



TAHOE FOREST HOSPITAL DISTRICT

2022-03-24 Regular Meeting of the Board of Directors

Thursday, March, 24, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for March 24, 2022 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/86255304263>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 862 5530 4263



Meeting Book - 2022-03-24 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, March 24, 2022 at 4:00 p.m.

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Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

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

Property Parcel Numbers: 018-820-031; 018-810-031

Agency Negotiator: Louis Ward

Negotiating Party: Jessica Larsen; Sandra Callahan

Under Negotiation: Price & Terms of Payment

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

Claimant: Rod Ghilarducci

Claim Against: Tahoe Forest Hospital District

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

Subject Matter: 2021 Annual Quality Assurance/Performance Improvement Report

Number of items: Seven (7)

5.4. Hearing (Health & Safety Code § 32155)◆
Subject Matter: 2021 Infection Prevention Report
Number of items: One (1)

5.5. Approval of Closed Session Minutes◆
2/24/2022 Regular Meeting

5.6. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)◆
Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGEMENTS◆

12.1. Doctors Day is March 30, 2022

13. MEDICAL STAFF EXECUTIVE COMMITTEE◆

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda.....ATTACHMENT

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

Privileges with Changes

- *Neurology Privilege Form*

Policies with Changes

- *Clinical Privileges that Cross Specialty Lines, MSCP-1*
- *Computerized Physician Order Entry (CPOE), MSGEN-1701*
- *HIPAA Confidentiality Policy, MSGEN-5*

Policies without Changes

- *Available CAH Services, TFH & IVCH, AGOV-06*

14. 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.

14.1. Approval of Minutes of Meetings

- 14.1.1. 02/15/2022-02/16/2022 Special Meeting ATTACHMENT
- 14.1.2. 02/24/2022 Regular Meeting ATTACHMENT

14.2. Financial Reports

- 14.2.1. Financial Report – February 2022 ATTACHMENT

14.3. Board Reports

- 14.3.1. President & CEO Board Report ATTACHMENT
- 14.3.2. COO Board Report ATTACHMENT
- 14.3.3. CNO Board Report ATTACHMENT
- 14.3.4. CIO Board Report ATTACHMENT
- 14.3.5. CMO Board Report ATTACHMENT

14.4. Approve Resolution for Continued Remote Teleconference Meetings

- 14.4.1. Resolution 2022-06 ATTACHMENT

14.5. Approve Revised Board Policies

- 14.5.1. Malpractice Policy, ABD-16 ATTACHMENT
- 14.5.2. Awarding Public Construction Projects, ABD-26 ATTACHMENT

14.6. Approve Revised Order & Decorum

- 14.6.1. Order & Decorum ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

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

The Board of Directors will receive a semi-annual update on the District’s retirement plans.

15.2. Board Education

15.2.1. Population Health

The Board of Directors will view and discuss board education on population health.

16. ITEMS FOR BOARD ACTION ♦

- 16.1. **Resolution 2022-07** ♦ ATTACHMENT

The Board of Directors will consider approval of a resolution to update the Board of Managers of the Truckee Surgery Center, LLC.

- 16.2. **Resolution 2022-08** ♦ ATTACHMENT

The Board of Directors will consider approval of a resolution honoring Judy Newland’s retirement as Chief Operating Officer for the District.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 24, 2022 AGENDA – Continued

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 28, 2022 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



FOR IMMEDIATE RELEASE

March 21, 2022

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

TAHOE FOREST HEALTH SYSTEM CELEBRATES NATIONAL DOCTORS' DAY

www.tfhd.com

(Tahoe/Truckee, Calif.) – March 30th is National Doctors' Day, and Tahoe Forest Health System proudly celebrates the local physician community for their commitment, sacrifice and hard work.

On this day, we recognize the diverse and valuable work doctors perform – from primary and specialty care to urgent and emergency care. National Doctors' Day is a special opportunity to personally thank and recognize the dedicated men and women who keep our community healthy and save lives.

National Doctors' Day was first observed in 1933 and was officially made a national day of celebration by President George H.W. Bush in 1991. March 30th was specifically chosen because it marks the anniversary of the first use of ether anesthesia by Dr. Crawford W. Long.

Join Tahoe Forest Health System in recognizing and honoring their physicians on March 30th, National Doctors' Day.

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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, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. 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.

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
<p>BACKGROUND: During the March 17, 2022 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the March 24, 2022 meeting.</p>	
<p>Privileges with Changes:</p> <ul style="list-style-type: none"> 3. Neurology Privilege Form <p>Policies with Changes</p> <ul style="list-style-type: none"> 4. Clinical Privileges that Cross Specialty Lines, MSCP-1 5. Computerized Physician Order Entry (CPOE), MSGEN-1701 6. HIPAA Confidentiality Policy, MSGEN-5 <p>Policies without Changes</p> <ul style="list-style-type: none"> 7. Available CAH Services, TFH & IVCH, AGOV-06 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Privilege Request

SPECIALTY: NEUROLOGY

NAME: _____
(Please print)

Check one or both: Tahoe Forest Hospital (TFH) Incline Village Community Hospital (IVCH)
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:

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in neurology.
Board Certification:	Board qualification required. Current AAN Board Certification (or AAN equivalent board certification); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed neurology care for 100 inpatient or outpatient cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical References: (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 a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference should be a neurologist.)
Proctoring Requirements:	See specific proctoring requirements.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA and NV if applicable (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV • Ability to participate in federally funded program (Medicare or Medicaid)

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

TAHOE FOREST HOSPITAL DISTRICT Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

NAME: _____

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.**

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.

REQUESTED	APPROVED	GENERAL PRIVILEGES - NEUROLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	BASIC PRIVILEGES IN NEUROLOGY Basic privileges in neurology include the ability to admit, evaluate, diagnose, consult, perform H&P's, and provide non-surgical treatment to patients presenting with illness or injuries of the neurologic system including: <ul style="list-style-type: none"> Conducting a thorough general and neurological examination Determining the indications for and limitations of clinical neurodiagnostic tests Interpreting the clinical neurodiagnostic tests Correlating the information derived from these neurodiagnostic tests with patient clinical history and examinations to formulate a differential diagnosis and management plan. 	_____	Inpatient Outpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Core Privileges in Neurology <ul style="list-style-type: none"> Intravenous Thrombolytic Therapy Injection of Steroids Neostigmine and Tension test Lumbar puncture 		Inpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine Neurology – Inpatient Consultation and Rounding Tele-Neurology includes consultation, supervision, interpretation, and reporting of electronic images for inpatient consultation and rounding to provide evaluation and management. Includes consultation, supervision, interpretation, and reporting of electronic images for inpatient consultation and rounding to provide evaluation and management. Will not be placing orders, DEA or Nevada State Board of Pharmacy Certificate is not required.		Off Site/Inpatient TFH	Distant Site Credentialing	Distant Site Credentialing
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine Neurology – Telemedicine Neurology – Stroke Consultations Includes consultation, supervision, interpretation, and reporting of electronic images for acute stroke evaluation and management. Stroke Services Limited to the acute care of suspected stroke patients. Will not be placing orders, DEA or Nevada State Board of Pharmacy Certificate is not required.		TFH/IVC H	Distant Site Credentialing	Distant Site Credentialing
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine Neurology – Emergent Neurologic Consultation Includes consultation, supervision, interpretation, and reporting of electronic images for evaluation and management of any emergent neurologic condition presenting to the acute services. Will not be placing orders, DEA or Nevada State Board of Pharmacy Certificate is not required		TFH/IVC H	Distant Site Credentialing	Distant Site Credentialing

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Commented [YA1]: Will need to change this to "Inpatient" as we have a service line for only the TFH for inpatient consults and rounding.

"Tele-Neurology includes consultation, supervision, interpretation, and reporting of electronic images for inpatient consultation and rounding to provide evaluation and management."

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Commented [YA2]: I expanded this to include any acute neurologic condition and inpatient (in addition to stroke) as well as added a section for EEG.

Service lines from Blue Sky:
 1)Acute Stroke Consultation (IVCH/TFH EDs)
 2)Emergent Neurology Consultation (IVCH and TFH EDs)
 3)Inpatient Consultations and rounding (TFH Inpatient)
 4)EEG Interpretation Inpatient and Ambulatory (TFH)

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TAHOE FOREST HOSPITAL DISTRICT
Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

NAME: _____

		EMERGENCY: 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.				
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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 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 attached description of modifications) do not recommend (explain)

DATE

DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

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

Modifications or Other Comments:

Department Review Dates: 8/1/2013
Medical Executive Committee: 8/21/2013
Board of Directors: 9/24/2013

PURPOSE/RISK:

Inconsistent processes for clinical privileges exercised by multiple specialties and departments, can lead to varying criteria, disputes, and miscommunication.

~~The purpose of this policy is to define a process to address clinical privileges that cross specialty lines to assure that any disputes over ownership of the privileges are addressed as well as review of criteria that once defined for each specialty utilizing the privilege results in same level of patient care.~~

POLICY:

Whenever a Medical Staff member requests clinical privileges that traditionally at this Hospital have been exercised only by individuals from another specialty or whenever there is a dispute between departments concerning jurisdiction over specific privileges, the process described herein shall be initiated. In the instance in which the member is requesting privileges traditionally exercised by another specialty, the request will not be processed until the steps outlined in this section have been completed and a determination has been made regarding the staff member's eligibility to request the clinical privileges in question.

PROCEDURE:

- A. The Medical Executive Committee, either through a subcommittee or an ad hoc committee appointed for this purpose, shall conduct an inquiry concerning the privileges/procedure in question. In doing so it may consult with experts, including those on the Hospital's Medical Staff (appropriate department or division chairpersons or individuals on the Medical Staff with special interest and/or expertise in the privileges in question) or those outside the Hospital, including but not limited to, other hospitals, residency training programs, and specialty societies.
- B. The Medical Executive Committee shall then develop recommendations, as needed, regarding:
 1. The minimum education, training, and experience necessary to perform the clinical privileges in question;
 2. The extent of monitoring and supervision that should be required; and,
 3. The resolution of any jurisdictional disputes among departments over the exercise of such privileges.
- C. These recommendations may or may not permit individuals from different specialties to request the privileges at issue. The Medical Executive Committee shall forward its recommendation to the Board of Trustees for final action.
- D. Once threshold qualifications are approved, specific requests from eligible Medical Staff members may be processed.

Approved by:

Quality Review Report

RISK:

Inconsistent computerized physician order entry (CPOE) in the Electronic Health Record (EHR) has the potential to impact patient safety and increase medication errors. In addition, inconsistent data can lead to inaccurate data captured, resulting in inadequate patient care and noncompliance with regulatory agency standards.

~~To define the official method for order entry at Tahoe Forest Healthcare System (TFHS). Computerized physician order entry (CPOE) in the Electronic Health Record (EHR) is to enhance patient safety and to decrease medical errors. In addition, analysis of the data captured by the system will facilitate improvements in evidenced based patient care and improve adherence to standards by regulatory agencies.~~

POLICY:

It is the expectation that all caregivers will enter orders electronically into the EHR. Physicians will enter orders as they round on patients, or remotely by logging on to the EHR in a secure manner. Physicians who use Physician Assistants or Nurse Practitioners (PA/NP) to write/enter orders on their behalf are responsible for ensuring that their PA/NP adhere to this policy.

EXCEPTIONS:

- A. The use of verbal, telephone or hand written orders is to be minimized to the fullest extent possible. All orders will be entered in the TFHS EHR by the physician or their PA/NP, unless electronic communication is not feasible or the order type is restricted/ limited. Verbal, telephone, and hand-written orders are not to be used for provider convenience. Texting of patient orders and patient information is prohibited.
 - 1. Orders are needed and the physician/PA/NP does not have access to a device to communicate such orders electronically. This includes but is not limited to routine, STAT, and admission orders.
 - 2. Pre-approved typed orders for preoperative surgical/ procedure patients.
 - 3. Verbal orders during a bona fide emergency/situation that prevents the physician/PA/NP from entering orders immediately.
 - 4. Verbal orders during a procedure/surgery.
 - 5. Computer system down time (Refer to policy: Downtime Procedures for HIS, AIT-128).
 - 6. Care provider called away for an emergency.

PROCEDURE:

- A. All physicians and PA/NP will electronically enter their patient care orders into the EHR with exceptions listed above.
- B. Verbal, telephone or hand written orders that are accepted by TFHS employees will be promptly entered into the EHR by the authorized person who received the order (Refer to policy: Telephone/Verbal Orders - Receiving and Documenting, ANS-1702).
- C. Physicians and PA/NP who are unable or unwilling to do electronic order entry and do not fall into the exception guidelines listed above will be reported to the Chief Medical Officer (CMO) and/or chief of their department and managed in accordance with the Medical Staff policy *Medical Staff Professionalism Complaint Process*, MSGEN1. The CMO and/or chief of the department, or designee will address the specific circumstances of each event according to the TFHD Medical Staff Bylaws, Rules and Regulations.
- D. Supervising physicians are responsible for the conduct of their PAs/NPs. Non-compliance to

CPOE by a PA/NP will be reported to the appropriate supervising physician, the CMO, the chair of the Interdisciplinary Planning Committee, and/or chief of their department.

Related Policies/Forms:

[Downtime Procedures for HIS, AIT-128](#)

[Telephone/Verbal Orders - Receiving and Documenting, ANS-1702](#)

[Medical Staff Professionalism Complaint Process, MSGEN1](#)

Medical Staff Bylaws, [Rules and Regulations - MREG-2](#)

Special Instructions / Definitions:

EHR - Electronic Health Record

CPOE - Computerized Physician Order Entry

CMO - Chief Medical Officer

PURPOSE/RISK:

The purpose of this policy is to protect ~~To define clearly the obligation of medical staff members to maintain~~ the privacy and security of patient information, and to describe the obligations of the members of the Medical Staff in protecting patient information.

POLICY:

The federal Health Insurance Portability and Accountability Act ("HIPAA"), as implemented by the HIPAA Privacy Rule (42 CFR Parts 160 and 164), requires the Hospital to implement policies and procedures to protect the privacy and security of "protected health information," and to afford patients certain rights with regard to their health information. "Protected health information" includes any health-related information that identifies or could be used to identify an individual, including patient medical and billing records. HIPAA applies both to the Hospital and to members of the Medical Staff.

- A. The Hospital, members of its Medical Staff and other practitioners with clinical privileges are an "organized health care arrangement" under the HIPAA Privacy Rule with respect to the treatment of Hospital patients. This allows the Hospital and these practitioners to comply jointly with HIPAA by adopting joint privacy practices for the Hospital.
- B. The Hospital has adopted privacy practices for the use and disclosure of patient information within the Hospital. These privacy practices are summarized in the Hospital's Joint Notice of Privacy Practices, which is furnished to patients and posted at the Hospital.
- C. The Hospital's Joint Notice of Privacy Practices applies to all patient health information created or received in the course of providing health care or conducting business operations at any Hospital operated location. The Notice is given jointly on behalf of the Hospital, the members of the Medical Staff and other with clinical privileges. It does not, however, apply to patient health information at other locations, such as a Medical Staff member's private office.
- D. Members of the Medical Staff and other practitioners with clinical privileges shall abide by the Joint Notice of Privacy Practices, all Hospital and Medical Staff policies and procedures for health information privacy and security, as amended from time to time, and applicable state and federal confidentiality law.
- E. Practitioners may have access to patient health information as necessary to assist the Hospital or the Medical Staff with authorized administrative or peer review functions. These include Medical Staff activities such as credentialing, quality assurance and peer review. Use of such information must conform to Hospital policies on use and disclosure of patient information and to applicable law.

Approved by: Chief Operating Officer 1/09



TAHOE FOREST HEALTH SYSTEM

Origination Date:	11/2006
Last Approved:	N/A
Last Revised:	03/2022
Next Review:	1 year after approval
Department:	Governance - AGOV
Applicabilities:	System

Available CAH Services, TFH & IVCH, AGOV-06

RISK:

It is imperative that we review and approve providers who provide patient care services through agreements or arrangements in order to assure we are serving our community and patient population needs.

POLICY:

The Chief Executive Officer, or designee, is principally responsible for the operation of Tahoe Forest Hospital District and the services furnished with providers or suppliers participating under Medicare to furnish other services to its patients by agreement or arrangement. All agreements or arrangements for providing health care services to the CAH's patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. A list will be maintained that describes the nature and scope of the services provided and the individual assigned to oversee the contract.

TAHOE FOREST HOSPITAL

1. The following services are available directly at Tahoe Forest Hospital:
 1. Emergency Services
 2. Inpatient Medical Surgical Care
 1. Medical Surgical Pediatric care
 3. Intensive Care and Step Down
 1. Step Down Pediatric care (age 7-17)
 4. Swing Program
 5. Obstetrical Services
 6. Inpatient and Outpatient Surgery
 7. Outpatient Observation Care
 8. Inpatient and Outpatient Pharmacy Service
 9. Medical Nutritional / Dietary Service
 10. Respiratory Therapy Services
 11. Rehabilitation Services that includes Physical, Occupational and Speech Therapy
 12. Inpatient and Outpatient Laboratory Services, including blood transfusion

13. Diagnostic Imaging Services that includes: PET CT, Radiation, CT Scan, MRI, Mammography and Ultrasound, Fluoroscopy, and Nuclear Medicine
 14. Home Health
 15. Hospice
 16. Skilled Nursing Care
 17. Outpatient Services that includes Wellness program, Cardiac Rehabilitation, Occupational Health Services, Multispecialty Clinics, Rural Health Clinic, and Audiology
 18. Medical and Radiation Oncology Services
2. Transfer Agreements provide other needed services as outlined in the Transfer Agreements
1. Renown Medical Center (Reno, NV)
 2. Saint Mary's Regional Medical Center (Reno, NV)
 3. Carson Tahoe Regional Healthcare (Carson City, NV)
 4. UC Davis Medical Center (Sacramento, CA)
 5. Sutter Memorial (Sacramento, CA)
 6. Incline Village Community Hospital (IVCH) (Incline Village, NV)
 7. California Pacific Medical Center (San Francisco, CA)
 8. Eastern Plumas District Hospital (Portola, CA)
 9. Truckee Surgery Center (Truckee, CA)
 10. Northern Nevada Medical Center (Sparks, NV)
 11. Children's Hospital & Research Center at Oakland dba: UCSF Benioff Children's Hospital Oakland (Oakland, CA)
 12. Davies Medical Center (San Francisco, CA)
 13. Western Sierra Medical Clinic (Grass Valley, CA)
 14. Tahoe Forest MultiSpecialty Clinics - Incline (Incline Village, NV)
 15. Non-Emergent Patient Transport:
 1. Med-Express Transport
 16. Emergency Transportation Agreements with:
 1. Truckee Fire Protection District
 2. Care Flight
 3. CALSTAR
3. The following services are provided to patients by Agreement or Arrangement:
1. Emergency Professional Services
 2. On Call Physician Program
 3. Hospitalist Services
 4. Pathology and Laboratory Professional Services
 5. Blood and Blood Products Provider: United Blood Services Reno, NV

6. Diagnostic Imaging Professional Services
7. Anesthesia Services
8. Rehabilitation Services
9. Pharmacy Services
10. Tissue Donor Services
11. Biomedical Services
12. Interpreter Services
13. Audiology Services
14. Physical Therapy Services

Incline Village Community Hospital

4. The following services are available directly at Incline Village Community Hospital:

1. Emergency Services
2. Inpatient Medical Surgical Care
3. Outpatient Observation Care
4. Inpatient and Outpatient Surgery
5. Inpatient Pharmacy Service
6. Rehabilitation Services including Physical Therapy
7. Laboratory Services
8. Diagnostic Imaging Services including CT
9. Home Health and Hospice
10. Sleep Disorder Clinic
11. Outpatient Services that include Occupational Health Services, Multi-specialty Clinic, and a Rural Health Clinic

5. Transfer Agreements provide other needed services as outlined in the Transfer Agreements

1. Renown Regional Medical Center (Reno, NV)
2. Saint Mary's Regional Medical Center (Reno, NV)
3. Carson Tahoe Hospital (Carson City, NV)
4. Tahoe Forest Hospital (Truckee, CA)
5. Northern Nevada Medical Center (Sparks, NV)
6. Hearthstone of Northern Nevada (Sparks, NV)
7. Emergency Transportation Agreement with:
 1. North Lake Tahoe Fire Protection (Incline Village, NV)

6. The following services are provided to patients by Agreement or Arrangement:

1. Emergency Professional Services
2. Medicine – On Call
3. Pathology and Laboratory Professional Services

4. Blood and Blood Products Provider: United Blood Services Reno, NV
5. Diagnostic Imaging Professional Services
6. Anesthesia Services
7. Pharmacy Services
8. Rehabilitation Services
9. Tissue Donor Services
10. Biomedical Services
11. Interpreter Services
12. Sleep Disorder Center

Title	Scope of Services	TFHD/IVCH/ System	Responsible
Vituity	24/7 Physician Service for ED	TFHD	CEO
North Tahoe Emergency	24/7 Physician Service for ED	IVCH	CEO
North Tahoe Anesthesia Group	24/7 Anesthesia services	System	CEO
Hospitalist Program	24/7 Physicians Services for TFHD (Individual Contracts)	TFHD	CEO
Western Pathology Consultants	Pathology Consults and Reports	System	CEO
Silver State Hearing & Balance, Inc.	Audiology	TFHD	CEO
Quest Diagnostics	Labs not performed at TFHD	System	COO/Director of Lab Services
Virtual Radiologic	Read diagnostic imaging tests after hours	System	COO/Director of DI Services
North Tahoe Radiology Medical Group	Read diagnostic imaging tests during normal business hours	System	CEO
Cardinal Health	After hour pharmacist services	System	COO/Director of Pharmacy Services
Nevada & Placer Co. Mental Health	Mental Health assessments in the ER	TFHD	CEO
Agility Health Services	Provide rehab services for inpatient and outpatients	System	COO
Sierra Donor Services	24/7 Organ Donor Services	System	CNO

All revision dates:

03/2022, 03/2021, 01/2020, 05/2019, 05/2018, 09/
2015, 03/2014, 02/2014, 11/2013, 04/2012, 03/2011

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Sarah Jackson: Executive Assistant	pending

COPY



SPECIAL MEETING OF THE BOARD OF DIRECTORS DRAFT RETREAT MINUTES

Tuesday, February 15, 2022 at 9:00 a.m. – 2:30 p.m.
Wednesday, February 16, 2022 at 9:30 a.m. – 5:00 p.m.

Cedar House Sport Hotel – Cervino Room
10918 Brockway Road, Truckee, CA 96161

In compliance with California Department of Public Health’s guidelines, revised Cal OSHA Emergency Temporary Standards, and recommendations/warnings from Placer County Public Health to follow social distancing procedures, Tahoe Forest Hospital District will hold this Special Board of Directors Meeting through a hybrid of in-person attendance with the Board, invited staff, and limited members of the public in the Cervino Room, and through a telephonic conference line listed below. In-person attendees are required to wear masks regardless of vaccination status and will be required to show proof of full vaccination against COVID-19 (2 doses of Pfizer/Moderna or 1 of Johnson & Johnson) or a negative COVID-19 PCR test within 72 hours before the meeting begins. Tahoe Forest Hospital District will make reasonable accommodations as required by law. Those not wishing to comply with these requirements for in-person attendance, or where attendance exceeds capacity, are invited to attend via teleconference.

To maximize public safety while maintaining transparency and public access, members of the public may participate in one of the following ways:

1. **Via telephone conference line**
 - (669) 900-6833, Meeting ID: 834 1149 8255
 - Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.
2. **In person at Cedar House Sport Hotel - Cervino Room**
 - Pursuant to the public health officer’s order, there is limited seating available on a first-come, first-served basis for members of the public to attend the meeting in person.
 - Physically distanced seats have been identified for use by the public. Members of the public should maintain at least six-foot social distancing from individuals who are not part of the same household or living unit.
 - Each member of the public must also wear a face covering over the nose and mouth at all times during the course of the meeting, even while speaking at the podium.
 - Each member of the public will be required to show proof of full vaccination against COVID-19 (2 doses of Pfizer/Moderna or 1 of Johnson & Johnson) or a negative COVID-19 PCR test within 72 hours before the meeting begins.

Oral public comments will be subject to the three minute time limitation. Written comments should be limited to approximately 350 words and will be distributed to the Board prior to the meeting but not read at the meeting.

Day One – Tuesday, February 15, 2022 at 9:00 a.m.

1. CALL TO ORDER

Meeting called to order at 9:06 a.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Pam Knecht of ACCORD Limited

3. INPUT – AUDIENCE

No public comment was received.

4. ITEMS FOR BOARD DISCUSSION

4.1. Welcome and Opening Comments

Director Wong invited attendees to the retreat.

4.2. 2021 Board Self-Assessment

Pam Knecht, Retreat Facilitator, reviewed the 2021 Board Self-Assessment Results.

Discussion was held on the lowest scoring items. The Board of Directors would like to focus on a formal education plan. Harry Weis, President & CEO, noted administration will sign a contract with iProtean for virtual education sessions. They feature a number of relevant educational topics with well-known speakers.

Board Members requested a campus/property tour be added to enhance the board orientation process.

Open Session recessed at 10:36 a.m.

Open Session reconvened at 10:37 a.m.

Retreat Facilitator reviewed the Governance Committee's recommended priority board enhancement goals:

1. Establish an annual Board Education Plan that targets health care topics, trends and challenges as they relate to TFHS.
2. Clarify TFHS' community health needs, the Board's obligations in that area, and what TFHS is already doing to help meet the needs.
3. Align Committee work/goals and meeting dates with Board work/goals in 2022.
4. Define the role of the Board as it relates to strategy engagement and monitoring.
5. Seek clarification on lower ratings regarding individual board member engagement.

4.3. Board Enhancement Goals

Item was discussed as part of item 4.2.

4.4. Order and Decorum

Ted Owens, Executive Director of Governance, presented proposed edits for 2022 Order and Decorum. Discussion was held.

Director Barnett will meet with Executive Director of Governance to further work on revisions.

Open Session recessed at 12:24 p.m.

Open Session reconvened at 1:03 p.m.

4.5. Election Year Review

Executive Director of Governance reviewed expectations for board conduct during the upcoming election year.

4.6. Board Education Plan

Board education was discussed as part of item 4.2.

5. ITEMS FOR BOARD DISCUSSION

5.1. Future Challenges and Opportunities

The Board of Directors discussed future challenges and opportunities for the District. Discussion was held. Burnout of staff and workforce as well as access to care were the most notable challenges.

The Board of Directors requested a copy of the physician needs analysis.

Open Session recessed at 3:05 p.m.

Open Session reconvened at 3:15 p.m.

5.2. Legislation & Regulation Update

No discussion was held.

5.3. Wrap up and Next Steps

The Board of Directors will discuss next steps and conclude its retreat.

6. ADJOURN

Meeting adjourned at 4:27 p.m.

Day Two – Wednesday, February 16, 2022 at 9:30 a.m.

7. CALL TO ORDER

Meeting was called to order at 9:34 a.m.

8. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Judy Newland, Chief Operating Officer; Louis Ward, Incoming Chief Operating Officer; Crystal Betts, Chief Financial Officer; Jan Iida, Chief Nursing Officer; Alex MacLennan, Chief Human Resources Officer; Scott Baker, Vice President Physician Services; Matt Mushet, In-House Counsel; Dr. Shawni Coll, Chief Medical Officer; Dr. Gary Gray, Chief Medical Officer Consultant; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

9. INPUT – AUDIENCE

No public comment was received.

10. RETREAT ITEMS FOR BOARD DISCUSSION

10.1. Review of Day One

Retreat Facilitator reviewed highlights from day one of the retreat.

10.2. Futurescan 2022-2027 Health Care Trends and Implications

The Board of Directors viewed a webinar where current trends and insights were presented by industry experts from Futurescan 2022–2027: Health Care Trends and Implications, by the Society for Health Care Strategy & Market Development of the American Hospital Association.

10.3. Facilitated Discussion of Possible Implications

Discussion was held. Telemedicine, reimbursement and workforce resiliency were major themes discussed.

Open Session recessed at 12:00 p.m.

Open Session reconvened at 1:00 p.m.

Dr. Katy Schousen joined the meeting at 1:00 p.m.

10.4. Fiscal Year 2023-2025 Strategic Plan

The Board of Directors reviewed strategic plan modifications.

The Board supported the proposed Mission statement of “To enhance the health of our communities through excellence and compassion in all we do.”

Discussion was held on the Vision statement. The Board agreed to change “we” to “to”.

Retreat Facilitator reviewed the draft values. Discussion was held. The stewardship value was updated to add “while being innovative and providing quality healthcare.”

No changes were made to the draft Board of Director’s Guiding Principle and Strategic Priorities.

Minor changes were recommended to the Objectives.

Open Session recessed at 2:25 p.m.

Open Session reconvened at 2:36 p.m.

The strategic objectives were reviewed in depth. Discussion was held.

Discussion of how strategic plan will be reported to the Board. The first update to the board will be in December 2022.

Open Session recessed at 3:53 p.m.

Outgoing COO, Incoming COO, CFO, CNO, CHRO, CMO, VP Provider Services, In-House Counsel, CMO Consultant, Executive Director of Governance and Dr. Schousen departed the meeting at 3:53 p.m.

Open Session reconvened at 4:03 p.m.

10.5. Board Enhancement Goals

The Board of Directors confirmed the following board enhancement goals:

- establish a year long education plan
- establish annual committee and external education schedule
- create an ad hoc committee around community health needs
- support management in expanding and fostering community partnerships

Board members expressed interest in assisting with partnerships and supporting management in public policy initiatives.

10.6. Wrap up and Next Steps

The Board of Directors concluded its retreat.

Meeting adjourned at 5:03 p.m.

DRAFT



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

Thursday, February 24, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for February 24, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer (incoming); Judy Newland, Chief Operating Officer (outgoing); Crystal Betts, Chief Financial Officer; Shawni Coll, Chief Medical Officer; Sarah Jackson, Executive Assistant

Other: David Ruderman, General Counsel

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 4:06 p.m.

5. CLOSED SESSION

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

Property Parcel Numbers: 019-460-033

Agency Negotiator: Louis Ward

Negotiating Party: Gateway East of Truckee LLC

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter Fiscal Year 2022 Quality Dashboard

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: 2018-2021 Peer Review Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: First & Second Quarter Fiscal Year 2022 Complaint and Grievance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: First & Second Quarter Fiscal Year 2022 Service Excellence Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Hearing (Health & Safety Code § 32155)

Subject Matter: First & Second Quarter Fiscal Year 2022 Service Recovery Report

Number of items: One (1)

Discussion was held on a privileged item.

5.7. Approval of Closed Session Minutes

1/27/2022 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session convened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there was no reportable action on items 5.1. through 5.6. Item 5.7. Approval of Closed Session Minutes was approved on a 5-0 vote. Item 5.8. Medical Staff Credentials was approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Annual Plan Approval

- *Quality Assessment/Performance Improvement (QA/PI) Plan*
- *Utilization Review Plan*
- *Risk Management Plan*
- *Patient Safety Plan*
- *Discharge Plan*
- *Infection Control Plan*
- *Emergency Operations Plan*
- *Environment of Care Management Program*
- *Trauma Performance Improvement Plan*
- *Home Health Quality Plan*
- *Hospice Quality Plan*
- *Employee Health Plan*

Policies with Changes

- *Peer Review/Professional Practice Evaluation, MSGEN-1401*
 - *2022 Peer Review Indicators*
- *RNFA Standardized Procedures*

Privileges with Changes

- *Psychiatry*
- *Radiation Oncology*

New Policies

- *Respiratory Illness Clinic, Screening COVID-19, DTMSC-2102*

ACTION: Motion made by Director Barnett, to approve the Medical Executive Committee Meeting Consent Calendar as presented, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE

Brown – AYE

Chamblin – AYE

McGarry – AYE

Wong – AYE

13. CONSENT CALENDAR

13.1. Approval of Minutes of Meetings

13.1.1. 01/27/2022 Regular Meeting

13.2. Financial Reports

13.2.1. Financial Report – January 2022

13.3. Board Reports

13.3.1. President & CEO Board Report

13.3.2. COO Board Report

13.3.3. CNO Board Report

13.3.4. CIIO Board Report

13.3.5. CMO Board Report

13.3.6. CHRO Board Report

13.4. Approve Resolution for Continued Remote Teleconference Meetings

13.4.1. Resolution 2022-04

13.5. Approve Revised Board Policy

13.5.1. Investment Policy, ABD-15

13.6. Annual Approval of Quality Assurance/Performance Improvement Plan Policy

13.6.1. Quality Assessment/Performance Improvement (QA/PI) Plan, AQPI-05

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

Barnett – AYE

Brown – AYE

Chamblin – AYE

McGarry – AYE

Wong – AYE

14. ITEMS FOR BOARD ACTION

14.1. Resolution 2022-05

The Board of Directors considered approval of a resolution finding acquisition of surplus land would directly further the express purposes of the agency's work and operations. Discussion was held.

ACTION: Motion made by Director Chamblin, to approve Resolution 2022-05 as presented, seconded by Director Barnett. Roll call vote taken.

Barnett – AYE

Brown – AYE

Chamblin – AYE

McGarry – AYE

Wong – AYE

14.2. Fiscal Year 2023-2025 Strategic Plan

The Board of Directors considered approval of the Fiscal Year 2023-2025 Strategic Plan. Discussion was held.

ACTION: Motion made by Director Barnett, to approve the Fiscal Year 2023-2025 Strategic Plan as presented, seconded by Director Brown. Roll call vote taken.

Barnett – AYE

Brown – AYE

Chamblin – AYE

McGarry – AYE

Wong – AYE

15. ITEMS FOR BOARD DISCUSSION

15.1. Community Health Needs Assessment

Maria Martin, Director of Wellness Neighborhood, presented the results from the recent Community Health Needs Assessment (CHNA). Discussion was held. The Board requested quarterly updates on targeted areas from the CHNA.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

17. BOARD COMMITTEE REPORTS

Director McGarry shared an update from the February 10, 2022 Tahoe Forest Health System Foundation meeting and the February 10, 2022 Board Quality Committee meeting.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Barnett met with Ted Owens, Director of Governance, on the language for rules of civility during public meetings in the Order and Decorum document.

Chair Wong shared that the Board completed a successful Board Retreat in which they developed four goals to enhance their skills and knowledge including education, committee function, and role in advocacy. The Board will be working on the four goals through the Governance Committee and that committee will bring them back to the full Board.

19. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

20. OPEN SESSION

Not applicable.

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

Not applicable.

22. ADJOURN

Meeting adjourned at 7:49 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
FEBRUARY 2022 FINANCIAL REPORT
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
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8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
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Board of Directors
Of Tahoe Forest Hospital District
FEBRUARY 2022 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eight months ended February 28, 2022.

Activity Statistics

- ❑ TFH acute patient days were 433 for the current month compared to budget of 446. This equates to an average daily census of 15.5 compared to budget of 15.9.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health and Hospice visits, Oncology Laboratory tests, Diagnostic Imaging, Medical Oncology procedures, Cat Scans, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical & Occupational Therapy, and Outpatient Physical, Aquatic Physical, Speech, and Occupational Therapies.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.82% in the current month compared to budget of 50.20% and to last month's 54.42%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 52.16% compared to budget of 49.90% and prior year's 49.46%.
- ❑ EBIDA was \$6,065,779 (13.8%) for the current month compared to budget of \$2,205,603 (5.6%), or \$3,860,176 (8.1%) above budget. Year-to-Date EBIDA was \$33,565,500 (10.1%) compared to budget of \$18,017,243 (5.6%) or \$15,548,257 (4.5%) above budget.
- ❑ Net Income was \$5,747,619 for the current month compared to budget of \$1,876,053 or \$3,871,566 above budget. Year-to-Date Net Income was \$30,153,218 compared to budget of \$15,335,324 or \$14,814,894 above budget.
- ❑ Cash Collections for the current month were \$20,480,336, which is 89% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$102,292,081 at the end of February compared to \$96,121,181 at the end of January.

Balance Sheet

- ❑ Working Capital is at 41.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 260.4 days. Working Capital cash increased a net \$4,342,000. Accounts Payable increased \$990,000 and Accrued Payroll & Related Costs increased \$314,000. The District received \$1,486,000 from the 2021 HQAF IGT program and \$3,731,000 from the Medicare program for underpayment of Inpatient Claims through December 2021. Cash Collections were below target by 11%.
- ❑ Net Patient Accounts Receivable increased approximately \$3,016,000 and cash collections were 89% of target. EPIC Days in A/R were 72.7 compared to 71.2 at the close of January, a 1.50 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$415,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,486,000 from the 2021 HQAF IGT program.
- ❑ Total Bond Trustee 2015 decreased a net \$164,000 after remitting the semi-annual interest due.
- ❑ Property Held for Future Expansion increased \$770,000 after closing escrow on the vacant lot located in Tahoe City.
- ❑ Accounts Payable increased \$990,000 due to the timing of the final check run in February.
- ❑ Accrued Payroll & Related Costs increased \$314,000 due to fewer accrued payroll days in February.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,906,000. The District continues repayment of the Medicare Accelerated Payments received in FY20 and booked the \$3,731,000 received from the Medicare program as a liability against expected amounts due with the FY22 As Filed Cost Report.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$44,097,586 compared to budget of \$39,224,890 or \$4,872,696 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,024,234, compared to budget of \$8,063,239 or \$39,005 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$36,073,353 compared to budget of \$31,161,651 or \$4,911,702 above budget.
- ❑ Current month’s Gross Revenue Mix was 35.8% Medicare, 13.3% Medi-Cal, .0% County, 2.2% Other, and 48.7% Commercial Insurance compared to budget of 36.6% Medicare, 16.7% Medi-Cal, .0% County, 2.8% Other, and 43.9% Commercial Insurance. Year-to-Date Gross Revenue Mix was 37.6% Medicare, 15.8% Medi-Cal, .0% County, 2.4% Other, and 44.2% Commercial Insurance compared to budget of 37.2% Medicare, 16.4% Medi-Cal, .0% County, 2.6% Other, and 43.8% Commercial Insurance. Last month’s mix was 34.9% Medicare, 12.8% Medi-Cal, .0% County, 3.2% Other, and 49.1% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$21,248,166 compared to budget of \$19,534,386 or \$1,713,780 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .84% decrease in Medicare, a 3.44% decrease to Medi-Cal, County at budget, a .50% decrease in Other, and Commercial Insurance was above budget 4.77%, and 2) Revenues were above budget 12.40%.

DESCRIPTION	February 2022 Actual	February 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,732,398	7,803,039	70,641	
Employee Benefits	2,072,049	2,396,163	324,114	Decreased use of Paid Leave/Sick Leave due to the Omicron variant subsiding aided in a positive variance in Employee Benefits. We also saw positive variances in Nonproductive and Standby pay.
Benefits – Workers Compensation	79,829	102,419	22,590	
Benefits – Medical Insurance	1,128,124	1,408,155	280,031	
Medical Professional Fees	1,115,935	997,145	(118,790)	Negative variance in Anesthesia Physician fees was offset, in part, by a positive variance in Multi-Specialty Clinics Physician Fees. The Oncology Group joined the employment model at the beginning of 2022.
Other Professional Fees	160,615	187,966	27,351	We saw positive variances in Financial Administration, Administration, Information Technology, and Marketing.
Supplies	2,561,355	2,758,425	197,070	Drugs Sold to Patients revenues were below budget 7.47%, creating a positive variance in Pharmacy Supplies.
Purchased Services	2,127,741	1,995,640	(132,101)	Facility maintenance projects, department equipment repairs, outsourced coding, billing, & collection services, laundry & linen and interpreter services were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,032,190	1,026,674	(5,516)	Negative variances in Insurance and Utilities were offset by positive variances in most of the remaining controllable expense categories, minimizing the negative variance in Other Expenses.
Total Expenses	18,010,237	18,675,626	665,389	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
FEBRUARY 2022

	Feb-22	Jan-22	Feb-21	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 25,720,238	\$ 21,378,442	\$ 72,013,734	1
PATIENT ACCOUNTS RECEIVABLE - NET	48,422,449	45,406,042	25,977,119	2
OTHER RECEIVABLES	9,620,967	8,699,713	7,996,106	
GO BOND RECEIVABLES	340,575	(78,675)	628,394	
ASSETS LIMITED OR RESTRICTED	10,104,648	10,228,787	8,045,440	
INVENTORIES	4,265,364	4,273,217	3,814,624	
PREPAID EXPENSES & DEPOSITS	2,360,754	2,670,944	3,067,550	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,293,896	11,709,359	12,763,434	3
TOTAL CURRENT ASSETS	112,128,891	104,287,828	134,306,401	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	54,463,078	54,463,078	74,384,021	1
* CASH INVESTMENT FUND	80,011,891	79,988,228	-	1
MUNICIPAL LEASE 2018	725,391	725,279	1,736,826	
TOTAL BOND TRUSTEE 2017	20,532	20,532	20,531	
TOTAL BOND TRUSTEE 2015	800,255	964,178	1,101,761	4
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	2,061,352	2,061,067	1,918,783	
DIAGNOSTIC IMAGING FUND	3,347	3,347	3,343	
DONOR RESTRICTED FUND	1,138,592	1,138,591	1,137,882	
WORKERS COMPENSATION FUND	18,650	886	(4,021)	
TOTAL	139,248,851	139,370,951	80,304,890	
LESS CURRENT PORTION	(10,104,648)	(10,228,787)	(8,045,440)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	129,144,203	129,142,164	72,259,449	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,881,390)	(1,919,620)	(1,552,352)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	924,072	909,072	6
PROPERTY & EQUIPMENT NET	174,724,130	174,674,448	174,902,631	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,834,143	1,820,615	1,913,321	
TOTAL ASSETS	417,644,049	408,929,507	382,738,522	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	323,238	326,470	362,026	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,217,157	1,217,157	1,658,300	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,940,080	4,963,785	5,224,537	
GO BOND DEFERRED FINANCING COSTS	481,862	484,183	509,713	
DEFERRED FINANCING COSTS	141,478	142,518	153,961	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,103,815	\$ 7,134,113	\$ 7,908,536	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 10,265,513	\$ 9,275,234	\$ 6,883,956	7
ACCRUED PAYROLL & RELATED COSTS	18,937,939	18,624,011	17,075,934	8
INTEREST PAYABLE	208,393	550,517	518,687	
INTEREST PAYABLE GO BOND	276,140	0	287,553	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	16,066,536	14,160,753	21,272,852	9
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,311,155	
WORKERS COMPENSATION PLAN	3,180,976	3,180,976	2,173,244	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,704,145	1,704,145	1,362,793	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,715,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,952,678	3,952,678	3,828,809	
TOTAL CURRENT LIABILITIES	58,941,003	55,796,997	57,429,983	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	24,521,470	24,710,896	28,533,962	
GO BOND DEBT NET OF CURRENT MATURITIES	95,436,566	95,454,522	97,597,034	
DERIVATIVE INSTRUMENT LIABILITY	1,217,157	1,217,157	1,658,300	
TOTAL LIABILITIES	180,116,197	177,179,572	185,219,278	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	243,493,076	237,745,456	204,289,898	
RESTRICTED	1,138,592	1,138,591	1,137,882	
TOTAL NET POSITION	\$ 244,631,667	\$ 238,884,048	\$ 205,427,780	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
FEBRUARY 2022

1. Working Capital is at 41.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 260.4 days. Working Capital cash increased a net \$4,342,000. Accounts Payable increased \$990,000 (See Note 6) and Accrued Payroll & Related Costs increased \$314,000 (See Note 7). The District received \$1,486,000 from Centene for participation in the 2021 HQAF IGT program (See Note 3) and \$3,731,000 from the Medicare program for underpayment of Inpatient Claims through December 31, 2021 (See Note 8). Cash Collections were below target 11% (See Note 2).
2. Net Patient Accounts Receivable increased \$3,016,000. Cash collections were 89% of target. EPIC Days in A/R were 72.7 compared to 71.2 at the close of January, a 1.50 days increase.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$415,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,486,000 from Centene for participation in the 2021 HQAF IGT program.
4. Total Bond Trustee 2015 decreased a net \$164,000 after remitting payment of the semi-annual interest due.
5. Property Held for Future Expansion increased \$770,000 after closing escrow on the vacant lot located in Tahoe City.
6. Accounts Payable increased \$990,000 due to the timing of the final check run in February.
7. Accrued Payroll & Related Costs increased \$314,000 due to fewer accrued payroll days in February.
8. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,906,000. The District continues repayment of the Medicare Accelerated Payments received in FY20 and booked the \$3,731,000 received from the Medicare program as a liability against expected amounts due with the FY22 As Filed Cost Report.

**Tahoe Forest Hospital District
Cash Investment
February 28, 2022**

WORKING CAPITAL			
US Bank	\$ 24,423,015		
US Bank/Kings Beach Thrift Store	46,335		
US Bank/Truckee Thrift Store	235,310		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,578</u>	0.01%	
Total			\$ 25,720,238
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>80,011,891</u>	0.18%	
Total			\$ 80,011,891
Building Fund	\$ -		
Cash Reserve Fund	<u>54,463,078</u>	0.20%	
Local Agency Investment Fund			\$ 54,463,078
Municipal Lease 2018			\$ 725,391
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 800,255
GO Bonds Cash 2008			\$ 2,067,116
DX Imaging Education	\$ 3,347		
Workers Comp Fund - B of A	18,650		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ <u>21,997</u>
TOTAL FUNDS			\$ 163,830,498
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,921</u>	0.20%	
TOTAL RESTRICTED FUNDS			\$ <u>1,138,592</u>
TOTAL ALL FUNDS			\$ <u><u>164,969,090</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2022

CURRENT MONTH					YEAR TO DATE				PRIOR YTD FEB 2021
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE									
\$ 44,097,586	\$ 39,224,890	\$ 4,872,696	12.4%	Total Gross Revenue	\$ 331,895,303	\$ 322,629,100	\$ 9,266,203	2.9%	1 \$ 295,299,056
Gross Revenues - Inpatient									
\$ 3,233,118	\$ 3,681,936	\$ (448,818)	-12.2%	Daily Hospital Service	\$ 28,942,265	\$ 27,566,509	\$ 1,375,756	5.0%	\$ 26,434,425
4,791,115	4,381,303	409,812	9.4%	Ancillary Service - Inpatient	36,384,814	34,951,859	1,432,955	4.1%	32,371,320
8,024,234	8,063,239	(39,005)	-0.5%	Total Gross Revenue - Inpatient	65,327,079	62,518,368	2,808,711	4.5%	58,805,745
Gross Revenue - Outpatient									
36,073,353	31,161,651	4,911,702	15.8%	Gross Revenue - Outpatient	266,568,224	260,110,732	6,457,492	2.5%	236,493,311
36,073,353	31,161,651	4,911,702	15.8%	Total Gross Revenue - Outpatient	266,568,224	260,110,732	6,457,492	2.5%	236,493,311
Deductions from Revenue:									
19,621,177	17,407,161	(2,214,016)	-12.7%	Contractual Allowances	149,830,324	144,159,340	(5,670,984)	-3.9%	2 130,437,052
-	-	-	0.0%	Managed Care Reserve	-	-	-	0.0%	2 3,000,000
1,693,040	1,397,992	(295,048)	-21.1%	Charity Care	12,030,674	11,491,134	(539,540)	-4.7%	2 10,456,307
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2 -
(66,051)	729,233	795,284	109.1%	Bad Debt	(3,329,887)	5,992,832	9,322,719	155.6%	2 5,375,324
-	-	-	0.0%	Prior Period Settlements	275,234	-	(275,234)	0.0%	2 -
21,248,166	19,534,386	(1,713,780)	-8.8%	Total Deductions from Revenue	158,806,345	161,643,306	2,836,961	1.8%	149,268,683
91,025	106,083	15,058	14.2%	Property Tax Revenue- Wellness Neighborhood	711,218	886,400	175,182	19.8%	688,680
1,135,571	1,084,642	50,929	4.7%	Other Operating Revenue	8,431,960	9,819,199	(1,387,239)	-14.1%	3 8,402,636
24,076,016	20,881,229	3,194,787	15.3%	TOTAL OPERATING REVENUE	182,232,137	171,691,393	10,540,744	6.1%	155,121,689
OPERATING EXPENSES									
7,732,398	7,803,039	70,641	0.9%	Salaries and Wages	59,314,965	63,702,129	4,387,164	6.9%	4 53,896,076
2,072,049	2,396,163	324,114	13.5%	Benefits	19,677,672	18,923,570	(754,102)	-4.0%	4 17,758,628
79,829	102,419	22,590	22.1%	Benefits Workers Compensation	672,532	819,352	146,820	17.9%	4 715,904
1,128,124	1,408,155	280,031	19.9%	Benefits Medical Insurance	10,037,056	11,265,240	1,228,184	10.9%	4 9,076,513
1,115,935	997,145	(118,790)	-11.9%	Medical Professional Fees	10,276,839	9,537,812	(739,027)	-7.7%	5 9,071,973
160,615	187,966	27,351	14.6%	Other Professional Fees	1,577,558	1,620,731	43,173	2.7%	5 1,478,555
2,561,355	2,758,425	197,070	7.1%	Supplies	23,483,481	24,030,880	547,399	2.3%	6 21,272,655
2,127,741	1,995,640	(132,101)	-6.6%	Purchased Services	15,556,831	15,727,638	170,807	1.1%	7 14,786,684
1,032,190	1,026,674	(5,516)	-0.5%	Other	8,069,702	8,046,798	(22,904)	-0.3%	8 6,541,544
18,010,237	18,675,626	665,389	3.6%	TOTAL OPERATING EXPENSE	148,666,636	153,674,150	5,007,514	3.3%	134,598,532
6,065,779	2,205,603	3,860,176	175.0%	NET OPERATING REVENUE (EXPENSE) EBIDA	33,565,500	18,017,243	15,548,257	86.3%	20,523,157
NON-OPERATING REVENUE/(EXPENSE)									
684,961	669,903	15,058	2.2%	District and County Taxes	5,556,296	5,321,487	234,809	4.4%	9 5,148,892
419,536	419,536	(0)	0.0%	District and County Taxes - GO Bond	3,356,285	3,356,285	(0)	0.0%	3,338,813
50,013	44,325	5,688	12.8%	Interest Income	425,656	379,013	46,643	12.3%	10 531,708
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%	-
22,390	136,564	(114,174)	-83.6%	Donations	1,097,856	1,092,515	5,341	0.5%	11 390,955
38,230	(60,000)	98,230	163.7%	Gain/(Loss) on Joint Investment	(220,496)	(480,000)	259,504	54.1%	12 (411,992)
7,327	-	7,327	0.0%	Gain/(Loss) on Market Investments	(128,457)	-	(128,457)	0.0%	13 -
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	14 -
18,000	-	18,000	0.0%	Gain/(Loss) on Sale of Equipment	19,800	-	19,800	0.0%	14 -
-	-	-	100.0%	COVID-19 Emergency Funding	(1,092,739)	-	(1,092,739)	100.0%	15 178,483
(1,164,048)	(1,164,048)	0	0.0%	Depreciation	(9,312,384)	(9,312,384)	0	0.0%	16 (9,247,352)
(110,359)	(99,690)	(10,669)	-10.7%	Interest Expense	(834,673)	(823,969)	(10,704)	-1.3%	17 (892,784)
(284,210)	(276,140)	(8,070)	-2.9%	Interest Expense-GO Bond	(2,279,426)	(2,214,867)	(64,559)	-2.9%	(2,330,318)
(318,160)	(329,550)	11,390	3.5%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,412,282)	(2,681,920)	(730,362)	-27.2%	(3,293,595)
\$ 5,747,619	\$ 1,876,053	\$ 3,871,566	206.4%	INCREASE (DECREASE) IN NET POSITION	\$ 30,153,218	\$ 15,335,324	\$ 14,817,894	96.6%	\$ 17,229,562
NET POSITION - BEGINNING OF YEAR					214,478,449				
NET POSITION - AS OF FEBRUARY 28, 2022					\$ 244,631,667				
13.8%	5.6%	8.1%		RETURN ON GROSS REVENUE EBIDA	10.1%	5.6%	4.5%		6.9%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2022

		Variance from Budget	
		Fav / <Unfav>	
		FEB 2022	YTD 2022
1) Gross Revenues			
Acute Patient Days were below budget 2.91% or 13 days. Swing Bed days were below budget 9.09% or 4 days. Inpatient Ancillary revenues were above budget 9.40% due to the increase in the acuity of our patients.	Gross Revenue -- Inpatient	\$ (39,005)	\$ 2,808,711
	Gross Revenue -- Outpatient	4,911,702	6,457,492
	Gross Revenue -- Total	\$ 4,872,696	\$ 9,266,203
Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Hospice visits, Laboratory tests, Oncology Lab tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, Briner Ultrasound, Cat Scans, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology Cases, Tahoe City Physical & Occupational Therapy, Outpatient Physical, Speech, and Occupational Therapies.			
2) Total Deductions from Revenue			
The payor mix for February shows a .84% decrease to Medicare, a 3.44% decrease to Medi-Cal, .50% decrease to Other, County at budget, and a 4.77% increase to Commercial when compared to budget. We saw a negative variance in contractals due to revenues coming in above budget 12.40%.	Contractual Allowances	\$ (2,214,016)	\$ (5,670,984)
	Managed Care	-	-
	Charity Care	(295,048)	(539,540)
	Charity Care - Catastrophic	-	-
	Bad Debt	795,284	9,322,719
	Prior Period Settlements	-	(275,234)
	Total	\$ (1,713,780)	\$ 2,836,961
3) Other Operating Revenue			
Retail Pharmacy revenues were below budget 5.28%.	Retail Pharmacy	(17,637)	(390,901)
	Hospice Thrift Stores	(2,852)	(4,227)
	The Center (non-therapy)	4,007	28,227
	IVCH ER Physician Guarantee	(49,800)	(241,711)
	Children's Center	27,328	69,953
	Miscellaneous	64,717	(818,414)
	Oncology Drug Replacement	-	-
	Grants	25,167	(30,167)
	Total	\$ 50,929	\$ (1,387,239)
Truckee Thrift Store revenues were below budget 3.37%.			
IVCH ER Physician Guarantee is tied to collections, which came in below budget estimates for February.			
Children' Center revenues were above budget 29.34%.			
Positive variance in Grants related to funds received to support the PRIME Suboxone program.			
4) Salaries and Wages			
	Total	\$ 70,641	\$ 4,387,164
Employee Benefits			
We saw decreased use in PL/SL as the Omicron variant subsided, creating a positive variance in this category.	PL/SL	\$ 189,139	\$ (358,310)
	Nonproductive	91,600	(504,621)
	Pension/Deferred Comp	-	29
	Standby	10,583	(53)
	Other	32,792	108,854
	Total	\$ 324,114	\$ (754,102)
Employee Benefits - Workers Compensation			
	Total	\$ 22,590	\$ 146,820
Employee Benefits - Medical Insurance			
	Total	\$ 280,031	\$ 1,228,184
5) Professional Fees			
The Anesthesia Group remains contracted versus joining the physician employment model, creating a negative variance in Miscellaneous.	Miscellaneous	\$ (242,590)	\$ (812,756)
	The Center (includes OP Therapy)	(51,737)	(205,979)
	Medical Staff Services	6,789	(72,546)
	TFH/IVCH Therapy Services	(14,181)	(67,843)
	Oncology	7,110	(67,144)
	Multi-Specialty Clinics Administration	(25,314)	(60,908)
	Corporate Compliance	(20,802)	(28,662)
	Home Health/Hospice	(854)	(13,076)
	Sleep Clinic	-	(1,618)
	TFH Locums	10,073	(844)
	Financial Administration	16,000	(197)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	IVCH ER Physicians	9,933	17,472
	Managed Care	(12,617)	19,831
	Administration	32,435	32,697
	Human Resources	1,263	40,058
	Information Technology	10,392	41,729
	Marketing	7,328	46,807
	Multi-Specialty Clinics	175,332	437,125
	Total	\$ (91,439)	\$ (695,854)
Outpatient Physical, Speech, and Occupational Therapy volumes exceeded budget by 54.15%, creating a negative variance in The Center (includes OP Therapy).			
Tahoe City Physical and Occupational Therapy volumes were above budget by 53.61%, creating a negative variance in TFH/IVCH Therapy Services.			
Services provided for a Clinic Performance Improvement project created a negative variance in Multi-Specialty Clinics Administration.			
Professional services provided for Fair Market Valuations created a negative variance in Corporate Compliance.			
Contracted services to support the District in its position with a Payor Contract dispute created a negative variance in Managed Care.			
The Oncology Group joined the physician employment model, creating a positive variance in Multi-Specialty Clinics Pro Fees.			

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2022

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>FEB 2022</u>	<u>YTD 2022</u>
6) <u>Supplies</u>			
Drugs Sold to Patients revenues were below budget 7.47%, creating a positive variance in Pharmacy Supplies.	Pharmacy Supplies	\$ 168,075	\$ (388,817)
	Office Supplies	2,893	15,513
	Food	3,722	44,839
	Minor Equipment	10,549	51,776
	Other Non-Medical Supplies	27,752	212,927
Medical Supplies Sold to Patients revenues were above budget 36.11%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	(15,922)	611,161
	Total	\$ 197,070	\$ 547,399
7) <u>Purchased Services</u>			
Facility wide maintenance projects and department equipment repairs created a negative variance in Department Repairs.	Department Repairs	\$ (53,664)	\$ (280,615)
	Medical Records	(26,475)	(197,731)
	Human Resources	(12,981)	(53,940)
	Information Technology	(26,807)	(20,705)
Outsourced coding services created a negative variance in Medical Records.	Pharmacy IP	(6,162)	(4,803)
	The Center	(1,199)	5,454
A downpayment towards facility accommodations for the Directors and Managers Retreat created a negative variance in Human Resources.	Community Development	2,477	16,342
	Home Health/Hospice	1,680	54,396
	Diagnostic Imaging Services - All	23,593	74,972
Services provided for EPIC maintenance created a negative variance in Information Technology.	Laboratory	(2,609)	104,115
	Patient Accounting	(14,689)	139,008
Outsourced billing and collections services came in above budget, creating a negative variance in Patient Accounting.	Multi-Specialty Clinics	23,447	151,001
	Miscellaneous	(38,712)	183,312
	Total	\$ (132,101)	\$ 170,807
Laundry & Linen services along with Interpreter services created a negative variance in Miscellaneous.			
8) <u>Other Expenses</u>			
Natural Gas/Propane, Electricity and Telephone expenses were above budget, creating a negative variance in Utilities.	Miscellaneous	\$ 34,803	\$ (284,795)
	Insurance	(23,130)	(238,964)
	Utilities	(98,054)	(159,761)
	Human Resources Recruitment	(4,494)	(73,553)
	Equipment Rent	6,158	(70,629)
	Multi-Specialty Clinics Bldg Rent	(4,374)	(19,823)
	Multi-Specialty Clinics Equip Rent	1,830	(2,405)
	Physician Services	17	108
	Dues and Subscriptions	(314)	376
	Marketing	567	154,134
	Other Building Rent	18,989	305,481
	Outside Training & Travel	62,486	366,927
	Total	\$ (5,516)	\$ (22,904)
9) <u>District and County Taxes</u>	Total	\$ 15,058	\$ 234,809
10) <u>Interest Income</u>	Total	\$ 5,688	\$ 46,643
11) <u>Donations</u>			
	IVCH	\$ (75,596)	\$ (413,057)
	Operational	(38,578)	418,398
	Total	\$ (114,174)	\$ 5,341
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 98,230	\$ 259,504
A true-up of losses in the Truckee Surgery Center for January created a positive variance in Gain/(Loss) on Joint Investment.			
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ 7,327	\$ (128,457)
The District booked the market value of gains in its holdings with Chandler Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ 18,000	\$ 19,800
15) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ (1,092,739)
16) <u>Depreciation Expense</u>	Total	\$ -	\$ -
17) <u>Interest Expense</u>	Total	\$ (10,669)	\$ (10,704)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2022

CURRENT MONTH				YEAR TO DATE				PRIOR YTD FEB 2021		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE						
\$ 2,684,422	\$ 2,436,684	\$ 247,738	10.2%	Total Gross Revenue	\$ 20,925,082	\$ 19,568,997	\$ 1,356,085	6.9%	1	\$ 17,559,072
				Gross Revenues - Inpatient						
\$ -	\$ 9,646	\$ (9,646)	-100.0%	Daily Hospital Service	\$ -	\$ 47,770	\$ (47,770)	-100.0%		\$ 40,495
-	3,247	(3,247)	-100.0%	Ancillary Service - Inpatient	3,744	24,395	(20,651)	-84.7%		28,618
-	12,893	(12,893)	-100.0%	Total Gross Revenue - Inpatient	3,744	72,165	(68,421)	-94.8%	1	69,113
2,684,422	2,423,791	260,631	10.8%	Gross Revenue - Outpatient	20,921,338	19,496,832	1,424,506	7.3%		17,489,959
2,684,422	2,423,791	260,631	10.8%	Total Gross Revenue - Outpatient	20,921,338	19,496,832	1,424,506	7.3%	1	17,489,959
				Deductions from Revenue:						
965,067	943,428	(21,639)	-2.3%	Contractual Allowances	8,304,454	7,614,159	(690,295)	-9.1%	2	6,776,963
128,827	114,445	(14,382)	-12.6%	Charity Care	1,043,684	917,649	(126,035)	-13.7%	2	813,454
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
(36,745)	60,875	97,620	160.4%	Bad Debt	(235,036)	488,111	723,147	148.2%	2	387,858
-	-	-	0.0%	Prior Period Settlements	268,000	-	(268,000)	0.0%	2	-
1,057,149	1,118,748	61,599	5.5%	Total Deductions from Revenue	9,381,102	9,019,919	(361,183)	-4.0%	2	7,978,275
50,301	104,919	(54,619)	-52.1%	Other Operating Revenue	495,417	763,304	(267,887)	-35.1%	3	630,916
1,677,574	1,422,855	254,719	17.9%	TOTAL OPERATING REVENUE	12,039,396	11,312,382	727,014	6.4%		10,211,713
				OPERATING EXPENSES						
471,394	530,677	59,283	11.2%	Salaries and Wages	3,743,213	4,014,788	271,575	6.8%	4	3,164,509
71,836	164,635	92,799	56.4%	Benefits	1,213,675	1,217,924	4,249	0.3%	4	1,035,467
2,797	6,364	3,567	56.0%	Benefits Workers Compensation	22,322	50,912	28,590	56.2%	4	12,196
56,702	78,711	22,009	28.0%	Benefits Medical Insurance	553,439	629,688	76,249	12.1%	4	517,513
221,926	262,969	41,043	15.6%	Medical Professional Fees	1,944,702	1,990,673	45,971	2.3%	5	1,761,033
1,597	2,252	655	29.1%	Other Professional Fees	17,741	18,014	273	1.5%	5	15,638
42,986	59,505	16,519	27.8%	Supplies	405,583	522,996	117,413	22.5%	6	453,040
57,458	72,686	15,228	21.0%	Purchased Services	597,047	611,577	14,530	2.4%	7	543,235
99,606	99,948	342	0.3%	Other	926,822	791,806	(135,016)	-17.1%	8	642,656
1,026,302	1,277,747	251,445	19.7%	TOTAL OPERATING EXPENSE	9,424,544	9,848,378	423,834	4.3%		8,145,287
651,272	145,108	506,164	348.8%	NET OPERATING REV(EXP) EBIDA	2,614,852	1,464,004	1,150,848	78.6%		2,066,426
				NON-OPERATING REVENUE/(EXPENSE)						
-	75,596	(75,596)	-100.0%	Donations-IVCH	191,714	604,771	(413,057)	-68.3%	9	78,963
-	-	-	0.0%	Gain/ (Loss) on Sale	1,000	-	1,000	0.0%	10	-
-	-	-	100.0%	COVID-19 Emergency Funding	(806,125)	-	(806,125)	100.0%	11	3,064
(75,434)	(75,434)	-	0.0%	Depreciation	(603,472)	(603,472)	-	0.0%	12	(541,223)
(75,434)	162	(75,596)	46664.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,216,883)	1,299	(1,218,182)	93778.5%		(459,196)
\$ 575,838	\$ 145,270	\$ 430,568	296.4%	EXCESS REVENUE(EXPENSE)	\$ 1,397,969	\$ 1,465,303	\$ (67,334)	-4.6%		\$ 1,607,230
24.3%	6.0%	18.3%		RETURN ON GROSS REVENUE EBIDA	12.5%	7.5%	5.0%			11.8%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2022**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2022</u>	<u>YTD 2022</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 2 at 0 and Observation Days were above budget by 1 at 1.	Gross Revenue -- Inpatient	\$ (12,893)	\$ (68,421)
	Gross Revenue -- Outpatient	260,631	1,424,506
		<u>\$ 247,738</u>	<u>\$ 1,356,085</u>
Outpatient volumes were above budget in Emergency Dept visits, Clinic visits, Laboratory tests, Ultrasounds, and Cat Scans.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 2.29% increase in Medicare, a .01% increase in Medicaid, a .34% decrease in Commercial insurance, a 1.96% decrease in Other, and County was at budget. Contractual Allowances were above budget due to the slight shift in Payor mix from Commercial to Medicare along with revenues exceeding budget by 10.2%.	Contractual Allowances	\$ (21,639)	\$ (690,295)
	Charity Care	(14,382)	(126,035)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	97,620	723,147
	Prior Period Settlement	-	(268,000)
	Total	<u>\$ 61,599</u>	<u>\$ (361,183)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections and came in below budget estimates in February.	IVCH ER Physician Guarantee	\$ (49,800)	\$ (241,711)
	Miscellaneous	(4,819)	(26,176)
	Total	<u>\$ (54,619)</u>	<u>\$ (267,887)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ 59,283</u>	<u>\$ 271,575</u>
<u>Employee Benefits</u>			
	PL/SL	\$ 37,582	\$ (55,546)
	Pension/Deferred Comp	-	-
	Standby	4,741	23,678
	Other	9,607	(283)
	Nonproductive	40,870	36,401
	Total	<u>\$ 92,799</u>	<u>\$ 4,249</u>
<u>Employee Benefits - Workers Compensation</u>			
	Total	<u>\$ 3,567</u>	<u>\$ 28,590</u>
<u>Employee Benefits - Medical Insurance</u>			
	Total	<u>\$ 22,009</u>	<u>\$ 76,249</u>
5) <u>Professional Fees</u>			
Physical, Speech, and Occupational Therapy volumes were below budget 3.98%, creating a positive variance in Therapy Services.	Sleep Clinic	\$ -	\$ (1,618)
	Miscellaneous	-	(750)
	Administration	-	-
	Foundation	655	273
	Therapy Services	11,143	14,631
	Multi-Specialty Clinics	19,967	16,237
Diagnostic Imaging and Ultrasound Physician Fees came in below budget estimates, creating a positive variance in Multi-Specialty Clinics.	IVCH ER Physicians	9,933	17,472
	Total	<u>\$ 41,698</u>	<u>\$ 46,244</u>
6) <u>Supplies</u>			
Medical Supplies Sold to Patients revenues were above budget 13.60%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (5,453)	\$ (27,364)
	Minor Equipment	1,065	(12,466)
	Non-Medical Supplies	(3,458)	(6,834)
	Office Supplies	437	1,816
Engineering supplies for facility projects created a negative variance in Non-Medical Supplies.	Food	1,087	9,553
	Pharmacy Supplies	22,841	152,707
Drugs Sold to Patients revenues were below budget 9.81%, creating a positive variance in Pharmacy Supplies.	Total	<u>\$ 16,519</u>	<u>\$ 117,413</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2022**

		Variance from Budget	
		Fav<Unfav>	
		FEB 2022	YTD 2022
7) <u>Purchased Services</u>			
Equipment maintenance in the Diagnostic Imaging and Cat Scan departments along with facility repairs created a negative variance in Department Repairs.	Laboratory	\$ (1,013)	\$ (43,597)
	Multi-Specialty Clinics	580	(8,365)
	Miscellaneous	13,338	(5,414)
	Engineering/Plant/Communications	2,331	(3,647)
	Surgical Services	-	-
	Department Repairs	(9,891)	1,395
	Pharmacy	(97)	1,612
	Diagnostic Imaging Services - All	2,657	5,585
	EVS/Laundry	5,324	17,248
	Foundation	2,000	49,714
	Total	\$ 15,228	\$ 14,530
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor costs for IVCH tests resulted in the TFH Lab created a negative variance in Miscellaneous.	Miscellaneous	\$ (6,830)	\$ (110,674)
	Utilities	(8,053)	(50,485)
	Insurance	(1,129)	(15,321)
	Marketing	(218)	(10,493)
Telephone, Electricity, and Natural Gas/Propane costs exceeded budget, creating a negative variance in Utilities.	Physician Services	-	-
	Multi-Specialty Clinics Bldg. Rent	100	800
	Equipment Rent	3,038	1,646
	Other Building Rent	4,947	7,764
	Dues and Subscriptions	4,175	14,098
	Outside Training & Travel	4,312	27,649
	Total	\$ 342	\$ (135,016)
9) <u>Donations</u>	Total	\$ (75,596)	\$ (413,057)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ 1,000
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ (806,125)
12) <u>Depreciation Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL FEB 2022	PROJECTED FEB 2022	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 35,256,409		\$ 22,035,877	\$ 37,588,112	\$ 6,065,779	\$ 2,205,603	\$ 3,860,176	\$ 15,154,229	\$ 7,650,554	\$ 11,703,830	\$ 3,079,498
Interest Income	604,065		509,726	435,212	16,343	-	16,343	98,018	94,530	100,813	141,852
Property Tax Revenue	8,358,581		8,320,000	8,555,036	12,648	-	12,648	453,496	102,016	4,799,524	3,200,000
Donations	647,465		1,320,000	961,439	-	110,000	(110,000)	145,778	331,247	154,414	330,000
Emergency Funds	(3,567,509)		-	(1,092,739)	-	-	-	101,692	(1,194,431)	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,963,083)	(473,049)	(353,188)	(119,860)	(1,631,219)	(1,058,056)	(1,214,243)	(1,059,565)
Property Purchase Agreement	(744,266)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,384)		(63,840)	(61,333)	(5,487)	(5,320)	(167)	(15,223)	(14,449)	(15,701)	(15,960)
2017 VR Demand Bond	(989,752)		(778,177)	(727,326)	(119,694)	-	(119,694)	(572,390)	-	(154,936)	-
2015 Revenue Bond	(1,508,087)		(1,645,169)	(1,645,170)	(137,097)	(137,097)	0	(411,292)	(411,294)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(354,668)	(30,000)	(32,000)	2,000	-	(96,668)	(162,000)	(96,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(6,619,450)	(465,579)	(1,012,476)	546,897	(1,413,396)	(377,325)	(2,566,392)	(2,262,337)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(1,315,027)	-	(213,136)	213,136	-	-	(213,136)	(1,101,891)
Building Projects/Properties	(7,418,233)		(29,614,464)	(29,614,464)	(1,530,638)	(4,059,871)	2,529,233	(2,380,089)	(3,749,159)	(5,953,380)	(17,531,836)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(6,425,836)	(3,016,408)	1,488,702	(4,505,110)	(3,723,682)	(1,916,033)	(4,780,907)	3,994,787
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(23,780,225)	2,321,246	(6,534,437)	8,855,683	(161,535)	(13,234,421)	320,447	(10,704,716)
Change in Other Assets	(92,357)	N3	(2,400,000)	(1,848,432)	503,034	(200,000)	703,034	(1,167,873)	(263,085)	182,526	(600,000)
Change in Other Liabilities	3,980,506	N4	(893,000)	(1,199,357)	962,083	1,200,000	(237,917)	1,967,766	(8,458,498)	3,091,375	2,200,000
Change in Cash Balance	28,658,251		(38,539,313)	(29,673,482)	4,365,459	(7,400,804)	11,766,262	7,443,183	(22,169,328)	5,462,871	(20,410,208)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	155,829,748	155,829,748	-	161,643,342	169,086,525	146,917,197	152,380,068
Ending Unrestricted Cash	161,643,342		123,104,029	131,969,860	160,195,207	148,428,944	11,766,262	169,086,525	146,917,197	152,380,068	131,969,860
Operating Cash	142,591,148		123,104,029	131,969,860	149,220,702	136,147,223	13,073,479	152,247,265	132,675,852	144,005,564	131,969,860
Medicare Accelerated Payments	19,052,193		-	-	10,974,504	12,281,721	(1,307,217)	16,839,260	14,241,345	8,374,504	-
Expense Per Day	595,409		629,671	615,981	615,232	635,795	(20,563)	585,887	603,375	614,752	615,981
Days Cash On Hand	271		196	214	260	233	27	289	243	248	214
Days Cash On Hand - Operating Cash Only	239		196	214	243	214	28	260	220	234	214

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
President and CEO

DATE: March 15, 2022

The months of January, February and March (month to date) have been very strong overall for the health system relative to volumes and the associated revenues. We still estimate our year over year system wide volume growth is in the 15% range after eight months; however, our growth in provider office visits is negligible year over year.

Our leadership team has been very active in defining a long list of action steps that directly relate to the Strategic Priorities and Objectives from the newly approved three-year Strategic Plan. These efforts are to improve patient access and experience, to make sure our business and clinical model of care is further optimized and that we continue to improve our quality and safety of patient care we provide plus many more critical action topics.

Every 40 to 60 years since the Declaration of Independence by our country, our country has experienced major economic, societal and regulatory stress. We are presently in a current 40 to 60 year window of time and if history is any teacher, major changes are and will occur again.

We are working hard to make sure our health system vigorously pursues its Vision Statement, which sets a very “high bar” of overall performance for our health system for years to come!

We are pleased to see new COVID-19 positive lab test results are declining rapidly every week in our tri-county primary service area. We have seen the daily positive lab tests go from over 90 per calendar day in January to just slightly over 4 per day in the past week. We want to see further declines relative to this disease over the next several weeks.

We want to say a special thank you and best wishes for the future to Judy Newland, our Chief Operating Officer, who is retiring at the end of the month after more than 42 years of progressive service to patients in our region and to our health system!

We are making our third set of focused pay adjustments for our healthcare team since July 1, 2021 to improve function, structure and to continue to be the best employer for more than 75 miles around.

We regret to report our new full time Chief Medical Officer (CMO) candidate has declined to come to TFHS. Our physician leadership needs to properly support our patients and our physicians has doubled over the last six years. We want to be responsive to these rapidly changing needs. I will likely need to name an Interim CMO as we continue to search for the right experienced candidate so that we are supporting our patients and medical staff better each year in the future.

We are holding two Manager and Director Leadership retreats in March. These are valuable to reengage with our leadership in-person and to receive input from them relative to the future of this health system.

Our Workforce Housing Agency that we partner with is also holding a retreat this week to really focus on the best path(s) to hopefully partially solve critical workforce housing related needs in this region for the future as well. We are also looking to see if there are any valid lower cost fuel options for our workforce that is being hit hard by rising fuel costs.

As we continue to develop increased space for our patients growing needs, we are looking to optimize all existing buildings where possible, before we build new expensive space. Events around the US and the world will likely drive up further, the cost of building materials and labor for construction for years to come. Our specific location makes building costs much higher than in downtown San Francisco, Sacramento and in the Reno area.

We will be honoring our physicians for Doctors Day on March 30! We thank them for their invaluable service and we honor and value all healthcare workers!

We are active on many pieces of state or federal regulations as much change is on the horizon in this sector as well.

Our team is very grateful for more than six years of exceptional change performance and we value every month and year that demonstrates these positive changes.



Board COO Report

By: Louis Ward
Chief Operating Officer

DATE: March 2022

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

COVID Response

Beginning in late January and carrying through today, the health system and the community has observed a marked decline in every metric regarding our Covid response. To depict how metrics have changed in positive ways, key statistics are shared below:

Metric	Highest Avg. #’s Observed	Date	Metric	Lowest Avg. #’s Observed	Date
Tests performed	71 tests	Jan 2022	Tests performed	20 tests	March 2022
Covid RN Hotline incoming calls	237 daily calls	Jan 2022	Covid RN Hotline incoming calls	40 daily calls	March 2022
Vaccines administered	300+ per day	March 2021	Vaccines administered	20 per day	March 2022
Employees isolated / quarantined	140	Jan 2022	Employees isolated / quarantined	2	March 15th 2022

Vaccine clinic hours

Considering the decline in demand, TFHS will be changing the vaccine clinic located in the Gateway Center hours to Friday and Saturdays from 9:00am-12:00pm and 1:00pm-4:30pm. We will continue to offer any dose of Pfizer, Moderna and Johnson & Johnson vaccine to qualifying individuals who are 5+ years old.

Quality: Provide clinical excellence in clinical outcomes

Prioritize the patient and family perspective

Tahoe City Clinic

We have completed our X-Ray replacement project at our Tahoe City clinic in the month of March. The new X-ray replaces an antiquated machine and is sure to be a patient and provider satisfier. Staff orientation to the new machine is also scheduled to occur in March with the first patient studies in late March.

Facilities is working on developing a budget and plan for cosmetic upgrades to the Tahoe City clinic as the current state of the clinic is in need of attention. We expect to complete these cosmetic upgrades in late spring / early summer with limited disruption to the ongoing operations.

Retail Pharmacy

This spring, Administration and pharmacy staff will work together on an optimization project in the retail pharmacy. Our Tahoe Forest Retail Pharmacy has experienced a growth in year over year prescription dispensing and customer following. These increases in key metrics require us to examine the operations and claims data to ensure we are meeting the patient's needs by putting together a growth plan and establish good 340B and financial practices. We have partnered with a reputable consultant to assist the team with the work plan we intend to complete this spring.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

TFHS parking and upcoming construction

It is an exciting time for TFHS as we continue to move forward on the facility master plan. This spring and summer we will continue on our 2nd and 3rd floor renovations of the medical office building on Donner Pass Road and we will start our Levon parking structure project. With excitement there is also logistical challenges. As the Truckee campus sits now, our current parking is 99 spaces short. With the addition of the expected contractors to work on the above projects our parking concerns will be intensified through the spring and summer months. With that said, we have begun exploring ways to mitigate these concerns.

Strategic Plan

The newly adopted FY23-25 Strategic Plan was presented to the Directors at the March Director's retreat in Incline Village. We invited the Directors to work together with the Administrative Council on building out the tactics for each strategic objective. This was a very inclusive exercise which produced great results. With their contribution and the work performed by the Administrative Council we will be developing a final draft of the tactics and a plan for a monitoring and reporting mechanism in the coming months.

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- Access Center - March 16-18, 2022

Active Projects:

Project: ECC Interior Upgrades

Background: In late 2018, District staff initiated a project to renovate and upgraded the portion of the skilled nursing facility built in 1985. The goals of the project were to upgrade existing finishes and provide a warm and welcoming environment for the residents. In addition, the project sought to correct potential accreditation issues due to the age of the building.

Summary of Work: Remodel all patient rooms including new; case work, wardrobes, sink, counter, lighting, televisions, flooring, paint and doors. Remodel Dining and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.

Update Summary: Phase 5 is wrapping up. Project is scheduled to complete April 1st, 2022.

Start of Construction: March 29th, 2021

Estimated Completion: April 2022

Project: Tahoe Forest Nurse Call Replacement

Background: In 2018, TFH completed phase 1 of the Nurse Call replacement system, which included Med Surg, ICU and Briner Imaging. This project, phase 2, will replace the remainder of the antiquated systems and condense the nurse calls at TFHD to a single more reliable system.

Summary of Work: Remove and replace existing Nurse Call Systems in Ambulatory Surgery, Emergency, Diagnostic Imaging, Respiratory and Extended Care Center Departments.

Update Summary: All materials have been received. Construction has commenced starting in the 1978 building.

Start of Construction: March 2022

Estimated Completion: June 2022

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Background: Incline Village Community Hospital Sterile Processing Department (“IVCH SPD”) – In preparation to offer endoscopy procedures at IVCH, this service is in need of reconfiguration and equipment upgrades to process the future instruments.

IVCH Exterior Shop Remodel “IVCH-Shop” - The exterior storage shop at IVCH is in disrepair and is not readily used due to its condition. This project is to renovate and upgrade the exterior shop to utilize for storage and relocate Engineer outside of the Hospital to provide space for patient care services.

The projects were bid together to provide economies of scale.

Summary of Work: IVCH-SPD: Create a temporary decontamination room to allow for continuity of operations during the construction timeline. Once completed, renovate the existing decontamination room and add the additional utilities needed to support the new equipment.

IVCH-Shop: Renovate shop to provide improved utility and storage as well as space to move engineering outside of the Hospital.

Update Summary: Shop: Completed. Sterile Processing: Construction of new decontam room is underway. Planning for next phase, which includes HVAC upgrades and Clean Supply upgrades.

Start of Construction: August 2021

Estimated Completion: May 2022

Projects in Implementation:

Project: Underground Storage and Day Tank Replacement.

Background: The existing Diesel underground storage is 30 years old in need of replacement. Staff analyzed if an above ground tank would be suitable, due to site constrained it was determined that a replacement underground tank would best serve the hospital.

Summary of Work: Removal of the existing Underground storage tank, day tank and day tank structure (not compliant). Excavate and install a new 15,000-gallon underground tank in the ambulance bay. A new day tank will be installed in the 500 KW generator room.

Update Summary: Staff are coordinating with contractor on procurement and notice to proceed (planned for Spring on 2022). Project has been approved by HCAI.

Start of Construction: May 2022

Estimated Completion: December 2022

Project: Medical Office Building Renovation

Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.

Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services.

Update Summary: Demolition is completed. The minor use permit has been approved, 12/1/21. Town response to permitting is expected 3/18/22

Start of Construction: March 2022

Estimated Completion: December 2022

Project: MRI Replacement

Background: The existing MRI mechanical equipment is at end of life and the existing MRI itself does not provide the function needed to provide the necessary quality of care.

Summary of Work: Renovate the existing MRI suite to provide for two changing rooms and a gurney hold area. Order and install new 3T Siemens MRI.

Update Summary: All permitting has been approved and completed. Temporary MRI will show up on 3/30/22 with first Patient Day 4/4/22 and subsequently the removal of the current MRI.

Start of Construction: April 2022

Estimated Completion: November 2022

Projects in Planning:

Project: Incline Village Community Hospital Site Improvements

Background: Demand for parking at Incline Village Community Hospital has exceeded its capacity.

Summary of Work: In the Tahoe Basin the Truckee Regional Planning Agency, "TRPA" regulates the amount of disturbed land each individual parcel can have, Incline is at its capacity. Partnered with JKAE staff have planned a transfer of development rights as the first step in increasing the available parking onsite.

Update Summary: Design has concluded. Washoe County and TRPA have approved permit. Staff are working on transfer of development rights and preparation of bid documents.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

Background: In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

Summary of Work: Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category "NPC" 4 status. Renovate the Diagnostic Imaging reception, waiting room and X-Ray to increase capacity and receive new equipment. Renovate Emergency Department beds 8-15 to provide addition patient privacy. Renovate Emergency Department beds 4-7 to private rooms. Aesthetic upgrades of the 1978 and 1990 buildings including but not limited to flooring, ceilings, signage and painting.

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

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

Start of Construction: Summer 2022

Estimated Completion: Summer 2023

Project: Levon Parking Structure

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

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

Update Summary: Bidding has concluded and staff are proceeding with contract execution and Design kick off.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

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

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

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

Update Summary: Request for Proposals has been released with proposals due 4/13/2022.

Start of Construction: Fall 2022

Estimated Completion: Spring 2023

Board CNO Report

By: Jan Iida, RN, MSN, CEN

DATE: March 2022

Chief Nursing Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Epic platform - Stork Project in Obstetrics go-live is April 5-6 2022. Once this is operationalized, we will begin OB staff involvement in emergency and scheduled C-Sections.
 - OB is working with the Surgery team to develop training for scrub techs
- Training to begin new smart IV pumps in late April. Go live is May 6, 2022.
- Trauma – Officially became a Level III Trauma Center. Approved by Sierra-Sacramento Valley Emergency Medical Services Agency.
- Blue Sky as the vendor for tele-stroke program implementation has begun
 - Credentialing of tele-neurologists – process should be completed in approximately 4 months (there are approximately 300 affiliations that Blue Sky has with other organizations).

Quality: Provide clinical excellence in clinical outcomes

- Continue Concurrent chart audits
 - Discharge instructions
 - Handoff documentation for Med-Surg and ICU units
- OB staff education – all staff to complete Advanced Cardiac Life Support (ACLS)
- M/S staff completed ACLS, begin training on IV med push medication and increased Tele patients,
- M/S education for pediatrics skills to increase admissions.

Growth: Meets the needs of the community

- EEG services to begin as part of our Blue Sky Tele-stroke program in July 2022.

Board Informational Report

By: Jake Dorst
Chief Information and Innovation Officer

DATE: March 2022

Cybersecurity Posture:













Information Technology Security Operations Software, Technology & Partners

Top Threats To Healthcare

- Phishing
- Ransomware
- Malware
- Medical Device Security

TFHD Arsenal

Technology	Partners
	
	
	
	
	



How We Secure Our Environment

Next generation firewalls that integrate network security, application visibility, application control and threat security

Intelligent network architecture capable of advanced threat defense, policy enforcement and intrusion detection

Sophisticated endpoint protection with the ability to scan for known threats and leverage machine learning, in combination with artificial intelligence, to identify and alert on suspicious behavior

Advance efforts on minimizing the opportunity for ransomware and malware to be introduced via email.

Partner with industry professionals to actively assist in maintaining a strong security posture. Leverage professional services annually to perform and end to end HIPAA based security audit on both data and physical infrastructure. Include partners as part of our formal Incident Response Team

Maintain current software and security updates across the enterprise in order to reduce potential risk

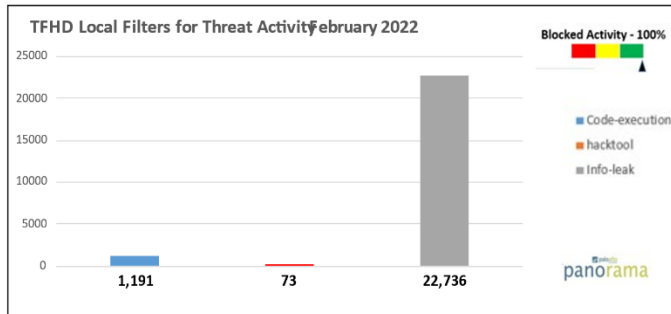
Educate TFHS staff on the etiquette and protocols of safe computing. Test users to ensure best practices are being followed (Phishing Exercises). Ensure team is aware of credible threats and know how to react

Continually seek out opportunities to improve our cyber protection capabilities in close cooperation with key stakeholders



Reports & Alerts

Successfully Blocking Threat Execution



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

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

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

- Cortex XDR** [EXTERNAL]Alert: Behavioral Threat
WARNING: This email originated outside of Tahoe Forest Hospital District.
- Cortex XDR** [EXTERNAL]Alert: Local Analysis Malware
WARNING: This email originated outside of Tahoe Forest Hospital District.
- Cortex XDR** [EXTERNAL]Alert: Local Analysis Malware
WARNING: This email originated outside of Tahoe Forest Hospital District.
- Cortex XDR** [EXTERNAL]Alerts: Local Analysis Malware + 2 more
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- Cortex XDR** [EXTERNAL]Alert: Local Analysis Malware
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- Cortex XDR** [EXTERNAL]Alert: Local Analysis Malware + 29 more
WARNING: This email originated outside of Tahoe Forest Hospital District.
- Cortex XDR** [EXTERNAL]Alerts: Local Analysis Malware + 29 more
WARNING: This email originated outside of Tahoe Forest Hospital District.

Logs are reviewed by Critical Insight. If a threat looks valid, Incident Response team is engaged

TFHD Threat Activity – 02/2022

3/13/2022

Category	Count
Vulnerability	24023
Spyware	19
Wildfire-Virus	9
Virus	1

Blocked Activity - 100%

Top 5 GeoFence Scan Blocks

China:	73,320
Russian Federation:	14,480
Romania:	3,180
Iran:	2,540
Ukraine:	2,000

Compromised Hosts: 0

ACC Risk Factor: 3.1 - Application Command Center (Threat Temperature based on activity history - Industry avg 3.5 for Healthcare)

GeoFence: Geo-Locations TFHD purposely blocks to reduce major threat actors. Locations are unable to scan or connect to our network

Vulnerability: A weakness which can be exploited by a threat actor. These are typically addressed by patches, updates, and focused security configurations.

Spyware: Software with malicious behavior that aim to gather information about a person or organization and sent to another entity to compromise or harm the user.

Wildfire Virus: Previously unseen, targeted malware and ad threats.

Virus: Program that, when executed, replicates itself by modifying other computer programs and inserting its own code (infection).

What's Next In Our Effort Improve Security?

- Business Continuity – Reduce RTO period and increase enterprise recovery success
- 802.1X – Switch our network's current port security protocol to the more modern practice of authorized devices authenticating on the network.
- Cloud/Hosted Solutions – Continue efforts to move systems and services to hosted environments. This will assist in spreading our data footprint in such a way that it would be difficult to "Own" TFHD assets. In addition, it will increase support capabilities.
- Access Management – Define "birth-right" access per role, not individual, and automate tools and processes to ensure least privileged access.
- Multi- Factor Authorization – Require staff to use at least two verification factors to gain access to systems.
- Data-Loss Prevention – Implement an engine that can accurately identify sensitive data and block inappropriate access or activity with the information.

Service: Optimize delivery model to achieve operational and clinical efficiency

- Initiated vendor interactions for implementation of BCDR (Business Continuance/Disaster Recovery) solution.
 - Goal is to implement a set of processes and software solutions to help TFHS recover from a disaster or cyber-attack and resume operations as quickly as possible.
- Reviewing Statement of Work (SOW) to migrate Active Directory Services to Microsoft's cloud.
 - Once complete TFHS will enjoy many benefits such as the ability to automatically login to other software solutions automatically vis SSO (Single Sign On) technology, simplify the deployment of MFA (Multi Factor Authentication – users present two pieces of evidence to authenticate.
 - This is an industry best practice and greatly enhances our security stance
- New instance of ESA (Email Security Appliance) actively being tested in production.

- Outcome is to reduce Spam and Marketing email and allow for greater productivity when working in email.
- Completing final network configurations and security hardening of the new Reno location.
 - Systems have been tested and, to date, appear to function nominally.
 - Team will continue to review activity and capability as facility migrates to production this week.
- Recruiting for I.T. first tier positions (Field Technicians) becoming difficult.
 - These roles typically receive a lower wage and commute from Reno.
 - Working with contract company to fill roles and will evaluate other opportunities with our internal recruiting partners the individuals must be onsite to assist our users and customers (hands-on)
- Network penetration testing continues.
 - This is an authorized simulated cyberattack performed by one of our third-party partners designed to evaluate the security of the system.
- HIPPA Audit to complete week of 3/14.
 - This audit follows the industry protocol that assess the policies, controls and processes that cover healthcare entities.
- CIO and IT Director evaluating hosted UCM (unified communications manager – third party hosted solution that will integrate telephones, on-line chat, registration, access center... etc. under one umbrella).
 - Advantages include reductions of complexity and internal support overhead, EMR integration, dash boarding/metrics, high availability and all-around improved communications for staff and patient experience.
- Completed Cyber Insurance application for submission.
- 883 Helpdesk Tickets Opened – 937 closed.
- InterQual relaunch, currently going live
 - An evidence-based clinical decision support solution for payers, providers, and government agencies who want to help ensure clinically appropriate medical utilization decisions.
- Project portfolio – project requests, currently 34 submissions
- Epic Stork (expected April)
 - **EPIC Stork** is a specialty add-on for obstetric practices that helps OBGYNs, and their staff gain additional automated functions and specialty workflows – basically, it organizes obstetric care and has specific functionality necessary for the workflow documentation of labor and delivery.
- PioneerRx Retail Pharmacy Management Software (expected May).
 - PioneerRx aligns with like-minded partners who share our mission to Save + Revitalize Independent Pharmacy. Recognized as the first-ever recipient of Flip the Pharmacy's Technology Solutions Partner of the Year in 2020, PioneerRx has won the title again for the second time in a row in 2021.
 - PioneerRx offers the most advanced, customizable workflow which gives pharmacists more time to focus on patient care and enhanced clinical services. Having the right pharmacy software allows you to say “yes” to new opportunities as they arise and adapt your business for long-term success.

- RL6 by RLDatix (rldatix.com) (expected May)
 - Help increase your quality of care and reduce costs.
 - Built on more than 30 years of experience of inspiring trust with over 6000 hospitals and healthcare organizations around the world.
 - Helps to Break down barriers.
 - Improve and integrate governance, risk and compliance functions to keep your organization safer.
- Urgent Care Service Line (expected Oct/Nov)
- Primary Care Service Line (expected Oct/Nov)
- Martis Outlook Clinics (expected June>Nov depending on construction/moves)
- Financial Assistance Module (expected April)
- PACS Images in Epic Haiku Integration (expected April)
 - Haiku provides authorized clinical users of Epic's Electronic Health Record with secure access to clinic schedules, hospital patient lists, health summaries, test results and notes. Haiku also supports dictation and In Basket access.
- Point Of Care (POC) Ultrasound Imaging integration ED (expected May)
- POC Ultrasound Imaging integration Sports medicine (expected May – but dependent on provider credentialing – Med Staff)
- New glucometers roll out-finalizing this week.
- Home Health/Hospice Credential trainer.
 - Person identified, will work with Mercy on roll out.
 - Will coincide with Home Health/Hospice EV (Electronic Verification) project.
- ClinDoc trainers, working with Nursing Admin on identify who to bring in.
- Baxter Smart Pump Implementation and Integration
 - In the 2016 Infusion Nurses Society (INS) Infusion Therapy Standards of Practice, a smart pump is defined as an “electronic infusion device with imbedded computer software aimed at reducing drug dosing errors through the presence and use of a drug library.
 - Phase 1, bringing pumps in, and staff trainings, along with pump medication directory download and set up.
- Integrated Radiology and Anesthesia
 - Cleaning up the Hospital Account Records (HAR) currently for this project.
 - Projected Go Live 5/1
- Cair2 (California Immunization Registry) Bidirectional Interface
- Testing being done this week.
 - The CAIR2 Project has three main goals:
 - To consolidate patient data from the 7 CDPH-managed regional CAIR registries ([Northern California](#), [Greater Sacramento](#), [Bay Area](#), [Central Valley](#), [Central Coast](#), [LA-Orange](#), and [Inland Empire](#)) into a single, centralized registry (the ‘CAIR hub’),
 - To replace the current CAIR software used by those 7 regions with new CAIR2 software that will be compliant with state IT standards and support one-way and bidirectional HL7 data exchange,



Board CMO Report

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

DATE: March 10, 2022

People: Strengthen a highly-engaged culture that inspires teamwork

Build a culture based on the foundations of our values

- SCOR survey is being filled out currently and we will dive deep into the results once they are received.

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

- We have offers out to new primary care and gastroenterologist providers. We have a few more physicians that we have interviewed to try to increase access.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- Reviewing our MyChart Message process and policy to try to help physicians, APPs and the patients to manage expectations and responses.
- OBs and Peds Physicians working with Mercy Epic to roll out the new Stork Module.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- MEC has been working on developing a Leadership Council to have an experienced team of physicians handling administratively complex issues.
- Working with TFHS Foundation on upcoming Hobday Lectureship to be held this Fall.

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

- Re-educating physicians on New versus Established patient visits.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2022-06**

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

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

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

WHEREAS, Board of Directors previously adopted Resolution No. 2022-01 finding that the requisite conditions exist for the Board of Directors to conduct teleconference meetings under California Government Code section 54953(e); and

WHEREAS, Government Code section 54953(e)(3) requires the legislative body adopt certain findings by majority vote within 30 days of holding a meeting by teleconference under Government Code section 54953(e), and then adopt such findings every 30 days thereafter; and

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

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

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

Section 2. Conditions are Met. The Board of Directors hereby finds and declares the following, as required by Government Code section 54953(e)(3):

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

3. State and local officials have imposed or recommended measures to promote social distancing.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 24th day of March, 2022 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District

AGENDA ITEM COVER SHEET

ITEM	Policy Review
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Approval
<p>BACKGROUND:</p> <p>The following policies are due for review by the Board of Directors: -ABD-16 Malpractice Policy -ABD-26 Awarding Public Construction Projects</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>The Malpractice Policy was reviewed by the Director of Quality and In-House Counsel and Awarding Public Construction Projects was reviewed by the Director of Facilities and Construction Management and In-House Counsel.</p> <p>Risk statements were added to both policies per <i>Policy & Procedure Structure and Approval, AGOV-9</i> and reviewed by a member of the High Reliability Team.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via Consent Calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-16 Malpractice Policy • ABD-26 Awarding Public Construction Projects 	

Malpractice, ABD-16

RISK:

If Medical Staff members do not have adequate malpractice insurance coverage, and a malpractice suit is filed, this could result in legal and financial implications for the provider and the organization.

POLICY:

It is a mandate of the Tahoe Forest Hospital District Board of Directors that all Medical Staff members carry malpractice insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

Awarding Public Construction Projects, ABD-26

~~PURPOSE~~RISK:

~~This policy is intended to establish regulations to apply to all public contracts at Tahoe Forest Hospital District ("District") in a manner that is consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.). Without a process consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.), inherent bias or inequitable bidding practices for public contracts could result.~~

POLICY:

- A. **Public Projects.** The term "public project" shall have the definition set forth in Public Contract Code §22002, with the exception of medical-surgical equipment or supplies, data processing or telecommunication goods or services governed by California Health and Safety Code § 32132.
- B. **Bidding Not Required.** Except as provided in subsection E, the Chief Executive Officer (CEO) or his or her designee, may cause public projects of sixty thousand dollars (\$60,000.00) or less to be performed by employees of the District by force account, by negotiated contract, or by purchase order.
- C. **Informal Bidding.** Except as provided in subsection E, public projects of two hundred thousand dollars (\$200,000.00) or less, may be let to contract by informal procedures as set forth below.
- D. **Formal Bidding.** Except as provided in subsection E, public projects of more than two hundred thousand dollars (\$200,000.00) shall be let to contract by the formal bidding procedure outlined in DMM-22.
- E. **Automatic Adjustments.** The dollar limits set forth in subsections B, C and D of this section shall adjust without District action as necessary to comply with any adjustment mandated by the Controller pursuant to the authority granted by Public Contract Code § 22020.
- F. **List of Contractors.** A list of contractors shall be developed and maintained in accordance with Public Contracts Code § 22034(a) and any criteria promulgated from time to time by the California Uniform Construction Cost Accounting Commission (Commission). Such list will be maintained by the Facilities Department.
- G. **Sole-source purchasing.** Prior to submitting a purchase request, the requesting department shall conduct a survey of available sources to determine whether there is only one source capable of competently and efficiently providing the required supplies, equipment or service. If it is determined that there is only a single source for the purchasing of a particular item or service, the Facilities Department shall prepare a waiver of bid and the contract may be awarded to the sole source vendor without competition. In this case, the relevant Director shall conduct negotiations, as appropriate, as to price, delivery, and terms.
- H. **Bid Conditions.** All bids submitted to the District shall be subject to the following general conditions:
 - 1. Contracts for work shall be awarded to the lowest responsive responsible bidder. The Facilities Department reserves the right to determine the conditions of responsibility, including matters such as delivery date, products quality and the service and reliability of the supplier.
 - 2. The District is under no obligation, express or implied, to accept the lowest bid received. The Facilities Department reserves the right to reject all bids if it so desires.
 - 3. No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by Tahoe Forest Hospital District.
 - 4. If bids on more than one kind of item are solicited at the same time by the district, the Facilities

Department shall have the right to accept parts of one or more bids, unless the bidder has specified otherwise.

PROCEDURE:

A. Informal Bidding Procedures

1. **Required Noticing.** When a public contract is to be bid pursuant to the procedures in this Policy, a notice inviting informal bids shall be mailed to all construction trade journals specified by the Commission in accordance with Public Contract Code § 22036.
2. **Optional Noticing.** Notification may be also provided to the contractors on the list created pursuant to Policy Section F for the category of work being bid, and to any additional contractors and/or construction trade journals.
3. **Mailing Notices.** All mailing of notices to contractors and construction trade journals shall be completed not less than ten (10) calendar days before bids are due.
4. **Description of Project.** The notice inviting informal bids shall describe the project in general terms, state how to obtain more detailed information about the project, and state the time and place for the submission of bids.

B. Formal Bidding Procedures (taken from DMM-22)

1. **Preparation of Plans, Specifications or Description of Proposed Work.** Upon determination that work is required and that formal bidding is required, the responsible staff or consultants selected by the Facilities Department shall prepare, or cause to be prepared, plans, specifications or descriptions of the work in such detail and with such specificity as the nature of the work may require. If the nature of the work so requires, such plans, specifications or descriptions shall include requirements for bid bonds and/or requirements for performance and completion bonds.
2. **Timing of Bids.** The plans, specifications or descriptions shall also set forth the procedure and final date and time for submission of bids.
3. **Copies.** Copies of the plans, specifications or descriptions may be sold to potential bidders at cost

C. Request for Bids.

In instances where formal bidding is required by law, or where it is otherwise deemed desirable or appropriate to obtain formal bids, such bids shall be invited as follows:

1. A notice inviting bids from qualified bidders, published in a newspaper of general circulation, printed and published in the District's jurisdiction; and
2. Mail and, if available in electronic format, by facsimile or electronic mail to all construction trade journals specified by the Commission in accordance with Public Contract Code § 22036.
3. The District may provide additional notice.

D. Timing of Notice.

The last such published notice or such announcement shall be published or mailed at least three (3) weeks prior to the date fixed for opening of the bids.

E. Requirements of Notice.

The notice required in Procedure Section C shall:

1. Describe the contemplated work,
2. Set forth the procedure by which potential bidder may obtain copies of the plans, specifications, or description's,
3. State the final date and address for submission of bids, and the date, time and place for opening of bids; and
4. Set forth such other matters, if any, as would reasonably enhance the number and quality of bids.

F. Preparation of Submission of Bids.

Bids shall be in writing and shall refer specifically to the contemplated work. They shall be transmitted to a person or office designated by the District in the notice described in Procedure Section C. All bids shall remain sealed until the date and time set forth in such notice.

1. If the nature or performance of the work is such that pre-qualification may be required, is necessary or desirable, such procedures for such pre-qualification, shall be set forth in or

provided with the plans, specifications or descriptions outlined in the notice described in Procedure Section C.

2. Examination and Evaluation of Bids. All bids timely filed or, if applicable, all pre-qualified bids, shall be publicly opened by the Facilities Department on the date and time and at the place specified for the opening of bids. Bidders, or their representatives, may be present at the time the bids are opened. The amount of each bid shall be read or a copy made available to any bidder or representative then present.
3. The bids and District's evaluation of them and the recommendations shall be presented to the Board of Directors at its next regular meeting, provided that the Board may delegate to the Director of Facilities the power to approve bids, pursuant to these policies and procedures.

G. Awarding of Contracts. The Board of Directors, or the Board's designee, shall award the contract for the performance of work to the lowest responsible bidder who has furnished such security as may have been specified by the Board of Directors. In the alternative, the Board may reject all bids.

1. **Rejection of Bidder.** If the Board of Directors, or the Board's designee, determines that the lowest bidder is not responsible, the contract may either be awarded to the lowest responsible bidder, or to the lowest bidder on the condition that the lowest bidder furnish security other than, or in addition to, that set forth in the plans, specifications or descriptions.
2. **Opportunity for Hearing.** If the Board of Directors decides to award the contract for the performance of work to a bidder, other than the lowest bidder, the Board shall notify the low monetary bidder of any evidence reflecting upon its responsibility received from others, or adduced as a result of an independent investigation. The Board shall afford evidence and shall permit it to present evidence that it is qualified to perform the contract. Such opportunity to rebut submitted in written form or at an informal hearing before the awarding body, committee and/or individual

H. Bidder's Security

1. **Type of Security Deposit or Bond.** When deemed necessary or appropriate, as with public works projects, the purchasing officer may require a bidding vendor to submit a bid security or performance bond in any of the following forms:
 - a. Cash;
 - b. A cashier's check made payable to the District;
 - c. A certified check made payable to the District;
 - d. A bidder's bond executed by a surety insurer admitted to do business in California, made payable to the District.
2. **Amount of Security Deposit or Bond.** The security shall be in an amount equal to at least ten (10) percent of the bid amount.
3. **Forfeiture of Security.** A vendor shall forfeit its bid security upon its refusal or failure to perform pursuant to the terms of its contract with the District within twenty (20) days after notice of award of contract or such lesser period specified in the notice inviting bids.

I. Failure to Perform:

1. Upon refusal or failure of the lowest successful bidder to execute or perform the contract pursuant to its terms, the Board designee authorized to award the contract may award it to the next lowest responsible bidder.
2. If the officer or agency of the District authorized to award the contract awards the contract to the next lowest bidder, the amount of the lowest bidder's security shall be applied by the District to the difference between the low bid and the second lowest bid, and the surplus, if any, shall be returned to the lowest bidder.

J. Tie Bids. If two of more bids are submitted in the same total amount or unit price, quality and service being equal, and if the public interest will not permit the delay of re-advertising for bids, the officer or agency of the District authorized to award the contract may accept either bid.

K. No Bids Received. If no bids are received following compliance with the requirements of this section, the officer or agency of the District authorized to award the contract may procure the requested supplies, equipment, or services through force account or negotiated contract without further compliance with this chapter.

L. Emergencies

1. In cases of emergency when repair or replacements are necessary, the District may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, or giving notice for bids to let contracts. The work may be done by day labor under the direction of the Facilities Department, by contractor, or by a combination of the two.
2. In case of an emergency, if notice for bids to let contracts will not be given, the District shall comply with Chapter 2.5 of Part 3 of Division 2 of the Public Contracting Code (commencing with Section 22050).
3. When making an emergency purchase, the requesting department shall complete a waiver of bid form and submit it to the Director of Facilities.

ORDER & DECORUM OF BOARD BUSINESS FOR 20202022

1. PUBLIC PARTICIPATION IN BOARD MEETINGS

~~The public is encouraged to provide thoughtful comment regarding the health system's operation. 's participation in the affairs the health system's governance assists in understanding the public's input through the governing process and has value. Consideration will be given to this value while t~~The board Chair reserves the privilege to recognize members of the public subject to reasonable rules of decorum. Board members are permitted to call attention to public members who wish to comment. assistance in calling attention to public members they desire to be recognized is encouraged.

The following rules of decorum will guide participation in the meetings:

- A. Address the Board from the podium. Speakers are encouraged but not required to give their name and city of residence before addressing the Board. Speakers shall direct their comments to the Board, not the audience or staff.
 - B. Comment on specific matters before the Board with reasons for the position taken.
 - C. Public comment is limited to (3) minutes per speaker, however, the Chair may, at his or her discretion, allow up to (5) minutes for those who are serving as a spokesperson for a group or organization in lieu of individual speakers.
 - D. A speaker may not yield time to another speaker.
 - E. No individual may speak more than once during the Public Comment period or on an item on the agenda unless recognized by the Chair as having new information.
 - F. In the interest of civil discourse, the rules specified in the Order and Decorum of Board Business and Robert's Rules of Order, to the extent such Rules are not in conflict with the Brown Act, shall apply at all Board meetings. It shall be the responsibility of the Chair to ensure public comments are conducted in a reasonable manner that avoids disruptive activity, promotes mutual respect, keeps comments focused on issues, and avoids personal attack and abusive behavior.
- A.G. The Chair may call for a recess to maintain Order and Decorum.

2. PROMPTNESS AT MEETING TIME

Board members are requested to observe timely appearance at Board functions in respect to the public, staff and Board. With assistance of the Board Clerk, staff and other presenters will be scheduled in order to support the timely work of the Board. Board members are requested to notify the Clerk of the Board relative to their absence or anticipated late arrival as soon as such situation is known.

3. AGENDA ITEMS

No issues shall be placed on the agenda that are beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.

4. USE OF E-COMMUNICATION AT PUBLIC MEETINGS

Board members shall not use e-communication during a public meeting of the Board at which he or she is in attendance. In the event of an urgent family matter, a Board Member wishing to respond to a telephone or call during the meeting may do so during a recess or shall excuse him or herself from the meeting to place the return call or text in a manner that does not disrupt the meeting. E-communication is defined as “electronic text or visual communication and attachments distributed via e-mail, websites, instant messaging, text messaging, twitter or comparable services.”

4.5.LAST MINUTE SUPPORTING DOCUMENTS

Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

5.6.REQUESTS FOR INPUT OR DIALOGUE

Requests by Board members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Chair.

6.7.INDIVIDUAL BOARD MEMBER AGENDA REQUESTS

All individual Board items should be discussed with the Chair and CEO before agenda review. All items will be reviewed for completeness. Sufficient supporting documents must be provided in a timely manner so that appropriate staff may become involved. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting.

7.8.ROLE OF THE CHAIR

- Run meetings and associated duties within meetings
- Preside over ceremonial situations
- ~~Make Committee-committee~~ appointments
- Approve agendas for completeness
- Speaks for the board to the media.

9. BOARD VACANCIES

Board vacancies will be handled in accordance with applicable Government Code and Board of Director Bylaws.

In the event a member of the Board of Directors vacates their position, remaining members of the District Board may fill the vacancy either by appointment or by clling an election.

If the Board chooses to appoint, the Board may:

1. Appoint an individual of its choosing, or;
2. Seek candidates from which to make a selection.

If the board fails to act within (90) days, the County Board of Supervisors may appoint the position.

CULTURE: EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE

~~8. EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE~~

EXPECTATIONS OF BOARD MEMBERS

- A. Always focus on what is best for Tahoe Forest Health System and the community it serves.
- B. Maintain good board relationships and visibly demonstrate respect for, and fairly represent each other.
- C. Be sensitive to your public image and conduct at all times.
- D. Be respectful, open, candid, honest and fair:
 - 1. Explain your perspective, rationale and reasoning.
 - 2. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
 - 3. Demonstrate that it is fine to disagree but not be disagreeable.
 - 4. Don't be inhibiting or limiting.
 - 5. Value the staff as individuals and demonstrate mutual respect.
 - 6. Let staff know of questions you have on an agenda item or staff's recommendation with grace.
- E. Do your homework, be prepared when bringing an item to the Board, be as concise as possible, and don't repeat comments made by another Director.
- F. Recognizing that the Board is the staff's first priority:
 - 1. Provide clear direction to the President/CEO.
 - 2. Prioritize the level of importance of issues and feel free to go directly to the CEO or the Executive Team.
 - 3. Go to the CEO's office and/or Executive Team and not to a front line employee on any issue, especially as it relates to committee meeting business
 - 4. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.
 - 5. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the CEO's office and do not publicly discuss them.
 - 5.6.No Surprises. Keep each other informed through the CEO and/or Board Chair.

~~No Surprises. Keep each other informed through the CEO and/or Board Chair.~~

I. EXPECTATIONS OF STAFF

- A. Provide good services and show respect to the public.
- B. Present good staff reports: pros and cons
 - 1. Give pros and cons, alternatives, and a recommendation.
 - 2. Present accurate and quality visuals.
 - 3. Don't raise more questions than you can answer in a staff report.
 - 4. Stay well organized and manage the time.
- C. Apprise the Board in advance of:
 - 1. Meetings and special projects within the District.
 - 2. Any controversial issues or conversations; don't surprise the Board, especially on any "hot button" issues.
 - 3. Any "bad news."
 - 4. Deadlines that are slipping and why.
 - 5. Problems facing the staff.
- D. Set realistic deadlines, be proactive with regard to issues that need resolving, and produce timely documents.
- E. Work cooperatively, demonstrate cooperation among staff, support each other, and be sensitive to each other's workloads.
- F. Be loyal to the Hospital and be sensitive to your public image and conduct at all times.
- G. Feel comfortable communicating with Board members.
- H. Do not participate in political activity while on duty or on TFHD campus.

Approved: _____

Chair of the Board & all Board Members



MULTNOMAH GROUP

**Retirement Plans Oversight Presentation
Tahoe Forest Hospital District Board of Directors
Period Q3 & Q4, 2021**

March 24th, 2022

Q3, 2021 Activities

- As a result of the benchmarking discussion held on April 28th, 2021, the Committee elected to conduct a Request for Proposal for Recordkeeping and administrative services. While Fidelity's fees and services were considered reasonable, the Committee thought it would be prudent to evaluate the market for services.
- The Committee's Plan-related goals were:
 - Best-in-class operational and compliance support at the plan sponsor level;
 - Robust and easy-to-use participant and plan sponsor websites, including state-of-the-art educational, savings analysis, and plan data reporting tools;
 - An effective employee communication and education program that delivers customized, tailored communications to participants based on their level of sophistication, including at least 5 days annually of on-site education; and
 - A dedicated service team that provides daily administrative service, investment advice, participant education, relationship management presence at regular meetings of the Committee.
- After discussion with Multnomah Group, the Committee sent the RFP to:
 - Fidelity (Incumbent)
 - Empower
 - Transamerica
 - ICMA-Mission Square
- Committee reviewed the performance of the Plans investments.
 - ✓ Multnomah Group's Investment Committee has opted to place Fidelity Managed Income Portfolio (MIP) on Watch List. MIP is a conservatively run stable value pooled fund. The strategy has underperformed its stable value peers largely due to its above-average fund expense.

Q4, 2021 Activities

- Multnomah Group presented its analysis of the proposing vendors' responses. The analysis includes a qualitative and quantitative comparison of each recordkeeper's response in the categories of:
 - Organizational strength,
 - Client service model,
 - Participant education and communication,
 - Technology,
 - Open architecture for investments, and
 - Proposed fees.
- After considering Multnomah Group's analysis, the needs of the participants, and the goals of the search, the Committee invited Empower, Fidelity, and Mission Square to present their proposals on December 6th.
- The Committee discussed each vendor's proposal, team members, fees, conversion requirements, and value that will be brought to participants. After thorough considerations, the Committee selected to continue with Fidelity, at a reduced rate.
- Prior to the RFP, the participants paid 0.16, or \$208,300
- After the RFP, the participants will pay a fixed \$45 *per participant per plan*, or \$116,200
 - 44% Reduction
- Fund Change:
 - Committee reviewed Multnomah Group's analysis of Stable Value options and Multnomah Group's recommendation that the Fidelity Managed Income Portfolio be removed with assets mapped to the T. Rowe Price Stable Value fund. Given the comparable credit quality and the higher crediting rate, the Committee approved this change.
 - This change improved the crediting rate by 0.72%

Breakdown of Plans – December 31, 2022

401(1) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none">Plan Assets increased from<ul style="list-style-type: none">\$62.3 MM as of June 30, 2021, to\$66.7 MM as of December 31, 2021After the Stable Value Fund change, All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.	<ul style="list-style-type: none">Plan Assets increased from<ul style="list-style-type: none">\$78.3 MM as of June 30, 2021, to\$82.6 MM as of December 31, 2021Investments: SameParticipation Rate <u>increased</u> from:<ul style="list-style-type: none">83.4% as of 6.30.21, to83.9% as of 12/31/21Ave. Deferral Rate <u>increased</u> from:<ul style="list-style-type: none">9.3% as of 6.30.21, to10.0% as of 12.31.21<p><i>*Auto-enrollment is set at 6%</i></p>Total Savings Rate (EE & ER) <u>increase</u> from:<ul style="list-style-type: none">13.9% as of 6.30.21, to14.3% as of 12.31.21

Questions

Disclosures

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

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2022-07**

**RESOLUTION TO UPDATE THE BOARD OF MANAGERS OF THE TRUCKEE
SURGERY CENTER, LLC**

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, DISTRICT is a Ninety-Nine Percent (99%) owner of Truckee Surgery Center, LLC (“TSC”);

WHEREAS, Exhibit “B” of the Operating Agreement of TSC lists the Managers as Harry Weis, Crystal Betts, and Judy Newland;

WHEREAS, Judy Newland is retiring from District and stepping down from her Manager role with TSC;

WHEREAS, District as majority owner in TSC would like to replace the existing named Managers with the current executive positions that serve as officers for the District;

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District elects to replace the names on Exhibit “B” of the Operating Agreement with the titles of CEO, CFO and COO of District.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 24th day of March, 2022 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2022-08**

**RESOLUTION TO CELEBRATE JUDY NEWLAND AND HER 42 YEARS OF
SERVICE TO THE TRUCKEE TAHOE REGION AND TAHOE FOREST
HOSPITAL DISTRICT**

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

WHEREAS, the Board of Directors wishes to recognize Chief Operating Officer, Judy Newland for 42 years of dedication, passionate and loyal service to the District; and

WHEREAS, Judy Newland was hired by the Tahoe Forest Hospital District on December 27, 1979 as a Nurse for the Emergency Department (ER) and was soon transferred to the position of Paramedic Liaison Nurse and one year later assisted as the Acting ER Coordinator; and

WHEREAS, 1984 was a busy year for Judy, becoming the Ambulance Manager in February, Acting ER Manager in July and then earning the official position of ER Manager; and

WHEREAS, on July 1, 1995 Judy elevated to Director of the Emergency Department, a position she held for six and a half years before serving as the Interim Director of Quality & Regulation Services and officially becoming the Director in September 2001, a position she held for nearly ten years; and

WHEREAS, on May 28, 2011, Judy Newland assumed the role of Director of Nursing at the Incline Village Community Hospital which, in less than a month, she became Director of Nursing and Operations followed by ascension to Director of Operations and Chief Nursing Officer in November; and

WHEREAS, in July 2013, Judy became the Chief Nursing Officer for the Tahoe Forest Hospital District and in addition elevated to Administrator of the Incline Village Community Hospital; and

WHEREAS, Judy Newland became Chief Operations Officer for the Tahoe Forest Hospital District on June 13, 2016, where she demonstrated exemplary leadership, commitment and during the COVID-19 pandemic, crisis management, innovation and perseverance; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby thanks Judy Newland on behalf of a grateful community, for her commitment in service to the District, the employees and above all, to the patients we serve, and wishes her all the best in her next station in life and travels.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 24nd day of March, 2022 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District