



TAHOE FOREST HOSPITAL DISTRICT

2022-06-23 Regular Meeting of the Board of Directors

Thursday, June 23, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 23, 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/88685855981>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 886 8585 5981



Meeting Book - 2022-06-23 Regular Meeting of the Board of Directors

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15. ITEMS FOR BOARD DISCUSSION

15.1. Truckee/Tahoe Senior Services Gap Analysis

Karin Abraham

No related materials at this time.

16. ITEMS FOR BOARD ACTION

16.1. FY23 CEO Incentive Compensation Criteria DRAFT.pdf

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ITEMS 17 - 22: See Agenda

23. ADJOURN



TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 23, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 23, 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.

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(346) 248 7799 or (301) 715 8592

Meeting ID: 886 8585 5981

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. Hearing (Health & Safety Code § 32155)◆

Subject Matter: Home Health, Hospice, Palliative Care Quality Report

Number of items: One (1)

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

Subject Matter: BETA HEART SCOR Summary Report

Number of items: One (1)

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

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
June 23, 2022 AGENDA – Continued

Number of Potential Cases: One (1)

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

5.4. Approval of Closed Session Minutes ◆

5/26/2022 Regular Meeting

6/16/2022 Special Meeting

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

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:

Annual Policy Approval

- *IVCH Policy List*

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. 05/26/2022 Regular Meeting ATTACHMENT

14.1.2. 06/16/2022 Special Meeting ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – May 2022 ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
June 23, 2022 AGENDA – Continued

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 2022-12 ATTACHMENT

14.5. Approve revised board policies

- 14.5.1. Chief Executive Officer Performance Evaluation, ABD-01 ATTACHMENT
- 14.5.2. President & Chief Executive Officer Compensation, ABD-02..... ATTACHMENT

14.6. Annual approval of President & CEO Job Description

- 14.6.1. President & Chief Executive Officer Job Description ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. Truckee/Tahoe Senior Services Gap Analysis

The Board of Directors will receive a presentation on local senior services.

16. ITEMS FOR BOARD ACTION ♦

16.1. Approval of Fiscal Year 2023 President & CEO Incentive Compensation Criteria ♦ ATTACHMENT

The Board of Directors will review and consider approval of the President & CEO’s Fiscal Year 2023 Incentive Compensation Criteria.

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

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 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.

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 June 16, 2022 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the June 23, 2022 meeting.</p>	
<p>3. Annual Policy Approval IVCH (No Changes)</p> <ul style="list-style-type: none"> • CPAP BiPAP, DEDI-1901 • Duties of the Lakeview RN in the ED, DEDI-210 • ED Staffing Levels, DEDI-217 • IVCH Structure Standards, DEDI-251 • Respiratory Services Scope, ED, DEDI-237 • Tele-Hospitalist Consultation, DIMS-2101 • Volunteers in the ED, DEDI-248 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

PolicyStat Id	Title	Approval F	Department	Applicability	Owner	Last Approved	Origination Date	Last Revised	Next Review	Has Attachments
11549081	CPAP BiPAP, DEDI-1901	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	4/26/2022	12/5/2019	4/29/2021	4/25/2024	No
11022160	Duties of the Lakeview RN in the ED, DEDI-210	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	2/9/2022	10/1/2003	2/9/2022	2/9/2023	No
10795528	ED Staffing Levels, DEDI-217	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	12/7/2021	10/1/2008	12/7/2021	12/7/2022	No
11023697	IVCH Structure Standards, DEDI-251	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	2/9/2022	12/1/2013	2/9/2022	2/9/2023	No
11109407	Respiratory Services Scope, ED, DEDI-237	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	2/9/2022	10/1/2006	2/9/2022	2/9/2023	No
11549302	Tele-Hospitalist Consultation, DIMS-2101	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	4/26/2022	4/29/2021	4/29/2021	4/25/2024	No
10795239	Volunteers in the ED, DEDI-248	Incline Village	Incline Village	Tahoe Fore	Bjorkman,	12/7/2021	4/1/1994	12/7/2021	12/7/2022	No



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

Thursday, May 26, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for May 26, 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 4:00 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; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

Crystal Betts, Chief Financial Officer, joined at 4:02 p.m.

General Counsel read the board into Closed Session.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Threat to Public Services or Facilities (Gov. Code § 54957)

Consultation with: Director of Assessment Services at Fortified Health Security

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter Fiscal Year 2022 Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Liability Claim (Gov. Code § 54956.95)

Claimant: Robin W. W. Riley

Claim Against: Tahoe Forest Hospital District

Discussion was held on a privileged item.

5.4. Conference with Labor Negotiator (Gov. Code § 54957.6)

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

Employee Organization(s): Employees Association and Employees Association of Professionals

Discussion was held on a privileged item.

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

Discussion will concern: Proposed new facilities

Estimated Date of Disclosure: June 2022

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

4/28/2022 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel stated there was no reportable action on items 5.1. and 5.2. Item 5.3. Liability Claim was rejected by the Board on a 5-0 vote. There was no reportable action was items 5.4. and 5.5. Item 5.6. Closed Session Minutes was approved on a 5-0 vote. Item 5.7. 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

Public comment was received from Sonia Henry and Tyler Kavanaugh.

12. ACKNOWLEDGEMENTS

12.1. First Quarter 2022 Values Recognition Recipients

12.2. California Maternal Quality Care Collaborative Award

12.3. National Hospital Week - May 8-14, 2022

12.4. National Nurses Week - May 6-12, 2022

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

New Policies

- *Standardized Procedure – Stroke Alert, ANS-2201*
- *Discharge of Patients from Outpatient Clinics, AQPI-2201*
- *Discontinuing Patient myChart Access Due to Abuse or Misuse Messaging, AQPI-2202*

Annual Report

- *2021 Annual QA/PI Report*
- *2021 RHC Annual QA/PI Review Incline Clinic*
- *2019-2021 RHC Annual QA/PI Review Pediatrics*
- *Medication Error Reduction Plan (MERP) Annual Review*

Policies with No Changes

- *Labor – Breech Presentation, DWFC-1407*
- *Available CAH Services, TFH & IVCH, AGOV-06*
- *Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10*

Discussion was held.

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

Barnett – AYE

Chamblin – AYE

McGarry – AYE

Brown – AYE

Wong – AYE

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings

14.1.1. 04/28/2022 Regular Meeting

14.2. Financial Reports

14.2.1. Financial Report – April 2022

14.3. Board Reports

14.3.1. President & CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CIO Board Report

14.3.5. CMO Board Report

14.4. Approve Resolution for Continued Remote Teleconference Meetings

14.4.1. Resolution 2022-11

14.5. Approve Revised Board Policies

14.5.1. Inspection and Copying of Public Records, ABD-14

No public comment was received.

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

Barnett – AYE

Chamblin – AYE

McGarry – AYE

Brown – AYE

Wong – AYE

15. ITEMS FOR BOARD DISCUSSION

15.1. Truckee Tahoe Workforce Housing Agency Update

Emily Vitas, Executive Director of Truckee Tahoe Workforce Housing Agency, provided an update on recent efforts of the Truckee Tahoe Workforce Housing Agency. Discussion was held.

16. ITEMS FOR BOARD ACTION

16.1. Down Payment Assistance Loan Program Policy

The Board of Directors considered approval of a policy allowing the District to offer a down payment loan assistance program. Discussion was held.

ACTION: Motion made by Director Barnett, to approve the Down Payment Assistance Loan Program Policy allowing the President and CEO to authorize up to three loans not to exceed \$300,000 each as presented, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE

Chamblin – AYE

McGarry – AYE

Brown – AYE

Wong – AYE

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

Director McGarry provided an update from the May 12, 2022 Board Quality Committee and Tahoe Forest Health System Foundation meetings.

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

No discussion was held.

20. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 7:11 p.m.

DRAFT



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

Thursday, June 16, 2022 at 1:30 p.m.

Pursuant to Assembly Bill 361, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for June 16, 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 1:30 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 & CEO; Louis Ward, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Alex MacLenanna, Chief Human Resources Officer; Lauren Caprio, Labor Relations Manger; Jenny Parvin, Manager ICU; Tobriah Hale, Legal Assistant/Compliance Analyst; Martina Rochefort, Clerk of the Board

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

Open Session recessed at 1:32 p.m.

4. CLOSED SESSION

4.1. Conference with Labor Negotiator (Gov. Code § 54957.6)

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

Employee Organization(s): Employees Association and Employees Association of Professionals

Discussion was held on a privileged item.

Open Session reconvened at 2:22 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

There was no reportable action in Closed Session.

6. ITEMS FOR BOARD ACTION

6.1. Memorandum of Understanding

The Board of Directors reviewed and considered approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association. Discussion was held.

ACTION: Motion made by Director Barnett, to approve the Memorandum of Understanding between Tahoe Forest Hospital District Employees' Association AFSCME Council 57, Local 3965 and Tahoe Forest Hospital District dated July 1, 2022-June 30, 2025, as presented, seconded by Director Brown. Roll call vote taken.

Barnett – AYE

Chamblin – AYE

McGarry – AYE

Brown – AYE

Wong – AYE

6.2. Memorandum of Understanding

The Board of Directors reviewed and considered approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals. Discussion was held.

ACTION: Motion made by Director Chamblin, to approve the Memorandum of Understanding between Tahoe Forest Hospital District Employees' Association of Professionals AFSCME Council 57, Local 3254 and Tahoe Forest Hospital District dated July 1, 2022-June 30, 2025 as presented, seconded by Director McGarry. Roll call vote taken.

Barnett – AYE

Chamblin – AYE

McGarry – AYE

Brown – AYE

Wong – AYE

7. ADJOURN

Meeting adjourned at 2:28 p.m.

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

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6	CASH INVESTMENT
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13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
May 2022 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2022.

Activity Statistics

- ❑ TFH acute patient days were 339 for the current month compared to budget of 344. This equates to an average daily census of 10.9 compared to budget of 11.1.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Oncology Lab tests, Diagnostic Imaging, Mammography, MRI, Ultrasound, Briner Ultrasound, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Outpatient Physical, PT Aquatic, & Occupational Therapies.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.00% in the current month compared to budget of 50.24% and to last month's 49.58%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 51.13% compared to budget of 49.99% and prior year's 49.56%.
- ❑ EBIDA was \$323,526 (.8%) for the current month compared to budget of \$785,280 (2.2%), or \$461,754 (1.4%) below budget. Year-to-Date EBIDA was \$41,221,466 (8.9%) compared to budget of \$20,028,469 (4.6%) or \$21,192,997 (4.3%) above budget.
- ❑ Net Income was \$(126,470) for the current month compared to budget of \$452,953 or \$579,423 below budget. Year-to-Date Net Income was \$36,813,090 compared to budget of \$16,347,751 or \$20,465,339 above budget.
- ❑ Cash Collections for the current month were \$20,477,983, which is 89% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$89,830,441 at the end of May compared to \$91,470,385 at the end of April.

Balance Sheet

- ❑ Working Capital is at 34.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 249.6 days. Working Capital cash increased a net \$1,236,000. Accounts Payable decreased \$164,000 and Accrued Payroll & Related Costs increased \$1,463,000. Cash Collections were below target by 11% and the District received \$3,494,000 in property tax revenues.
- ❑ Net Patient Accounts Receivable decreased \$709,000 and cash collections were 89% of target. EPIC Days in A/R were 62.4 compared to 62.1 at the close of April, a .30 day increase.
- ❑ Other Receivables and GO Bond Receivables decreased \$2,690,000 and \$1,781,000, respectively, after recording receipt of property tax revenues from Nevada and Placer counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$907,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
- ❑ GO Bond Tax Revenue Fund increased after receiving the May remittance of property tax revenues.
- ❑ Accounts Payable decreased \$164,000 due to the timing of the final check run in May.
- ❑ Accrued Payroll & Related Costs increased \$1,463,000 due to additional accrued payroll days in May.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,252,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$41,058,388 compared to budget of \$36,292,736 or \$4,765,652 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,725,511, compared to budget of \$7,022,305 or \$296,794 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$34,332,877 compared to budget of \$29,270,431 or \$5,062,446 above budget.
- ❑ Current month’s Gross Revenue Mix was 38.5% Medicare, 16.0% Medi-Cal, .0% County, 2.5% Other, and 43.0% Commercial Insurance compared to budget of 37.0% Medicare, 16.8% Medi-Cal, .0% County, 2.6% Other, and 43.6% Commercial Insurance. Year-to-Date Gross Revenue Mix was 37.0% Medicare, 15.9% Medi-Cal, .0% County, 2.4% Other, and 44.7% Commercial Insurance compared to budget of 37.1% Medicare, 16.5% Medi-Cal, .0% County, 2.7% Other, and 43.7% Commercial Insurance. Last month’s mix was 35.0% Medicare, 14.8% Medi-Cal, .0% County, 2.7% Other, and 47.5% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$21,353,450 compared to budget of \$18,061,866 or \$3,291,584 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.49% increase in Medicare, a .79% decrease to Medi-Cal, .02 decrease to County, a .14% decrease in Other, and Commercial Insurance was under budget .55%, and 2) Revenues were above budget 13.1%.

DESCRIPTION	May 2022 Actual	May 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	8,291,416	7,939,391	(352,025)	
Employee Benefits	2,398,998	2,357,428	(41,570)	Increased use of Paid Leave/Sick Leave and Employer Payroll Taxes created a negative variance in Benefits.
Benefits – Workers Compensation	231,125	102,419	(128,706)	The District settled a large claim, creating a negative variance in Workers Compensation
Benefits – Medical Insurance	1,197,679	1,408,155	210,476	
Medical Professional Fees	748,823	1,023,140	274,317	We saw positive variances in Physician Production bonuses and Oncology as the group joined the employment model in January.
Other Professional Fees	253,176	171,966	(81,210)	We saw negative variances in Information Technology for services provided to change or enhance department functionality in EPIC.
Supplies	4,410,314	2,621,866	(1,788,448)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 25.72% and Medical Supplies Sold to Patients revenues exceeded budget by 7.32%, creating a negative variance in Supplies.
Purchased Services	2,001,289	1,890,892	(110,397)	Campus wide maintenance projects, Outsourced coding, billing, & collection services, increases in I/T monitoring and protection of the District’s software systems, and credit card fees were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,091,041	1,035,050	(55,991)	Surgery and MRI equipment rentals, Dues and Subscriptions, and Marketing came in above budget, creating a negative variance in Other Expenses.
Total Expenses	20,623,862	18,550,307	(2,073,555)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MAY 20222

	May-22	Apr-22	May-21	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 21,760,543	\$ 20,524,681	\$ 78,728,938	1
PATIENT ACCOUNTS RECEIVABLE - NET	45,843,282	46,552,292	23,871,995	2
OTHER RECEIVABLES	8,079,447	10,769,214	7,284,293	3
GO BOND RECEIVABLES	(601,493)	1,179,646	(46,288)	4
ASSETS LIMITED OR RESTRICTED	9,524,608	9,614,626	8,538,286	
INVENTORIES	4,249,365	4,250,069	3,835,729	
PREPAID EXPENSES & DEPOSITS	1,968,733	2,244,636	2,374,593	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	13,168,046	12,260,662	13,862,171	5
TOTAL CURRENT ASSETS	103,992,531	107,395,826	138,449,717	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	54,505,988	54,505,988	74,384,021	1
* CASH INVESTMENT FUND	80,173,987	80,116,805	-	1
MUNICIPAL LEASE 2018	725,756	725,633	724,306	
TOTAL BOND TRUSTEE 2017	20,533	20,533	20,531	
TOTAL BOND TRUSTEE 2015	1,211,554	1,074,457	1,192,086	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	4,262,027	2,061,352	3,845,520	6
DIAGNOSTIC IMAGING FUND	3,350	3,350	3,343	
DONOR RESTRICTED FUND	1,139,077	1,139,077	1,137,882	
WORKERS COMPENSATION FUND	6,750	11,174	18,248	
TOTAL	142,054,787	139,664,133	81,331,701	
LESS CURRENT PORTION	(9,524,608)	(9,614,626)	(8,538,286)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	132,530,179	130,049,507	72,793,415	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(2,149,701)	(1,985,925)	(1,687,352)	
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	909,072	
PROPERTY & EQUIPMENT NET	177,287,617	175,918,650	173,213,894	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,841,116	1,841,116	2,041,050	
TOTAL ASSETS	415,195,814	414,913,246	385,719,796	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	313,541	316,773	352,329	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	824,691	824,691	1,267,315	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,868,966	4,892,671	5,153,423	
GO BOND DEFERRED FINANCING COSTS	474,900	477,220	502,750	
DEFERRED FINANCING COSTS	138,357	139,397	150,840	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 6,620,454	\$ 6,650,752	\$ 7,426,657	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 8,386,396	\$ 8,550,589	\$ 6,676,847	7
ACCRUED PAYROLL & RELATED COSTS	16,030,087	14,567,197	14,813,968	8
INTEREST PAYABLE	449,164	368,700	420,409	
INTEREST PAYABLE GO BOND	1,104,561	828,420	1,133,211	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,255,206	12,312,537	20,230,148	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	50,411,896	49,813,926	54,665,584	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	23,905,443	24,106,719	27,950,999	
GO BOND DEBT NET OF CURRENT MATURITIES	95,382,700	95,400,655	97,543,167	
DERIVATIVE INSTRUMENT LIABILITY	824,691	824,691	1,267,315	
TOTAL LIABILITIES	170,524,729	170,145,990	181,427,065	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	250,152,461	250,278,931	210,581,506	
RESTRICTED	1,139,077	1,139,077	1,137,882	
TOTAL NET POSITION	\$ 251,291,539	\$ 251,418,008	\$ 211,719,388	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 34.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 249.6 days. Working Capital cash increased a net \$1,236,000. Accounts Payable decreased \$164,000 (See Note 7) and Accrued Payroll & Related Costs increased \$1,463,000 (See Note 8). Cash Collections were below target 11% (See Note 2) and the District received \$3,494,000 in property tax revenues from Nevada and Placer Counties.
2. Net Patient Accounts Receivable decreased \$709,000. Cash collections were 89% of target. EPIC Days in A/R were 62.4 compared to 62.1 at the close of April, a .30 day increase.
3. Other Receivables decreased a net \$2,690,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$1,781,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare increased a net \$907,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
6. GO Bond Tax Revenue Fund increased after receiving the May remittance of property tax revenues.
7. Accounts Payable decreased \$164,000 due to the timing of the final check run in May.
8. Accrued Payroll & Related Costs increased \$1,463,000 due to additional accrued payroll days in May.
9. Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,057,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

**Tahoe Forest Hospital District
Cash Investment
May 31, 2022**

WORKING CAPITAL			
US Bank	\$ 20,660,752		
US Bank/Kings Beach Thrift Store	26,703		
US Bank/Truckee Thrift Store	57,485		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,604</u>	0.01%	
Total			\$ 21,760,543
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>80,173,987</u>	0.18%	
Total			\$ 80,173,987
Building Fund	\$ -		
Cash Reserve Fund	<u>54,505,988</u>	0.68%	
Local Agency Investment Fund			\$ 54,505,988
Municipal Lease 2018			\$ 725,756
Bonds Cash 2017			\$ 20,533
Bonds Cash 2015			\$ 1,211,554
GO Bonds Cash 2008			\$ 4,267,791
DX Imaging Education	\$ 3,350		
Workers Comp Fund - B of A	6,750		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			\$ <u>10,100</u>
TOTAL FUNDS			\$ 162,676,253
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,103,407</u>	0.68%	
TOTAL RESTRICTED FUNDS			\$ <u>1,139,077</u>
TOTAL ALL FUNDS			\$ <u><u>163,815,330</u></u>

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

		Variance from Budget	
		Fav / <Unfav>	
		MAY 2022	YTD 2022
1) Gross Revenues			
Acute Patient Days were below budget 1.45% or 5 days. Swing Bed days were below budget 68.18% or 15 days. Ancillary Revenues were above budget due to the higher acuity level in our patients, minimizing the loss in Inpatient Revenues.	Gross Revenue -- Inpatient	\$ (296,794)	\$ 2,299,961
	Gross Revenue -- Outpatient	5,062,446	29,780,930
	Gross Revenue -- Total	\$ 4,765,652	\$ 32,080,891
Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Oncology Lab, Diagnostic Imaging, Mammography, MRI, Ultrasound, Briner Ultrasound, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, Outpatient Physical Therapy, Physical Therapy Aquatic, and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for May shows a 1.49% increase to Medicare, a .79% decrease to Medi-Cal, .14% decrease to Other, .01 decrease to County, and a .55% decrease to Commercial when compared to budget. We saw a negative variance in contractals due to revenues coming in above budget 13.10%.	Contractual Allowances	\$ (4,131,752)	\$ (22,917,108)
	Managed Care	-	-
	Charity Care	1,363,903	2,652,797
	Charity Care - Catastrophic	-	-
	Bad Debt	(523,736)	9,537,181
	Prior Period Settlements	-	(39,197)
	Total	\$ (3,291,584)	\$ (10,766,328)
3) Other Operating Revenue			
Retail Pharmacy revenues were above budget 34.08%.	Retail Pharmacy	85,194	(19,946)
	Hospice Thrift Stores	(13,262)	(41,899)
	The Center (non-therapy)	(1,406)	28,492
Thrift Store revenues were below budget 14.13%.	IVCH ER Physician Guarantee	(14,100)	(244,253)
	Children's Center	31,798	151,898
IVCH ER Physician Guarantee is tied to collections, coming in below budget.	Miscellaneous	4,973	(261,783)
	Oncology Drug Replacement	-	-
Children' Center revenues were above budget 32.47%.	Grants	25,167	(46,667)
	Total	\$ 118,364	\$ (434,158)
Positive variance in Grants related to funds received to support the PRIME Suboxone program.			
4) Salaries and Wages			
	Total	\$ (352,025)	\$ 3,848,330
Employee Benefits			
Negative variance in Other is related to Employer Payroll taxes.	PL/SL	\$ (4,620)	\$ (806,523)
	Nonproductive	44,336	(291,535)
	Pension/Deferred Comp	-	29
	Standby	(18,181)	(30,651)
	Other	(63,106)	(334,284)
	Total	\$ (41,570)	\$ (1,462,964)
Employee Benefits - Workers Compensation			
A settlement was reached and the claim paid, creating a negative variance in Workers Compensation.	Total	\$ (128,706)	\$ (106,348)
Employee Benefits - Medical Insurance			
	Total	\$ 210,476	\$ 1,355,343
5) Professional Fees			
An accrual of Physician Production bonuses was reversed after final payments were made, creating a positive variance in Miscellaneous	Miscellaneous	\$ 138,167	\$ (1,262,826)
	The Center (includes OP Therapy)	(33)	(232,002)
	TFH/IVCH Therapy Services	(403)	(120,029)
	Medical Staff Services	(1,689)	(115,127)
Negative variance in Information Technology related to services provided by Mercy to change or enhance department functionality within EPIC.	Oncology	(4,348)	(96,734)
	Multi-Specialty Clinics Administration	(1,215)	(72,260)
	Corporate Compliance	667	(42,210)
The Oncology Group joined the physician employment model, creating a positive variance in Multi-Specialty Clinics Pro Fees.	TFH Locums	(8,236)	(21,938)
	Home Health/Hospice	342	(9,938)
	Human Resources	(4,593)	(7,713)
	Information Technology	(98,121)	(4,659)
	Financial Administration	-	(1,742)
	Sleep Clinic	-	(1,618)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	IVCH ER Physicians	(22,277)	2,743
	Managed Care	6,667	24,862
	Marketing	4,683	49,462
	Administration	20,085	122,507
	Multi-Specialty Clinics	163,412	941,097
	Total	\$ 193,107	\$ (848,124)

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>MAY 2022</u>	<u>YTD 2022</u>
6) <u>Supplies</u>			
<p>Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 25.72%, creating a negative variance in Pharmacy Supplies. Negative variance is also attributed to final receipt of past due invoices we have been requesting from our main Pharmaceutical Supplier.</p> <p>Medical Supplies Sold to Patients revenues were above budget 7.32%, creating a negative variance in Patient & Other Medical Supplies.</p>	<p>Pharmacy Supplies \$ (1,696,965) \$ (2,452,923)</p> <p>Patient & Other Medical Supplies (112,340) (161,822)</p> <p>Office Supplies (1,732) 14,396</p> <p>Food 5,747 43,711</p> <p>Minor Equipment 6,086 95,944</p> <p>Other Non-Medical Supplies 10,756 248,889</p> <p>Total \$ (1,788,448) \$ (2,211,805)</p>		
7) <u>Purchased Services</u>			
<p>Campus wide maintenance projects which included roof leak repairs, elevator maintenance, hydronic and electrical work, created a negative variance in Department Repairs.</p> <p>Outsourced coding services created a negative variance in Medical Records.</p> <p>Outsourced billing and collection services came in above budget, creating a negative variance in Patient Accounting.</p> <p>We are seeing an increase in Information Technology services due to escalation in monitoring and protection of the District's software systems. This is creating a negative variance in this category.</p> <p>Negative variance in Miscellaneous related to Credit Card fees and payment to Nevada County's Behavioral Health Department which is reimbursed through grant funds.</p>	<p>Department Repairs \$ (35,826) \$ (351,443)</p> <p>Medical Records (40,513) (285,698)</p> <p>Patient Accounting (26,843) (218,400)</p> <p>Information Technology (22,356) (106,189)</p> <p>Human Resources 17,789 (32,161)</p> <p>Pharmacy IP (888) (3,674)</p> <p>The Center 2,375 11,007</p> <p>Community Development 2,477 23,772</p> <p>Home Health/Hospice 9,211 79,732</p> <p>Diagnostic Imaging Services - All 859 72,476</p> <p>Laboratory 3,963 153,553</p> <p>Multi-Specialty Clinics 15,753 208,900</p> <p>Miscellaneous (36,398) 347,354</p> <p>Total \$ (110,397) \$ (100,771)</p>		
8) <u>Other Expenses</u>			
<p>Rental of equipment in Surgery and MRI created a negative in Equipment Rent.</p> <p>We saw negative variances in Dues and Subscriptions in Diagnostic Imaging, Information Technology, Emergency Preparedness, MSC Internal Medicine, and MSC Neurology.</p> <p>Community Sponsorships, Yellowpage advertising, and an array of Marketing campaigns created a negative variance in Marketing.</p>	<p>Insurance \$ (19,677) \$ (290,159)</p> <p>Utilities 10,382 (229,806)</p> <p>Equipment Rent (51,699) (183,235)</p> <p>Miscellaneous 6,441 (100,454)</p> <p>Human Resources Recruitment (1,093) (53,136)</p> <p>Multi-Specialty Clinics Bldg Rent (5,831) (45,967)</p> <p>Dues and Subscriptions (12,401) (33,067)</p> <p>Multi-Specialty Clinics Equip Rent (3,778) (13,334)</p> <p>Physician Services 20 169</p> <p>Marketing (38,226) 139,882</p> <p>Other Building Rent 18,958 359,864</p> <p>Outside Training & Travel 40,912 479,489</p> <p>Total \$ (55,991) \$ 30,246</p>		
9) <u>District and County Taxes</u>			
	Total	\$ (19,369)	\$ 251,544
10) <u>Interest Income</u>			
	Total	\$ 14,768	\$ 59,918
11) <u>Donations</u>			
	IVCH	\$ (75,596)	\$ (639,847)
	Operational	(34,689)	358,110
	Total	\$ (110,286)	\$ (281,737)
12) <u>Gain/(Loss) on Joint Investment</u>			
	Total	\$ (103,776)	\$ 171,193
13) <u>Gain/(Loss) on Market Investments</u>			
The District booked the value of gains in its earned income with Chandler Investments.	Total	\$ 93,096	\$ 66,792
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>			
	Total	\$ 16,000	\$ 35,800
15) <u>COVID-19 Emergency Funding</u>			
	Total	\$ -	\$ (1,092,739)
16) <u>Depreciation Expense</u>			
	Total	\$ -	\$ 149,902
17) <u>Interest Expense</u>			
	Total	\$ (31)	\$ 440

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MAY 2022

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2021		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 2,571,148	\$ 2,286,402	\$ 284,746	12.5%	Total Gross Revenue	\$ 29,149,651	\$ 26,382,653	\$ 2,766,998	10.5%	1	\$ 24,169,885
Gross Revenues - Inpatient										
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ 18,470	\$ 57,416	\$ (38,946)	-67.8%		\$ 45,799
-	1,164	(1,164)	-100.0%	Ancillary Service - Inpatient	31,242	30,222	1,020	3.4%		27,535
-	1,164	(1,164)	-100.0%	Total Gross Revenue - Inpatient	49,712	87,638	(37,926)	-43.3%	1	73,334
2,571,148	2,285,238	285,910	12.5%	Gross Revenue - Outpatient	29,099,939	26,295,015	2,804,924	10.7%		24,096,551
2,571,148	2,285,238	285,910	12.5%	Total Gross Revenue - Outpatient	29,099,939	26,295,015	2,804,924	10.7%	1	24,096,551
Deductions from Revenue:										
1,030,056	891,306	(138,750)	-15.6%	Contractual Allowances	11,881,538	10,258,990	(1,622,548)	-15.8%	2	8,935,899
(10,845)	107,399	118,244	110.1%	Charity Care	1,131,217	1,236,639	105,422	8.5%	2	1,102,417
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
150,580	57,127	(93,453)	-163.6%	Bad Debt	44,714	657,787	613,073	93.2%	2	687,524
-	-	-	0.0%	Prior Period Settlements	268,000	-	(268,000)	0.0%	2	(196,004)
1,169,791	1,055,832	(113,959)	-10.8%	Total Deductions from Revenue	13,325,470	12,153,416	(1,172,054)	-9.6%	2	10,529,836
65,376	80,219	(14,843)	-18.5%	Other Operating Revenue	977,654	1,016,311	(38,657)	-3.8%	3	863,638
1,466,733	1,310,789	155,944	11.9%	TOTAL OPERATING REVENUE	16,801,835	15,245,548	1,556,287	10.2%		14,503,687
OPERATING EXPENSES										
528,520	421,541	(106,979)	-25.4%	Salaries and Wages	5,303,031	5,385,986	82,955	1.5%	4	4,389,253
170,747	139,095	(31,652)	-22.8%	Benefits	1,714,451	1,677,299	(37,152)	-2.2%	4	1,415,457
2,797	6,364	3,567	56.0%	Benefits Workers Compensation	30,714	70,004	39,290	56.1%	4	16,769
67,253	78,711	11,458	14.6%	Benefits Medical Insurance	788,671	865,821	77,150	8.9%	4	771,510
234,302	227,434	(6,868)	-3.0%	Medical Professional Fees	2,635,062	2,670,216	35,154	1.3%	5	2,468,105
1,909	2,251	342	15.2%	Other Professional Fees	23,993	24,767	774	3.1%	5	21,678
55,201	57,677	2,476	4.3%	Supplies	562,749	683,675	120,926	17.7%	6	578,242
54,422	59,148	4,726	8.0%	Purchased Services	807,411	817,944	10,533	1.3%	7	721,956
88,274	94,184	5,910	6.3%	Other	1,209,004	1,095,946	(113,058)	-10.3%	8	927,873
1,203,425	1,086,405	(117,020)	-10.8%	TOTAL OPERATING EXPENSE	13,075,085	13,291,658	216,573	1.6%		11,310,843
263,307	224,384	38,923	17.3%	NET OPERATING REV(EXP) EBIDA	3,726,750	1,953,890	1,772,860	90.7%		3,192,844
NON-OPERATING REVENUE/(EXPENSE)										
-	75,596	(75,596)	-100.0%	Donations-IVCH	191,714	831,561	(639,847)	-76.9%	9	112,985
-	-	-	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	(803,973)	(829,774)	25,802	3.1%	12	(722,847)
(75,434)	162	(75,596)	46664.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,417,384)	1,787	(1,419,171)	79416.4%		(606,798)
\$ 187,873	\$ 224,546	\$ (36,673)	-16.3%	EXCESS REVENUE(EXPENSE)	\$ 2,309,366	\$ 1,955,677	\$ 353,689	18.1%		\$ 2,586,046
10.2%	9.8%	0.4%		RETURN ON GROSS REVENUE EBIDA	12.8%	7.4%	5.4%			13.2%

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

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>MAY 2022</u>	<u>YTD 2022</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 and Observation Days were at budget at 1.	Gross Revenue -- Inpatient	\$ (1,164)	\$ (37,926)
	Gross Revenue -- Outpatient	285,910	2,804,924
		<u>\$ 284,746</u>	<u>\$ 2,766,998</u>
Outpatient volumes were above budget in Emergency Dept visits, Clinic visits, Laboratory tests, EKG, Diagnostic Imaging, Ultrasound, and Physical Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 10.14% increase in Medicare, a .64% increase in Medicaid, a 10.29% decrease in Commercial insurance, a .49% decrease in Other, and County was at budget. Contractual Allowances were above budget due to Outpatient Revenues exceeding budget by 12.50%.	Contractual Allowances	\$ (138,750)	\$ (1,622,548)
	Charity Care	118,244	105,422
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(93,453)	613,073
	Prior Period Settlement	-	(268,000)
	Total	<u>\$ (113,959)</u>	<u>\$ (1,172,054)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in May.	IVCH ER Physician Guarantee	\$ (14,100)	\$ (244,253)
	Miscellaneous	(743)	205,596
	Total	<u>\$ (14,843)</u>	<u>\$ (38,657)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ (106,979)</u>	<u>\$ 82,955</u>
<u>Employee Benefits</u>			
We saw an increased use of Paid Leave during the month, creating a negative variance in PL/SL.	PL/SL	\$ (26,753)	\$ (102,748)
Negative variance in Other is related to Employer payroll taxes.	Pension/Deferred Comp	-	-
	Standby	6,451	38,835
	Other	(13,721)	(42,583)
	Nonproductive	2,371	69,344
	Total	<u>\$ (31,652)</u>	<u>\$ (37,152)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 3,567</u>	<u>\$ 39,290</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ 11,458</u>	<u>\$ 77,150</u>
5) <u>Professional Fees</u>			
Additional coverage in the ED due to volumes exceeding budget by 15.35% created a negative variance in IVCH ER Physicians.	Therapy Services	\$ (98)	\$ (5,954)
	Sleep Clinic	-	(1,618)
	Administration	-	-
	Miscellaneous	(750)	-
	Foundation	343	775
	IVCH ER Physicians	(22,277)	2,743
	Multi-Specialty Clinics	16,256	39,982
	Total	<u>\$ (6,526)</u>	<u>\$ 35,928</u>
6) <u>Supplies</u>			
Non-Patient Chargeable supplies exceeded budget, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (9,467)	\$ (44,150)
	Non-Medical Supplies	(6,658)	(12,169)
	Minor Equipment	2,697	(8,959)
	Office Supplies	289	2,636
	Food	1,308	13,245
Supply purchases for the Health Clinic, Plant Operations, and Engineering came in above budget, creating a negative variance in Non-Medical Supplies.	Pharmacy Supplies	14,306	170,322
	Total	<u>\$ 2,476</u>	<u>\$ 120,926</u>

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

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>MAY 2022</u>	<u>YTD 2022</u>
7) <u>Purchased Services</u>			
Entertainers for a fundraising event at the end of June created a negative variance in Foundation.	Laboratory	\$ (192)	\$ (44,404)
	Miscellaneous	1,056	(22,289)
	Multi-Specialty Clinics	47	(7,692)
	Surgical Services	-	-
	Diagnostic Imaging Services - All	(142)	1,646
	Pharmacy	(108)	1,896
	Department Repairs	1,411	3,388
	Engineering/Plant/Communications	1,546	5,567
	EVS/Laundry	3,708	25,143
	Foundation	(2,600)	47,278
	Total	\$ 4,726	\$ 10,533
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor costs to IVCH for resulting tests at the TFH Lab, created a negative variance in Miscellaneous.	Miscellaneous	\$ (13,698)	\$ (134,633)
	Insurance	(1,129)	(18,131)
	Utilities	18,890	(11,500)
	Marketing	(6,887)	(8,448)
Prior Period telephone expense accruals came in below estimations, creating a positive variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	100	(3,013)
	Equipment Rent	2,676	(2,931)
	Physician Services	-	-
Community Sponsorships and marketing campaigns created a negative variance in Marketing.	Other Building Rent	297	8,656
	Dues and Subscriptions	3,350	19,956
	Outside Training & Travel	2,310	36,986
	Total	\$ 5,910	\$ (113,058)
9) <u>Donations</u>	Total	\$ (75,596)	\$ (639,847)
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	\$ -	\$ 25,802

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL MAY 2022	PROJECTED MAY 2022	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 35,256,409		\$ 22,035,877	\$ 35,785,395	\$ 323,526	\$ 785,280	\$ (461,754)	\$ 15,154,229	\$ 7,650,554	\$ 16,020,882	\$ (3,040,270)
Interest Income	604,065		509,726	347,170	7,380	-	7,380	98,018	94,530	100,813	53,810
Property Tax Revenue	8,358,581		8,320,000	8,848,581	3,493,545	3,200,000	293,545	453,496	102,016	4,799,524	3,493,545
Donations	647,465		1,320,000	1,827,289	78,550	110,000	(31,450)	145,778	331,247	683,165	667,100
Emergency Funds	(3,567,509)		-	(1,092,739)	-	-	-	101,692	(1,194,431)	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,958,826)	(352,979)	(353,188)	210	(1,631,219)	(1,058,056)	(1,210,725)	(1,058,826)
Property Purchase Agreement	(744,266)		(811,927)	(812,500)	(67,661)	(67,661)	-	(202,982)	(202,982)	(203,555)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,714,321)	(143,111)	(143,111)	-	(429,332)	(429,332)	(426,327)	(429,332)
Copier	(58,384)		(63,840)	(59,508)	(5,110)	(5,320)	210	(15,223)	(14,449)	(14,615)	(15,221)
2017 VR Demand Bond	(989,752)		(778,177)	(727,326)	-	-	-	(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)	(226,668)	-	(32,000)	32,000	-	(96,668)	(130,000)	-
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(4,139,010)	(82,581)	(500,000)	417,419	(1,413,396)	(377,325)	(1,765,708)	(582,581)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(166,287)	-	(150,000)	150,000	-	-	(20,000)	(146,287)
Building Projects/Properties	(7,418,233)		(29,614,464)	(20,886,887)	(2,316,868)	(6,803,000)	4,486,132	(2,380,089)	(3,749,159)	(3,751,037)	(11,006,602)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(9,545,488)	709,011	1,097,404	(388,393)	(3,723,682)	(1,916,033)	(6,076,440)	2,170,667
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(22,560,826)	(1,964,714)	(3,770,833)	1,806,119	(161,535)	(13,234,421)	2,093,061	(11,257,931)
Change in Other Assets	(92,357)	N3	(2,400,000)	(1,517,420)	19,012	(200,000)	219,012	(1,167,873)	(263,085)	90,349	(176,811)
Change in Other Liabilities	3,980,506	N4	(893,000)	6,930,445	1,379,161	1,000,000	379,161	1,967,766	(8,458,498)	2,482,373	10,938,804
Change in Cash Balance	28,658,251		(38,539,313)	(11,355,271)	1,293,043	(5,616,338)	6,909,382	7,443,183	(22,169,328)	13,316,257	(9,945,383)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	155,147,474	155,147,474	-	161,643,342	169,086,525	146,917,197	160,233,453
Ending Unrestricted Cash	161,643,342		123,104,029	150,288,071	156,440,518	149,531,136	6,909,382	169,086,525	146,917,197	160,233,453	150,288,071
Operating Cash	142,591,148		123,104,029	150,288,071	152,028,143	149,531,136	2,497,007	152,247,265	132,675,852	151,761,425	150,288,071
Medicare Accelerated Payments	19,052,193		-	-	4,412,374	-	4,412,374	16,839,260	14,241,345	8,472,028	-
Expense Per Day	595,409		629,671	628,287	626,832	628,339	(1,507)	585,887	603,375	617,099	628,287
Days Cash On Hand	271		196	239	250	238	12	289	243	260	239
Days Cash On Hand - Operating Cash Only	239		196	239	243	238	5	260	220	246	239

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: June 14, 2022

We continue to see, as I reported last month, much lower year over year total health system growth of about 7% and not the high double-digit growth we have seen in the previous six years.

We estimate we will probably grow about 2000 provider office visits this fiscal year versus last fiscal year. Patient access and experience is a number one concern for us as we have very limited building space to handle additional patient visits. We are concerned patient access and experience will be a huge challenge for us over the next three years due to very limited office space and growing difficulty to recruit providers.

We are looking at all options relative to expanding office hours, days of the week and recruiting additional physicians to the area. Recruitment is becoming much more difficult each year due to retirements in the medical field across the US, as well as the rapidly growing cost of housing and living in the North Lake Tahoe region.

We hope to be able to announce the arrival of more medical staff members in the second half of this calendar year.

We are grateful for the Board's approval last month of a very limited number of down payment assistance resource tools each year.

We have not yet heard of any physicians or staff who left our health system to go and work at the new hospital in Reno that opened in April.

We are excited to host four large in-person Town Hall sessions in late June. The sessions were deferred to the end of the month as we estimate a slowdown in new COVID-19 cases by then.

We saw low levels of new daily COVID-19 positive lab tests in March, April and May. There had been an increase in the first two weeks in June.

Our Managers, Directors and AC members have been working really hard on the budget for Fiscal Year 2023. The presentation is complete and ready for June 23. We will also include an improving 10 year forecast of the Balance Sheet and Income Statement. We are working to only improve the 10-year forecast versus cause any regression.

We really appreciate having Dr. Gary Gray here as a full time interim CMO since May 16. He has been working more than full time since his arrival and our needs are great as we support

the changing and growing needs of our medical staff. We are using a recruiter to assist with the CMO search and in recruitment of hard to find physician specialties.

We are hopeful to share some important research findings on senior unmet needs in our region which if the schedule permits, will be shared at the June Board meeting. We are looking at all angles or categories of unmet healthcare related needs in our region.

It does appear the US is truly in a recession cycle. We are expecting another large interest rate increase by the Feds and at least one more after that in September. As shared last month, we are seeing the repeat of some concerning trends that caused struggles for Americans in the 70's and early 80's.

We are focused on being nimble and keeping this health system strong. We will adjust as needed to assure this remains the case.

We continue to remain active on many state and federal new bills or rules that may be damaging to healthcare or our economy.

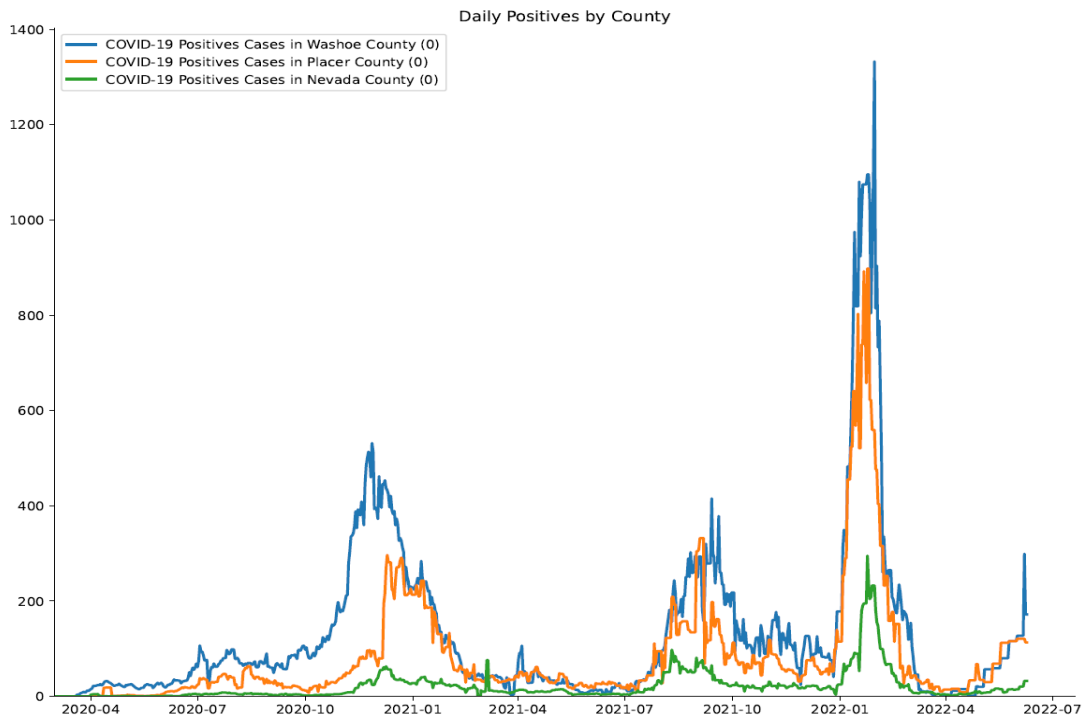
By: Louis J. Ward, MHA
Chief Operating Officer

DATE: June, 2022

Quality: Provide excellent patient focused quality care
Identify and promote best practice and evidence-based medicine

- COVID-19

As of writing this report, the COVID positive results reported from Washoe County for Incline Village: 1,507, +11 from last week; Eastern Placer County: 2,590, +16 from last week; and Eastern Nevada County: 4,191, +13 from last week. The county results include testing at TFH, IVCH, and county test sites. There have been 645 (534 internal, 100 external) positive employee cases to date. COVID inpatient census remains low.



- Vaccines for 6 mos – 5 year olds.
 - Next week, we anticipate the FDA, CDC, etc will approve both “baby Pfizer” (Pfizer 6mos – 4 yrs old) and “baby Moderna” (Moderna 6 mos - 5 years old) vaccines.
 - Both vaccines are new formulations with different doses and dilution volume.
 - Baby Pfizer (what we expect the FDA will approve)
 - 3 dose series. 21 day interval between 1st and 2nd dose, 8 week interval between 2nd and 3rd dose.

- Baby Moderna (what we expect the FDA will approve)
 - 2 dose series. 28 day interval between 1st and 2nd dose.
- TFHS has preordered both vaccines.
 - MSC Pediatric office will offer baby COVID vaccine at scheduled appointments as soon as full approval is given and vaccine has arrived.
 - Several “5 years old and under COVID Vaccine Events” are being planned for select Sundays in July and August.
- Communication about how to schedule appointments and receive vaccine will go out via our public website, MyChart, and social media platforms during the week of June 20th.

Service: Deliver Outstanding Patient & Family Experience

Optimize the health care delivery system and efficiencies

- Retail Pharmacy Software Upgrade Project
 - This month our retail Pharmacy went live with a new RX software, Pioneer RX. This software will provide a number of new efficiencies in the retail pharmacy as well as provide a greater patient experience. The software will now allow us to notify patients by text message when their prescriptions are ready to be picked up.
- Incline Village Community Hospital
 - Patient volumes at IVCH have been above budget over the past few months in our Emergency Department, clinic, surgical cases, lab tests, EKG’s, diagnostic imaging, ultrasound, CT, and physical therapy.
 - YTD finance at IVCH is a little better than \$2 million over budget.
 - Sarah Wojcik, our 2021 TFHS Employee of the Year, has accepted the position of Patient Care Manager at IVCH.
 - IVCH’s Sterile Processing & Decontamination Project (SPD) will be completed in July.
 - The parking lot addition bringing 22 new parking spaces to IVCH will begin on June 20th.
- Perioperative Optimization Project
 - Administration is working with the Administrative Director of Surgical Services to select a Surgery Optimization vendor.
 - The vendor will assist with a number of items we would like to explore:
 - Operating and procedure room capacity management
 - Efficient and accurate patient scheduling
 - Turnover time
 - Day of surgery cancellation rates
 - Preference card standardization

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Planned Moves:

- Marketing and Governance to Pioneer – 6/22/22
- Education to Pioneer - 6/22/22
- Quality to Physician Service House – 6/27/22

- Patient Financial Services to 10999 Spring Lane - July
- IT to 10083 Lake Ave - August

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: Construction has been completed. Liquidated Damages have been accesses for project delays. Working with contractor to close project in compliance.

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: Emergency Department Complete. ECC nearing completion with HCAI sign off scheduled for 6/16/22. The next phase, ASD & Surgery, is scheduled to begin 6/20/22.

Start of Construction: March 2022

Estimated Completion: July 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: Project is awaiting equipment for installation, 98% complete.

Start of Construction: August 2021

Estimated Completion: July 2022

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: Construction has commenced. Phase one is underway which includes re-routing of main line utilities for the new underground storage tank location. The completion of this scope is scheduled for 6/27/22. The next phase will be excavation for the new tank.

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. Include the remodel of suite 340 to create a continuous primary care suite on both the 2nd and 3rd floors of the MOB, all RHCs.

Update Summary: Project is proceeding on schedule. The Suite 340 design has been submitted to the Town for approval, expect permits late August.

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: Temporary MRI has been installed and in use. The old MRI has been removed preparation for the new MRI is underway. During demolition three conflicts were found: Sewer line, CMU wall and 2; gas line. All three of these existing conditions have required minor design changes which are currently into HCAI for approve. All issues have been resolved and construction is again pursuing. Impact was expected to be 60 days, actual is 45 days. The next phase is reconstruction of firewall between MRI and ASD.

Start of Construction: April 2022

Estimated Completion: December 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. Development rights have been transferred. Staff are pulling permits and have construction scheduled to start 6/20/22.

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. Staff are adding the CT replacement into the current scope of work to reduce future impacts and cost to the emergency and diagnostic imaging departments.

Start of Construction: Winter 2022

Estimated Completion: Summer 2024

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: Schematic Design is near completion. Team is working on temporary CT plan approval with North Lake Tahoe Fire.

Start of Construction: Fall 2022

Estimated Completion: Spring 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: Staff are working with the design building on programming and deliverables for the Town of Truckee Development Permit. Schematic Design is 50% completed. With long lead times on Electrical Gear, the team is focused on the electrical design to proceed with an early equipment buy.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

Project: Lake Street Housing

Background: On-Call housing and On-Boarding housing are critical to district operations and recruitment of talented employees.

Summary of Work: Demolish 10151 & 10145 Lake Ave to create 2 new duplex houses to be utilized for recruitment and retention. As well as create 10 new studio apartments to support the Hospitals On Boarding needs.

Update Summary: Schematic Design has concluded; staff are proceeding with Design Development.

Start of Construction: Summer 2023

Estimated Completion: Spring 2024



Board CNO Report

By: Jan Iida, RN, MSN, CEN

DATE: June 2022

Chief Nursing Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Blue Sky is the vendor for tele-stroke program- We are working again with Blue Sky, we are now able to credential by proxy, we have signed contract and this will expedite the process. The ED has identified stroke patients as a risk, Physicians are unable to consult with neuro until this process is complete.
- We are currently looking at four OR efficiency firms to be able to guide the OR in areas for improvement to streamline process. The plan is to choose a firm in July.
- Trent Foust RN, MBA,BSN,RCIS came on board in May as the new director of Acute Care Services which includes ED,ICU M/S and OB. Trent comes from St Mary's with a vast amount of clinical and leadership experience.

Quality: Provide clinical excellence in clinical outcomes

- TFH and IVCH ED departments have started work and training on the pediatric readiness project. This is to ensure the ED has essential guidelines and resources in place to provide effective emergency care to children. It includes new policies, procedures, equipment and quality data collection for improvement. The project has many steps and should be finished by March 2023. It is part of the ED tier 2 for our Beta insurance premium reduction.

Growth: Meets the needs of the community

- The Trauma team was part of Truckee Police Bike Rodeo on June 18th. They represented the TFH Trauma Center, staff spoke about helmet safety. This is outreach to the community we must provide for our Level III certification.
- Plumas District Hospital in Quincy has had to divert OB patients till at least September 1, They estimated 20 moms during that time frame. The Plumas District Hospital CEO and MD have worked with the TFH OB physicians and Manager on transfer of care of these patients choosing to come to TFH. We are working on provider visits/labs and tours to minimize their trips to TFH. To date we have had 3 deliveries.



Board Informational Report

By: Jake Dorst
Chief Information and Innovation Officer

DATE: June 2022

Service: Optimize delivery model to achieve operational and clinical efficiency

Lab:

1. Testing is underway for the Point of Care Glucose interfaces that will send results directly into Epic. All users have now been added to the production environment. Go-live expected in early July.
2. We are close to the implementation of the new highly sensitive troponin test for cardiac patients. There has also been a lot of work done on this to make sure that Mercy is building the reflex test rules specifically for Tahoe Forest.
3. The new Coagulation instruments have been installed at both labs and we are working on the correlation testing. We have connectivity to the network at both labs.
4. Interface testing for the upgrade with Quest and Aurora Pathology reference labs for the next Epic upgrade scheduled for May 31st and in the week(s) following.
5. We are adding a panel to the Biofire PCR instrument that performs Covid testing. This allows for much more rapid result reporting than the standard culture workflow that is typically used in Microbiology and will provide more rapid diagnosis and treatment for GI patients.

Inpatient:

1. Large Extended Care Project on their NetSolutions EHR support and analytics.
2. Stroke Inpatient orders work project is underway.
3. Completed build/EDITS to Hypoglycemia flowsheet. Working on education/Implementation.
4. Completed EDITS to SEPSIS flowsheet – Will be in production on 6/29.
5. Working with TRAUMA team on improving order communication – Built/ADDED new smartlist/smartphrase to CT orders. Currently testing with DI team. Expected to be in production next week.
6. Starting build on new ASAP wrapper for Urgent Care project. 1st meeting scheduled for next week with build team.
7. BPA for fragility fracture completed throughout the district. GoLive is early July.
8. 2 two RN credentialed trainers for ClinDoc.
9. Large Epic Upgrade planning started for August Upgrade.
10. Successful in person Mercy visit from last week-strategic and business plan discussions.

AMB:

1. No current build projects completed this month.

2. Provider Efficiency Evaluations.
3. Pediatric Provider Reviews.
4. Working with Behavioral Health and the Wellness Neighborhood to create individual referrals.
5. MyChart Proxy review with MSC staff.

Surgery:

1. Replacement for EPIC Surgery IT specialist starting with Clinical IT team. Will get credentialed in Anesthesia and OptTime Epic modules starting in June.
2. Successful failover of Internet lines to main campus. Hospital relies on two separate links to the internet via distinct carriers. Should one carried drop service, TFHD can fail over to an alternate circuit. Caveat is called "The Last Mile" this is the portion of the circuit that connects both circuits from the junction box, typically located on a major street, to the facility itself.
3. Bake-Off with Privileged Access Management "PAM" providers in progress. PAM will provide us a mechanism to safeguard accounts with special access or capabilities beyond regular users. A bake-off will allow us to explore the capabilities of multiple vendors in a like production environment and assess capabilities and cost appropriate for TFHD prior to landing on a solution
4. Investing in cloud licensing for our Citrix environment. Citrix desktop is what we use to allow users to maintain a similar experience when logging on locally to any system in the hospital or remotely. Today's technology requires workstations and laptops to operate correctly. In order to reduce cost and complexity, TFHS I.T. is exploring the use of VDI (Virtual Desktop Infrastructure). If successful, TFHS will reduce costs drastically surrounding the purchase of PCs and, instead, move to thin client systems which are very inexpensive and easy to maintain. This strategy also advances our cyber efforts by centralizing Operating Systems onto server-based hardware
5. Active Directory Instance successfully migrated to cloud. The accomplishment will align to our strategy of maintaining a greater presence in the cloud to take advantage of advance technologies and maintain an offsite instance of key services in the event of a local outage or catastrophe. Testing in progress now for migrating user tools into the cloud (Microsoft Office, Outlook...etc).
6. Readout to Board on most recent HIPPA Audit results. Follow up and progress to be reported regularly

Project Management:

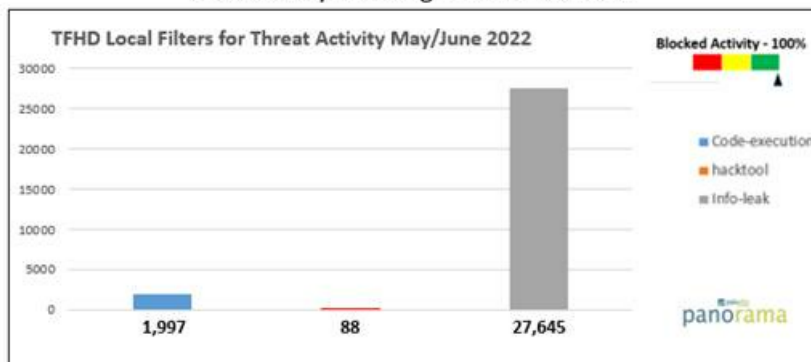
- Approved enterprise project portfolio, prioritized and scheduled
 1. Retail Rx software go live
 2. Mercy onsite visit, TFHD priorities presentation, Executive presentation, new features on roadmap
 3. Amitech Robotic Process Automation architecture and kickoff started
 4. New Occupational Health EMR contract signed, architecture design, preparing for July Kickoff
 5. Kickoff of EPIC Hyperdrive upgrade team

Email Security Report: 15 May – 13 June

Message Category	%	Messages
Stopped by IP Reputation Filtering	76.2%	1,151,058
Stopped by Domain Reputation Filtering	2.6%	39,090
Stopped as Invalid Recipients	0.3%	5,194
Spam Detected	1.8%	27,886
Virus Detected	0.0%	6
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.0%	115
Stopped by Content Filter	0.2%	2,942
Stopped by DMARC	1.0%	15,038
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	81.2%	1,226,293
Marketing Messages	5.6%	84,003
Social Networking Messages	0.1%	1,269
Bulk Messages	4.2%	62,845
Total Graymails:	9.8%	148,117
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	9.0%	136,551
Total Attempted Messages:		1,510,961

Panorama Firewall Threat Blocking Results:

Successfully Blocking Threat Execution



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

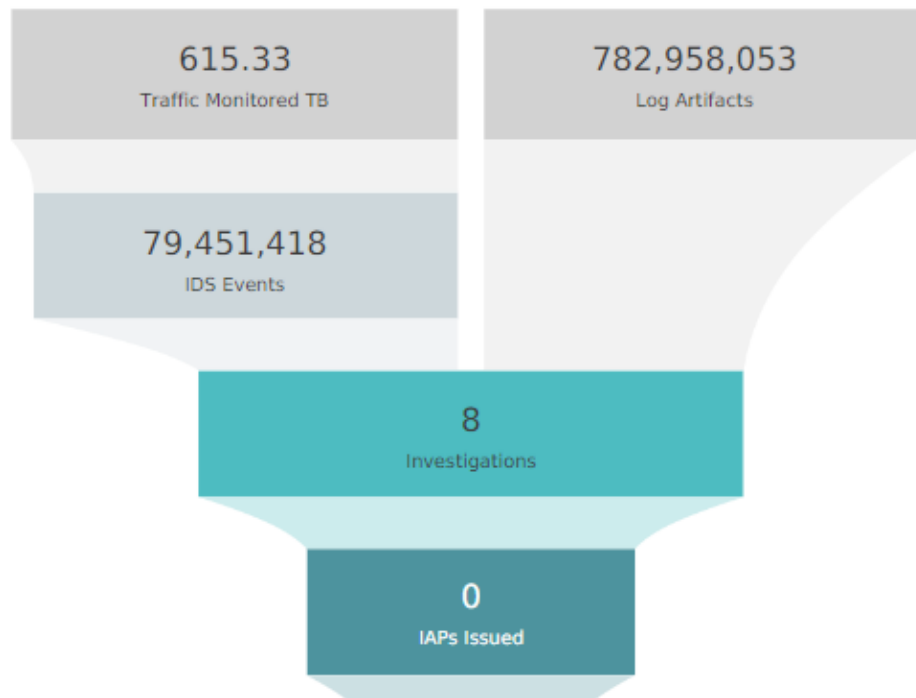
hacktool: riskware that is intended to provide access to computers and networks

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

Critical Insight Log Scanning:

Executive Summary

During May 2022, the Critical Insight service has been monitoring network traffic looking for indicators of compromise. Critical Insight uses a variety of intrusion detection signatures, reputation lists, and anomalous traffic identification methods.



IDS Events: Intrusion Detection System Events

IAP: Intrusion Alert Protocol activation



Board CMO Report

By: Gary R. Gray, D.O.
Interim Chief Medical Officer

DATE: June 23, 2022

People: Strengthen a highly-engaged culture that inspires teamwork

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

- We are actively recruiting for physicians and advanced practice professionals and have several active candidates in primary and urgent care. Our new physician recruiter will start this summer.

Build Trust

- We are planning SCOR survey debriefing sessions with physicians and advanced practice professionals to identify actionable areas for improvement, enhance trust, and support organizational improvement.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- Our Quality and Medical staff offices will be moving into the same building later this month, allowing for enhanced collaboration and improved ability to support our team.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- Training on the upgraded RLDatix, our event reporting system, is being rolled out this month. RLDatix allows proactive risk identification, enhances efficiency, and promotes a culture of patient safety.
- We underwent our BETA HEART validation survey last month and achieved validation in all five domains of HEART.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2022-12**

**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 23rd day of June, 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	14.5. Approve Revised Board Policies 14.6. Annual Approval of President & CEO Job Description
RESPONSIBLE PARTY	Board Executive Compensation Committee
ACTION REQUESTED?	For Board Approval
<p>BACKGROUND:</p> <p>The following are due for review by the Board of Directors:</p> <ul style="list-style-type: none"> -ABD-1 Chief Executive Officer Performance Evaluation -ABD-2 President & Chief Executive Officer Compensation -President & CEO Job Description 	
<p>SUMMARY/OBJECTIVES:</p> <p>The Board Executive Compensation Committee reviewed the policies at their June 14, 2022 meeting. Minor edits were made to both policies. A risk statement was added per <i>Policy & Procedure Structure and Approval, AGOV-9</i>.</p> <p>The Board Executive Compensation Committee also reviewed the President & CEO Job Description and had no proposed edits.</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-1 Chief Executive Officer Performance Evaluation • ABD-2 President & Chief Executive Officer Compensation • President & Chief Executive Officer Job Description 	

RISK:

Failure to conduct an annual performance evaluation may result in the President & Chief Executive Officer (CEO) not meeting the expectations of the Board of Directors.

POLICY:

A formal system of performance evaluation shall be established for the President & Chief Executive Officer (CEO) and shall be completed annually by the Board of Directors.

PURPOSE:

To establish a process or processes designed to ensure that the President & CEO is performing the duties to achieve Tahoe Forest Hospital District's Mission and Vision and are reflective of the organization's values.

It is the objective of the formal performance evaluation system:

- A. To reveal areas in which the President & CEO has opportunities for growth; and
- B. To optimize the performance of the President & CEO of the Tahoe Forest Hospital District.

PROCEDURE:

- A. The Board of Directors will set an initial meeting with the President & CEO on or around October 1 each year, at which time the President & CEO will present both a Succession Plan and an overview of opportunities and accomplishments of the prior fiscal year.
- B. The performance evaluation appraisal form will be distributed to the Board of Directors no later than November 1. Completed evaluations should be sent to General Counsel no later than November 15.
- C. The President & CEO 's performance will be formally reviewed by the full board no later than November 30 and will be documented through a written report by Counsel. Upon the board's approval, a formal letter will be presented to the President & CEO by two board members.
- D. At the time of the performance evaluation, an annual review of the President & CEO's Employment Agreement will also be conducted. The Board will have the option to extend the Employment Agreement.
- E. The Chief Human Resources Officer will review the job description of the President & CEO each year no later than November 30 and inform the President & CEO and Board of Directors of any recommended modifications.
- F. TFHD Board of Directors will provide ongoing feedback to the President & CEO relating to his/her performance.

RISK

Failure to follow this compensation policy may result in President & Chief Executive Officer (CEO) compensation that is unfair, inequitable and not competitive. Compensation could also be paid outside of best market practices.

PURPOSE

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

POLICY

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

PROCEDURE

A. Total Compensation

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

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

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

B. Target

The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results. ~~The 50th percentile of current pay practices will be targeted to establish base compensation.~~ "At Risk" compensation and other rewards will be targeted at above industry standards to offset base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.

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

C. Other factors

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

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

D. Incentive Compensation

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

Tahoe Forest Health System – Job Description

Job Title:	President & CEO	Job Number:	0001001		
Department:	Administration	Reports To:	BOD		
Bargaining Unit:	Non-Represented	Benefit Group:	Chief		
Codes:	FLSA: Exempt	EEO:	0	Finance Code	0
Prepared by:	Director, Human Resources	Date:	06/05/2002		
Revised by:	Board Executive Compensation Committee	Date:	06/23/2021		
Approved by:	Board of Directors	Date:	07/22/2021		

SUMMARY:

Directs all functions of the District to achieve the mission and vision of the organization in accordance with the overall policies established by the Board of Directors, and in compliance with regulatory guidelines, in order that the strategic objectives of the hospital can be attained; provides leadership and direction in ensuring the efficient, economical, effective utilization of hospital resources to meet the identified needs of the service region through quality medical and health service programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES: include the following:

Assists, counsels, and advises the Board of Directors on the establishment of District policies; acts as agent of the Board in carrying out such policies.

Recommends District policy positions regarding legislation, government, administrative operation and other matters of public policy as required.

Assists the Board of Directors in effectively fulfilling their responsibilities by keeping the Board informed, on a monthly basis, of the operating results of the District; compares monthly operations to Board approved plans and budgets explaining variances that may arise.

Assists and advises the Board with respect to public District authority and changes in state statutory guidelines and requirements.

Develops appropriate strategic and annual operating plans that document the long and short-term goals and objectives of the District.

Actively pursues and supports the appraisals and development of new programs which could benefit the long-range success and survival of the District.

Establishes concise reporting relationships for all positions and departments in the District. Establishes methods which will foster the achievement of District goals and objectives and support the efficiency and effectiveness of all operations through proper communication and coordination.

Coordinates all operations with the medical staff, its committee structure and its leadership; demonstrates a proactive and positive relationship with the medical staff.

Ensures a consistency of purpose and mutuality of interest between the operations and bylaws of the medical staff and the policies and bylaws of the District.

Develops and maintains Quality Improvement and Process Improvement programs designed to enhance quality and customer satisfaction.

Establishes operating policies and procedures for all departments, delegating specific responsibility for documentation, monitoring, compliance, and reporting or results to subordinates, as required.

Tahoe Forest Health System – Job Description

Establishes and maintains a comprehensive budgeting program for the District. This program includes an appropriate consideration of operational, financial and statistical information needed to efficiently and effectively control all District operations.

Consistently generates sufficient net income to meet established financial goals.

Develops strong marketing and public relations programs.

Ensures the competitive viability and continuance of the hospital marketing plan in the marketplace.

Through various marketing techniques, encourages the development of services which promote District growth and expanded potential constituencies.

Ensures the coordination of Auxiliary and Foundation bylaws and operations with the bylaws and operations of the District.

Establishes a proper, consistent image of the District and its operations.

Personally represents the District to a variety of individuals, community groups, and health industry organizations.

Maintains active professional contacts through local, state and national associations in order to effectively network, as required.

Actively participates in outside programs and community affairs in order to represent the District, as appropriate.

Demonstrates the ability to effectively represent the District at national, state and local meetings, conferences and conventions, as required.

Remains current with national and local issues affecting District administration and their potential impact on the District; serves as a well-informed advisor to the Board of Directors.

Demonstrates System Values in performance and behavior.

Complies with System policies and procedures.

Other duties as may be assigned.

QUALIFICATIONS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. *Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

SUPERVISORY RESPONSIBILITIES:

Carries out supervisory responsibility in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring and training employees; planning, assigning and direction work; appraising performance, rewarding and disciplining employees; addressing complaints and resolving problems.

EDUCATION AND EXPERIENCE:

Bachelor's degree required. Master's degree in Hospital Administration (MHA) or Business Administration (MBA) or related field or Doctoral degree (Ph.D.) preferred. Minimum of five years experience in Health Care Administration.

Tahoe Forest Health System – Job Description

LICENSES, CERTIFICATIONS:

Required: Valid driver's license

Preferred: None

OTHER EXPERIENCE/QUALIFICATIONS:

Current membership in professional organization preferred (e.g. H.F.M.A., A.C.H.E.).

COMPUTER/BUSINESS SKILLS:

Ability to use office machines. Demonstrated ability to use word processing and other Microsoft Office programs.

LANGUAGE SKILLS:

Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints. Ability to write speeches and articles using original or innovative techniques or style. Ability to make effective and persuasive speeches and presentations on controversial or complex topics to top management, public groups, and/or boards of directors.

MATHEMATICAL SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

PURPOSE OF CONTACTS:

The purpose is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Work at this level involves active participation in conferences, meetings, hearings or presentations involving problems or issues of considerable consequence or importance.

REASONING SKILLS:

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

Reference physical job description template 1

I have read and received a copy of this job description:

Print Name

Signature

Date

DRAFT FY2023 President & CEO Incentive Compensation Criteria

Finance – 53%

Meet or exceed budgeted net income* as approved by the Board for FY23.

**Refer to “Excess Revenue(Expense)” line in the budget.*

***The Board has the discretion to pay out Service, Quality, Growth, and People incentives even if this finance goal is not fully met.*

Service – 12%

Meet or exceed an average 94.2 Press Ganey Patient Satisfaction score.

Quality – 12%

Meet or exceed 98.20% roll-up of the following quality measurements: SEP-1 (Early Management Bundle, Severe Sepsis/Septic Shock), EDTC ALL (Emergency Department Transfer Communication ALL), PC-01 (Early Elective Delivery), CLASS I SSI (Class I Surgical Site Infection Rate), Class I SSI for Joint Replacement (Class 1 Surgical Site Infection Rate for Total Knee and Hip Replacement), Medicare Readmission Rate (Inpatient Readmission) and C. DIFF. (Rate of Hospital Onset C. Diff.).

Growth – 10%

Meet or exceed annual actual physician office visits total as of June 30, 2022 for all owned or managed physicians.

People – 13%

Meet or exceed the 90th percentile in the engagement category from the employee Press Ganey engagement survey.