.2 Continuing Liability; Refund.** Upon a withdrawal of a Member, the Member shall remain responsible for any claims, demands, damages, or liabilities arising from the Member's membership in the Agency through the date of its withdrawal, it being agreed that the Member shall not be responsible for any claims, demands, damages, or liabilities arising after the effective date of the Member's withdrawal. In addition, a withdrawal shall not be effective until the withdrawing Member also pays off and fully satisfies any costs or obligations associated with the Member's participation in any Workforce Housing Project or other program. The Agency may withhold funds otherwise owing to the Member or may require the Member to deposit sufficient funds with the Agency, as reasonably determined by the Agency, to cover the Member's liability for the costs described above. Any amount of the Member's funds held on



deposit with the Agency above that which is required to pay any liabilities or obligations shall be returned to the Member. Except as otherwise agreed to by the remaining Members, no Member shall, by withdrawing, be entitled to a refund of funds paid or property donated, if any, or to any distribution of its assets.

**7.3 Effect of Withdrawal on Remaining Members.** The Members agree that the withdrawal of a Member shall not affect this Agreement or the remaining Members' continuing obligations under this Agreement.

**7.4 Termination.** This Agreement may be terminated and the Agency dissolved by mutual agreement of all the Members, or where all but 1 Member has withdrawn from the Agreement provided that all debts, liabilities and obligations of the Agency have been satisfied.

**7.5 Disposition of Agency Funds Upon Termination.** Upon termination of this Agreement as to all Members, any surplus money or assets in possession of the Agency for use under this Agreement, after payment of all liabilities, costs, expenses, and other obligations of the Agency, shall be returned to the then-existing Members in proportion to the contributions made by each, as reflected by the then-current funding formula adopted by the Board pursuant to Section 6.3 of this Agreement.

## **ARTICLE 8 AGENCY DOCUMENTS**

**8.1 Agency Documents.** The Members acknowledge and agree that the affairs of the Agency will be implemented through various documents duly adopted by the Board through Board resolution or motion, including but not necessarily limited to the annual budget, the policies, procedures, rules and regulations of the Agency which shall be considered the Agency Documents under this Agreement. The Members agree to abide by and comply with the terms and conditions of all Agency Documents that may be adopted by the Board, subject to the Members' right to withdraw from the Agency as described in Article 7.1.

## **ARTICLE 9 MISCELLANEOUS PROVISIONS**

**9.1 Liability of Directors, Officers, and Employees.** The Directors, officers, and employees of the Agency shall use ordinary care and reasonable diligence in the exercise of their powers and in the performance of their duties pursuant to this Agreement. No current or former Director, officer, or employee will be responsible for any act or omission by another Director, officer, or employee. The Agency shall defend, indemnify and hold harmless the individual current and former Directors, officers, and employees for any acts or omissions in the scope of their employment or duties in the manner provided by Government Code Section 995 et seq. Nothing in this section shall be construed to limit the defenses available under the law, to the Members, the Agency, or its Directors, officers, or employees.

**9.2 Insurance; Indemnification of Members.** The Agency shall acquire such insurance coverage as is necessary to protect the interests of the Agency, the Members and the public. The Agency shall defend, indemnify and hold harmless the Members and each of their respective Board members, officers, employees, and agents from any and all claims, losses,

damages, costs, injuries and liabilities of every kind arising directly or indirectly from the conduct, activities, operations, acts, and omissions of the Agency under this Agreement.

**9.3 Amendments.** This Agreement may be amended by a majority vote of the Entire Board of Directors, provided that notice of the proposed amendment is provided to the governing bodies of each of the Members at least 30 days prior to its consideration by the Board. Notwithstanding the foregoing, any amendment to Section 2.2 of this Agreement or any amendment that would subject a Member to a debt, liability or obligation of the Agency shall require a unanimous vote of the Entire Board of Directors.

**9.4 Severability.** If one or more clauses, sentences, paragraphs, or provisions of this Agreement or its application to any person or circumstances shall be held invalid, unlawful or unenforceable, the remainder of this Agreement and the application of the provision to other persons or circumstances shall not be affected thereby. Such clauses, sentences, paragraphs or provisions shall be deemed reformed so as to be lawful, valid and enforced to the maximum extent possible.

**9.5 Assignment.** Except as otherwise expressly provided in this Agreement, the rights and duties of the Members may not be assigned or delegated without the advance written consent of all of the other Members, and any attempt to assign or delegate such rights or duties in contravention of this Section 9.5 shall be null and void. This Section 9.5 does not prohibit a Member from entering into an independent agreement with another agency, person, or entity regarding the financing of that Member's contributions to the Agency, or the disposition of proceeds which that Member receives under this Agreement, so long as such independent agreement does not affect, or purport to affect, the rights and duties of the Agency or the Members under this Agreement.

**9.6 Successors.** This Agreement shall inure to the benefit of, and be binding upon, the successors and assigns of the Members.

**9.7 Dispute Resolution.** Representatives of the Members shall meet and use their best efforts to settle any dispute, claim, question or disagreement arising from or relating to this Agreement or to the interpretation of this Agreement (a "Dispute"). To that end, representatives of the Members shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all involved Members. If the Members do not reach such a solution within a period of thirty (30) days after the first meeting regarding a Dispute, then the Members shall convene a meeting of the Board within sixty (60) days after the first meeting of the Member representatives regarding a Dispute and request that the Board settle the Dispute at the meeting. If the Members do not settle the Dispute at the Board meeting or within five (5) calendar days after the Board meeting, and the Members have not agreed to enter into a voluntary mediation or arbitration of the Dispute, any Member may pursue any remedies provided by law. The respective costs for resolving any Dispute shall be borne by the individual Members, not the Agency.

**9.8 Agreement Complete.** This Agreement contains the entire agreement of the Members and supersedes any and all prior, written or oral, agreements among them concerning the subject matter of this Agreement.

**9.9 Further Assurances.** Each Member agrees to execute and deliver all further instruments and documents and take any further action that may be reasonably necessary, to effectuate the purposes and intent of this Agreement.

**9.10 Execution by Counterparts.** This Agreement may be executed in any number of counterparts, and upon execution by all Members, each executed counterpart shall have the same force and effect as an original instrument and as if all Members had signed the same instrument.

**9.11 Notice.** Any notice authorized or required to be given pursuant to this Agreement shall be validly given if served in writing either personally, by deposit in the United States mail, first class postage prepaid with return receipt requested, or by a recognized courier service. Notices given (a) personally or by courier service shall be conclusively deemed received at the time of delivery and receipt and (b) by mail shall be conclusively deemed given 72 hours after the date of mailing (excluding Saturdays, Sundays and holidays). All notices shall be addressed to the office of the clerk or secretary of the Member or Agency, as the case may be, or such other person designated in writing by the Member or Agency. Notices given to one Member shall be copied to all other Members. Notices given to the Agency shall be copied to all Members.

**9.12 Governing Law; Venue.** This Agreement shall be governed by and construed according to the laws of California. Venue for all disputes involving this Agreement shall be the County of Placer or the County of Nevada.

IN WITNESS WHEREOF, the Members hereto have caused this Agreement to be executed by their duly authorized officers and it shall be effective as of the date of execution of all Members hereto. This Agreement may be executed in counterparts.

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

\_\_\_\_\_  
TAHOE FOREST HOSPITAL DISTRICT

Chair: \_\_\_\_\_

ATTESTED BY THE CLERK

\_\_\_\_\_

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

\_\_\_\_\_  
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Chair: \_\_\_\_\_

ATTESTED BY THE CLERK

\_\_\_\_\_

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

\_\_\_\_\_  
TRUCKEE DONNER PUBLIC UTILITY DISTRICT

Chair: \_\_\_\_\_

ATTESTED BY THE CLERK

\_\_\_\_\_

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

\_\_\_\_\_  
TRUCKEE TAHOE AIRPORT DISTRICT

Chair: \_\_\_\_\_

ATTESTED BY THE CLERK

\_\_\_\_\_

**EXHIBIT A**

**LIST OF THE MEMBERS**

Tahoe Forest Hospital District

Tahoe Truckee Unified School District

Truckee Donner Public Utility District

Truckee Tahoe Airport District

**EXHIBIT B**

**FUNDING OF INITIAL COSTS**

Tahoe Forest Hospital District	\$153,000
Tahoe Truckee Unified School District	\$85,000
Truckee Donner Public Utility District	\$32,000
Truckee Tahoe Airport District	\$30,000

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2019-09**

**RESOLUTION TO APPROVE AND AUTHORIZE THE EXECUTION OF THE  
JOINT EXERCISE OF POWERS AGREEMENT CREATING THE TRUCKEE  
TAHOE WORKFORCE HOUSING AGENCY**

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

WHEREAS, Section 6500 et seq. of the Government Code authorizes the joint exercise by two or more public agencies of any power common to them as a Joint Powers Authority (“JPA”); and

WHEREAS, there is a significant shortage of workforce housing available in the Truckee Tahoe region, which has affected the ability of the Tahoe Forest Hospital District (“District”) and other local public agencies to recruit, hire, and retain qualified employees and to reliably serve the community; and

WHEREAS, the creation of a JPA would allow the District to share resources and expertise with other agencies in order to more efficiently and effectively address the housing shortage and its impacts on employees, by jointly exercising the agencies’ common powers to address the shared challenge of a lack of adequate workforce housing; and

WHEREAS, the District desires to enter into a Joint Exercise of Powers Agreement to establish the Truckee Tahoe Workforce Housing Agency, along with Tahoe Truckee Unified School District, Truckee Donner Public Utility District, and Truckee Tahoe Airport District, and any additional members approved by the JPA Board in the future.

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

1. The Joint Exercise of Powers Agreement Creating the Truckee Tahoe Workforce Housing Agency is hereby approved, and the Chair is authorized to execute the Agreement in substantially the form attached hereto as Exhibit A, together with minor technical or clerical corrections, if any.
2. Staff is authorized and directed to take such further actions as may be necessary and appropriate to implement the intent and purposes of this Resolution.
3. This Resolution and the creation of the Truckee Tahoe Workforce Housing Agency is exempt from the requirements of the California Environmental Quality Act (CEQA), as it involves organizational and administrative activities of government that will not result in direct or indirect physical changes on the environment, and therefore is not considered a “project.” (14 Cal. Code Regs. § 15378(b)(5).)

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 26th day of September, 2019 by the following vote:



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

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

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

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

ATTEST:

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

\_\_\_\_\_  
Sarah Wolfe  
Secretary, Board of Directors  
Tahoe Forest Hospital District