



TAHOE FOREST HOSPITAL DISTRICT

# 2022-07-28 Regular Meeting of the Board of Directors

Thursday, July 28, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 28, 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/85822074761>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 858 2207 4761



Meeting Book - 2022-07-28 Regular Meeting of the Board of Directors

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TAHOE  
FOREST  
HOSPITAL  
DISTRICT

## REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, July 28, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 28, 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/85822074761>

**Or join by phone:**

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 858 2207 4761

Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto: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: Second Quarter 2022 Corporate Compliance Report*

*Number of items: One (1)*

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

*Subject Matter: Third & Fourth Quarter Fiscal Year 2022 Patient Safety & Risk Summary*

*Number of items: One (1)*

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

*Subject Matter: Third & Fourth Quarter Fiscal Year 2022 Disclosure Summary Report*

*Number of items: One (1)*

#### 5.4. Liability Claim (Gov. Code § 54956.95)◆

*Claimant: Name withheld under Gov. Code § 54961(b)*

*Claim Against: Tahoe Forest Hospital District*

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

*Subject Matter: 2020-2021 Claims Summary Report*

*Number of items: One (1)*

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

*6/23/2022 Regular Meeting*

**5.7. 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.** Tahoe Forest Health System awarded grant funding to improve behavioral health infrastructure

**12.2.** Tahoe Forest Hospital Long Term Care Center recognized as a 5-star facility

**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:*

*Privilege Approval, with changes:*

- *Pediatrics – Add Developmental/Behavioral Pediatrics*
- *Psychology – Add Neuropsychologist*

*Policy Approval, with changes:*

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

**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**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**July 28, 2022 AGENDA – Continued**

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14.1.1. 06/23/2022 Special Meeting ..... ATTACHMENT

14.1.2. 06/23/2022 Regular Meeting ..... ATTACHMENT

**14.2. Financial Reports**

14.2.1. Financial Report – June 2022 ..... ATTACHMENT

**14.3. Board Reports**

14.3.1. President & CEO Board Report ..... ATTACHMENT

14.3.2. COO Board Report ..... ATTACHMENT

14.3.3. CNO Board Report ..... ATTACHMENT

14.3.4. CIIO Board Report ..... ATTACHMENT

14.3.5. CMO Board Report ..... ATTACHMENT

14.3.6. CHRO Board Report ..... ATTACHMENT

**14.4. Approve Resolution for Continued Remote Teleconference Meetings**

14.4.1. Resolution 2022-13 ..... ATTACHMENT

**14.5. Approve quarterly compliance report**

14.5.1. Second Quarter 2022 Corporate Compliance Report ..... ATTACHMENT

**15. ITEMS FOR BOARD DISCUSSION**

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

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

**15.2. Investment Portfolio Update** ..... ATTACHMENT

The Board of Directors will receive an investment portfolio update from Chandler Asset Management.

**16. ITEMS FOR BOARD ACTION ♦**

**16.1. Resolution 2022-14** ♦ ..... ATTACHMENT\*

The Board of Directors will review and consider for approval a resolution setting the Tax Rate per \$100,000 of Assessed Value for the 2022-23 Fiscal Year for the debt service requirement of the District’s General Obligation (GO) Bonds.

**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 August 25, 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](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**July 28, 2022 AGENDA – Continued**

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



**FOR IMMEDIATE RELEASE**

July 13, 2022

Contact: Paige Nebeker Thomason  
Director of Marketing and Communications, TFHS

[pthomason@tfhd.com](mailto:pthomason@tfhd.com)

530.582.6290

**Tahoe Forest Health System Awarded More Than \$2 Million in Grant Funding  
to Improve Behavioral Health Infrastructure**

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

**(Tahoe/Truckee, Calif.)** – Tahoe Forest Health System announces the awarding of \$2,348,023 in grant funding for projects that support behavioral health infrastructure, giving the Health System new opportunities to address gaps in care and create sustainable improvements that better serve our community.

The award was delivered through the Department of Health Care Services' (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP) Round 3: Launch Ready grants.

"We are honored to be among the 46 award recipients for the State's BHCIP Round 3: Launch Ready Grant" said Harry Weis, President & CEO, Tahoe Forest Health System. "This funding effort will allow us to expand our facilities that support the behavioral health continuum of care in order to meet the growing demand for services in our rural community."

This is the third of six rounds of the \$2.2 billion BHCIP funding provided by the Legislature and the Governor, to construct, acquire, and expand behavioral health facilities. BHCIP is part of a broader commitment by the California Health & Human Services Agency (CalHHS) to improve the state's behavioral health and long-term care continuum infrastructure.

For information about the behavioral health services offered at Tahoe Forest Health System, visit [www.tfhd.com/behavioral-health-services](http://www.tfhd.com/behavioral-health-services).

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**About Tahoe Forest Health System**

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





**FOR IMMEDIATE RELEASE**

July 13, 2022

Contact: Paige Nebeker Thomason  
Director of Marketing and Communications, TFHS

[pthomason@tfhd.com](mailto:pthomason@tfhd.com)

530.582.6290

## **Tahoe Forest Hospital Long Term Care Center Recognized as a 5-Star Facility**

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

**(Tahoe/Truckee, Calif.)** – The Tahoe Forest Hospital Long Term Care Center has earned a 5-Star rating for nursing homes by the Centers for Medicare & Medicaid Services (CMS). The overall rating is based on a nursing home's performance on 3 sources: health inspections, quality measures, and staffing.

“Our team has worked diligently these past years to elevate the care at our Long Term Care Center,” said Harry Weis, President & CEO, Tahoe Forest Health System. “This 5-star recognition by the CMS demonstrates our continuing commitment to providing high quality, comfortable care to our long-term care residents and support for their families.”

Providing 24-hour care, the Long Term Care Center offers 37 beds and is a Medicare and Medi-Cal certified facility. Residents of the Center have access to all hospital facilities and services, 24 hours a day.

To learn more about the Long Term Care Center’s philosophy of care and the services offered, visit [www.tfhd.com/long-term-care-center](http://www.tfhd.com/long-term-care-center).

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

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

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Jonathan Laine, MD Chief of Staff
<b>ACTION REQUESTED</b>	For Board Action
<p><b>BACKGROUND:</b> During the July 21, 2022 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the July 28, 2022 meeting.</p>	
<p><u>Privilege Approval, with changes:</u></p> <ul style="list-style-type: none"> <li>• Pediatrics – Add Developmental/Behavioral Pediatrics</li> <li>• Psychology – Add Neuropsychologist</li> </ul> <p><u>Policy Approval, with changes</u></p> <ul style="list-style-type: none"> <li>• Quality Assessment/ Performance Improvement (QA/PI) Plan, AQPI-05</li> </ul>	
<p><b>SUGGESTED DISCUSSION POINTS:</b> None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

**SPECIALTY:** PEDIATRICS

**NAME:** \_\_\_\_\_

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

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

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in pediatrics.
<b>Board Certification:</b>	Board qualification required. Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics within five years of completion of training program.
<b>Required Training/ Experience:</b> (required for new applicants)	Documentation of recent clinical experience is defined as having performed at least 25 clinical consultations in the past 24 months and the performance of at least 10 pediatric procedures in the past 24 months or must demonstrate successful participation in a hospital affiliated formalized residency or special clinical fellowship within past 24 months. If training has been completed within the last 5 years; documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago; documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate chair from another hospital(s) where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a pediatrician.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Current certification in NRP required (submit copy of certification)</li> <li>• Current PALS &amp; ACLS preferred but not required.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the (NV).</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

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

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

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested.  
**NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.  
Tahoe Forest Hospital District  
Department of OB/PEDS  
Page 1 of 5

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

(R )	(A)	<b>CORE PRIVILEGES - PEDIATRICS</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine privileges			N/A	Data sent from UC Davis
<input type="checkbox"/>	<input type="checkbox"/>	<b>CORE PEDIATRICS:</b> Admission, diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative and post operative care of children including consultations to patients between the ages of birth and 18 years and for those older requiring special needs. The privileges also include: <ul style="list-style-type: none"> <li>• Application of casts and splints</li> <li>• Assist at general surgery</li> <li>• Attendance at c-sections (TFHD)</li> <li>• Care of preterm birth (TFHD)</li> <li>• Central line placement</li> <li>• Circumcision (neonate) (TFHD)</li> <li>• EKG reading</li> <li>• Exchange transfusion</li> <li>• Incision and drainage</li> <li>• Intubation</li> <li>• Intra osseus Needle insertion</li> <li>• Lumbar puncture</li> <li>• Neonatal resuscitation (TFHD)</li> <li>• Pediatric resuscitation</li> <li>• Peripheral IV lines</li> <li>• Repair simple laceration</li> <li>• Simple fractures and dislocations</li> <li>• Spinal tap</li> <li>• Suprapubic bladder puncture</li> <li>• Umbilical line placement (TFHD)</li> <li>• Venous cut down</li> <li>• Lingual frenectomy</li> </ul>	_____	INPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>CORE PEDIATRICS: OUTPATIENT</b> Diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative care of children including consultations to patients between the ages of birth and 21 years and for those older requiring special needs. The privileges also include: <ul style="list-style-type: none"> <li>• Application of casts and splints</li> <li>• Bladder catheterizations</li> <li>• Care of preterm birth (TFHD)</li> <li>• Central line placement</li> <li>• Circumcision (neonate) (TFHD)</li> <li>• EKG reading</li> <li>• IM injections and immunizations</li> <li>• Incision and drainage of abscess</li> <li>• Intra osseus Needle insertion</li> <li>• Neonatal resuscitation in an emergency</li> <li>• Pediatric resuscitation in an emergency</li> <li>• Peripheral IV lines</li> <li>• Removal of foreign body</li> <li>• Removal of skin lesion/wart removal</li> <li>• Repair simple laceration</li> <li>• Suprapubic bladder puncture</li> <li>• Lingual frenectomy</li> </ul>	_____	OUTPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years

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**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

	<p><b>CORE PRIVILEGES IN DEVELOPMENTAL-BEHAVIORAL PEDIATRICS</b></p> <p><u>Minimal formal training:</u>  <i>Successful completion of an ACGME- or American Osteopathic Association (AOA)-accredited residency in pediatrics, followed by an ACGME-accredited fellowship in developmental-behavioral pediatrics, and/or current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to ABP subspecialty certification in developmental-behavioral pediatrics.</i></p> <p><u>Required current experience:</u>  <i>The applicant must have provided developmental-behavioral pediatric inpatient or consultative services for at least 50 patients, reflective of the scope of privileges requested, in the past 12 months, or successfully completed an ACGME-accredited fellowship within the past 12 months.</i></p> <p>Core privileges in developmental-behavioral pediatrics include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients from infancy through adolescence with developmental difficulties and problematic behaviors. In addition, physicians may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>Core procedures are activities or procedures that the majority of practitioners in this specialty perform. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Assessment of behavioral adjustment and temperament</li> <li>• Behavioral screening and surveillance techniques</li> <li>• Developmental screening and surveillance techniques</li> <li>• Interviewing and assessment of family history and functioning</li> <li>• Neurodevelopmental assessment</li> <li>• Psychiatric interviewing and diagnosis</li> <li>• Patient management skills, including but not limited to anticipatory guidance, behavioral treatment methods, developmental interventions, individual and family counseling, and psychopharmacotherapy</li> </ul>	<p>Estimate # of procedures performed in the past 24 months</p> <p>_____</p>		<p>5 representative cases</p>	<p>Reappointment To be eligible to renew privileges in developmental-behavioral pediatrics, the applicant must demonstrate competence and an adequate volume of experience (100 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months</p>
<input type="checkbox"/>	<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				
<input type="checkbox"/>	<p><b>I attest I am currently certified as noted below and agree to provide proof of current certification with my request for privileges:</b></p> <p><input type="checkbox"/> <b>NRP Certified</b></p>				
	<p style="text-align: center;"><b>SELECTED PROCEDURES</b>  <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b></p>	<p>Estimate # of procedures performed in the past 24 months</p>	<p>Setting</p>	<p>Proctoring</p>	<p>Reappointment Criteria</p>
<input type="checkbox"/>	<p><b>INTRAVENOUS PROCEDURAL SEDATION: (IVPS)</b>  (refer to outlined criteria under separate cover)</p>	<p>N/A</p>	<p>INPATIENT  OUTPATIENT</p>	<p>Take and pass the test</p>	<p>Take and pass the test</p>
<input type="checkbox"/>	<p><b>EZ IO:</b>  (Meet with Clinical Resource Nurse to complete instruction and return demonstration)</p>	<p>N/A</p>	<p>INPATIENT  OUTPATIENT</p>	<p>Take and pass the test</p>	<p>Maintain privileges requiring this procedure</p>

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

<input type="checkbox"/>	<input type="checkbox"/>	<b>GASTRIC OCCULT TESTING</b>	_____	TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the OB/PEDS Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>FLUORIDE APPLICATION</b> (Completion of education provided by pediatric dentist in the patient selection for and application of fluoride)		TFH OUTPATIENT	Completion of education	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>TONGUE TIE CLIPPING</b>	_____	TFH OUTPATIENT	1 cases observed	Maintain privileges requiring this procedure.
<input type="checkbox"/>	<input type="checkbox"/>	<b>PEDIATRIC PULMONOLOGY:</b>  Provide consultation services to children presenting with conditions, injuries and diseases of the organ of the thorax or chest; lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system.  Current certification or action participation in the certification process leading to certification in Pediatrics with special qualifications in Pediatric Pulmonology by the American Board of Pediatrics.	N/A	INPATIENT OUTPATIENT	5 cases	Physician must be able to show current demonstrated competence and adequate volume of experience in Pulmonology reflective of the scope of privileges in the last 24 months.
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

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

\_\_\_\_\_  
DATE APPLICANT SIGNATURE

**DEPARTMENT CHAIR REVIEW**

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

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

\_\_\_\_\_  
DATE DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

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

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

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

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

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

Modifications or Other Comments:

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Department Review Dates: 1/07, 1/11, 5/11, 3/12, 2013, 3/14, 5/15; 5/16, 5/19  
Medical Executive Committee: 2/21/07; 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16, 6/19  
Board of Directors: 2/27/07, 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16, 6/19

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

**SPECIALTY:** CLINICAL PSYCHOLOGY, PhD, PsyD    **NAME:** \_\_\_\_\_  
Please print

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

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

<b>Basic Education, Training, Licensure, and Experience</b>	<ul style="list-style-type: none"> <li>• PhD or PsyD – Licensed by the California Board of Psychology and/or the Nevada State Board of Medical Examiners</li> <li>• Successful completion of an American Psychological Association (APA) accredited program or regionally accredited training program. The dissertation must be primarily psychological in nature.</li> <li>• <u>Must have provided inpatient, outpatient, or consultative services to at least 30 patients during the past 12 months.</u></li> <li>• <u>Neuropsychology: Must also have the equivalent of two (full-time years) of experience and specialized training, at least one of which is at the post doctorate level, in the study and practice of clinical neuropsychology and related neurosciences, supervised by a clinical neuropsychologist, or</u> <ul style="list-style-type: none"> <li>• <u>For persons receiving their doctoral degree between 1/1/90 and 1/1/05: The equivalent of three years of experience in the specialty area of neuropsychology, met by:</u> <ul style="list-style-type: none"> <li>• <u>Three years of experience, only one of which can be predoctoral</u></li> </ul> </li> </ul> </li> <li><u>OR</u></li> <li>• <u>One year of pre- or postdoctoral experience and successful completion of an accredited postdoctoral program in the specialty of Neuropsychology</u></li> <li><u>AND</u></li> <li>• <u>Two years of supervision in the practice of the specialty of neuropsychology, met by:</u> <ul style="list-style-type: none"> <li>• <u>Two years of postdoctoral supervision</u></li> </ul> </li> <li><u>OR</u></li> <li>• <u>One year of predoctoral and one year of postdoctoral supervision</u></li> <li><u>OR</u></li> <li>• <u>Successful completion of an accredited postdoctoral program in the specialty</u></li> <li><u>AND</u></li> <li>• <u>Training and experience in basic neurosciences, functional neuroanatomy, neuropathology, clinical neurology, psychological assessment, clinical neuropsychological assessment, psychopathology, and psychological intervention</u></li> <li>• <u>Hypnotherapy: Initial applicants must qualify for an be granted core privileges as a clinical psychologist</u></li> <li><u>AND</u></li> <li>• <u>Evidence of satisfactory completion of an American Council of Hypnotist Examiners (ACHE) approved training program in the practice of hypnosis</u></li> </ul>
<b>Certification:</b>	If held, certification by the State for involuntary holds.
<b>Clinical Competency References (3):</b> (required for new applicants)	At least one peer reference must have the same licensure and be familiar with your work and current professional status; and at least one clinical reference from a physician with whom the applicants have worked and/or been employed. Medical Staff Office will request letters of reference.

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## TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine

Name: \_\_\_\_\_

<b>Proctoring/Evaluation:</b>	See "Proctoring New Applicant" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"><li>• Malpractice insurance in the amount of \$1m/\$3m</li><li>• Ability to participate in federally funded program (Medicare or Medicaid)</li></ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence. Any practitioners who hold the following privileges prior to the revision date are grandfathered for those privileges; however, all practitioners must meet any new criteria defined for maintaining privileges if applicable (at reappointment).

## TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine

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**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number patients seen/treated during the past 24 months.

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

(R)	(A)	<b>GENERAL PRIVILEGES – CLINICAL PSYCHOLOGY</b>	Estimate # of patients seen in last 24 months	Setting	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Does NOT include hospital admitting privileges  <b>Basic privileges include ability to diagnose, provide treatment and/or consult for patients with mental, behavioral or emotional disorders at the request of the attending medical staff member for one or more of the following:</b>  <ul style="list-style-type: none"> <li>• Conduct psychological testing and diagnostic procedures</li> <li>• Provide psychological evaluation and treatment</li> <li>• Provide emotional or mental health counseling</li> <li>• Provide psychotherapy</li> <li>• Behavior modification</li> <li>• Hypnotherapy</li> </ul>	_____	TFH or IVCH	5 cases	Actively seeing patients in hospital setting with acceptable competency evaluation
<b>(R)</b>	<b>(A)</b>	<b>Neuropsychology</b>	<b>Estimate # of patients seen in last 24 months</b>	<b>Setting</b>	<b>Proctoring New applicants</b>	<b>Reappointment Criteria</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Non-Core Neuropsychology</b> Diagnosis, evaluation, treatment, and consultation for patients with neurological, medical, neurodevelopmental, and psychiatric conditions, and other cognitive and learning disorders, consistent with the legal definitions of the practice of psychological examination	_____		New applicants: Demonstrate competence and evidence of the performance of at least 30 neuropsychological testing procedures in the past 12 months OR Completion of training in the past 12 months	The performance of at least 60 neuropsychological testing procedures in the past 24 months.
		Neuropsychology assessment, including specialized techniques and examinations				
		Neuropsychology intervention techniques				
		Assessment of neurocognitive functions for formulation of rehabilitation and management strategies for patients with neurological disorders				
		Neurocognitive monitoring of recovery or progression of CNS disorders				
		Consultation and treatment planning				
		Write progress notes within the scope of their license and assigned treatment responsibility				
<b>(R)</b>	<b>(A)</b>	<b>Hypnotherapy</b>	<b>Estimate #</b>	<b>Setting</b>	<b>Proctoring</b>	<b>Reappointment</b>

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**TAHOE FOREST HOSPITAL DISTRICT**

Department of Medicine

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			of patients seen in last 24 months		New applicants	Criteria
		Hypnotherapy			Demonstrate current competence and evidence of the performance of at least 30 hypnotherapy procedures in the past 12 months OR Completion of training in the past 12 months	Performance of at least 60 hypnotherapy procedures in the past 24 months
<input type="checkbox"/>		REMOVAL FROM BASIC PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of basic privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____				
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Assessment/determination for involuntary hold</b> Requires contract with County and holds certification	_____	TFH IVCH		Utilization of privilege in previous two years
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

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

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

## TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine

Name: \_\_\_\_\_

### DEPARTMENT CHAIR REVIEW

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

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

\_\_\_\_\_

Department Chair Signature

Modifications or Other Comments:

### INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)

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

\_\_\_\_\_

IDPC Chair/Designee Signature

Modifications or Other Comments:

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

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

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

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

Department Review Dates:  
IDPC Review Dates: 3/6/2007  
Medical Executive Committee: 3/21/2007  
Board of Directors: 3/27/2007

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

## RISK:

Organizations who respond reactively, instead of proactively, to unanticipated adverse events and/or outcomes lack the ability to mitigate organizational risks by reducing or eliminating contributing factors. This is a risk for low quality care and poor patient outcomes.

## Policy:

The Quality Assessment/Performance Improvement (QA/PI) plan is to provide a framework for promoting and sustaining performance improvement at Tahoe Forest Health System, in order to improve the quality of care and enhance organizational performance. An effective plan will proactively mitigate organizational risks by eliminating, or reducing factors that contribute to unanticipated adverse events and/or outcomes, in order to provide the highest quality care and service experience for our patients and customers. This will be accomplished through the support and involvement of the Board of Directors, Administration, Medical Staff, Management, and employees, in an environment that fosters collaboration and mutual respect. This collaborative approach supports innovation, data management, performance improvement, proactive risk assessment, commitment to customer satisfaction, and High Reliability principles to promote and improve awareness of patient safety. Tahoe Forest Health System has an established mission, vision, values statement, and utilizes a foundation of excellence model, which are utilized to guide all improvement activities.

## MISSION STATEMENT

The mission of Tahoe Forest Health System is *“We exist to make a difference in the health of our communities through excellence and compassion in all we do.”*

## VISION STATEMENT

The vision of Tahoe Forest Health System is *“To serve our region by striving to be the best mountain health system in the nation.”*

## VALUES STATEMENT

Our vision and mission is supported by our values. These include:

- A. Quality – holding ourselves to the highest standards and having personal integrity in all we do.
- B. Understanding – being aware of the concerns of others, caring for and respecting each other as we interact.
- C. Excellence – doing things right the first time, on time, every time; and being accountable and responsible.
- D. Stewardship – being a community steward in the care, handling and responsible management of resources while providing quality health care.
- E. Teamwork – looking out for those we work with, finding ways to support each other in the jobs we do.

# FOUNDATIONS OF EXCELLENCE

- A. Our foundation of excellence includes: Quality, Service, People, Finance and Growth.
1. Quality – provide excellence in clinical outcomes
  2. Service – best place to be cared for
  3. People – best place to work, practice, and volunteer
  4. Finance – provide superior financial performance
  5. Growth – meet the needs of the community

## PERFORMANCE IMPROVEMENT INITIATIVES

- A. The 2022 performance improvement priorities are based on the principles of STEEEP™, (Safe, Timely, Effective, Efficient, Equitable, Patient Centered Care) and the Quadruple Aim:
1. Improving the patient experience of care (including quality and satisfaction);
  2. Improving the health of populations;
  3. Reducing the per capita cost of health care;
  4. Staff engagement and joy in work.
- B. Priorities identified include:
1. Exceed national benchmark with quality of care and patient satisfaction metric results with a focus on process improvement and performance excellence
    - a. Striving for the Perfect Care Experience
    - b. Identify and promote best practice and evidence-based medicine
    - c. Focus on CMS quality star rating improvements, within the 7 measure groups, that fall below benchmark
  2. Continued focus on quality and patient/employee safety during the pandemic, following CDC, State, and County Health guidelines, and utilizing the following strategies:
    - a. Strengthen the system and environment
    - b. Support patient, family, and community engagement and empowerment
    - c. Improve clinical care
    - d. Reduce harm
    - e. Boost and expand the learning system
  3. Ongoing survey readiness, and compliance with federal and state regulations, resulting in a successful triennial General Acute Care Hospital Relicensing (GACHLRS) survey
  4. Sustain a culture of safety, transparency, accountability, and system improvement
    - a. Continued participation in Beta HEART (Healing, Empathy, Accountability, Resolution, Trust) program
    - b. Conduct annual Culture of Safety SCORE (Safety, Culture, Operational, Reliability, and Engagement) survey
    - c. Continued focus on the importance of event reporting
  5. Focus on our culture of safety, across the entire Health System, utilizing High Reliability Organizational thinking
    - a. Proactive, not reactive
    - b. Focus on building a strong, resilient system
    - c. Understand vulnerabilities
    - d. Recognize bias
    - e. Efficient resource management
    - f. Evaluate system based on risk, not rules
  6. Emphasis on achieving highly reliable health care through the following:
    - a. A commitment to the goal of zero harm
    - b. A safety culture, which ensures employees are comfortable reporting errors without fear of retaliation

- c. Incorporate highly effective process improvement tools and methodologies into our work flows
  - 7. Ensure that everyone is accountable for safety and qualitySupport Patient and Family Centered Care and the Patient and Family Advisory Council
    - a. Dignity and Respect: Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
    - b. Information Sharing: Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
    - c. Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
    - d. Collaboration: Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.
  - 8. Event reporting platform upgrade with a focus on creating a best practice user-friendly system that promotes reporting.
  - 9. Promote lean principles to improve processes, reduce waste, and eliminate inefficiencies
  - 10. Identify gaps in the Epic electronic health record system upgrade and develop plans of correction
  - 11. Maximize Epic reporting functionality to improve data capture and identification of areas for improvement
- C. Tahoe Forest Health System's vision will be achieved through these strategic priorities and performance improvement initiatives. Each strategic priority is driven by leadership oversight and teams developed to ensure improvement and implementation (Attachment A -- Quality Initiatives).

## ORGANIZATION FRAMEWORK

Processes cross many departmental boundaries and performance improvement requires a planned, collaborative effort between all departments, services, and external partners, including third-party payors and other physician groups. Though the responsibilities of this plan are delineated according to common groups, it is recognized that true process improvement and positive outcomes occur only when each individual works cooperatively and collaboratively to achieve improvement.

### Governing Board

- A. The Board of Directors (BOD) of Tahoe Forest Health System has the ultimate responsibility for the quality of care and services provided throughout the system Attachment B – CAH Services). The BOD assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Health System activities.
- B. The Board:
  - 1. Delegates the authority for developing, implementing, and maintaining performance improvement activities to Administration, Medical Staff, Management, and employees;
  - 2. Responsible for determining, implementing, and monitoring policies governing the Critical Access Hospital (CAH) and Rural Health Clinic (RHC) total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment (CMS 485.627(a))
  - 3. Recognizes that performance improvement is a continuous, never-ending process, and therefore they will provide the necessary resources to carry out this philosophy;
  - 4. Provides direction for the organization’s improvement activities through the development of strategic initiatives;
  - 5. Evaluates the organization’s effectiveness in improving quality through reports from Administration, Department Directors, Medical Executive Committee, and Medical Staff

## **Administrative Council**

- A. Administrative Council creates an environment that promotes the attainment of quality and process improvement through the safe delivery of patient care, quality outcomes, and patient satisfaction. The Administrative Council sets expectations, develops plans, and manages processes to measure, assess, and improve the quality of the Health System's governance, management, clinical and support activities.
- B. Administrative Council ensures that clinical contracts contain quality performance indicators to measure the level of care and service provided.
- C. Administrative Council has developed a culture of safety by embracing High Reliability tenets and has set behavior expectations for providing Safe, Timely, Effective, Efficient, Equitable, Patient Centered Care (STEEEP™), supporting Triple Aim, and ensures compliance with regulatory, statutory, and contractual requirements.

## **Board Quality Committee**

The Board Quality Committee is to provide oversight for the Health System QA/PI Plan and set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization. The committee will monitor the improvement of care, treatment and services to ensure that it is safe, timely, effective, efficient, equitable and patient-centered. They will oversee and be accountable for the organization's participation and performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities. The committee will assure the development and implementation of ongoing education focusing on service and performance excellence, risk-reduction/safety enhancement, and healthcare outcomes. The Medical Director of Quality, and the Chief Medical Officer, are members of the Board of Director's Quality Committee.

## **Medical Executive Committee**

- A. The Medical Executive Committee shares responsibility with the BOD Quality Committee, and the Administrative Council, for the ongoing quality of care and services provided within the Health System.
- B. The Medical Executive Committee provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the medical performance of all individuals with delineated clinical privileges. These mechanisms function under the purview of the Medical Staff Peer Review Process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.
- C. The Medical Executive Committee delegates the oversight authority for performance improvement activity monitoring, assessment, and evaluation of patient care services provided throughout the system to the Medical Staff Quality Committee (MS QAC).

## **Department Chairs of the Medical Staff**

- A. The Department Chairs:
  - 1. Provide a communications channel to the Medical Executive Committee;
  - 2. Monitor Ongoing Professional Performance Evaluation (OPPE) and Focused Professional Performance Evaluation (FPPE) and make recommendations regarding reappointment based on data regarding quality of care;
  - 3. Maintain all duties outlined by appropriate accrediting bodies.

## **Medical Staff**

- A. The Medical Staff is expected to participate and support performance improvement activities.
- B. The Medical Staff provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated clinical privileges. These mechanisms are under the purview of the Medical Staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and



important problems in patient care or safety are identified and resolved. Annually, the Departments will determine critical indicators/performance measures consistent with strategic and performance improvement priorities and guidelines.

- C. The Medical Director of Quality provides physician leadership that creates a vision and direction for clinical quality and patient safety throughout the Health System. The Director, in conjunction with the Medical Staff and Health System leaders, directs and coordinates quality, patient safety, and performance improvement initiatives to enhance the quality of care provided to our patients. The Director communicates patient safety, best practices, and process improvement activities to the Medical Staff and engages them in improvement activities. The Director chairs the Medical Staff Quality Committee.

## **Hospital Management (Directors, Managers, and Supervisors)**

- A. Management is responsible for ongoing performance improvement activities in their departments and for supporting teams chartered by the Medical Staff Quality Committee. Many of these activities will interface with other departments and the Medical Staff. They are expected to do the following:
  - 1. Foster an environment of collaboration and open communication with both internal and external customers;
  - 2. Participate and guide staff to focus on patient safety, patient and family centered care, service recovery, and patient satisfaction;
  - 3. Advance the philosophy of High Reliability within their departments;
  - 4. Utilize Lean principles and DMAIC (Define, Measure, Analyze, Improve, Control) process improvement activities for department-specific performance improvement initiatives;
  - 5. Establish performance and patient safety improvement activities in conjunction with other departments;
  - 6. Encourage staff to report any and all reportable events including "near-misses";
  - 7. Participate in the investigation and determination of the causes that underlie a "near-miss" / Sentinel/Adverse Event/Error or Unanticipated Outcome and implement changes to reduce the probability of such events in the future.

## **Employees**

- A. The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone's responsibility and each employee is charged with practicing and supporting the Standards of Business Conduct: Health System Code of Conduct and Chain of Command for Medical Care Issues policies. All employees must feel empowered to report, correct, and prevent problems.
- B. The Nursing Leadership Council consist of Registered Nurses from each service area. This Council is an integral part of reviewing QA/PI data, evaluating processes, providing recommendations, and communicating their findings with peers to improve nursing practice.
- C. Employees are expected to do the following:
  - 1. Contribute to improvement efforts, including reporting Sentinel/Adverse Event/Error or Unanticipated Outcomes, to produce positive outcomes for the patient and ensure the perfect care experience for patients and customers;
  - 2. Make suggestions/recommendations for opportunities of improvement or for a cross-functional team, including risk reduction recommendations and suggestions for improving patient safety, by contacting their Director or Manager, the Director of Quality and Regulations, the Medical Director of Quality, or an Administrative Council Member.

# PERFORMANCE IMPROVEMENT STRUCTURE

## Medical Staff Quality Assessment Committee

With designated authority from the Medical Executive Committee, the Medical Staff Quality Assessment Committee (MS QAC) is responsible for prioritizing the performance improvement activities in the organization, chartering cross-functional teams, improving processes within the Health System, and supporting the efforts of all performance improvement activities. The MS QAC is an interdisciplinary committee led by the Medical Director of Quality. The committee has representatives from each Medical Staff department, Health System leadership, nursing, ancillary and support services ad hoc. Meetings are held at least quarterly each year. ~~The Medical Director of Quality, Chief Medical Officer, and the Vice Chief of Staff are members of the Board of Director's Quality Committee.~~

### The Medical Staff Quality Assessment Committee:

- A. Annually review and approve the Medication Error Reduction Plan (MERP), Infection Control Plan, Environment of Care Management Program, Utilization Review Plan, Risk Management Plan, Trauma Performance Improvement Plan, and the Patient Safety Plan.
- B. Regularly reviews progress to the aforementioned plans.
- C. Reviews quarterly quality indicators to evaluate patient care and delivery of services and takes appropriate actions based on patient and process outcomes;
- D. Reviews recommendations for performance improvement activities based on patterns and trends identified by the proactive risk reduction programs and from the various Health System committees;
- E. Elicits and clarifies suspected or identified problems in the provision of service, quality, or safety standards that may require further investigation;
- F. Reviews and approves chartered Performance Improvement Teams as recommended by the Performance Improvement Committee (PIC). Not all performance improvement efforts require a chartered team;
- G. Reviews progress reports from chartered teams and assists to address and overcome identified barriers;
- H. Reviews summaries and recommendations of Event Analysis/Root Cause Analysis (RCA) and Failure Mode Effects Analysis (FMEA) activities.
- I. Oversees the radiation safety program, including nuclear medicine and radiation oncology and evaluates the services provided and make recommendations to the MEC.
- J. Oversees the Infection Control, Pharmacy & Therapeutics, and Antibiotic Stewardship program and monitors compliance with their respective plans.
- K. Oversees the Trauma Program and monitors compliance with the Trauma Performance Improvement plan.

### Performance Improvement Committee (PIC)

- A. Medical Staff Quality Assessment Committee provides direct oversight for the PIC. PIC is an executive committee with departmental representatives within the Tahoe Forest Health System, presenting their QA/PI findings as assigned. The goal of this committee is to achieve optimal patient outcomes by making sure that all staff participate in performance improvement activities. Departmental Directors, or their designee, review assigned quality metrics biannually at the PIC (See Attachment C – QA PI Reporting Measures). Performance improvement includes collecting data, analyzing the data, and taking action to improve. Director of Quality and Regulations is responsible for processes related to this committee.
- B. The Performance Improvement Committee will:
  1. Oversee the Performance Improvement activities of TFHS including data collection, data analysis, improvement, and communication to stakeholders
  2. Set performance improvement priorities and provide the resources to achieve improvement
  3. Reviews requests for chartered Performance Improvement Teams. Requests for teams may

- come from committees, department or individual employees. Not all performance improvement efforts require a chartered team;
4. Report the committee's activities quarterly to the Medical Staff Quality Committee.

## **SCIENTIFIC METHOD FOR IMPROVEMENT ACTIVITIES**

Tahoe Forest Health System utilizes DMAIC Rapid Cycle Teams (Define, Measure, Analyze, Improve, Control). The Administrative Council, Director of Quality & Regulations, or the Medical Staff Quality Committee charter formal cross-functional teams to improve current processes and design new services, while each department utilizes tools and techniques to address opportunities for improvement within their individual areas.

### **Performance Improvement Teams**

- A. Teams are cross-functional and multidisciplinary in nature. The priority and type of team are based on the strategic initiatives of the organization, with regard to high risk, high volume, problem prone, and low volume.
- B. Performance Improvement Teams will:
  1. Follow the approved team charter as defined by the Administrative Council Members, or MS QAC
  2. Establish specific, measurable goals and monitoring for identified initiatives
  3. Utilize lean principles to improve processes, reduce waste, and eliminate inefficiencies
  4. Report their findings and recommendations to key stakeholders, PIC, and the MS QAC.

## **PERFORMANCE IMPROVEMENT EDUCATION**

- A. Training and education are essential to promote a culture of quality within the Tahoe Forest Health System. All employees and Medical Staff receive education about performance improvement upon initial orientation. Employees and Medical Staff receive additional annual training on various topics related to performance improvement.
- B. A select group of employees have received specialized facilitator training in using the DMAIC rapid cycle process improvement and utilizing statistical data tools for performance improvement. These facilitators may be assigned to chartered teams at the discretion of the PIC, MS QAC and Administrative Council Members. Staff trained and qualified in Lean/Six Sigma will facilitate the chartering, implementation, and control of enterprise level projects.
- C. Team members receive "just-in-time" training as needed, prior to team formation to ensure proper quality tools and techniques are utilized throughout the team's journey in process improvement.
- D. Annual evaluation of the performance improvement program will include an assessment of needs to target future educational programs. The Director of Quality and Regulations is responsible for this evaluation.

## **PERFORMANCE IMPROVEMENT PRIORITIES**

- A. The QA PI program is an ongoing, data driven program that demonstrates measurable improvement in patient health outcomes, improves patient safety by using quality indicators or performance improvement measures associated with improved health outcomes, and by the identification and reduction of medical errors.
- B. Improvement activities must be data driven, outcome based, and updated annually. Careful

planning, testing of solutions and measuring how a solution affects the process will lead to sustained improvement or process redesign. Improvement priorities are based on the mission, vision, and strategic plan for Tahoe Forest Health System. During planning, the following are given priority consideration:

1. Processes that are high risk, high volume, or problem prone areas with a focus on the incidence, prevalence, and severity of problems in those areas
  2. Processes that affect health outcomes, patient safety, and quality of care
  3. Processes related to patient advocacy and the perfect care experience
  4. Processes related to the National Quality Forum (NQF) Endorsed Set of Safe Practices
  5. Processes related to patient flow
  6. Processes associated with near miss Sentinel/Adverse Event/Error or Unanticipated Outcome
- C. Because Tahoe Forest Health System is sensitive to the ever changing needs of the organization, priorities may be changed or re-prioritized due to:
1. Identified needs from data collection and analysis
  2. Unanticipated adverse occurrences affecting patients
  3. Processes identified as error prone or high risk regarding patient safety
  4. Processes identified by proactive risk assessment
  5. Changing regulatory requirements
  6. Significant needs of patients and/or staff
  7. Changes in the environment of care
  8. Changes in the community

## **DESIGNING NEW AND MODIFIED PROCESSES/FUNCTIONS/SERVICES**

- A. Tahoe Forest Health System designs and modifies processes, functions, and services with quality in mind. When designing or modifying a new process the following steps are taken:
1. Key individuals, who will own the process when it is completed, are assigned to a team led by the responsible individual.
  2. An external consultant is utilized to provide technical support, when needed.
  3. The design team develops or modifies the process utilizing information from the following concepts:
    - a. It is consistent with our mission, vision, values, and strategic priorities and meets the needs of individual served, staff and others
    - b. It is clinically sound and current
    - c. Current knowledge when available and relevant, i.e., practice guidelines, successful practices, information from relevant literature and clinical standards
    - d. It is consistent with sound business practices
    - e. It incorporates available information and/or literature from within the organization and from other organizations about potential risks to patients, including the occurrence of sentinel/near-miss events, in order to minimize risks to patients affected by the new or redesigned process, function, or service
    - f. Conducts an analysis, and/or pilot testing, to determine whether the proposed design/redesign is an improvement and implements performance improvement activities, based on this pilot
    - g. It incorporates the results of performance improvement activities
    - h. It incorporates consideration of staffing effectiveness
    - i. It incorporates consideration of patient safety issues
    - j. It incorporates consideration of patient flow issues
  4. Performance expectations are established, measured, and monitored. These measures may be developed internally or may be selected from an external system or source. The measures are selected utilizing the following criteria:
    - a. They can identify the events it is intended to identify

- b. They have a documented numerator and denominator or description of the population to which it is applicable
  - c. They have defined data elements and allowable values
  - d. They can detect changes in performance over time
  - e. They allow for comparison over time within the organization and between other entities
  - f. The data to be collected is available
  - g. Results can be reported in a way that is useful to the organization and other interested stakeholders
- B. An individual with the appropriate expertise within the organization is assigned the responsibility of developing the new process.

## PROACTIVE RISK ASSESSMENTS

- A. Risk assessments are conducted to proactively evaluate the impact of buildings, grounds, equipment, occupants, and internal physical systems on patient and public safety. This includes, but is not limited to, the following:
1. A Failure Effect Mode Analysis (FMEA) will be completed based on the organization's assessment and current trends in the health care industry, and as approved by PIC or the MS QAC.
  2. The Medical Staff Quality Committee and other leadership committees will recommend the processes chosen for our proactive risk assessments based on literature, errors and near miss events, sentinel event alerts, and the National Quality Forum (NQF) Endorsed Set of Safe Practices.
    - a. The process is assessed to identify steps that may cause undesirable variations, or “failure modes”.
    - b. For each identified failure mode, the possible effects, including the seriousness of the effects on the patient are identified and the potential breakdowns for failures will be prioritized.
    - c. Potential risk points in the process will be closely analyzed, including decision points and patient’s moving from one level of care to another through the continuum of care.
    - d. For the effects on the patient that are determined to be “critical”, an event analysis/root cause analysis is conducted to determine why the effect may occur.
    - e. The process will then be redesigned to reduce the risk of these failure modes occurring or to protect the patient from the effects of the failure modes.
    - f. The redesigned process will be tested and then implemented. Performance measurements will be developed to measure the effectiveness of the new process.
    - g. Strategies for maintaining the effectiveness of the redesigned process over time will be implemented.
  3. Ongoing hazard surveillance rounds, including Environment of Care Rounds and departmental safety hazard inspections, are conducted to identify any trends and to provide a comprehensive ongoing surveillance program.
  4. The Environment of Care Safety Officer and EOC/Safety Committee review trends and incidents related to the Safety Management Plans. The EOC Safety Committee provides guidance to all departments regarding safety issues.
  5. The Infection Preventionist and Environment of Care Safety Officer, or designee, complete a written infection control and preconstruction risk assessment for interim life safety for new construction or renovation projects.

## DATA COLLECTION

- A. Tahoe Forest Health System chooses processes and outcomes to monitor based on the mission and scope of care and services provided and populations served. The goal is 100% compliance with

each identified quality metric. Data that the organization considers for the purpose of monitoring performance includes, but is not limited to, adverse patient events, which includes the following:

1. Medication therapy
  2. Adverse event reports
  3. National Quality forum patient safety indicators
  4. Infection control surveillance and reporting
  5. Surgical/invasive and manipulative procedures
  6. Blood product usage, including transfusions and transfusion reactions
  7. Data management
  8. Discharge planning
  9. Utilization management
  10. Complaints and grievances
  11. Restraints/seclusion use
  12. Mortality review
  13. Medical errors including medication, surgical, and diagnostic errors; equipment failures, infections, blood transfusion related injuries, and deaths due to seclusion or restraints
  14. Needs, expectations, and satisfaction of individuals and organizations served, including:
    - a. Their specific needs and expectations
    - b. Their perceptions of how well the organization meets these needs and expectations
    - c. How the organization can improve patient safety?
    - d. The effectiveness of pain management
  15. Resuscitation and critical incident debriefings
  16. Unplanned patient transfers/admissions
  17. Medical record reviews
  18. Performance measures from acceptable data bases/comparative reports, i.e., RL Datix Event Reporting, Quantros RRM, NDNQI, HCAHPS, Hospital Compare, QHi, CAHEN 2.0, and Press Ganey
  19. Summaries of performance improvement actions and actions to reduce risks to patients
- B. In addition, the following clinical and administrative data is aggregated and analyzed to support patient care and operations:
1. Quality measures delineated in clinical contracts will be reviewed annually
  2. Pharmacy transactions as required by law and to control and account for all drugs
  3. Information about hazards and safety practices used to identify safety management issues to be addressed by the organization
  4. Records of radio nuclides and radiopharmaceuticals, including the radionuclide's identity, the date received, method of receipt, activity, recipient's identity, date administered, and disposal
  5. Reports of required reporting to federal, state, authorities
  6. Performance measures of processes and outcomes, including measures outlined in clinical contracts
- C. These data are reviewed regularly by the PIC, MSQAC, and the BOD with a goal of 100% compliance. The review focuses on any identified outlier and the plan of correction.

## **AGGREGATION AND ANALYSIS OF DATA**

- A. Tahoe Forest Health System believes that excellent data management and analysis are essential to an effective performance improvement initiative. Statistical tools are used to analyze and display data. These tools consist of dashboards, bar graphs, pie charts, run charts (SPC), histograms, Pareto charts, control charts, fishbone diagrams, and other tools as appropriate. All performance improvement teams and activities must be data driven and outcome based. The analysis includes comparing data within our organization, with other comparable organizations, with published regulatory standards, and best practices. Data is aggregated and analyzed within a time frame

- appropriate to the process or area of study. Data will also be analyzed to identify system changes that will help improve patient safety and promote a perfect care experience (See Attachment D for QI PI Indicator definitions).
- B. The data is used to monitor the effectiveness and safety of services and quality of care. The data analysis identifies opportunities for process improvement and changes in patient care processes. Adverse patient events are analyzed to identify the cause, implement process improvement and preventative strategies, and ensure that improvements are sustained over time.
  - C. Data is analyzed in many ways including:
    - 1. Using appropriate performance improvement problem solving tools
    - 2. Making internal comparisons of the performance of processes and outcomes over time
    - 3. Comparing performance data about the processes with information from up-to-date sources
    - 4. Comparing performance data about the processes and outcomes to other hospitals and reference databases
  - D. Intensive analysis is completed for:
    - 1. Levels of performance, patterns or trends that vary significantly and undesirably from what was expected
    - 2. Significant and undesirable performance variations from the performance of other operations
    - 3. Significant and undesirable performance variations from recognized standards
    - 4. A sentinel event which has occurred (see Sentinel Event Policy)
    - 5. Variations which have occurred in the performance of processes that affect patient safety
    - 6. Hazardous conditions which would place patients at risk
    - 7. The occurrence of an undesirable variation which changes priorities
  - E. The following events will automatically result in intense analysis:
    - 1. Significant confirmed transfusion reactions
    - 2. Significant adverse drug reactions
    - 3. Significant medication errors
    - 4. All major discrepancies between preoperative and postoperative diagnosis
    - 5. Adverse events or patterns related to the use of sedation or anesthesia
    - 6. Hazardous conditions that significantly increase the likelihood of a serious adverse outcome
    - 7. Staffing effectiveness issues
    - 8. Deaths associated with a hospital acquired infection
    - 9. Core measure data, that over two or more consecutive quarters for the same measure, identify the hospital as a negative outlier

## **REPORTING**

- A. Results of the outcomes of performance improvement and patient safety activities identified through data collection and analysis, performed by medical staff, ancillary, and nursing services, in addition to outcomes of performance improvement teams, will be reported to the MS QAC annually.
- B. Results of the appraisal of performance measures outlined in clinical contracts will be reported to the MS QAC annually.
- C. The MS QAC will provide their analysis of the quality of patient care and services to the Medical Executive Committee on a quarterly basis.
- D. The Medical Executive Committee, Quality Medical Director, or the Director of Quality & Regulations will report to the BOD at least quarterly relevant findings from all performance improvement activities performed throughout the System.
- E. Tahoe Forest Health System also recognizes the importance of collaborating with state agencies to improve patient outcomes and reduce risks to patients by participating in quality reporting initiatives (See Attachment E for External Reporting listing).

## **CONFIDENTIALITY AND CONFLICT OF**

# INTEREST

A. All communication and documentation regarding performance improvement activities will be maintained in a confidential manner. Any information collected by any Medical Staff Department or Committee, the Administrative Council, or Health System department in order to evaluate the quality of patient care, is to be held in the strictest confidence, and is to be carefully safeguarded against unauthorized disclosure.

B. Access to peer review information is limited to review by the Medical Staff and its designated committees and is confidential and privileged. No member of the Medical Staff shall participate in the review process of any case in which he/she was professionally involved unless specifically requested to participate in the review. All information related to performance improvement activities performed by the Medical Staff or Health System staff in accordance with this plan is confidential and are protected by disclosure and discoverability through California Evidence Code 1156 and 1157.

# ANNUAL ASSESSMENT

- A. The Critical Access Hospital (CAH) and Rural Health Clinic (RHC) Quality Assessment Performance Improvement program and the objective, structure, methodologies, and results of performance improvement activities will be evaluated at least annually (CMS485.641(b)(1)).
- B. The evaluation includes a review of patient care and patient related services, infection control, medication administration, medical care, and the Medical Staff. More specifically, the evaluation includes a review of the utilization of services (including at least the number of patients served and volume of services), chart review (a representative sample of both active and closed clinical records), and the Health System policies addressing provision of services.
- C. The purpose of the evaluation is to determine whether the utilization of services is appropriate, policies are followed, and needed changes are identified. The findings of the evaluation and corrective actions, if necessary, are reviewed. The Quality Assessment program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes.
- D. An annual report summarizing the improvement activities and the assessment will be submitted to the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.

# PLAN APPROVAL

Quality Assessment Performance Improvement Plan will be reviewed, updated, and approved annually by the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.

## Related Policies/Forms:

[Medication Error Reduction Plan, APH-34](#)

[Medication Error Reporting, APH-24](#)

[Infection Control Plan, AIPC-64](#)

[Environment of Care Management Program, AEOC-908](#)

[Utilization Review Plan \(UR\), DCM-1701](#)

[Risk Management Plan, AQPI-04](#)



[Patient Safety Plan, AQPI-02](#)

[Emergency Operations Plan \(Comprehensive\), AEOC-17](#)

[Employee Health Plan, DEH-39](#)

[Trauma Performance Improvement Plan](#)

[Discharge Planning, ANS-238](#)

## **References:**

HFAP and CMS



# SPECIAL MEETING OF THE BOARD OF DIRECTORS

## DRAFT MINUTES

Thursday, June 23, 2022 at 2:00 p.m.

Pursuant to Assembly Bill 361, the Special 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.

### 1. CALL TO ORDER

Meeting was called to order at 2:00 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; Crystal Betts, Chief Financial Officer; Jan Iida, Chief Nursing Officer; Matt Mushet, In-House Counsel; Scott Baker, VP Provider Services; Ted Owens, Executive Director of Governance; Jaye Chasseur, Controller; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

### 4. ITEMS FOR BOARD ACTION

#### 4.1. TFHD Fiscal Year 2023 Budget

Crystal Betts, Chief Financial Officer, presented the Fiscal Year 2023 Budget. Discussion was held.

**ACTION:** Motion made by Director Chamblin, to approve the TFHD Fiscal Year 2023 Budget inclusive of a 5% rate increase effective August 1, 2022 as presented, seconded by Director Brown. Roll call vote taken.

Barnett – AYE  
Chamblin – AYE  
McGarry – AYE  
Brown – AYE  
Wong – AYE

#### 4.2. TFHD 3 Year Capital Plan – FY2024-2026

The Board of Directors reviewed and considered approval of the FY2024-2026 Capital Plan. Discussion was held.

**ACTION:** Motion made by Director McGarry, to approve the TFHD Three Year Capital Plan (FY2024-2026) as presented, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE  
Chamblin – AYE  
McGarry – AYE  
Brown – AYE  
Wong – AYE

5. **ADJOURN**

Meeting adjourned at 3:27 p.m.

DRAFT



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

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.

## **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; Jan Iida, Chief Nursing Officer; 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.

## **4. INPUT AUDIENCE**

No public comment was received.

Open Session recessed at 4:03 p.m.

## **5. CLOSED SESSION**

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

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

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: BETA HEART SCOR Summary Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### **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.*

*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))*

Discussion was held on a privileged item.

**5.4. Approval of Closed Session Minutes**

5/26/2022 Regular Meeting

6/16/2022 Special Meeting

Discussion was held on a privileged item.

**5.5. 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 noted there was no reportable action on items 5.1. through 5.3. Item 5.4. was approved on a 5-0 vote. Item 5.5. was approved on a 5-0 vote.

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

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. ACKNOWLEDGEMENTS**

**12.1.** Tahoe Forest Hospital achieved its validation as part of the BETA HEART program for the third year in a row.

**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:

Annual Policy Approval

- *IVCH Policy List*

No public comment was received.

**ACTION:** Motion made by Director Brown, to approve the Medical Executive Committee Meeting 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.** 05/26/2022 Regular Meeting

**14.1.2.** 06/16/2022 Special Meeting

##### **14.2. Financial Reports**

**14.2.1.** Financial Report – May 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 2022-12

##### **14.5. Approve revised board policies**

**14.5.1.** Chief Executive Officer Performance Evaluation, ABD-01

**14.5.2.** President & Chief Executive Officer Compensation, ABD-02

##### **14.6. Annual approval of President & CEO Job Description**

**14.6.1.** President & Chief Executive Officer Job Description

No public comment was received.

**ACTION:** Motion made by Director Chamblin, to approve the 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 Senior Services Gap Analysis**

Karin Abraham, Masters in Public Health Candidate, presented a gap analysis on Truckee Tahoe Senior Services. Discussion was held.

#### **16. ITEMS FOR BOARD ACTION**

##### **16.1. Approval of Fiscal Year 2023 President & CEO Incentive Compensation Criteria**

The Board of Directors reviewed and considered approval of the President & CEO's Fiscal Year 2023 Incentive Compensation Criteria. Discussion was held.

**ACTION:** Motion made by Director Brown, to approve the Fiscal Year 2023 President and CEO Incentive Compensation Criteria as presented, seconded by Director Barnett. 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**

Chair Wong reported the Board will have an ad hoc committee on community health that will run through June 30, 2023.

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

Director Chamblin provided an update from the Incline Village Community Hospital Foundation.

**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 7:08 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
JUNE 2022 FINANCIAL REPORT - PRELIMINARY  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**June 2022 FINANCIAL NARRATIVE - PRELIMINARY**

The following is the financial narrative analyzing financial and statistical trends for the twelve months ended June 30, 2022.

**Activity Statistics**

- ❑ TFH acute patient days were 459 for the current month compared to budget of 454. This equates to an average daily census of 15.3 compared to budget of 15.1.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Radiation Oncology, Nuclear Medicine, Briner Ultrasound, Cat Scan, Drugs Sold to Patients, Pulmonary, 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 44.39% in the current month compared to budget of 49.98% and to last month's 48.00%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 50.47% compared to budget of 49.99% and prior year's 52.44%.
- ❑ EBIDA was \$1,289,245 (2.6%) for the current month compared to budget of \$2,007,406 (5.0%), or \$718,161 (2.4%) below budget. Year-to-Date EBIDA was \$42,511,103 (8.3%) compared to budget of \$22,035,876 (4.7%) or \$20,475,227 (3.6%) above budget.
- ❑ Net Income was \$1,847,193 for the current month compared to budget of \$1,674,703 or \$172,490 above budget. Year-to-Date Net Income was \$38,660,283 compared to budget of \$18,022,454 or \$20,637,829 above budget.
- ❑ Cash Collections for the current month were \$20,083,154, which is 97% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$92,581,338 at the end of June compared to \$89,830,441 at the end of May.

**Balance Sheet**

- ❑ Working Capital is at 30.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 241.6 days. Working Capital cash decreased a net \$2,649,000. Accounts Payable increased \$1,011,000 and Accrued Payroll & Related Costs increased \$1,364,000. Cash Collections were below target by 3% and the District completed its purchases of the Gateway East building and Bill Rose Park totaling \$4,900,000.
- ❑ Net Patient Accounts Receivable decreased \$8,009,000 and cash collections were 97% of target. EPIC Days in A/R were 65.1 compared to 62.4 at the close of May, a 2.70 days increase. The District opted out of the Medicare PIP program at year-end and an adjustment to the PIP receivable and associated Settlement Liability accounts were made after the final PIP calculations were received from Noridian.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$652,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$2,587,000 from the FY21 Medi-Cal Outpatient Supplemental Reimbursement and Hospital Quality Assurance Fee programs.
- ❑ To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
- ❑ Accounts Payable increased \$1,011,000 due to the timing of the final check run in June.
- ❑ Accrued Payroll & Related Costs increased \$1,364,000 due to additional accrued payroll days in June along with truing-up the Deferred Comp and MPP liabilities at year-end.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$7,307,000. The District continues repayment of the Medicare Accelerated Payments received in FY20 and the PIP Settlement liability was removed.
- ❑ Health Insurance Plan IBNR increased \$144,000 after adjusting the liability based on the March report received from our Third Party Administrator. The final FYE adjustment will be completed once the June report is received.
- ❑ Comprehensive Liability Insurance Plan IBNR increased \$378,000 after receiving revised Tail Coverage numbers from BETA.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$50,065,354 compared to budget of \$40,158,344 or \$9,907,010 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,446,970, compared to budget of \$8,399,055 or \$47,915 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$41,618,384 compared to budget of \$31,759,289 or \$9,859,095 above budget.
- ❑ Current month’s Gross Revenue Mix was 37.5% Medicare, 17.1% Medi-Cal, .0% County, 1.8% Other, and 43.6% Commercial Insurance compared to budget of 37.5% Medicare, 16.8% Medi-Cal, .0% County, 2.6% Other, and 43.1% Commercial Insurance. Year-to-Date Gross Revenue Mix was 37.0% Medicare, 16.0% Medi-Cal, .0% County, 2.4% Other, and 44.6% Commercial Insurance compared to budget of 37.2% Medicare, 16.6% Medi-Cal, .0% County, 2.6% Other, and 43.6% Commercial Insurance. Last month’s mix was 38.5% Medicare, 16.0% Medi-Cal, .0% County, 2.5% Other, and 43.0% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$27,841,452 compared to budget of \$20,089,142 or \$7,752,310 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .03% decrease in Medicare, a .33% increase to Medi-Cal, County at budget, a .84% decrease in Other, and Commercial Insurance was above budget .54%, 2) Revenues were above budget 24.70%, and the District recorded \$3.1m liability due to the Medicare program for overpayment on Outpatient Claims based on the recent interim rate review.

DESCRIPTION	June 2022 Actual	June 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,830,320	8,020,700	190,380	
Employee Benefits	2,894,977	2,342,940	(552,037)	Increased use of Sick Leave and the year-end adjustment to the Deferred Comp and MPP liabilities created a negative variance in Benefits.
Benefits – Workers Compensation	80,833	302,419	221,586	
Benefits – Medical Insurance	1,714,099	1,608,155	(105,944)	
Medical Professional Fees	2,638,425	1,008,545	(1,629,880)	Final payment to North Tahoe Anesthesia Group under their pre-employment contract and a contract termination fee with our Contracted Therapy company created negative variances in Medical Professional Fees.
Other Professional Fees	305,400	171,966	(133,434)	Legal services provided to Medical Staff, Human Resources, and Administration and professional services used for a Compensation Plan Design created negative variances in Other Professional Fees.
Supplies	3,141,255	2,991,705	(149,550)	Drugs Sold to Patients revenues were above budget 33.87%, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,132,520	1,930,909	(201,611)	Campus wide maintenance projects and equipment repairs, Outsourced coding, billing, & collection services, Trauma Level abstraction services, Cancer Registry services, Laundry & Linen, Interpreter services, and credit card fees were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,513,046	859,964	(653,082)	The year-end adjustment to Comprehensive Liability IBNR and Marketing campaigns created negative variances in Other Expenses.
Total Expenses	22,250,875	19,237,303	(3,013,572)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
JUNE 2022 PRELIMINARY

	Jun-22	May-22	Jun-21	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 19,111,077	\$ 21,760,543	\$ 87,293,235	1
PATIENT ACCOUNTS RECEIVABLE - NET	37,834,658	45,843,282	35,776,753	2
OTHER RECEIVABLES	8,852,544	8,079,447	7,678,723	
GO BOND RECEIVABLES	(182,332)	(601,493)	262,686	
ASSETS LIMITED OR RESTRICTED	10,003,370	9,524,608	9,882,909	
INVENTORIES	4,273,488	4,249,365	4,289,922	
PREPAID EXPENSES & DEPOSITS	2,649,222	1,968,733	2,241,338	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,515,471	13,168,046	13,363,308	3
<b>TOTAL CURRENT ASSETS</b>	<u>95,057,498</u>	<u>103,992,531</u>	<u>160,788,874</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	54,505,988	54,505,988	74,384,201	1
* CASH INVESTMENT FUND	80,189,518	80,173,987	-	1
MUNICIPAL LEASE 2018	725,876	725,756	724,425	
TOTAL BOND TRUSTEE 2017	20,538	20,533	20,532	
TOTAL BOND TRUSTEE 2015	1,348,824	1,211,554	1,329,189	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	4,262,402	4,262,027	3,846,113	
DIAGNOSTIC IMAGING FUND	3,350	3,350	3,343	
DONOR RESTRICTED FUND	1,139,077	1,139,077	1,137,882	
WORKERS COMPENSATION FUND	30,156	6,750	30,595	
TOTAL	142,231,493	142,054,787	81,482,044	
LESS CURRENT PORTION	(10,003,370)	(9,524,608)	(9,882,909)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>132,228,124</u>	<u>132,530,179</u>	<u>71,599,135</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(2,076,175)	(2,149,701)	(1,660,894)	
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	909,072	
PROPERTY & EQUIPMENT NET	184,058,556	177,287,617	173,392,485	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,839,986</u>	<u>1,841,116</u>	<u>1,805,318</u>	
TOTAL ASSETS	<u>412,802,061</u>	<u>415,195,814</u>	<u>406,833,990</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	310,308	313,541	349,097	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	660,160	824,691	1,387,922	4
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,845,262	4,868,966	5,129,718	
GO BOND DEFERRED FINANCING COSTS	472,579	474,900	500,429	
DEFERRED FINANCING COSTS	137,316	138,357	149,800	
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 6,425,625</u>	<u>\$ 6,620,454</u>	<u>\$ 7,516,966</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 9,397,042	\$ 8,386,396	\$ 7,280,898	5
ACCRUED PAYROLL & RELATED COSTS	17,393,736	16,030,087	24,222,768	6
INTEREST PAYABLE	529,007	449,164	383,096	
INTEREST PAYABLE GO BOND	1,380,701	1,104,561	1,409,430	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,948,233	11,255,206	27,075,906	7
HEALTH INSURANCE PLAN	2,547,239	2,403,683	2,403,683	8
WORKERS COMPENSATION PLAN	3,180,976	3,180,976	3,180,976	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,082,114	1,704,145	1,704,145	9
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,715,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,029,499	3,952,678	3,828,809	
<b>TOTAL CURRENT LIABILITIES</b>	<u>46,433,547</u>	<u>50,411,896</u>	<u>73,204,711</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	23,630,503	23,905,443	27,754,663	
GO BOND DEBT NET OF CURRENT MATURITIES	95,364,744	95,382,700	97,525,211	
DERIVATIVE INSTRUMENT LIABILITY	660,160	824,691	1,387,922	
<b>TOTAL LIABILITIES</b>	<u>166,088,954</u>	<u>170,524,729</u>	<u>199,872,507</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	251,999,654	250,152,461	213,340,566	
	<u>1,139,077</u>	<u>1,139,077</u>	<u>1,137,882</u>	
<b>TOTAL NET POSITION</b>	<u>\$ 253,138,732</u>	<u>\$ 251,291,539</u>	<u>\$ 214,478,449</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
June 2022 Preliminary

1. Working Capital is at 30.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 241.6 days. Working Capital cash decreased a net \$2,649,000. Accounts Payable increased \$1,011,000 (See Note 5) and Accrued Payroll & Related Costs increased \$1,364,000 (See Note 6). Cash Collections were below target 3% (See Note 2) and the District completed its purchases of the Gateway East building and Bill Rose Park totaling \$4,900,000.
2. Net Patient Accounts Receivable decreased \$8,009,000. Cash collections were 93% of target. EPIC Days in A/R were 65.1 compared to 62.4 at the close of May, a 2.70 days increase. The District opted out of the Medicare Periodic Interim Payment (PIP) program at the end of FY22. An adjustment to the PIP receivable and associated Settlement Liability was made after the final PIP calculations were received from Noridian, creating the decrease in Net Patient Accounts Receivable.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$652,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received remittance from the FY21 Medi-Cal Outpatient Supplemental Reimbursement program and the FY21 Hospital Quality Assurance Fee program in the amount of \$2,587,000.
4. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of June.
5. Accounts Payable increased \$1,011,000 due to the timing of the final check run in June.
6. Accrued Payroll & Related Costs increased \$1,364,000 due to additional accrued payroll days in June along with truing-up of the Deferred Comp and MPP liabilities at year-end.
7. Estimated Settlements, Medi-Cal & Medicare decreased a net \$7,307,000. The District continues repayment of the Medicare Accelerated Payments received in FY20 and the PIP Settlement liability was removed (Refer to Note 2).
8. Health Insurance Plan IBNR increased \$144,000 after adjusting the liability based on the March 31, 2022 report received from our Third Party Administrator. The final FYE adjustment will be completed once the June report is received.
9. Comprehensive Liability Insurance Plan IBNR increased \$378,000 after receiving revised Tail Coverage numbers from BETA.

**Tahoe Forest Hospital District  
Cash Investment  
June 30, 2022**

**WORKING CAPITAL**

US Bank	\$ 17,903,601		
US Bank/Kings Beach Thrift Store	40,049		
US Bank/Truckee Thrift Store	151,814		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,612</u>	0.01%	
Total			\$ 19,111,077

**BOARD DESIGNATED FUNDS**

US Bank Savings	\$ -		
Chandler Investment Fund	<u>80,189,518</u>	0.18%	
Total			\$ 80,189,518

Building Fund	\$ -		
Cash Reserve Fund	<u>54,505,988</u>	0.68%	
Local Agency Investment Fund			\$ 54,505,988

Municipal Lease 2018			\$ 725,876
Bonds Cash 2017			\$ 20,538
Bonds Cash 2015			\$ 1,348,824
GO Bonds Cash 2008			\$ 4,268,166

DX Imaging Education	\$ 3,350		
Workers Comp Fund - B of A	30,156		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 33,506</u>









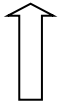









<b>TOTAL FUNDS</b>			<b>\$ 160,203,493</b>
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**RESTRICTED FUNDS**

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%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,139,077</u></b>

<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 161,342,570</u></u></b>
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**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
JUNE 2022 PRELIMINARY**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2022</u> Jul 21 to June 22</b>	<b><u>FY 2021</u> Jul 20 to June 21</b>	<b><u>FY 2020</u> Jul 19 to June 20</b>	<b><u>FY 2019</u> Jul 18 to June 19</b>	<b><u>FY 2018</u> Jul 17 to June 18</b>	<b><u>FY 2017</u> Jul 16 to June 17</b>	<b><u>FY 2016</u> Jul 15 to June 16</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position	 		FYE 8.5% Budget 4th Qtr 7.1%		15.3%	12.3%	17.1%	13.1%	5.1%	14.4%	10.9%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days			FYE 63 Days		65	65	89	69	68	55	57
<u>Gross Accounts Receivable</u> 365 Days					67	67	73	71	73	55	55
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 		Budget FYE 197 Days Budget 4th Qtr 197 Projected 4th Qtr 239 Days	60 Days A- 237 Days BBB- 132 Days	242	272	246	179	176	191	201
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>			13%		27%	26%	31%	35%	22%	17%	19%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>			18%		36%	32%	40%	42%	25%	18%	24%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 		FYE Budget \$636,201 End 4th Qtr Budget \$636,201		\$668,011	\$603,184	\$523,994	\$473,890	\$333,963	\$348,962	\$313,153
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense			Without GO Bond 6.59 With GO Bond 3.67	1.95	10.90 5.74	8.33 4.49	9.50 5.06	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JUNE 2021
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
				<b>OPERATING REVENUE</b>				
\$ 50,065,354	\$ 40,158,344	\$ 9,907,010	24.7%	\$ 513,119,747	\$ 471,131,847	\$ 41,987,900	8.9%	1 \$ 453,295,108
				<b>Gross Revenues - Inpatient</b>				
\$ 3,660,981	\$ 3,687,289	\$ (26,308)	-0.7%	\$ 41,151,148	\$ 40,354,729	\$ 796,419	2.0%	\$ 38,736,125
4,785,989	4,711,766	74,223	1.6%	53,225,614	51,674,157	1,551,457	3.0%	45,688,905
8,446,970	8,399,055	47,915	0.6%	94,376,762	92,028,886	2,347,876	2.6%	84,425,030
				<b>Total Gross Revenue - Inpatient</b>				
41,618,384	31,759,289	9,859,095	31.0%	418,742,985	379,102,961	39,640,024	10.5%	368,870,078
41,618,384	31,759,289	9,859,095	31.0%	418,742,985	379,102,961	39,640,024	10.5%	368,870,078
				<b>Gross Revenue - Outpatient</b>				
				<b>Total Gross Revenue - Outpatient</b>				
				<b>Deductions from Revenue:</b>				
28,851,378	17,918,809	(10,932,569)	-61.0%	243,977,744	210,128,068	(33,849,676)	-16.1%	2 197,125,156
-	-	-	0.0%	-	-	-	0.0%	2 -
776,893	1,426,873	649,980	45.6%	13,477,214	16,779,991	3,302,777	19.7%	2 15,499,800
-	-	-	0.0%	-	-	-	0.0%	2 -
(153,221)	743,460	896,681	120.6%	(1,688,721)	8,745,141	10,433,862	119.3%	2 5,554,948
(1,633,598)	-	1,633,598	0.0%	(1,594,401)	-	1,594,401	0.0%	2 (2,570,979)
27,841,452	20,089,142	(7,752,310)	-38.6%	254,171,837	235,653,200	(18,518,637)	-7.9%	215,608,925
104,793	112,991	8,198	7.3%	1,137,999	1,337,721	199,722	14.9%	1,188,926
1,211,426	1,062,516	148,910	14.0%	13,540,450	13,825,699	(285,249)	-2.1%	3 12,397,711
23,540,120	21,244,709	2,295,411	10.8%	273,626,360	250,642,067	22,984,293	9.2%	251,272,820
				<b>TOTAL OPERATING REVENUE</b>				
				<b>OPERATING EXPENSES</b>				
7,830,320	8,020,700	190,380	2.4%	91,452,832	95,491,543	4,038,711	4.2%	4 88,973,037
2,894,977	2,342,940	(552,037)	-23.6%	30,669,004	28,654,003	(2,015,001)	-7.0%	4 28,569,391
80,833	302,419	221,586	73.3%	1,313,789	1,429,028	115,239	8.1%	4 2,099,779
1,714,099	1,608,155	(105,944)	-6.6%	15,848,462	17,097,860	1,249,398	7.3%	4 15,007,642
2,638,425	1,008,545	(1,629,880)	-161.6%	16,062,477	13,613,550	(2,448,927)	-18.0%	5 14,593,339
305,400	171,966	(133,434)	-77.6%	2,516,106	2,353,595	(162,511)	-6.9%	5 2,367,800
3,141,255	2,991,705	(149,550)	-5.0%	37,046,668	34,685,312	(2,361,356)	-6.8%	6 31,196,014
2,132,520	1,930,909	(201,611)	-10.4%	23,759,303	23,457,521	(301,782)	-1.3%	7 22,792,775
1,513,046	859,964	(653,082)	-75.9%	12,446,615	11,823,779	(622,836)	-5.3%	8 10,416,634
22,250,875	19,237,303	(3,013,572)	-15.7%	231,115,256	228,606,191	(2,509,065)	-1.1%	216,016,411
<b>1,289,245</b>	<b>2,007,406</b>	<b>(718,161)</b>	<b>-35.8%</b>	<b>42,511,103</b>	<b>22,035,876</b>	<b>20,475,227</b>	<b>92.9%</b>	<b>35,256,409</b>
				<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>				
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>				
735,166	662,995	72,171	10.9%	8,297,432	7,974,109	323,323	4.1%	9 7,243,165
419,536	419,536	(0)	0.0%	5,034,427	5,034,427	0	0.0%	4,900,434
79,289	47,203	32,086	68.0%	662,920	570,917	92,003	16.1%	10 713,110
-	-	-	0.0%	-	-	-	0.0%	-
843,466	136,564	706,902	517.6%	2,063,939	1,638,773	425,166	25.9%	11 690,458
73,525	(60,000)	133,525	222.5%	(415,281)	(720,000)	304,719	42.3%	12 (520,535)
4,311	-	4,311	0.0%	71,103	-	71,103	0.0%	13 -
-	-	-	0.0%	-	-	-	0.0%	14 -
1,001	-	1,001	0.0%	36,801	-	36,801	0.0%	14 -
-	-	-	100.0%	(1,092,739)	-	(1,092,739)	100.0%	15 (3,567,509)
(1,212,295)	(1,164,048)	(48,247)	-4.1%	(13,866,919)	(13,968,575)	101,656	0.7%	16 (13,642,989)
(101,842)	(98,813)	(3,029)	-3.1%	(1,226,236)	(1,223,647)	(2,589)	-0.2%	17 (1,307,837)
(284,210)	(276,140)	(8,070)	-2.9%	(3,416,267)	(3,319,427)	(96,840)	-2.9%	(3,484,475)
557,948	(332,703)	890,651	267.7%	(3,850,820)	(4,013,423)	162,603	4.1%	(8,976,178)
<b>\$ 1,847,193</b>	<b>\$ 1,674,703</b>	<b>\$ 172,490</b>	<b>10.3%</b>	<b>\$ 38,660,283</b>	<b>\$ 18,022,454</b>	<b>\$ 20,637,829</b>	<b>114.5%</b>	<b>\$ 26,280,231</b>
				<b>INCREASE (DECREASE) IN NET POSITION</b>				
				<b>NET POSITION - BEGINNING OF YEAR</b>				
				<b>NET POSITION - AS OF JUNE 30, 2022</b>				
<b>2.6%</b>	<b>5.0%</b>	<b>-2.4%</b>		<b>8.3%</b>	<b>4.7%</b>	<b>3.6%</b>		<b>7.8%</b>
				<b>RETURN ON GROSS REVENUE EBIDA</b>				

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













		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>JUNE 2022</u>	<u>YTD 2022</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were above budget .01% or 5 days. Swing Bed days were above budget 25.00% or 6 days. Ancillary Revenues were slightly above budget due to the higher acuity level in our patients.	Gross Revenue -- Inpatient	\$ 47,915	\$ 2,347,876
	Gross Revenue -- Outpatient	9,859,095	39,640,024
	Gross Revenue -- Total	<u>\$ 9,907,010</u>	<u>\$ 41,987,900</u>
<p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Radiation Oncology, Nuclear Medicine, Briner Ultrasound, CAT Scan, Drugs Sold to Patients, Pulmonary, Gastroenterology cases, Tahoe City Physical &amp; Occupational Therapies, Outpatient Physical Therapy, Physical Therapy Aquatic, and Occupational Therapy.</p>			
<b>2) <u>Total Deductions from Revenue</u></b>			
The payor mix for June shows a .03% decrease to Medicare, a .33% increase to Medi-Cal, .84% decrease to Other, County at budget, and a .54% increase to Commercial when compared to budget. We saw a negative variance in contractals due to revenues coming in above budget 24.70% along with a shift in Payor Mix from Medicare to Medi-Cal and the District booked \$3.1m due back to the Medicare Program for overpayment on Outpatient Claims based on the most recent interim rate review performed by Noridian.	Contractual Allowances	\$ (10,932,569)	\$ (33,849,676)
	Managed Care	-	-
	Charity Care	649,980	3,302,777
	Charity Care - Catastrophic	-	-
	Bad Debt	896,681	10,433,862
	Prior Period Settlements	1,633,598	1,594,401
	Total	<u>\$ (7,752,310)</u>	<u>\$ (18,518,637)</u>
<p>The District received notice of underpayment on its FY20-21 SNF Supplemental Reimbursement Program participation, creating a positive variance in Prior Period Settlements.</p>			
<b>3) <u>Other Operating Revenue</u></b>			
Retail Pharmacy revenues were below budget 2.69%.	Retail Pharmacy	(8,540)	(28,487)
	Hospice Thrift Stores	11,217	(30,682)
	The Center (non-therapy)	(1,190)	27,302
Thrift Store revenues were above budget 12.36%.	IVCH ER Physician Guarantee	(17,753)	(262,006)
	Children's Center	23,839	175,737
IVCH ER Physician Guarantee is tied to collections, coming in below budget.	Miscellaneous	160,171	(101,613)
	Oncology Drug Replacement	-	-
Children' Center revenues were above budget 22.13%.	Grants	(18,833)	(65,500)
	Total	<u>\$ 148,910</u>	<u>\$ (285,249)</u>
Positive variance in Miscellaneous related to North Tahoe Anesthesia Group A/R collections.			
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ 190,380</u>	<u>\$ 4,038,711</u>
<b><u>Employee Benefits</u></b>			
We saw greater use of Sick Leave in June due to the rise in COVID cases amongst our employees.	PL/SL	\$ (200,467)	\$ (1,006,990)
	Nonproductive	240,036	(51,498)
	Pension/Deferred Comp	(799,402)	(799,374)
	Standby	(12,078)	(42,729)
The final year-end true-up of Accrued Payroll created a positive variance in Nonproductive	Other	219,874	(114,410)
	Total	<u>\$ (552,037)</u>	<u>\$ (2,015,001)</u>
The year-end adjustment to the District's Deferred Comp and MPP Liabilities created a negative variance in Pension/Deferred Comp.			
The final year-end true-up of Accrued FICA taxes created a positive variance in Other.			
<b><u>Employee Benefits - Workers Compensation</u></b>			
The District has not received its year-end actuarial studies from our Third Party Administrator to adjust the year-end IBNR Liability, creating a positive variance in Workers Compensation.	Total	<u>\$ 221,586</u>	<u>\$ 115,239</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ (105,944)</u>	<u>\$ 1,249,398</u>
<b>5) <u>Professional Fees</u></b>			
Final payments due to North Tahoe Anesthesia Group under their pre-employment contract created a negative variance in Miscellaneous.	Miscellaneous	\$ (365,629)	\$ (1,628,453)
	The Center (includes OP Therapy)	(804,235)	(1,036,237)
	TFH/IVCH Therapy Services	(466,161)	(586,190)
	Medical Staff Services	(42,914)	(158,041)
Negative variance in The Center (includes OP Therapy) and TFH/IVCH Therapy Services is a result of terminating the contract so the therapists could become employees of the District effective July 2022.	Oncology	(16,868)	(113,601)
	Corporate Compliance	(56,481)	(98,691)
	Multi-Specialty Clinics Administration	4,411	(67,849)
	Home Health/Hospice	(27,612)	(37,550)
Legal services created a negative variance in Medical Staff Services.	TFH Locums	(14,636)	(36,574)
	Financial Administration	(34,222)	(35,963)
Services for a Compensation Plan Design created a negative variance in Corporate Compliance.	Human Resources	(20,081)	(27,793)
	IVCH ER Physicians	(20,016)	(17,273)
	Sleep Clinic	-	(1,618)
Therapy services provided to Home Health created a negative variance in Home Health/Hospice.	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Managed Care	1,227	26,089



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

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>JUNE 2022</b>	<b>YTD 2022</b>
<b>5) Professional Fees (cont.)</b>			
A true-up of accrued Auditing Fees at year-end created a negative variance in Financial Administration.	Information Technology	46,167	41,507
	Marketing	9,933	59,395
	Administration	(44,820)	77,687
Legal services created a negative variance in Human Resources.	Multi-Specialty Clinics	88,622	1,029,719
	<b>Total</b>	<b>\$ (1,763,315)</b>	<b>\$ (2,611,438)</b>
Legal services created a negative variance in Administration.			
The Oncology Group joined the physician employment model, creating a positive variance in Multi-Specialty Clinics Pro Fees.			
<b>6) Supplies</b>			
Drugs Sold to Patients revenues were above budget 33.87%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (321,710)	\$ (2,774,633)
	Office Supplies	(7,480)	6,916
	Patient & Other Medical Supplies	190,608	28,787
	Food	1,982	45,693
An adjustment to the year-end Warehouse Inventory and positive variances in Non-Patient Chargeable and Implant Supplies created a positive variance in Patient & Other Medical Supplies.	Minor Equipment	(29,996)	65,947
	Other Non-Medical Supplies	17,046	265,935
	<b>Total</b>	<b>\$ (149,550)</b>	<b>\$ (2,361,356)</b>
<b>7) Purchased Services</b>			
Campus wide maintenance projects which included roof leak repairs and electrical maintenance, along with equipment repairs created a negative variance in Department Repairs.	Department Repairs	\$ (48,994)	\$ (400,437)
	Patient Accounting	(96,273)	(314,673)
	Medical Records	890	(284,808)
	Information Technology	18,104	(88,085)
	Human Resources	3,348	(28,812)
Outsourced billing and collection services came in above budget, creating a negative variance in Patient Accounting.	The Center	737	11,743
	Pharmacy IP	21,756	18,082
	Community Development	2,477	26,249
Trauma Level abstraction services, Cancer Registry services, Laundry & Linen, Interpreter services, Credit Card fees, and membership in the Truckee Tahoe Workforce Housing Agency created a negative variance in Miscellaneous.	Home Health/Hospice	(4,632)	75,100
	Diagnostic Imaging Services - All	4,260	76,735
	Laboratory	(10,285)	143,268
	Multi-Specialty Clinics	11,319	220,220
	Miscellaneous	(104,317)	243,636
	<b>Total</b>	<b>\$ (201,611)</b>	<b>\$ (301,782)</b>
<b>8) Other Expenses</b>			
An adjustment to the year-end Comprehensive Liability IBNR created a negative variance in Insurance.	Insurance	\$ (405,095)	\$ (695,254)
	Miscellaneous	(156,946)	(257,400)
	Equipment Rent	(67,481)	(250,716)
	Utilities	29,078	(200,728)
The fourth quarter Construction Labor transfer to Construction in Progress Projects cannot be completed until the final Health and Work Comp Insurance IBNR Liabilities are true-up for year-end. This has created a negative variance in Miscellaneous.	Dues and Subscriptions	(22,889)	(55,956)
	Multi-Specialty Clinics Bldg. Rent	(7,954)	(53,921)
	Multi-Specialty Clinics Equip Rent	(6,493)	(19,826)
	Physician Services	20	189
Equipment Rentals for MRI, Plant Maintenance, IP Pharmacy, and the Truckee Surgery Center created a negative variance in this category.	Marketing	(133,258)	6,624
	Human Resources Recruitment	76,922	23,786
	Other Building Rent	18,628	378,492
	Outside Training & Travel	22,386	501,875
	<b>Total</b>	<b>\$ (653,082)</b>	<b>\$ (622,836)</b>
Dues and Subscriptions were above budget in Diagnostic Imaging, Information Technology, Occupational Health, Medical Staff, and Emergency Preparedness.			
Billboard Snipes, Media Branding, and marketing campaigns for various service lines throughout the District created a negative variance in Marketing.			
<b>9) District and County Taxes</b>	Total	<b>\$ 72,171</b>	<b>\$ 323,323</b>
<b>10) Interest Income</b>	Total	<b>\$ 32,086</b>	<b>\$ 92,003</b>
<b>11) Donations</b>			
Donations from the IVCH Foundation to support Behavioral Health and the Sterile Processing Renovation created a positive variance in Donations.	IVCH	\$ 814,945	\$ 1,006,659
	Operational	(108,043)	(581,493)
	<b>Total</b>	<b>\$ 706,902</b>	<b>\$ 425,166</b>
<b>12) Gain/(Loss) on Joint Investment</b>	Total	<b>\$ 133,525</b>	<b>\$ 304,719</b>
The District true-up its share of profits in the Truckee Surgery Center for May.			
<b>13) Gain/(Loss) on Market Investments</b>	Total	<b>\$ 4,311</b>	<b>\$ 71,103</b>
The District booked the value of gains in its earned income with Chandler Investments.			
<b>14) Gain/(Loss) on Sale or Disposal of Assets</b>	Total	<b>\$ 1,001</b>	<b>\$ 36,801</b>
<b>15) COVID-19 Emergency Funding</b>	Total	<b>\$ -</b>	<b>\$ (1,092,739)</b>
<b>16) Depreciation Expense</b>	Total	<b>\$ (48,248)</b>	<b>\$ 101,656</b>
Depreciation expense for the year was finalized, creating a negative variance in this category.			
<b>17) Interest Expense</b>	Total	<b>\$ (3,029)</b>	<b>\$ (2,589)</b>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
KEY FINANCIAL INDICATORS  
JUNE 2022 PRELIMINARY**

	Current Status	Desired Position	Target	<u>FY 2021</u> Jul 21 to June 22	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue			FYE 3.8% 4th Qtr 3.8%	7.5%	5.8%	8.5%	5.7%	2.6%	7.4%	5.5%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue			FYE 3.6% 4th Qtr 3.6%	2.6%	3.4%	4.0%	3.8%	3.3%	3.1%	3.4%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue			FYE 1.9% 4th Qtr 1.9%	-0.1%	1.2%	1.4%	.1%	.1%	-0.0%	-0.2%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue			FYE 7.4% 4th Qtr 7.4%	12.4%	13.7%	.1%	11.5%	4.8%	7.9%	11.3%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>			-0-	\$(2,509,065)	\$(8,685,969)	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue			FYE 4.7% 4th Qtr 4.7%	8.3%	7.8%	6.2%	7.1%	4.5%	7.9%	7.3%

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
JUNE 2022 PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JUNE 2021		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 3,937,157	\$ 2,185,847	\$ 1,751,310	80.1%	Total Gross Revenue	\$ 33,086,808	\$ 28,568,500	\$ 4,518,308	15.8%	1	\$ 26,859,423
Gross Revenues - Inpatient										
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ 18,470	\$ 57,416	\$ (38,946)	-67.8%		\$ 54,897
473	1,181	(708)	-59.9%	Ancillary Service - Inpatient	31,715	31,403	312	1.0%		39,903
473	1,181	(708)	-59.9%	Total Gross Revenue - Inpatient	50,185	88,819	(38,634)	-43.5%	1	94,800
3,936,684	2,184,666	1,752,018	80.2%	Gross Revenue - Outpatient	33,036,623	28,479,681	4,556,942	16.0%		26,764,623
3,936,684	2,184,666	1,752,018	80.2%	Total Gross Revenue - Outpatient	33,036,623	28,479,681	4,556,942	16.0%	1	26,764,623
Deductions from Revenue:										
2,109,449	850,783	(1,258,666)	-147.9%	Contractual Allowances	13,990,987	11,109,773	(2,881,214)	-25.9%	2	8,945,461
87,220	102,655	15,435	15.0%	Charity Care	1,218,437	1,339,295	120,858	9.0%	2	1,259,187
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
83,974	54,604	(29,370)	-53.8%	Bad Debt	128,688	712,391	583,703	81.9%	2	677,186
(122,941)	-	122,941	0.0%	Prior Period Settlements	145,059	-	(145,059)	0.0%	2	(196,004)
2,157,702	1,008,042	(1,149,660)	-114.0%	Total Deductions from Revenue	15,483,172	13,161,459	(2,321,713)	-17.6%	2	10,685,830
58,977	77,294	(18,317)	-23.7%	Other Operating Revenue	1,036,631	1,093,606	(56,975)	-5.2%	3	802,741
1,838,432	1,255,099	583,333	46.5%	<b>TOTAL OPERATING REVENUE</b>	18,640,267	16,500,647	2,139,620	13.0%		16,976,334
<b>OPERATING EXPENSES</b>										
520,021	409,840	(110,181)	-26.9%	Salaries and Wages	5,823,051	5,795,826	(27,225)	-0.5%	4	5,246,584
168,214	136,851	(31,363)	-22.9%	Benefits	1,882,664	1,814,150	(68,514)	-3.8%	4	1,700,260
2,797	18,537	15,740	84.9%	Benefits Workers Compensation	33,511	88,541	55,030	62.2%	4	79,412
89,333	89,890	557	0.6%	Benefits Medical Insurance	878,004	955,711	77,707	8.1%	4	855,391
410,556	219,274	(191,282)	-87.2%	Medical Professional Fees	3,045,618	2,889,490	(156,128)	-5.4%	5	2,872,262
1,752	2,252	500	22.2%	Other Professional Fees	25,745	27,019	1,274	4.7%	5	24,003
73,323	62,313	(11,010)	-17.7%	Supplies	636,072	745,988	109,916	14.7%	6	654,256
76,213	58,248	(17,965)	-30.8%	Purchased Services	883,624	876,191	(7,433)	-0.8%	7	816,760
114,012	96,369	(17,643)	-18.3%	Other	1,323,016	1,192,316	(130,700)	-11.0%	8	1,061,273
1,456,221	1,093,574	(362,647)	-33.2%	<b>TOTAL OPERATING EXPENSE</b>	14,531,307	14,385,232	(146,075)	-1.0%		13,310,201
<b>382,210</b>	<b>161,525</b>	<b>220,685</b>	<b>136.6%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>4,108,960</b>	<b>2,115,415</b>	<b>1,993,545</b>	<b>94.2%</b>		<b>3,666,133</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
814,945	75,596	739,349	978.0%	Donations-IVCH	1,006,659	907,157	99,502	11.0%	9	189,502
-	-	-	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	(2,714,332)
(87,387)	(75,434)	(11,953)	15.8%	Depreciation	(891,360)	(905,208)	13,848	1.5%	12	(783,693)
727,558	162	727,396	-449009.7%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(689,826)</b>	<b>1,949</b>	<b>(691,775)</b>	<b>35493.8%</b>		<b>(3,308,523)</b>
<b>\$ 1,109,768</b>	<b>\$ 161,687</b>	<b>\$ 948,081</b>	<b>586.4%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 3,419,134</b>	<b>\$ 2,117,364</b>	<b>\$ 1,301,770</b>	<b>61.5%</b>		<b>\$ 357,610</b>
<b>9.7%</b>	<b>7.4%</b>	<b>2.3%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>12.4%</b>	<b>7.4%</b>	<b>5.0%</b>			<b>13.6%</b>

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>JUNE 2022</u>	<u>YTD 2022</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were at budget at 0 and Observation Days were at budget at 0.	Gross Revenue -- Inpatient	\$ (708)	\$ (38,634)
	Gross Revenue -- Outpatient	1,752,018	4,556,942
		<u>\$ 1,751,310</u>	<u>\$ 4,518,308</u>
<p>Outpatient volumes were above budget in Emergency Dept visits, Clinic visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Ultrasounds, Cat Scans, Respiratory Therapy, and Physical Therapy.</p>			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 8.60% increase in Medicare, a 1.72% increase in Medicaid, a 8.06% decrease in Commercial insurance, a 2.26% decrease in Other, and County was at budget. Contractual Allowances were above budget due to Revenues exceeding budget by 80.10% and Payor Mix shifting from Commercial to Medicare.	Contractual Allowances	\$ (1,258,666)	\$ (2,881,214)
	Charity Care	15,435	120,858
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(29,370)	583,703
	Prior Period Settlement	122,941	(145,059)
	Total	<u>\$ (1,149,660)</u>	<u>\$ (2,321,713)</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in June.	IVCH ER Physician Guarantee	\$ (17,753)	\$ (262,006)
	Miscellaneous	(564)	205,031
	Total	<u>\$ (18,317)</u>	<u>\$ (56,975)</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ (110,181)</u>	<u>\$ (27,225)</u>
<b><u>Employee Benefits</u></b>			
The year-end adjustment to the District's Deferred Comp and MPP Liabilities created a negative variance in Pension/Deferred Comp.	PL/SL	\$ (6,596)	\$ (109,344)
	Pension/Deferred Comp	(47,746)	(47,746)
	Standby	5,020	43,855
	Other	21,617	(20,965)
The final year-end true-up of Accrued FICA taxes created a positive variance in Other.	Nonproductive	(3,658)	65,686
	Total	<u>\$ (31,363)</u>	<u>\$ (68,514)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>	Total	<u>\$ 15,740</u>	<u>\$ 55,030</u>
<b><u>Employee Benefits - Medical Insurance</u></b>	Total	<u>\$ 557</u>	<u>\$ 77,707</u>
<b>5) <u>Professional Fees</u></b>			
Negative variance in Therapy Services is a result of terminating the contract so the therapists could become employees of the District effective July 2022.	Therapy Services	\$ (175,382)	\$ (181,336)
	IVCH ER Physicians	(20,016)	(17,273)
	Sleep Clinic	-	(1,618)
	Administration	-	-
	Miscellaneous	750	750
Additional coverage in the ED due to volumes exceeding budget by 84.02% created a negative variance in IVCH ER Physicians.	Foundation	500	1,275
	Multi-Specialty Clinics	3,365	43,347
	Total	<u>\$ (190,782)</u>	<u>\$ (154,854)</u>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues exceeded budget by 16.51%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (28,664)	\$ (72,814)
	Non-Medical Supplies	(296)	(12,464)
	Minor Equipment	(1,410)	(10,369)
	Office Supplies	(357)	2,279
	Food	1,272	14,517
	Pharmacy Supplies	18,445	188,767
	Total	<u>\$ (11,010)</u>	<u>\$ 109,916</u>

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>JUNE 2022</u>	<u>YTD 2022</u>
<b>7) <u>Purchased Services</u></b>			
Defensible space work was performed to remain in code according to the Fire Department, creating a negative variance in Engineering/Plant/Communications.	Laboratory	\$ 2,508	\$ (41,896)
	Miscellaneous	(1,008)	(23,297)
	Engineering/Plant/Communications	(18,735)	(13,168)
	Multi-Specialty Clinics	(304)	(7,996)
	Surgical Services	-	-
	Pharmacy	(1,291)	605
	Diagnostic Imaging Services - All	(936)	709
	Department Repairs	(387)	3,001
	EVS/Laundry	3,273	28,416
	Foundation	(1,086)	46,192
	<b>Total</b>	<u>\$ (17,965)</u>	<u>\$ (7,433)</u>
<b>8) <u>Other Expenses</u></b>			
Transfer of Laboratory Labor costs to IVCH for resulting tests at the TFH Lab, created a negative variance in Miscellaneous.	Miscellaneous	\$ (9,811)	\$ (144,442)
	Insurance	(36,517)	(54,648)
	Utilities	17,363	5,863
	Marketing	4,318	(4,130)
An adjustment to the year-end Comprehensive Liability IBNR created a negative variance in Insurance.	Multi-Specialty Clinics Bldg. Rent	100	(2,913)
	Equipment Rent	2,522	(410)
	Physician Services	-	-
Prior Period telephone expense accruals came in below estimations, creating a positive variance in Utilities.	Other Building Rent	297	8,953
	Dues and Subscriptions	1,328	21,284
	Outside Training & Travel	2,757	39,743
	<b>Total</b>	<u>\$ (17,643)</u>	<u>\$ (130,700)</u>
<b>9) <u>Donations</u></b>			
Donations from the IVCH Foundation to support Behavioral Health and the Sterile Processing Renovation created a positive variance in Donations.	<b>Total</b>	<u>\$ 739,349</u>	<u>\$ 99,502</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ 1,000</u>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ (806,125)</u>
<b>12) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<u>\$ (11,953)</u>	<u>\$ 13,848</u>

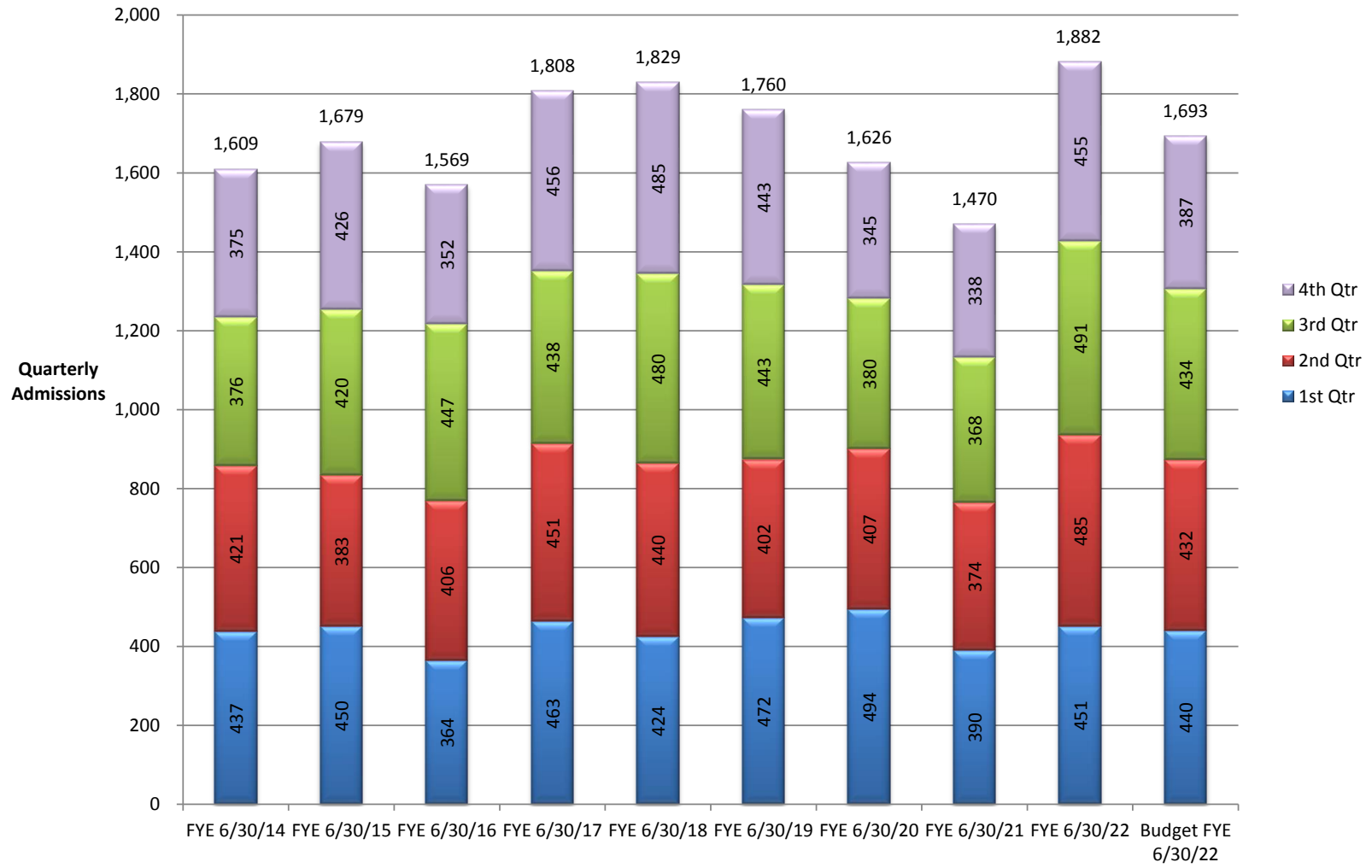
TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PRELIMINARY FYE 2022	ACTUAL JUNE 2022	PROJECTED JUNE 2022	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PRELIMINARY 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 35,256,409		\$ 22,035,877	\$ 42,514,689	\$ 1,289,245	\$ (5,440,049)	\$ 6,729,294	\$ 15,154,229	\$ 7,650,554	\$ 16,020,882	\$ 3,689,024
Interest Income	604,065		509,726	364,029	16,859	-	16,859	98,018	94,530	100,813	70,670
Property Tax Revenue	8,358,581		8,320,000	8,969,604	121,023	-	121,023	453,496	102,016	4,799,524	3,614,568
Donations	647,465		1,320,000	2,145,345	828,056	510,000	318,056	145,778	331,247	683,165	985,156
Emergency Funds	(3,567,509)		-	(1,092,739)	-	-	-	101,692	(1,194,431)	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,957,925)	(352,288)	(353,188)	901	(1,631,219)	(1,058,056)	(1,210,725)	(1,057,926)
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)	(58,608)	(4,419)	(5,320)	901	(15,223)	(14,449)	(14,615)	(14,320)
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)	-	-	-	-	(96,668)	(130,000)	-
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(3,729,754)	(90,743)	(500,000)	409,257	(1,413,396)	(377,325)	(1,765,708)	(173,324)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(106,850)	(90,563)	(150,000)	59,437	-	-	(20,000)	(86,850)
Building Projects/Properties	(7,418,233)		(29,614,464)	(20,961,652)	(7,472,499)	(7,397,734)	(74,765)	(2,380,089)	(3,749,159)	(3,751,037)	(11,081,367)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(1,886,235)	8,008,624	349,371	7,659,253	(3,723,682)	(1,916,033)	(6,076,440)	9,829,920
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(22,279,838)	(6,654,399)	(6,935,387)	280,988	(161,535)	(13,234,421)	2,093,061	(10,976,943)
Change in Other Assets	(92,357)	N3	(2,400,000)	(2,008,808)	(691,388)	(200,000)	(491,388)	(1,167,873)	(263,085)	90,349	(668,199)
Change in Other Liabilities	3,980,506	N4	(893,000)	(4,641,417)	2,454,138	14,026,000	(11,571,862)	1,967,766	(8,458,498)	2,482,373	(633,058)
Change in Cash Balance	28,658,251		(38,539,313)	(7,898,218)	(2,633,935)	(6,090,988)	3,457,053	7,443,183	(22,169,328)	13,316,257	(6,488,330)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	156,440,518	156,440,518	-	161,643,342	169,086,525	146,917,197	160,233,453
Ending Unrestricted Cash	161,643,342		123,104,029	153,745,124	153,806,583	150,349,530	3,457,053	169,086,525	146,917,197	160,233,453	153,745,124
Operating Cash	142,591,148		123,104,029	153,274,018	153,335,477	150,349,530	2,985,947	152,247,265	132,675,852	151,761,425	153,274,018
Medicare Accelerated Payments	19,052,193		-	471,106	471,106	-	471,106	16,839,260	14,241,345	8,472,028	471,106
Expense Per Day	595,409		629,671	636,552	636,552	629,671	6,881	585,887	603,375	617,099	636,552
Days Cash On Hand	271		196	242	242	239	3	289	243	260	242
Days Cash On Hand - Operating Cash Only	239		196	241	241	239	2	260	220	246	241

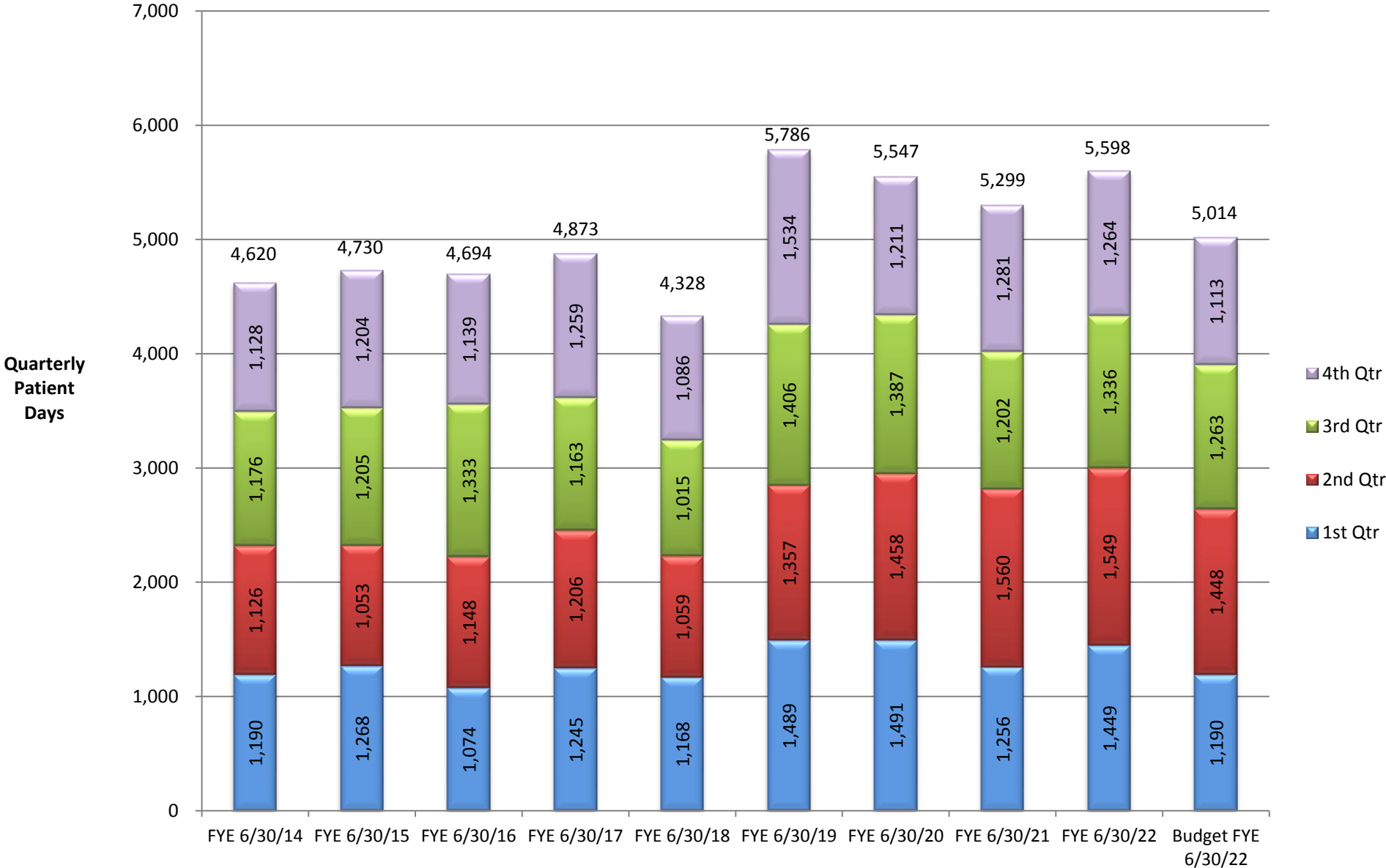
Footnotes:

- 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.

## TOTAL TFH ADMISSIONS

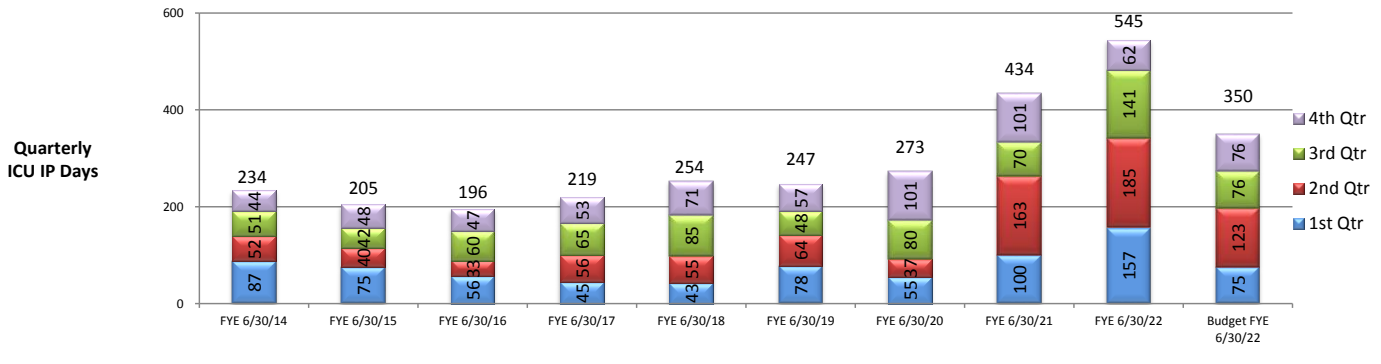


# TOTAL TFH PATIENT DAYS

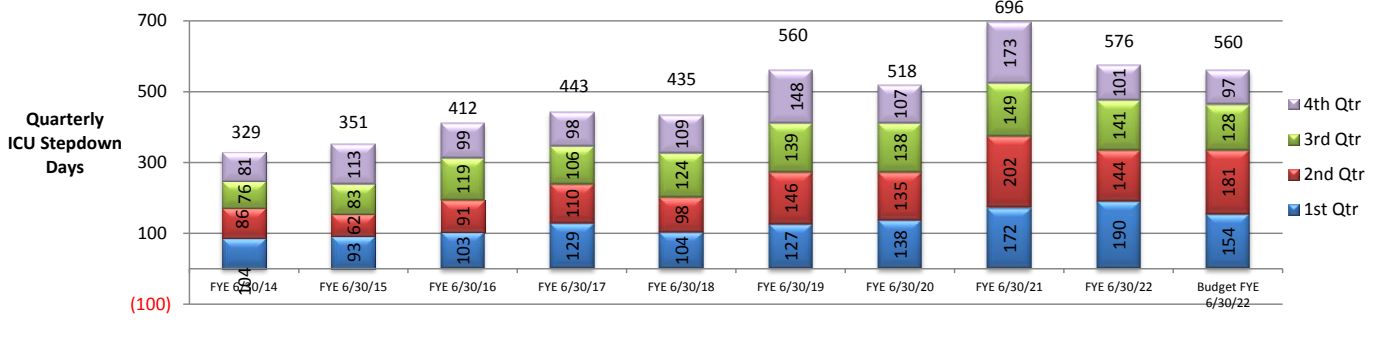




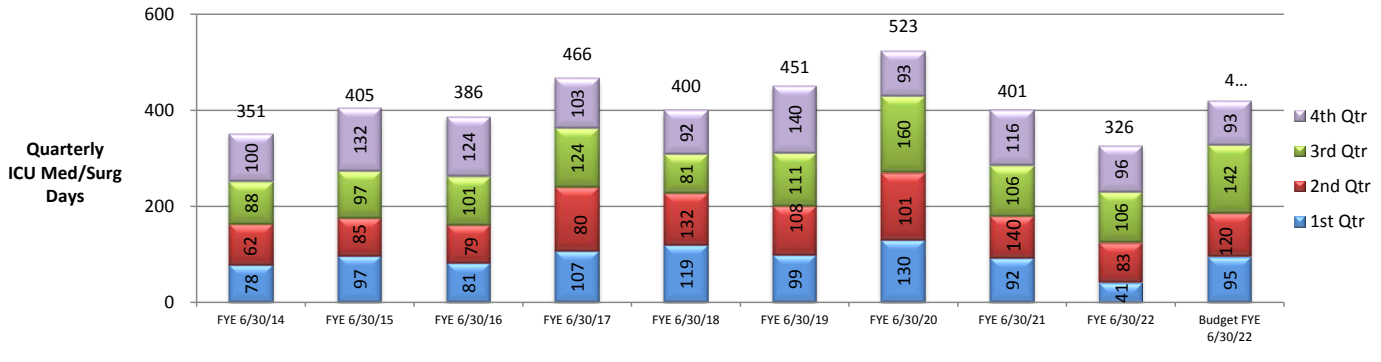
### TOTAL TFH ICU INPATIENT DAYS



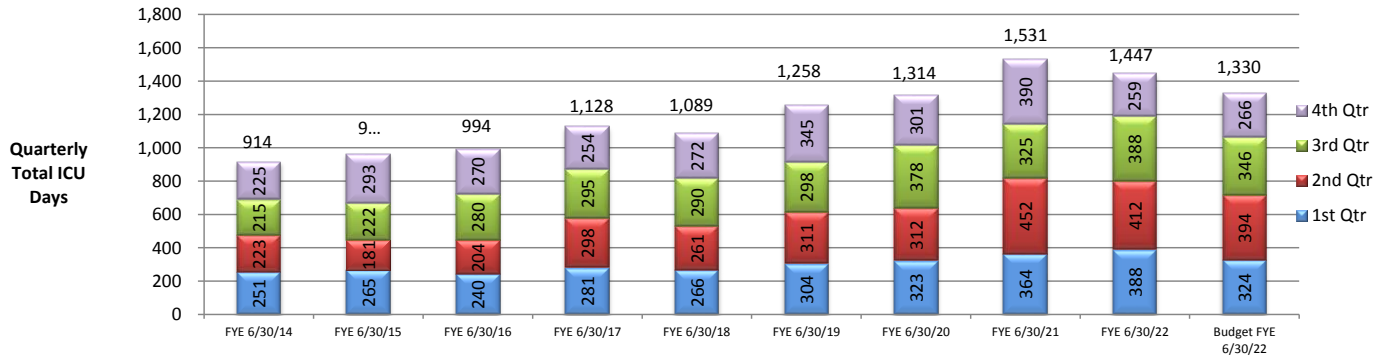
### TOTAL TFH ICU STEPDOWN DAYS



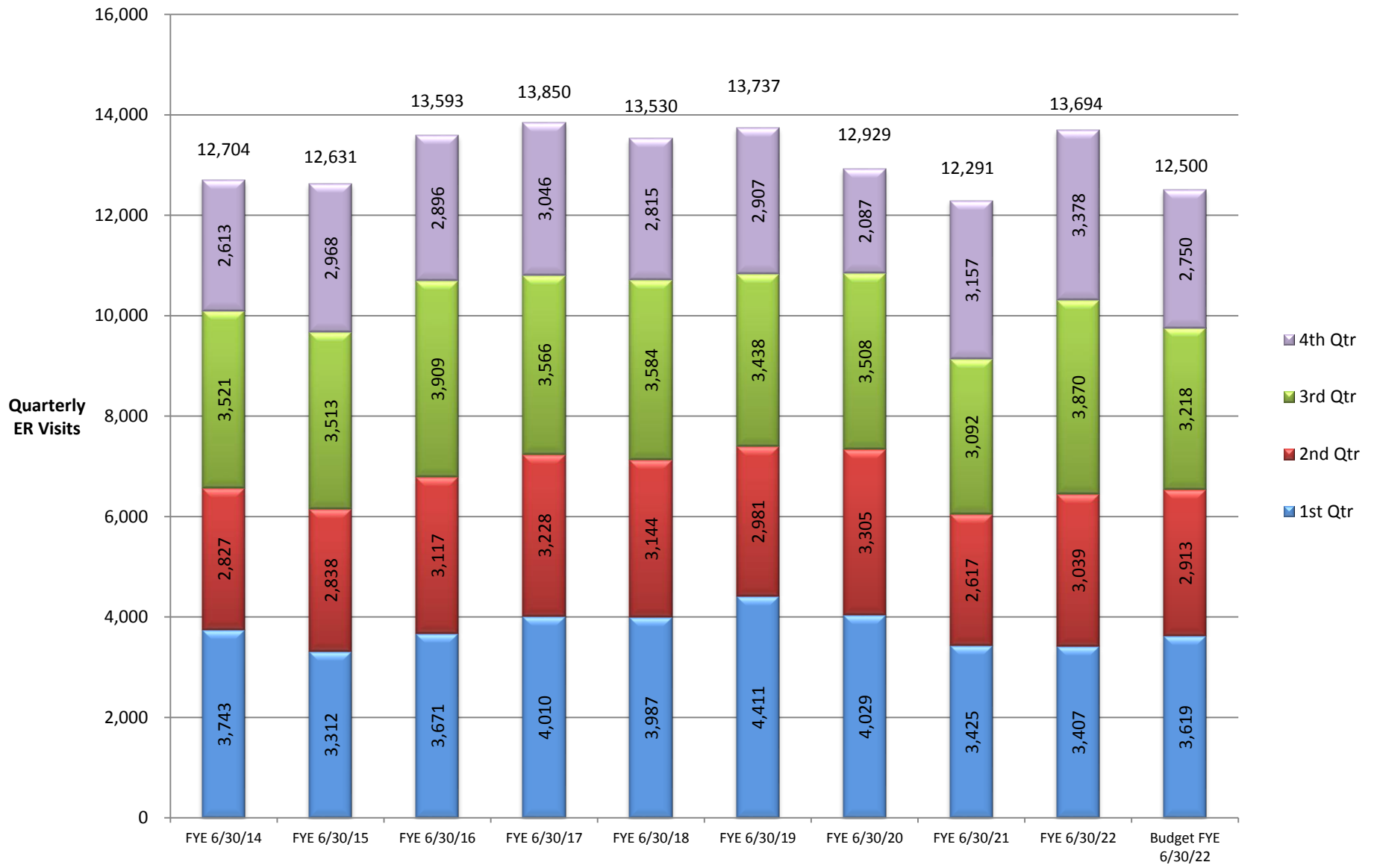
### TOTAL TFH ICU MED/SURG DAYS



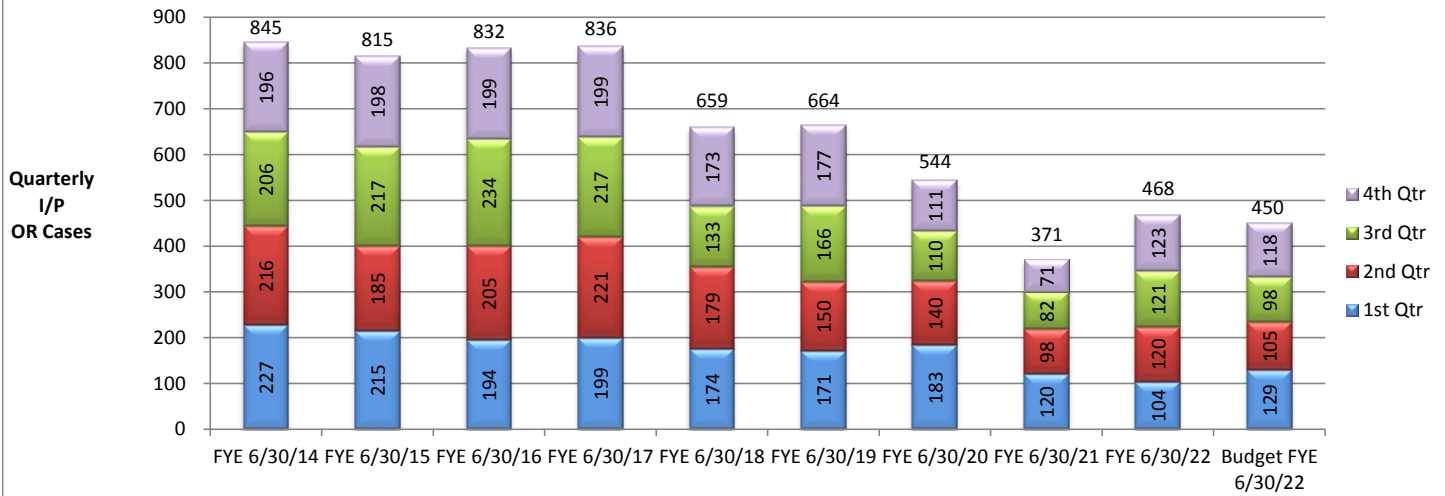
### TOTAL TFH ICU DAYS



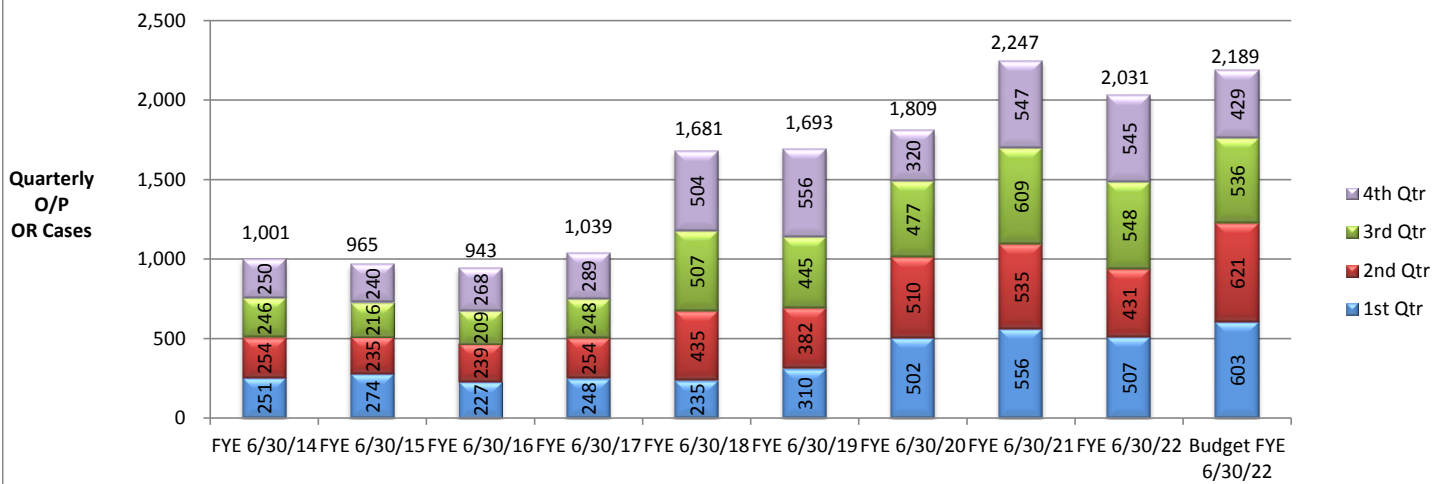
# TOTAL TFH ER VISITS



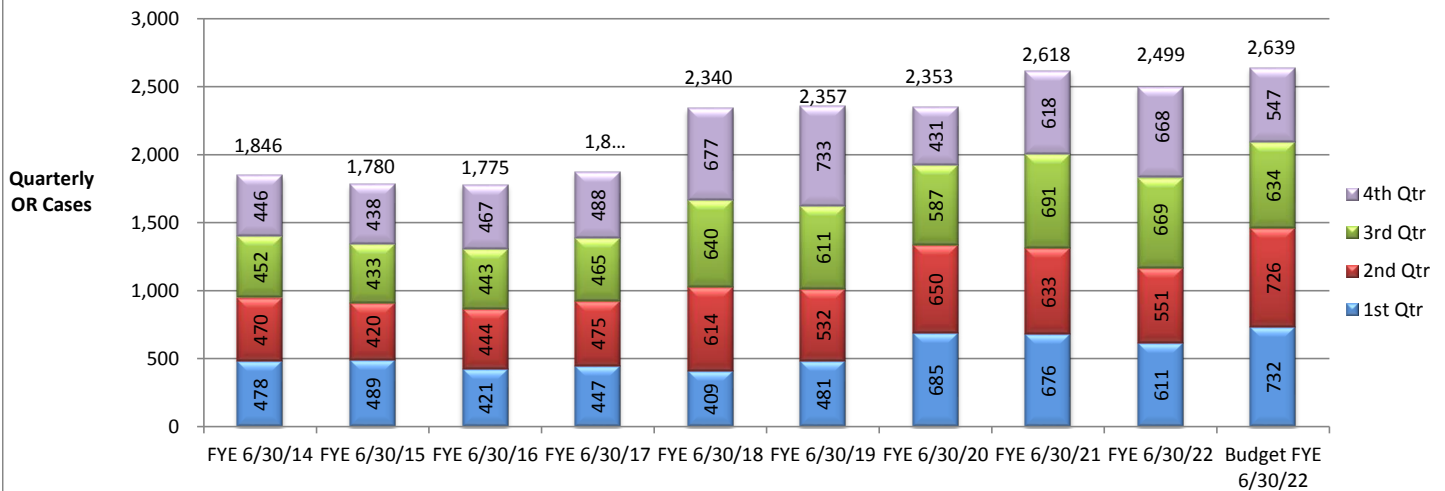
### TOTAL TFH INPATIENT OR CASES



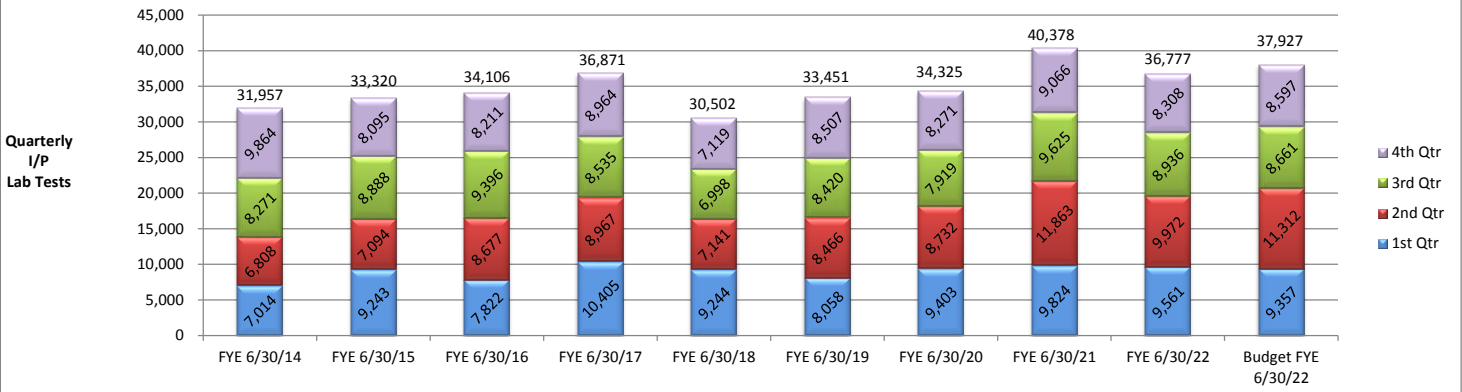
### TOTAL TFH OUTPATIENT OR CASES



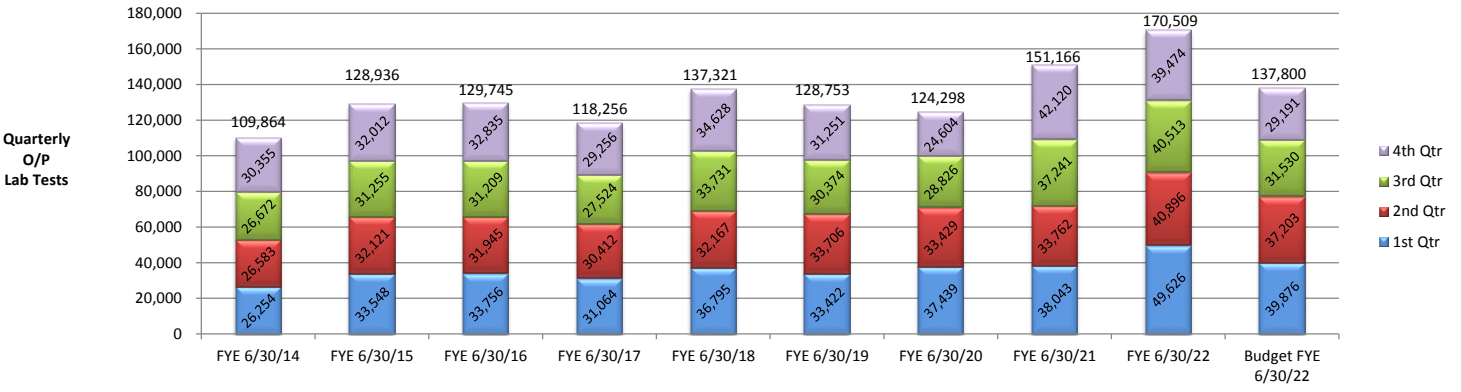
### TOTAL TFH OR CASES



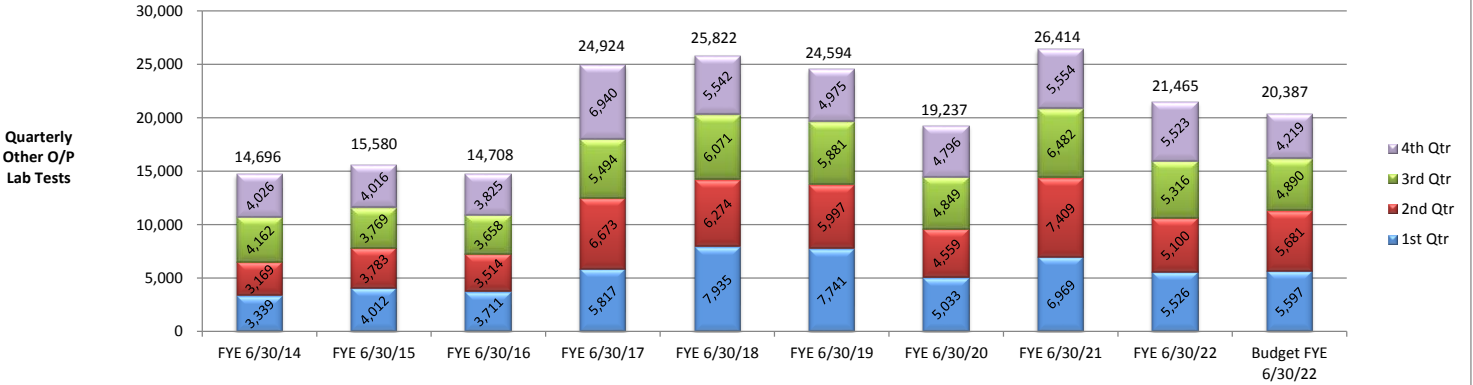
### TOTAL TFH INPATIENT LAB TESTS



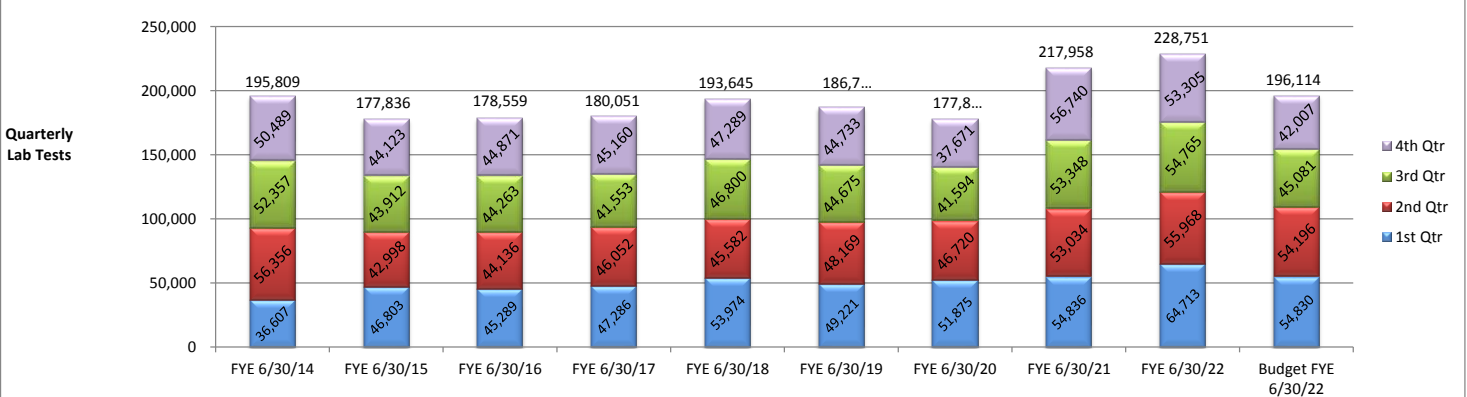
### TOTAL TFH OUTPATIENT LAB TESTS



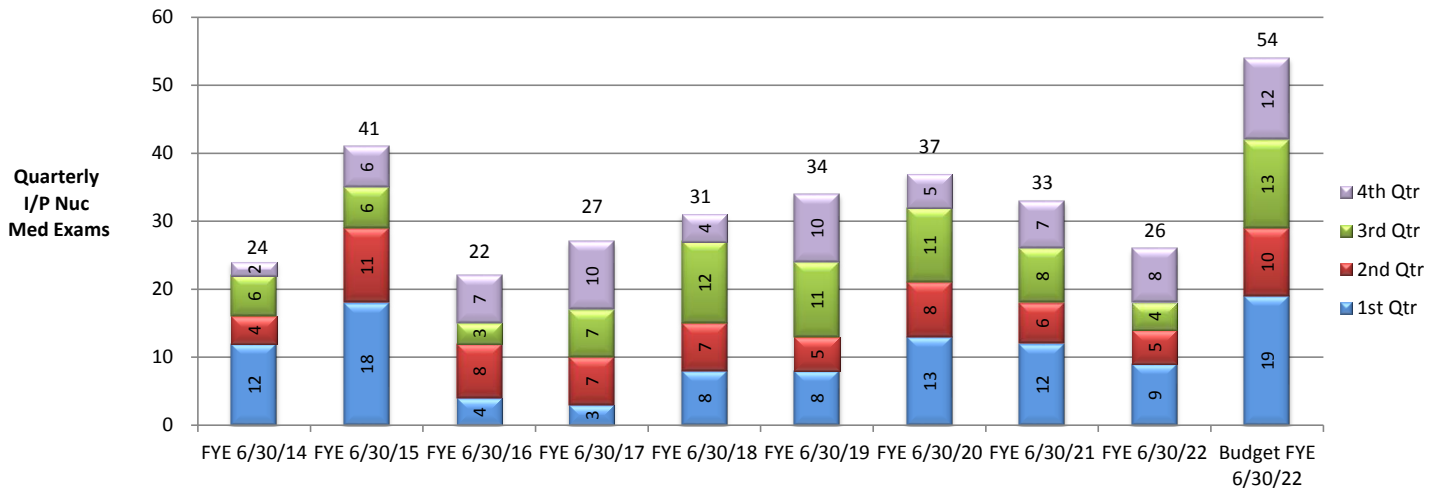
### TOTAL TFH OTHER OUTPATIENT LAB TESTS



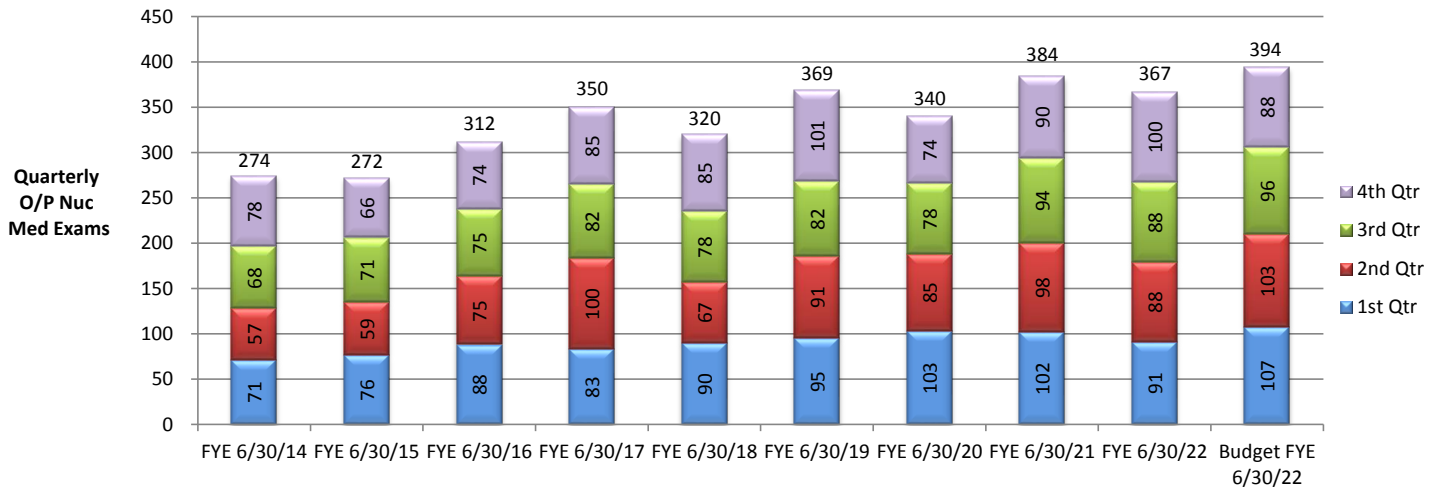
### TOTAL TFH LAB TESTS



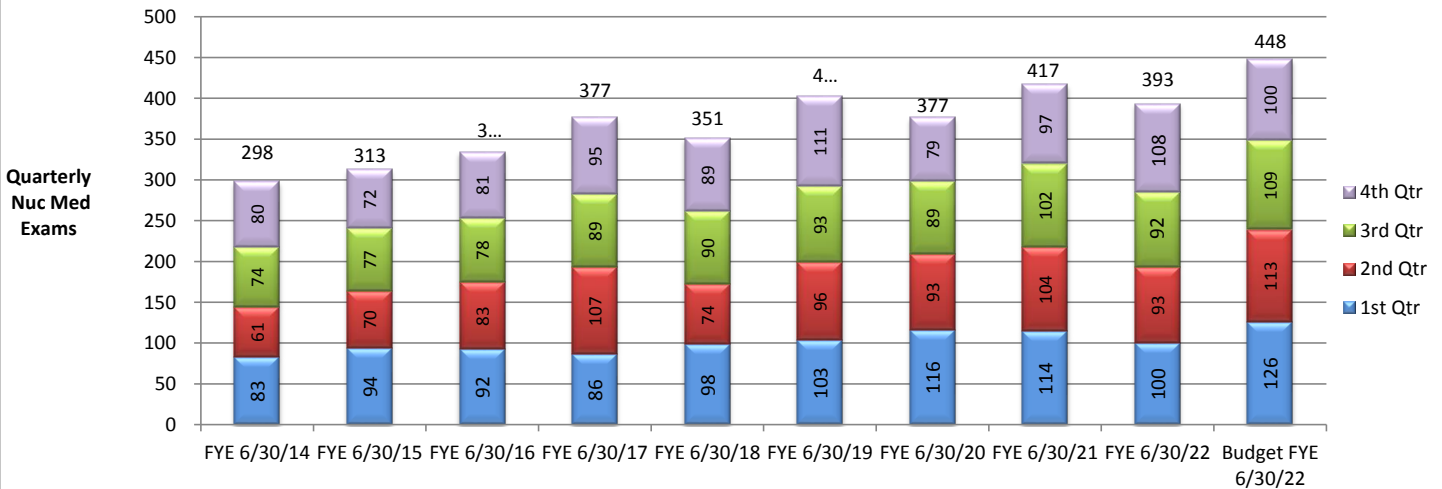
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



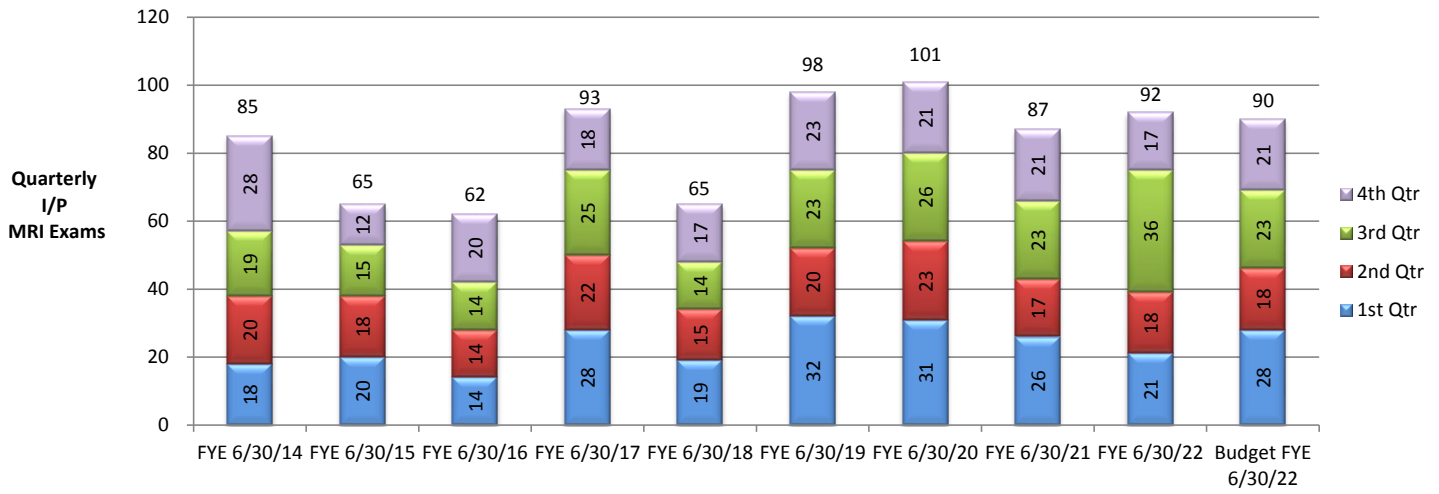
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



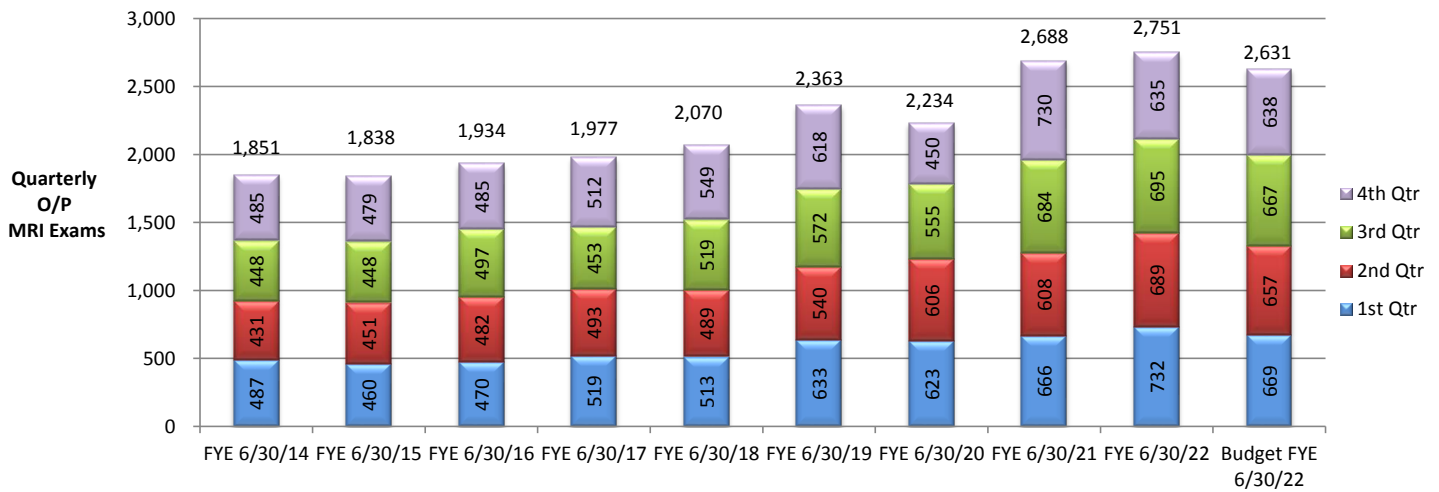
### TOTAL TFH NUCLEAR MEDICINE EXAMS



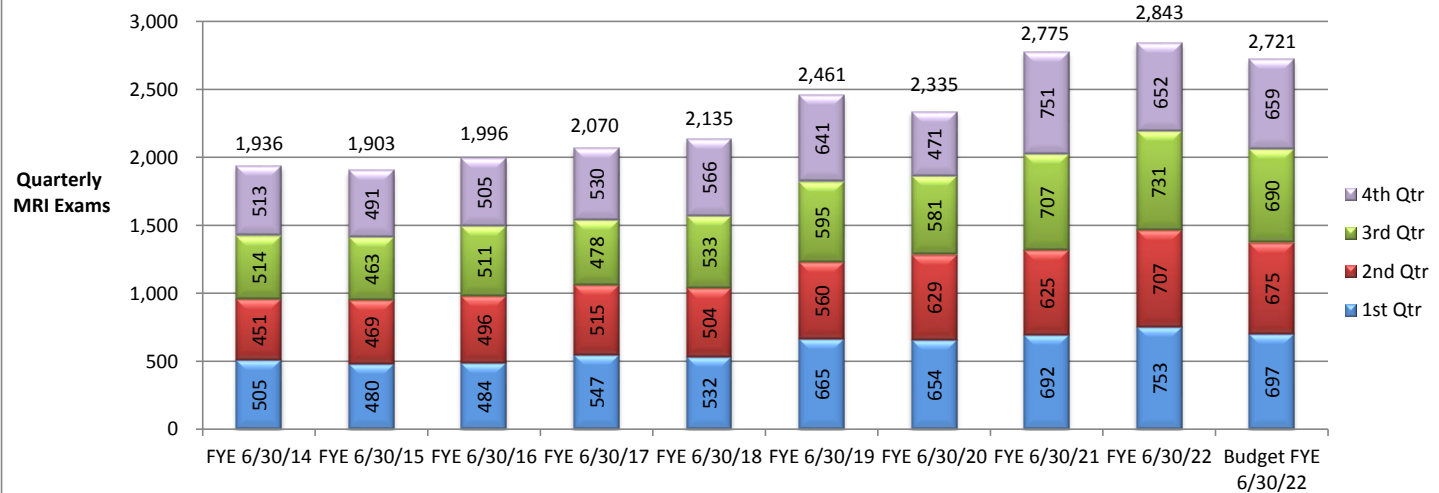
### TOTAL TFH MRI INPATIENT EXAMS



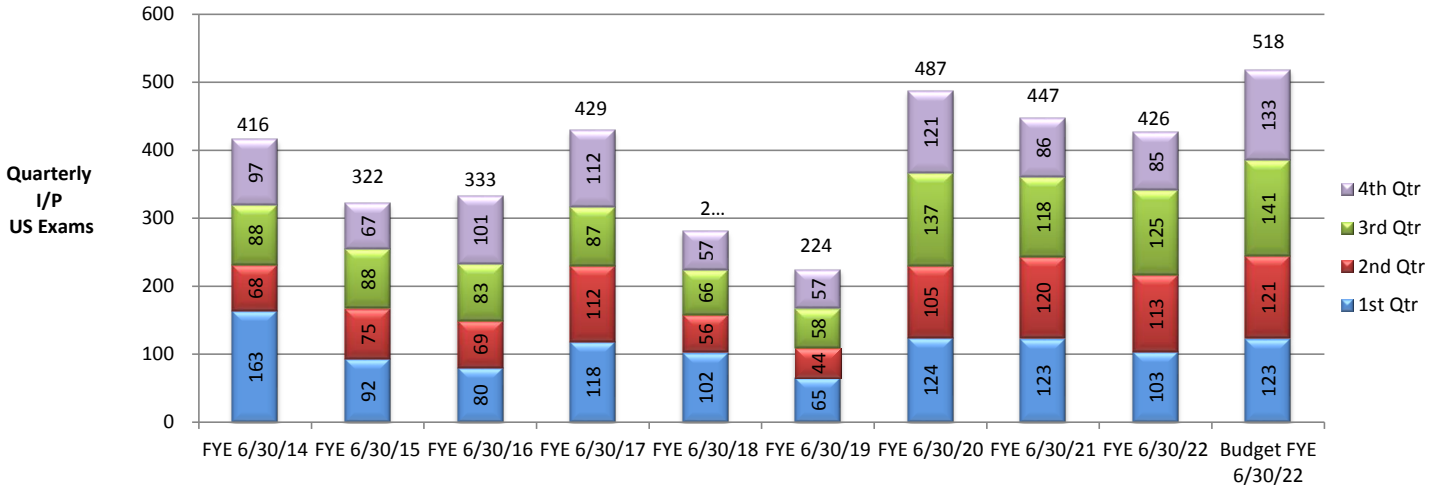
### TOTAL TFH MRI OUTPATIENT EXAMS



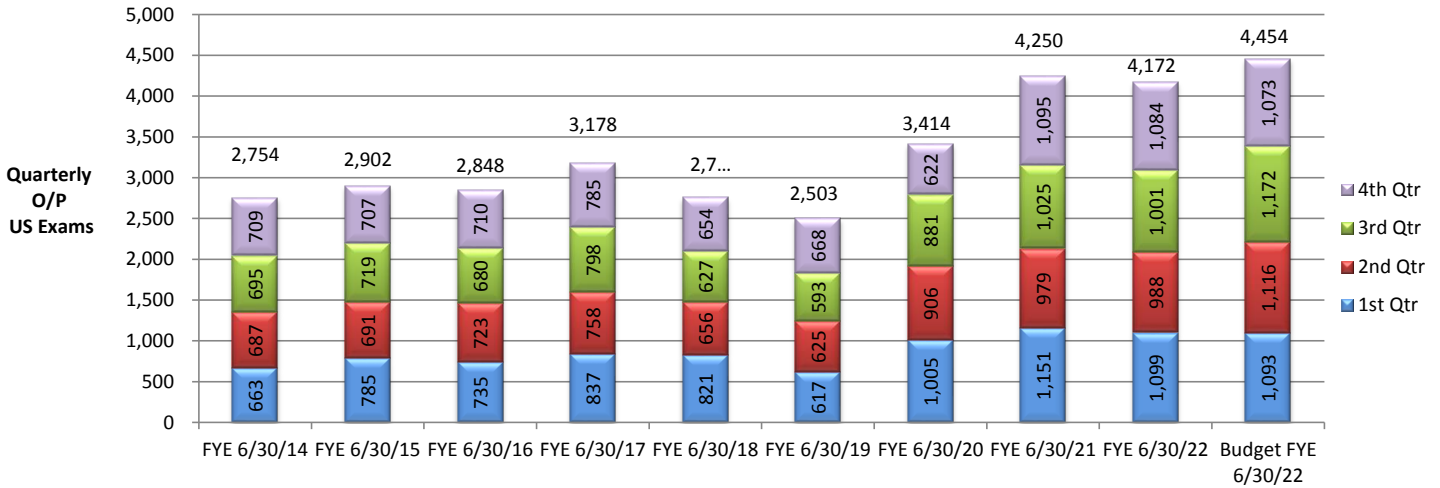
### TOTAL TFH MRI EXAMS



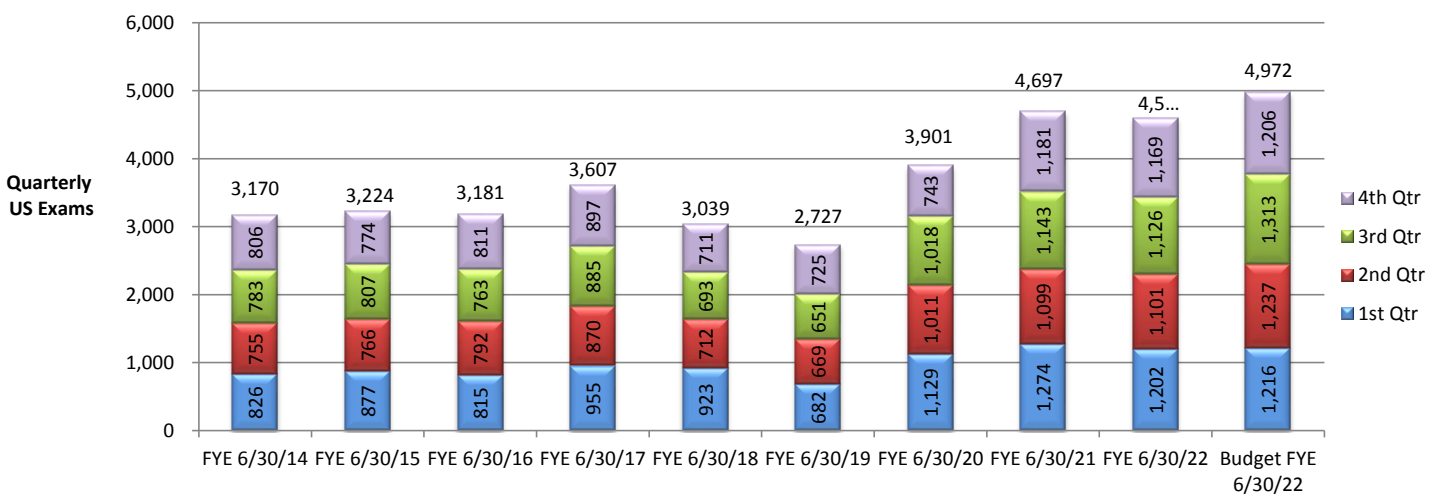
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



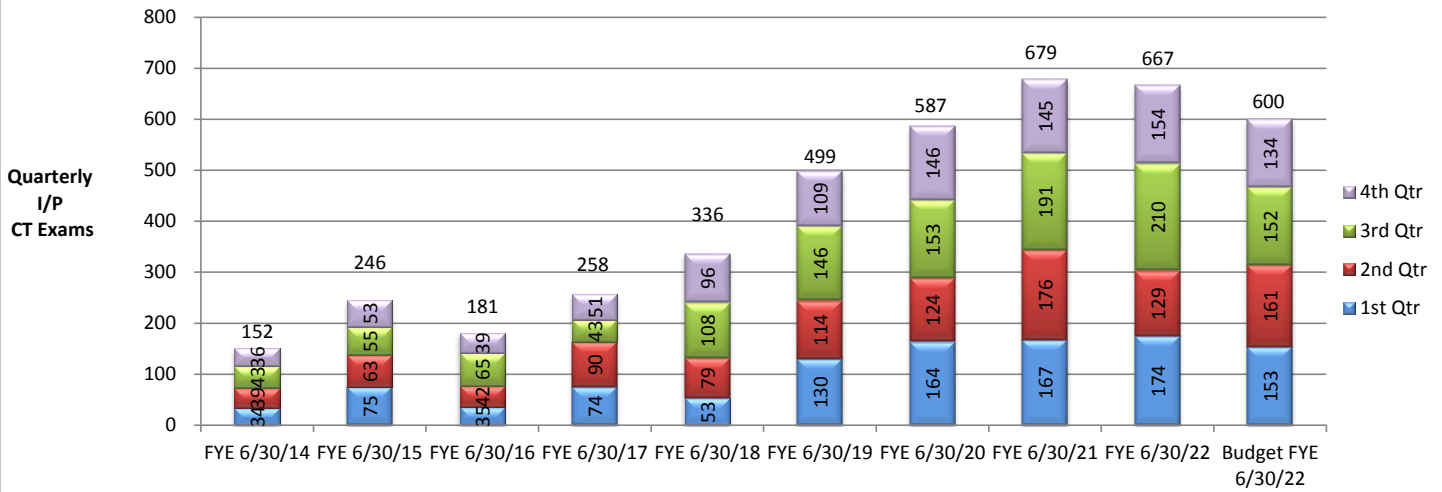
### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



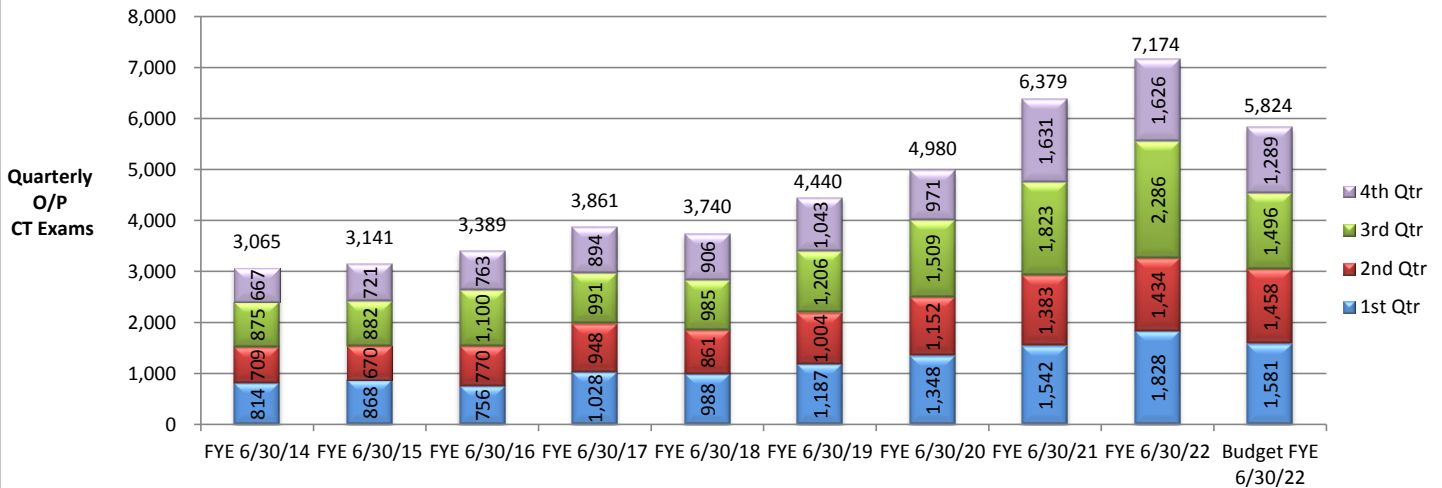
### TOTAL TFH ULTRASOUND EXAMS



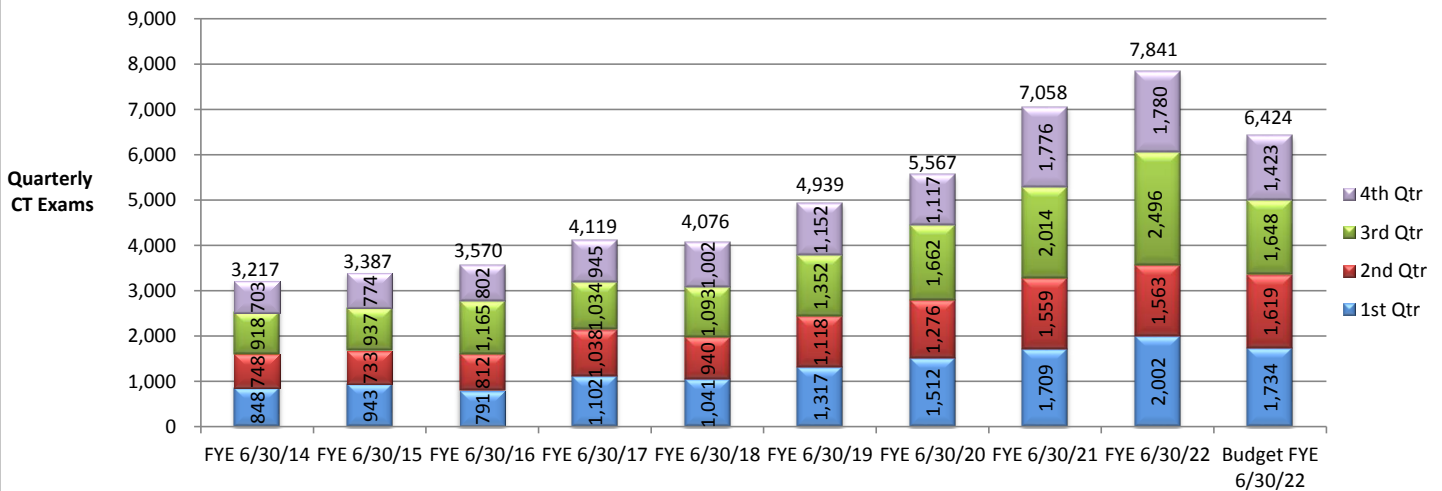
### TOTAL TFH CT INPATIENT EXAMS



### TOTAL TFH CT OUTPATIENT EXAMS

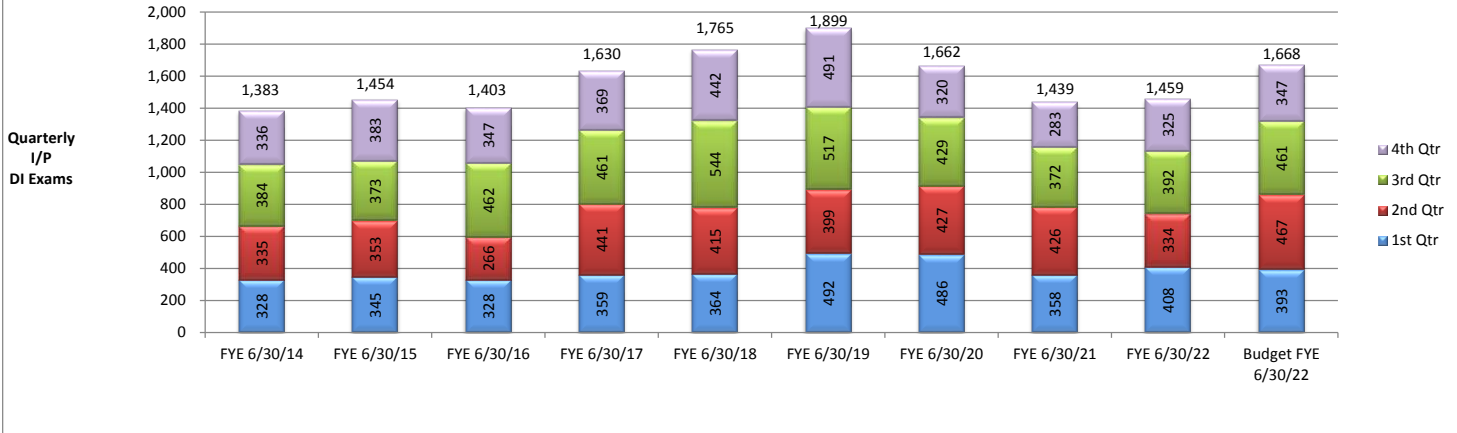


### TOTAL TFH CT EXAMS

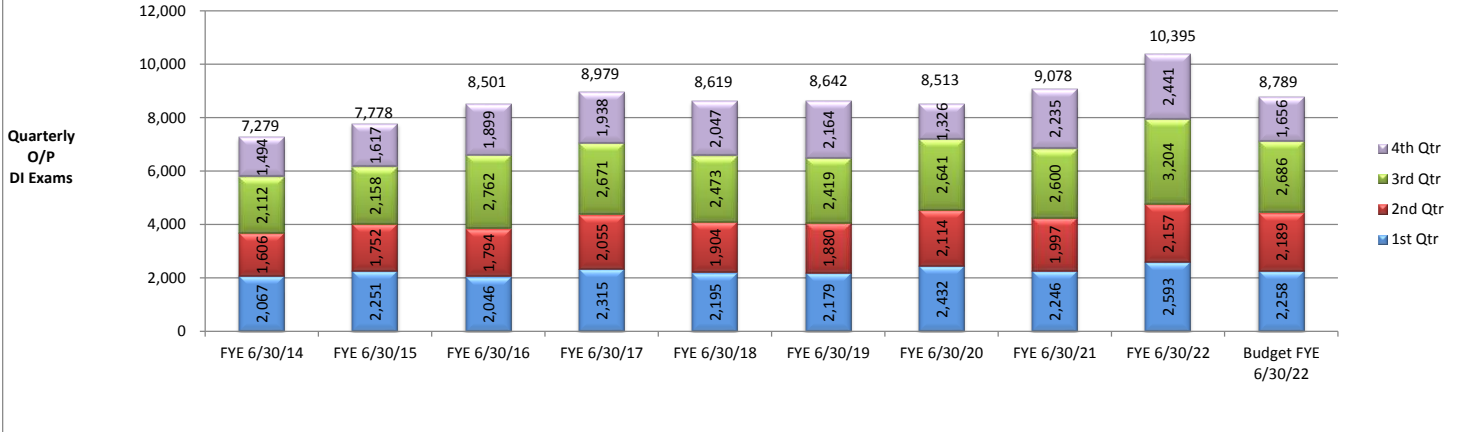




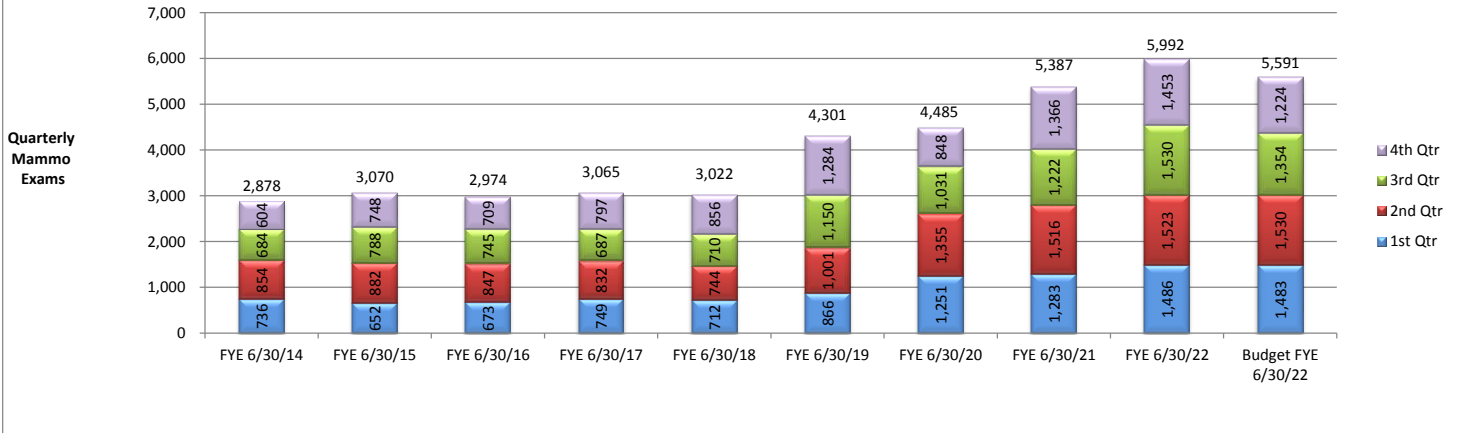
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



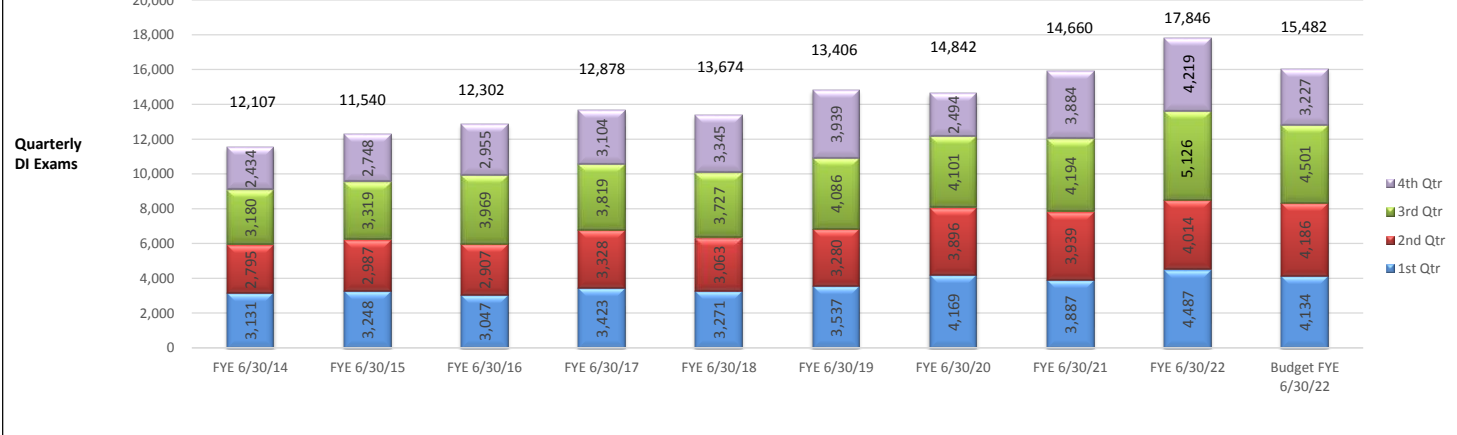
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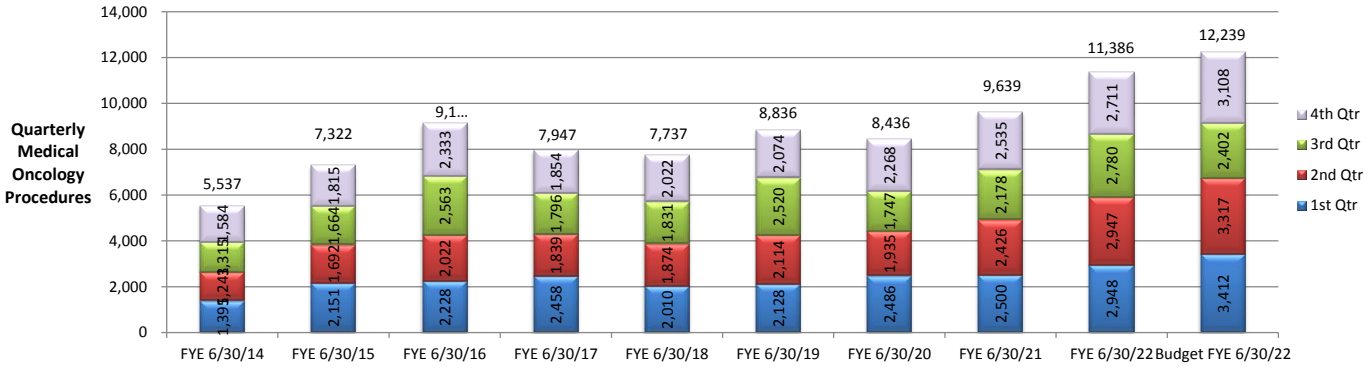
### TOTAL TFH MAMMOGRAPHY EXAMS



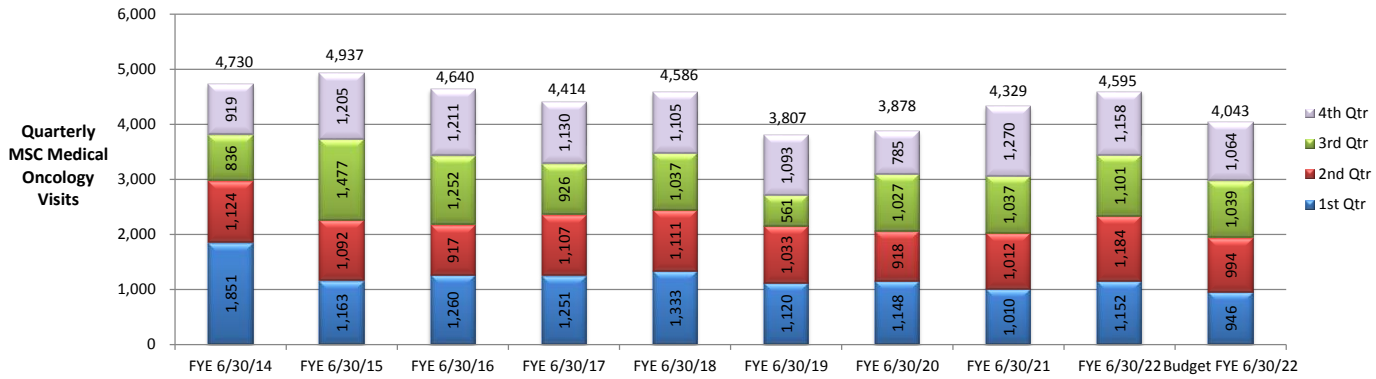
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



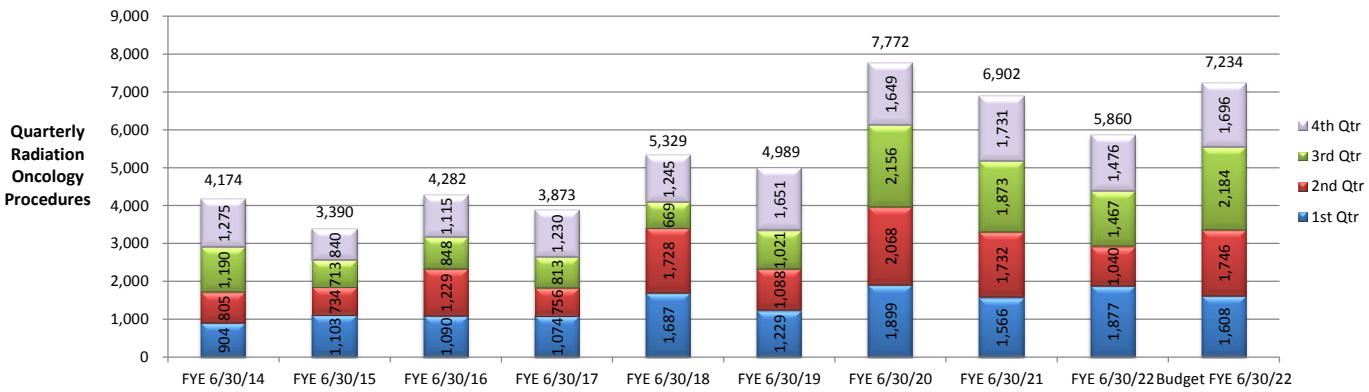
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



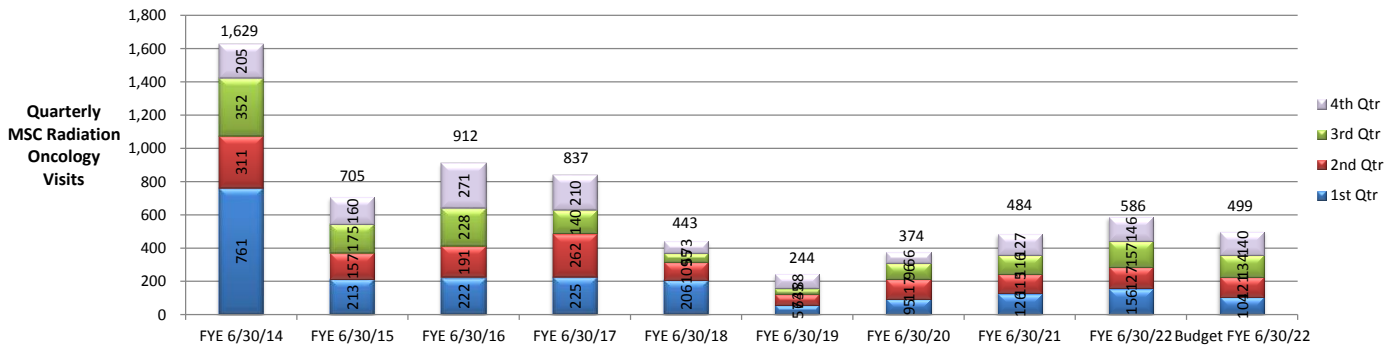
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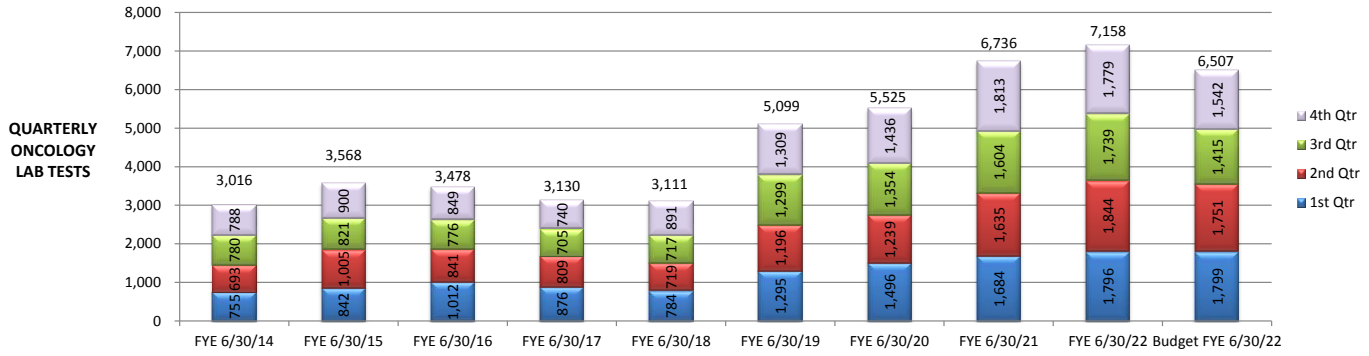
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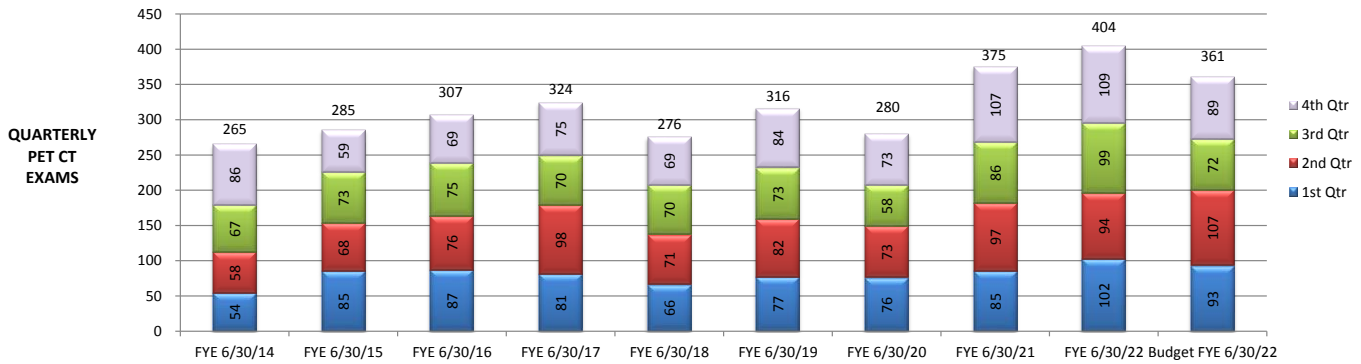
### TOTAL TFH MSC RADIATION ONCOLOGY VISITS



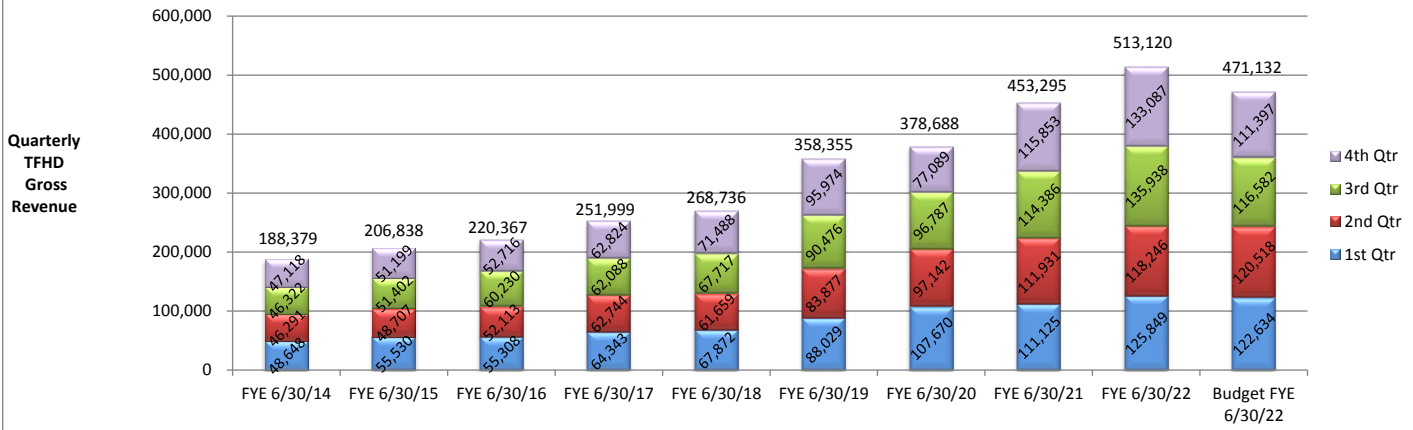
### TOTAL TFH ONCOLOGY LABORATORY TESTS



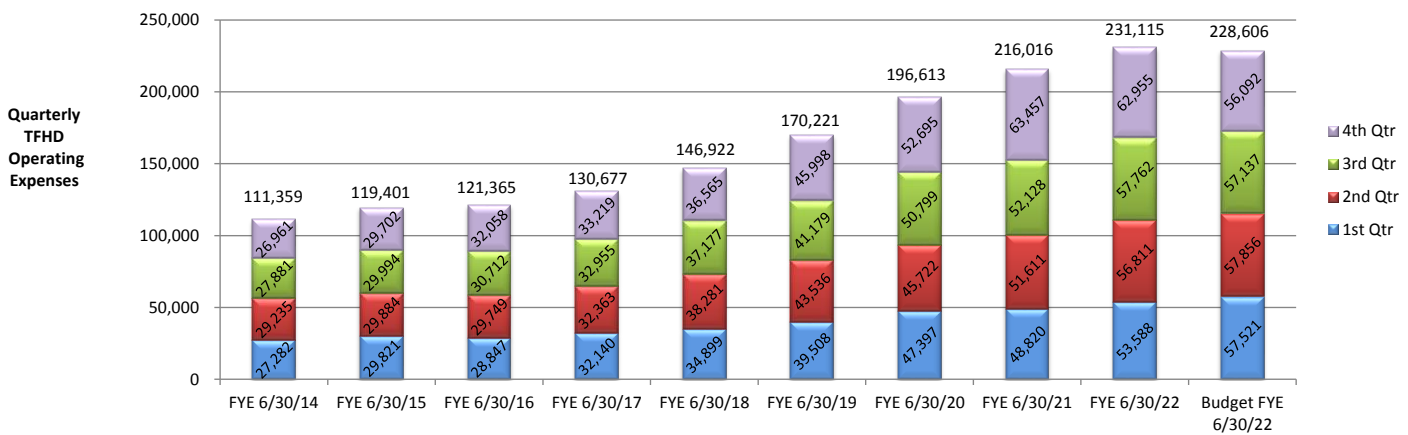
### TOTAL TFH PET CT EXAMS



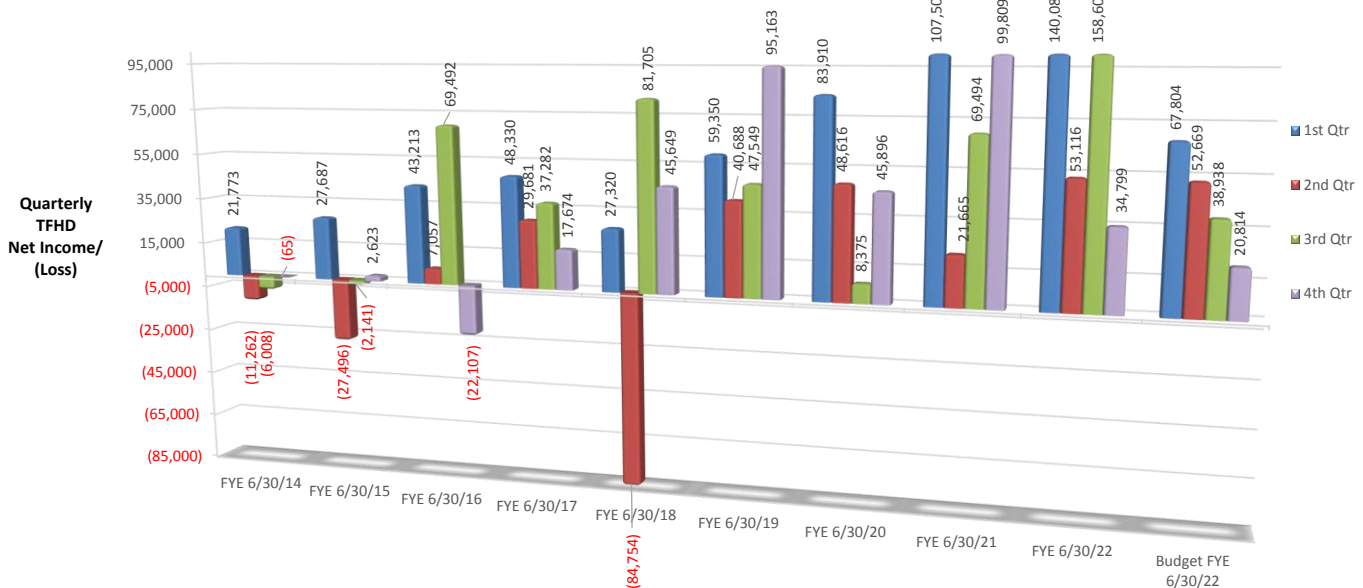
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT NET INCOME/(LOSS) (In Hundreds)





## Board Informational Report

**By: Harry Weis**  
President and CEO

**DATE: July 18, 2022**

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It tentatively appears the Health System's overall growth rate was about 7.2% in fiscal year 2022 versus 2021. This is the first year in many years where we have single digit year over year growth for the entire Health System.

We did reach another major milestone in that gross revenues exceeded \$500,000,000 in fiscal year 2022. They were less than \$260,000,000 in fiscal year 2015 if I recall correctly. The important "value proposition" context here for all patients in our region is that TFHS is still 49% below the average for inpatient charges per discharge versus the average of all hospitals in California. We are also in a much higher cost of living zone and have much higher construction and maintenance costs as well, yet we remain way below the average inpatient charges per discharge. This information can be reviewed in last month's budget package.

Our health system has on an overall basis more than doubled in its activities over the past seven years.

July, month to date, is running below budget volumes and revenues. Hopefully the last half of the July will pick up quite a bit.

We are definitely seeing an uptick in COVID positive cases in the month of June and it is continuing into July. June was about three times busier in terms of daily positive COVID lab results versus the months of March, April and May. We also saw our inpatient COVID census go from zero for many weeks to a range of 2 to 5 inpatients for the past 6 to 7 weeks. We still call this an uptick because it is way below the number of cases per day illustrated in late December and January.

We had 79 team members catch COVID-19 in June and we have more than 50 team members so far in July who have caught COVID-19. I am really proud of every team member's effort over the past 29 months in the most important public health and general healthcare efforts anyone has dealt with in the last 100 years.

Our provider office visits continued to grow in fiscal year 2022 versus 2021 but not nearly as high as we had hoped. Again, we have increased from roughly 47,000 provider office visits in fiscal year 2015 to about 115,000 in provider office visits in fiscal year 2022.

We are deeply concerned about timely patient access and patient experience. This is a critical daily conversation by many of us. We are looking at all processes and ideas to increase timely patient access. We have four primary care physicians who are away for important personal reasons right now and this really impacts us as well.

We do have several physicians coming in the second half of this calendar year, so these new arrivals coupled with changing other processes, will hopefully make a difference within the next 3 to 4 months. We have increased our medical staff team by 39% since I arrived which is a much larger increase than the total population and its growth in our primary service area during these same years. We are seeing many more patients each year travel from distant rural and urban areas driving regularly to receive care from our physicians. Patient access is becoming less available in many rural and urban areas around us as well. We have been able to retain and recruit better than most health systems, but patient access remains our number one concern for at least the next three years.

We want to congratulate our entire Extended Care Facility team upon achieving a 5-Star rating on the quality of their services. They have worked really hard for many years to be the best extended care facility in the region.

We continue to see the year over year national consumers price index (CPI) inflation rate grow each month. At the end of May, it was 8.6% and now at the end of June, it is 9.1%. The producer's price index (PPI) was over 11% increase year over year in June which indicates that the CPI will likely go much higher as it can lag the PPI index a bit. We are definitely seeing a familiar repeat of our US inflation economy from the late 70's and early 80's being illustrated right now. Expenses for most companies could rise faster than revenues.

The price of lumber has recently gone way down and new housing starts are slowing. The changes in the housing market as to sales and as to new starts will be something to watch closely over the next many months. We have had more than a 10-year upswing in home prices, so our economy is due for a flattening out or decline, for several years.

Supply chain disruption or the ability to not predict that you will receive the products you need on time, is a real and significant continuing problem for many industry segments including us in healthcare.

We as a health system have taken several actions to help our team over the past year with these inflation pressures and will continue to look at reasonable actions we can take so that we can recruit and retain our staff.

We should all expect that we will see a rapidly growing healthcare worker shortage over many future years. This applies to physicians and many skilled healthcare worker categories. We will have to continue to make changes to try to overcome these new and growing challenges. These workforce shortages could become more material than anything I have seen in the last 45 years so we are taking this very seriously.

We continue to monitor state and federal rule and law changes as there continues to be a growing desire by states and the feds to impose new rules or laws upon us. Many are unfunded mandates and many really increase the administrative burden of running a healthcare system.

**By: Louis J. Ward, MHA**  
Chief Operating Officer

**DATE: July 22, 2022**

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

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

- COVID-19 - The uptick in COVID in the region, state, and nation has been experiencing over the past few months continues this month. COVID positivity has remained higher than past months; however, hospitalizations continue to remain very low. The most significant challenge COVID has presented for the healthcare system has been increased staffing issues due to COVID positive tests or exposures.

The COVID Response Group has continued to meet regularly throughout the pandemic, however at this point we are returning to weekly meetings for the next 10 weeks to discuss ongoing challenges as well as ensuring all of the health systems COVID policies and protocols are in alignment with CDC and/or CDPH.

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

*Optimize the health care delivery system and efficiencies*

- Incline Village Community Hospital (IVCH)
  - IVCH's Sterile Processing & Decontamination Project (SPD) has been completed.
  - We are working together to return GI surgery to the Incline Village community in the fall months now that the SPD project has been completed.
  - The parking lot addition bringing 22 new parking spaces to IVCH is underway and at the time of writing this report the project is a week ahead of schedule. We are intending to complete the project later this summer.
  - The IVCH nursing, pharmacy, and diagnostic imaging teams were able to set up for medication stress echocardiography testing in the month of July. They performed the first dobutamine stress echo in Incline this month. The team began with echo, then stress echo and now dobutamine stress echo. Dr. Scholnick and the team are very pleased to offer this service to the Incline Village community.
- Perioperative Optimization Project
  - Administration worked with the Administrative Director of Surgical Services to select a Surgery Optimization vendor. The team has selected and contracted with Optum to provide the below services. The project will begin early August.
    - 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:

- IT to 10083 Lake Ave in 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 29<sup>th</sup>, 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:** ASD and Surgery Scope is wrapping up. Punch list and HCAI closeout remains.

**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:** Excavation for the new tank is nearly completed. The new tank is planned to be set August 4<sup>th</sup>.

**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 2<sup>nd</sup> and 3<sup>rd</sup> floors of the MOB, all RHCs.

**Update Summary:** Project is proceeding on schedule ceiling and storefront is being installed. 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

**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:** BMPs, clearing and grubbing has all been completed, excavation is underway.

**Start of Construction:** Summer 2022

**Estimated Completion:** Winter 2022

### **Projects in Planning:**

**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. Temporary CT plan has been approved by 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. Staff plan to submit a predevelopment permit application in the first week of August.

**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:** Project is on hold until the Master Plan progresses further.

**Start of Construction:** Summer 2023

**Estimated Completion:** Spring 2024

**Project:** Martis Outlook Plastics

**Background:** Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

**Summary of Work:** Demo interiors of existing suite to build out new clinic space.

**Update Summary:** Staff are submitting plans to the Town 7/22/22.

**Start of Construction:** Winter 2022

**Estimated Completion:** Spring 2023

**Project:** Martis Outlook Primary Care

**Background:** Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

**Summary of Work:** Demo interiors of existing suite to build out new clinic space.

**Update Summary:** Staff are working on completion of construction drawing. Permit submittal expected in August.

**Start of Construction:** Winter 2022

**Estimated Completion:** Spring 2023



## Board CNO Report

**By: Jan Iida, RN, MSN, CEN**

**DATE: July 2022**

Chief Nursing Officer

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

- We are still working with Blue Sky for tele-stroke program.
- A contract has been signed with Optum, an OR efficiency company who come in mid-August to look at improvements for our OR services.

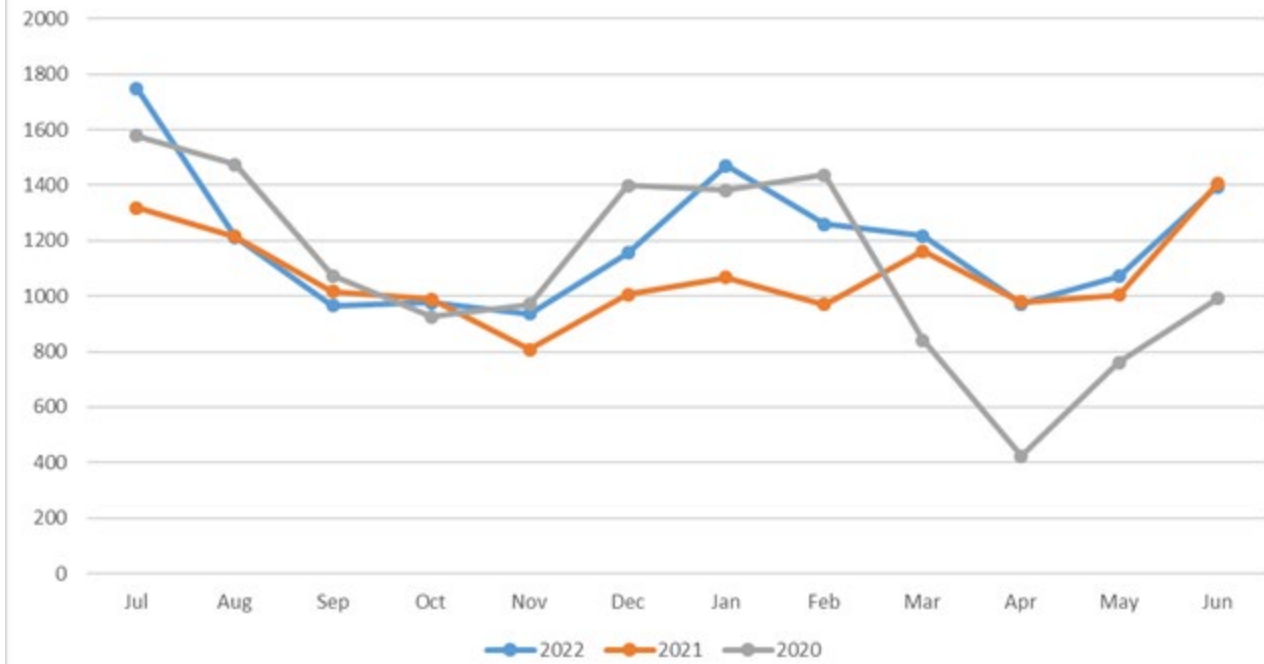
### **Quality: Provide clinical excellence in clinical outcomes**

- ECC became a 5-star facility!
- CNO and two Directors attended a transfer update at Renown and toured their transfer center. Information shared regarding our patient transfers and the delayed time.
- A large meeting in Reno with hospital administrations, educational institutions and government personnel to discuss the staffing issues among our facilities, both urban and rural and what we are all facing with staffing now and in the future. The Director of Acute Care attended.

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

- Plumas District Hospital in Quincy has had to divert OB patients until 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 10 deliveries.
- ED volumes have increased over fiscal year 2021. The graph below shows the last three years comparison.

ED Volumes by Month





## Board Informational Report

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

**DATE: July 2022**

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

#### *Ambulatory:*

- Working on Provider efficiencies and follow ups
- Urgent Care Go Live and Build
- Working on MyChart Questionnaires
- Working on getting the Bone Health Clinic go-live
- Sports medicine imaging build.

#### *Emergency Department:*

- Hypoglycemia Flowsheet build – Go live 6/29
- Kick off project for build for Urgent Care
- Sepsis Flowsheet upgrades and Edits – continued education for 100% compliance
- Sepsis Flowsheet added to Chart complete – in process
- Initial work began on PEDS Sepsis screening tool

#### *Lab:*

- The lab is finally going live with the Telcor interface to Epic for the Glucometers on July 19<sup>th</sup>. (This was delayed a bit because Laura had been on FMLA for about a month.)
- The iSTAT (handheld blood analyzer) interface project will follow.
- The new Stago Coagulation analyzers are scheduled to go live on July 20<sup>th</sup> at both hospitals.
- The new HS Troponin is being tested tomorrow morning for interface resulting and reflex testing. Anticipated going live by the end of this month.

#### *Inpatient:*

- Case management Patient Chart Advisory go live
- Continued BCA Project
- Glucometer integration (colab with lab) go live later this month
- Continued Survey Readiness
- ECC Net Solution software project list (large project)

Note: Across the board: Big EPIC Upgrade coming in AUG. Lots of prepping and planning happening now.

- Technical team receiving continued formal education (certifications) on current technology and cyber security tactics
- Established core workstation image required to support upcoming EPIC upgrade. Rolling out over next 30 days
- Increased Virtual Machine uptime (servers that support day to day operations) from 98.5% to 99.9% for the past 12 months. This is an industry standard we will maintain going forward
- Successful upgrade of NTT EHR system (Security/Functionality). This system supports our ECC Operations
- Successful upgrade of Axiom (Security/Functionality). This system is use by our FP&A professionals for budgeting, forecasting, planning, reporting and scenario modeling
- Privileged Access Management POC in progress. PAM will allow us to safeguard user identities and special access account to harden security
- Streamlined process of scanning & sending prescription invoices from pharmacy to accounts. This exercise has reduced monthly late fees immensely
- Team processed 763 customer trouble tickets

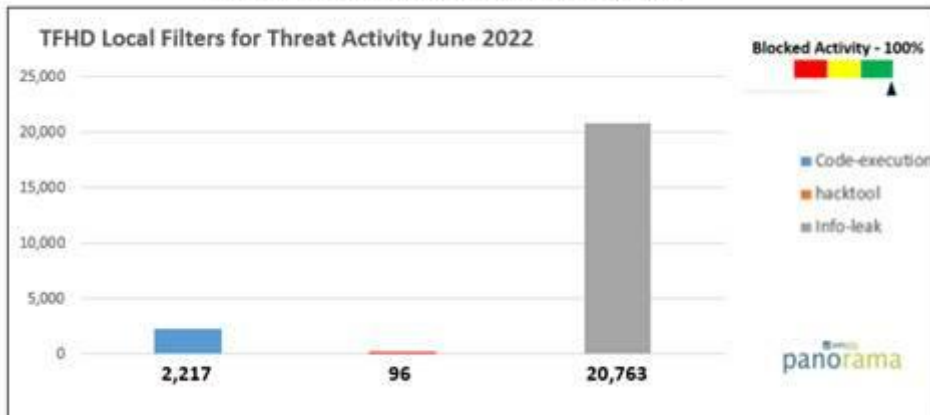
#### *Project Management*

- Pioneer Rx software for retail pharmacy go live
- Quality Department RL6 go live
- Amitech for Access Center and Patient Reg
- Net Solutions Agility for Occupational Health (kickoff)
- Primary Care RHC for MOB
- Urgent Care in Truckee
- Daily Productivity (complete)
- ECC billing
- Mercy Onsite visit and Executive Presentation.
- Preparation underway for EPIC upgrade Aug 17
- Electronic Visit Verification for Home Health Hospice & Home PT
- Financial Assistance Module

## Incoming Mail Threats 08 June – 07 July

Message Category	%	Messages
Stopped by IP Reputation Filtering	65.8%	713,082
Stopped by Domain Reputation Filtering	3.3%	36,086
Stopped as Invalid Recipients	0.5%	5,112
Spam Detected	2.3%	24,473
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	13
Messages with Malicious URLs	0.0%	86
Stopped by Content Filter	0.3%	3,368
Stopped by DMARC	1.3%	14,462
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>72.2%</b>	<b>782,221</b>
Marketing Messages	7.3%	79,424
Social Networking Messages	0.1%	1,404
Bulk Messages	5.8%	62,624
<b>Total Graymails:</b>	<b>13.2%</b>	<b>143,452</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	14.6%	158,186
<b>Total Attempted Messages:</b>		<b>1,083,859</b>

## Successful Threat Execution Blocks



**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



## GEO Fencing – Top blocked attackers by source country June 2022

Source Country	Count
10.0.0.0-10.255.255.255	1.65 M
United States	292.56 k
192.168.0.0-192.168.255.255	163.88 k
172.16.0.0-172.31.255.255	111.33 k
Germany	619
Italy	492
French Polynesia	215
Kenya	111
France	77
Canada	52
Netherlands	19
Hong Kong	18
Japan	16
Ukraine	16
Mauritius	15
Bangladesh	13
Egypt	10
Australia	9
United Kingdom	4
Spain	3
China	3
Switzerland	3
Singapore	3
Korea Republic Of	3
India	3
Bolivia Plurinational State Of	2
Hungary	2
Ecuador	2
Argentina	2
Portugal	2
Mexico	1
Belgium	1
Brazil	1



## Board CMO Report

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

**DATE: July 25, 2022**

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

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

- Welcome to our newest family physician. Dr. Jonathon Hedrick attended the Brody School of Medicine at East Carolina University and completed his family medicine residency at Duke University. Dr. Hedrick previously worked for One Medical in San Francisco. We are excited to have him join our primary care team.
- We are actively recruiting a primary care medical director to help oversee and guide clinical operations in our primary care clinics. Maximizing physician leadership is paramount as we work to improve patient access and patient experience and to efficiently address operational barriers confronting our frontline physicians and advanced practice professionals in the clinical environment.
- The team continues to actively recruit and has several potential physician and APP candidates in primary care, and other specialties. We hope to announce the addition of a new gastroenterologist in the near future.
- Congratulations to Michelle Kim, MD, our quarterly values recognition recipient. Dr. Michelle Kim lives the values of the Health System every day. She is beloved by her patients. She attends community events and is always willing to go the extra mile for her patients, squeezing them into a busy schedule, and ensuring they feel taken care of.



TAHOE  
FOREST  
HOSPITAL  
DISTRICT

## Board CHRO Report

**By: Alex MacLennan**  
Chief Human Resources Officer

**DATE: July 21, 2022**

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

#### *Nurture mutual trust*

- The Union contracts have been ratified by both the Employees Association and the Employees Association of Professionals. Human Resources has begun making policy changes to reflect the negotiated terms.

#### *Exemplify a culture based on the foundation of our values*

- We successfully held our Hospital Week Barbeque and our first Values Recognition dinner.
- The Values training each new employee receives has been updated to reflect the changes to our Mission, Vision and Values.

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

- We have updated the current job postings to reflect new, higher pay ranges. This will assist us with the 130 current job openings.
- We successfully on-boarded all Alliance staff which are now TFH employees as of July 1.

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

#### *Continuously improve access to care*

- The perfect care experience training is still underway. This program is constantly being updated to reflect the best content available. A new video was developed to help show the importance of empathy in healthcare.

Stats for 2Q22	
69	New Employees
54	Terminations
1132	Headcount as of 6/30/2022
12.01	Average Span of Control
6.44	Average Seniority Years
40	Temporary Staff
30	Status change
40	Transfer

Leave of Absence Data:

FY22- current LOA's: 478

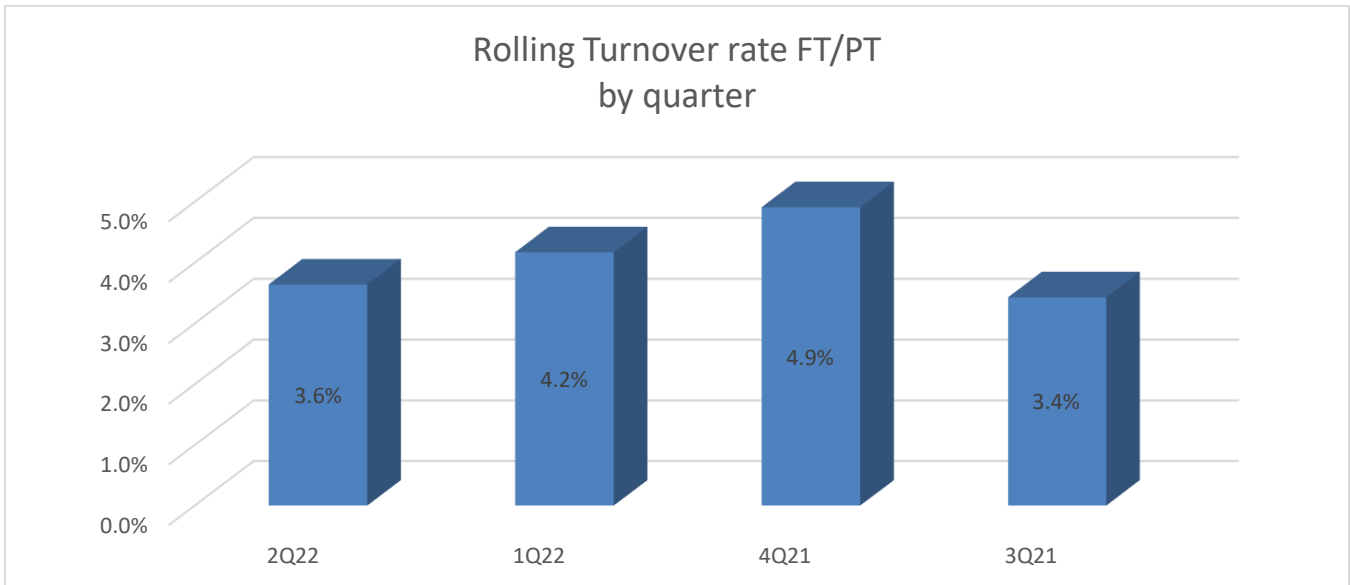
FY22- current Work Comp LOA's: 19

FY22- current Modified (includes intermittent) Work Schedules: 70  
 FY22- current Modified Duty (excluding modified work schedule): 26

Turnover:

#	Term Types 2Q22	Percentage
5	Involuntary	9.26%
49	Voluntary	90.74%
54		100.00%

#	Voluntary Term Reasons 2Q22	Percentage
10	Other job	20.41%
10	Other	20.41%
9	Moving	18.37%
7	Retirement/Early Retire	14.29%
5	Temporary job ended	10.20%
3	Education	6.12%
2	Job Abandonment	4.08%
1	Dissatisfied w/job	2.04%
1	Mutual Agreement	2.04%
1	Commute	2.04%
49		100.00%



**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2022-13**

**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)**

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

WHEREAS, 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 28th day of July, 2022 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

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Alyce Wong  
Chair, Board of Directors  
Tahoe Forest Hospital District

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Martina Rochefort  
Clerk of the Board  
Tahoe Forest Hospital District



## **Board Informational Report**

**By: Jim Hook**  
Corporate Compliance  
Consultant, The Fox Group

**DATE:** July 28, 2022

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### **2022 Compliance Program 2<sup>nd</sup> Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 2<sup>nd</sup> Quarter 2022 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

## 2022 Corporate Compliance Program 2<sup>nd</sup> Quarter Report

### OPEN SESSION

Period Covered by Report: **April 1, 2022 – June 30, 2022**  
Completed by: James Hook, Compliance Officer, The Fox Group

#### **1. Written Policies and Procedures**

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. No Compliance Policies were updated in the 2<sup>nd</sup> Quarter of 2022.

#### **2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee Membership as of June 30, 2022:

Jim Hook, The Fox Group – Compliance Consultants  
Louis Ward, Chief Operating Officer  
Jan Iida, RN- Chief Nursing Officer  
Harry Weis – Chief Executive Officer  
Crystal Betts – Chief Financial Officer  
Jake Dorst – Chief Information and Innovation Officer  
Alex MacLennan – Chief Human Resources Officer  
Matt Mushet – In-house Legal Counsel  
Bernice Zander, Health Information Management Director  
Scott Baker, Vice President of Physician Services  
Theresa Crowe, RN, JD, Privacy Officer  
Tobriah Hale, Legal Assistant

#### **3. Education & Training**

3.1. All employees are assigned HIPAA Privacy and Security Rule training, and Compliance Program training, via Health Stream. Employees completed 88.7% of HIPAA Compliance training; providers completed 88.7% of HIPAA Compliance training assigned to providers.

3.2. Code of Conduct and Health Stream compliance and privacy training for new Medical staff members and physician employees are completed as part of initial orientation.

#### **4. Effective Lines of Communication/Reporting**

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. Two reports were made either directly to the Compliance Department or through the hot line in the 2<sup>nd</sup> Quarter of 2022.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Three reports were made to the Privacy Officer in the 2<sup>nd</sup> Quarter of 2022.



## OPEN SESSION

Nature of Breach Reports 2022	No. of Reports YTD	No. of Reports 1st Quarter 2022	No. of Reports 2nd Quarter 2022
Billing/Registrations	1	0	1
Patient Results	2	1	1
Mailings	1	1	0
Electronic File	0	0	0
Faxing	0	0	0
Patient Complaint	0	0	0
Record Disposal	0	0	0
Public Disclosure	1	0	1
Employee Access	0	0	0
BAA reported breach	0	0	0
Incorrect Registration	0	0	0
Incorrect Guarantor	0	0	0
Unsecure/misdirected email	1	1	0
Total	6	3	3
	Total YTD	Q1	Q2
Reportable to CDPH	0	0	0
Reportable to HHS	0	0	0
Open	0	0	0

4.3. The Compliance Department published two articles in the Pacesetter in the 2<sup>nd</sup> Quarter of 2022.

## 5. Enforcing Standards through well-publicized Disciplinary Guidelines

5.1. New hires (66) completed 99.1% of the required Health Stream courses in Corporate Compliance and HIPAA in the 2<sup>nd</sup> Quarter.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA

OPEN SESSION

exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing & Monitoring**

6.1. No audits were completed during the 2<sup>nd</sup> Quarter of 2022 as part of the 2022 corporate compliance work plan.

**7. Responding to Detected Offenses & Corrective Action Initiatives**

7.1. Two investigations of actual compliance issues were initiated during the 2<sup>nd</sup> Quarter of 2022.

**8. Routine Compliance Support**

8.1. The Compliance Department provides routine support to important TFHD initiatives, such as the terms and conditions of physician employment, and questions about billing, privacy, and compliance with other laws and regulations.



# MULTNOMAH GROUP

**Retirement Plans Oversight Presentation  
Tahoe Forest Hospital District Board of Directors  
Period Q1 & Q2, 2022**

July 28<sup>th</sup>, 2022

# Q1, 2022 Activities

I

## **Reviewed performance of Plan investments as of 12.31.21**

- ✓ All funds were rated Satisfactory.

## **Committee reviewed the Plans' assets to ensure the accuracy of reporting**

- ✓ No issues were found

## **Reviewed Fidelity's SOC1 Report**

- ✓ Audit of Fidelity's recordkeeping systems & internal controls
- ✓ The Plans were not affected by any Exceptions

## **Annual Share Class Review**

- ✓ The investments are using the lowest share class cost available to the Plans

## **Fiduciary Education**

- ✓ Tier 3 - Missing Participants
- ✓ The Committee elected to utilize Fidelity's service to locate missing participants

# Q2, 2022 Activities

## Reviewed performance of Plan investments as of 3.31.2022

All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee except:

- ✓ T. Rowe Price Blue Chip Growth I  
*New PM and Underperformance due to allocation to Large Cap Technology*

## Committee reviewed the Plans’ assets to ensure the accuracy of reporting

- ✓ No issues were found

## Annual Review of Fiduciary Insurance

- ✓ The Committee reviewed the District’s Fiduciary Insurance policy. The policy limit of liability is \$2,000,000

## Fiduciary Education

- ✓ Tier 3 – Fiduciary Insurance

## Plan Document Restatement

- ✓ Committee elected to restate the Plans’ documents from custom documents to Fidelity’s IRS Pre-approved Documents.

# Breakdown of Plans – December 31, 2022

401(1) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none"> <li>• Plan Assets decreased from               <ul style="list-style-type: none"> <li>• \$66.7 MM as of December 31, 2021</li> <li>• \$58.5 MM as of June 30, 2022</li> </ul> </li> <li>• All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee except:               <ul style="list-style-type: none"> <li>T. Rowe Price Blue Chip Growth I                   <ul style="list-style-type: none"> <li>✓ New PM and Underperformance</li> </ul> </li> <li>Causeway International Value                   <ul style="list-style-type: none"> <li>✓ Portfolio Concentration in Europe</li> </ul> </li> <li>Invesco Developing Market                   <ul style="list-style-type: none"> <li>✓ Underperformance and Russian Allocation</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Plan Assets decreased from               <ul style="list-style-type: none"> <li>• \$82.6 MM as of December 31, 2021</li> <li>• \$69.9 MM as of June 30, 2022</li> </ul> </li> <li>• Investments: Same</li> <li>• Participation Rate <u>d</u>ecreased from:               <ul style="list-style-type: none"> <li>83.9% as of 12/31/21</li> <li>79.5% as of 6/30/22</li> </ul> </li> <li>• Ave. Deferral Rate decreased from:               <ul style="list-style-type: none"> <li>10.0% as of 12.31.21</li> <li>9.4% as of 6/30/22</li> </ul> <p style="text-align: center;"><i>*Auto-enrollment is set at 6%</i></p> </li> <li>• Total Savings Rate (EE &amp; ER) <u>d</u>ecrease from:               <ul style="list-style-type: none"> <li>14.3% as of 12.31.21</li> <li>14.1% as of 6/30/22</li> </ul> </li> </ul>

# Questions

# Disclosures

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



# Tahoe Forest Hospital District

*Period Ending June 30, 2022*

CHANDLER ASSET MANAGEMENT, INC. | 800.317.4747 | [www.chandlerasset.com](http://www.chandlerasset.com)



# Economic Highlights

## ■ Federal Open Market Committee (FOMC)

- At the June meeting, persistently high inflation led the Federal Open Market Committee (FOMC) to announce a 0.75% federal funds rate increase to 1.50%-1.75%. Federal Reserve Chair Powell indicated the committee may raise rates by 50 or 75 bps at the July meeting and continue to tighten as needed to dampen inflation. The Fed also began shrinking its \$9 trillion balance sheet in June.

## ■ Labor Markets

- Trends in employment remain strong, with US nonfarm payroll adding 372,000 jobs in June versus 384,000 in May. The unemployment rate remains unchanged at 3.6% for the fourth month, the lowest since February 2020. The labor participation rate decreased to 62.2% from 62.3%, suggesting a slower pace for workers returning to the labor market despite higher wages.

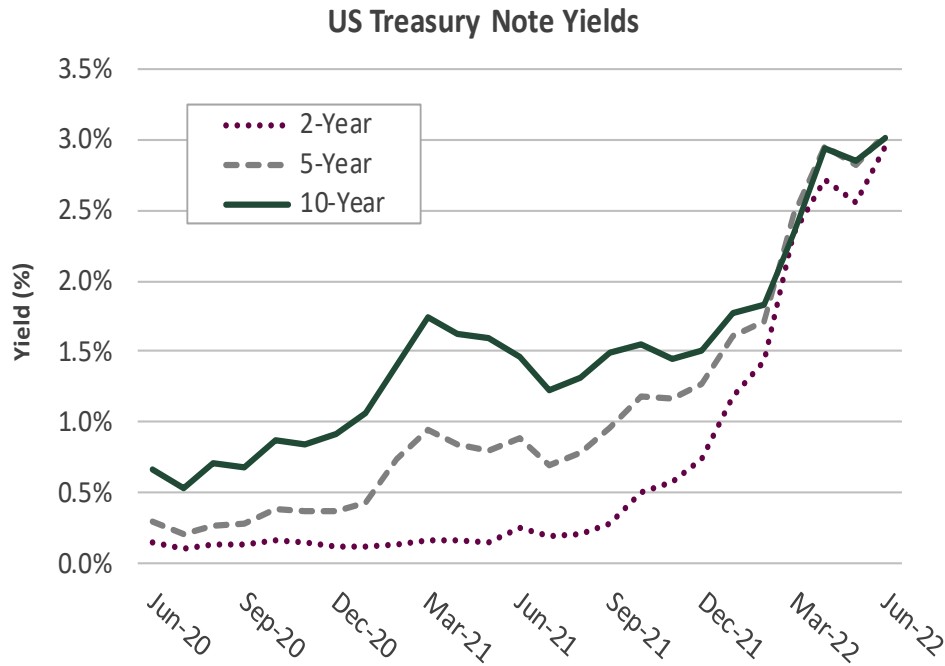
## ■ Inflation

- The Consumer Price Index (CPI) hit a 40-year high at 9.1% year-over-year in June and Core CPI (CPI less food and energy) was up 5.9% year-over-year. The Personal Consumption Expenditures (PCE) index was up 6.3% year-over-year in May, and Core PCE was up 4.7% year-over-year. Current inflation readings continue to run well above the Fed's longer-run target of around 2.0%. Inflation is likely to remain elevated due to persistently strong demand, ongoing supply chain bottlenecks and pandemic-related disruptions.

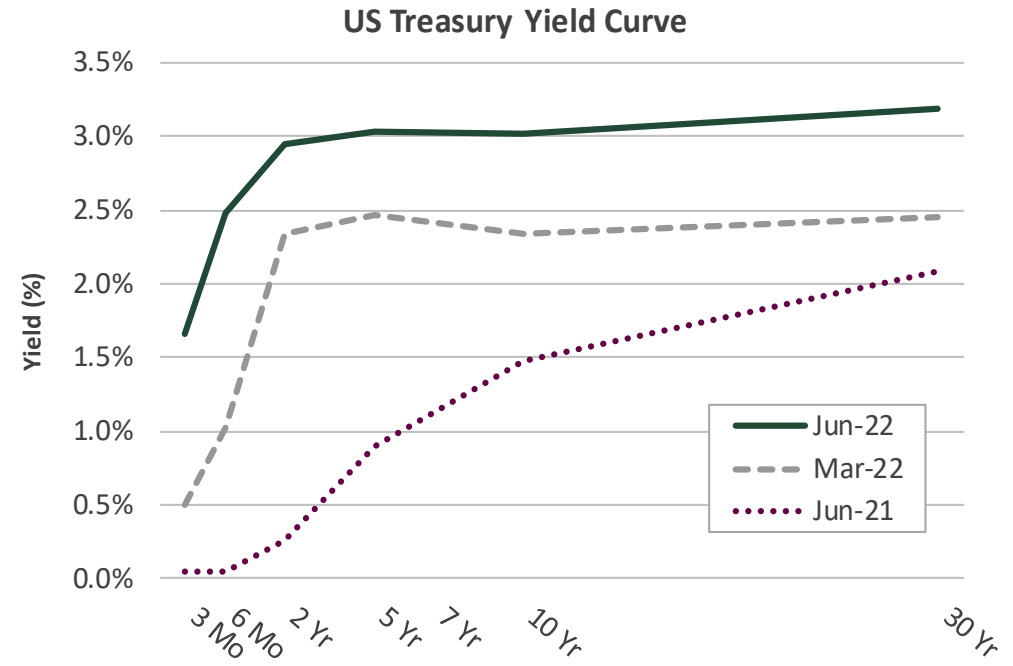
## ■ Economic growth

- First quarter 2022 GDP contracted at an annualized rate of 1.6%, following fourth quarter 2021 growth of 6.9%. The most significant contributor to the decline was a widening of the trade deficit. The Fed Reserve of Atlanta's most recent model forecast calls for -1.2% decline in GDP for the second quarter. Broker consensus estimates call for 2.4% growth for full-year 2022.

# Bond Yields



Source: Bloomberg



Source: Bloomberg

At the end of June, the 2-year Treasury yield was 271 basis points higher, and the 10-Year Treasury yield was about 155 basis points higher, year-over-year. The spread between the 2-year Treasury yield and 10-year Treasury yield fell to 6 basis points at June month-end, down from 29 basis points at May month-end, which is narrow compared to the average historical spread (since 2003) of about 130 basis points. The spread between 3-month and 10-year treasuries is wider at about 135 basis points but continues to compress with each Fed rate hike. The shape of the curve bears watching but does not indicate a high probability of an imminent recession.

# Portfolio Summary as of 06/30/2022 – Account 10841

## PORTFOLIO CHARACTERISTICS

Average Modified Duration	2.44
Average Coupon	1.03%
Average Purchase YTM	1.09%
Average Market YTM	3.10%
Average S&P/Moody Rating	AA/Aa1
Average Final Maturity	2.66 yrs
Average Life	2.53 yrs

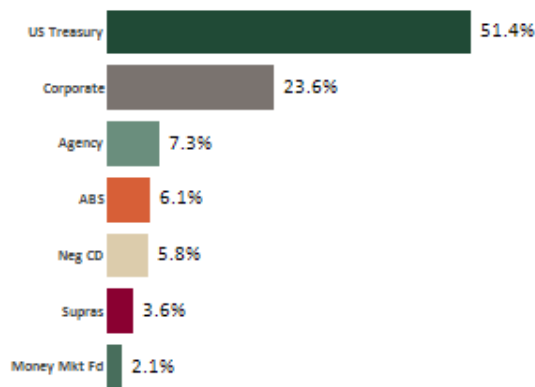
## ACCOUNT SUMMARY

	Beg. Values as of 3/31/22	End Values as of 6/30/22
Market Value	77,346,298	76,486,446
Accrued Interest	140,091	188,623
<b>Total Market Value</b>	<b>77,486,389</b>	<b>76,675,069</b>
Income Earned	53,220	195,547
Cont/WD		-16,958
Par	80,319,570	80,490,700
Book Value	80,059,539	80,189,518
Cost Value	80,056,025	80,178,280

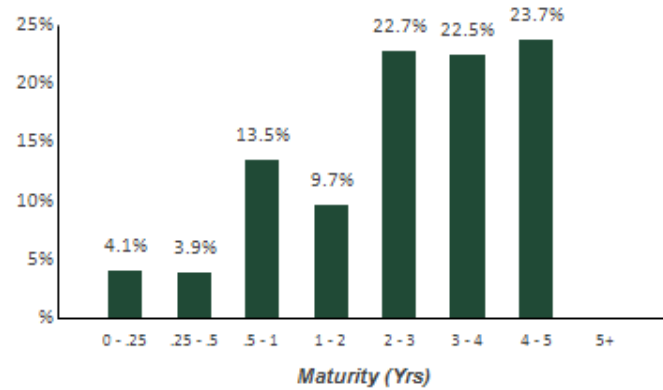
## TOP ISSUERS

Government of United States	51.4%
Federal National Mortgage Assoc	3.0%
Federal Home Loan Mortgage Corp	3.0%
First American Govt Oblig Fund	2.1%
Bank of Nova Scotia Houston	2.0%
Svenska Handelsbanken NY	1.9%
MUFG Bank Ltd/NY	1.9%
Inter-American Dev Bank	1.8%
<b>Total</b>	<b>67.2%</b>

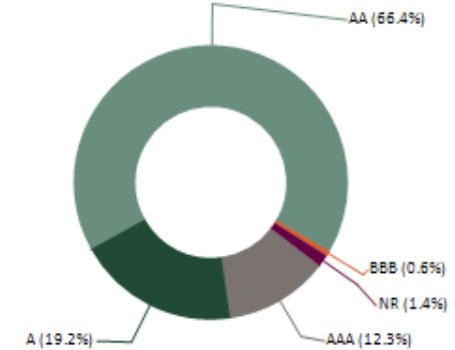
## SECTOR ALLOCATION



## MATURITY DISTRIBUTION



## CREDIT QUALITY (S&P)



## PERFORMANCE REVIEW

TOTAL RATE OF RETURN	1M	3M	YTD	1YR	Annualized				
					2YRS	3YRS	5YRS	10YRS	10/31/2021
Tahoe Forest Hospital District	-0.64%	-1.02%	-3.81%	N/A	N/A	N/A	N/A	N/A	N/A
ICE BofA 1-5 Yr US Treasury & Agency Index	-0.58%	-0.81%	-3.95%	N/A	N/A	N/A	N/A	N/A	N/A

# Important Disclosures

As of June 30, 2022

2022 Chandler Asset Management, Inc, An Independent Registered Investment Adviser.

Information contained herein is confidential. Prices are provided by ICE Data Services Inc ("IDS"), an independent pricing source. In the event IDS does not provide a price or if the price provided is not reflective of fair market value, Chandler will obtain pricing from an alternative approved third party pricing source in accordance with our written valuation policy and procedures. Our valuation procedures are also disclosed in Item 5 of our Form ADV Part 2A.

Performance results are presented gross-of-advisory fees and represent the client's Total Return. The deduction of advisory fees lowers performance results. These results include the reinvestment of dividends and other earnings. Past performance may not be indicative of future results. Therefore, clients should not assume that future performance of any specific investment or investment strategy will be profitable or equal to past performance levels. All investment strategies have the potential for profit or loss. Economic factors, market conditions or changes in investment strategies, contributions or withdrawals may materially alter the performance and results of your portfolio.

Index returns assume reinvestment of all distributions. Historical performance results for investment indexes generally do not reflect the deduction of transaction and/or custodial charges or the deduction of an investment management fee, the incurrence of which would have the effect of decreasing historical performance results. It is not possible to invest directly in an index.

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Fixed income investments are subject to interest, credit and market risk. Interest rate risk: the value of fixed income investments will decline as interest rates rise. Credit risk: the possibility that the borrower may not be able to repay interest and principal. Low rated bonds generally have to pay higher interest rates to attract investors willing to take on greater risk. Market risk: the bond market in general could decline due to economic conditions, especially during periods of rising interest rates.

Ratings information have been provided by Moody's, S&P and Fitch through data feeds we believe to be reliable as of the date of this statement, however we cannot guarantee its accuracy.

Security level ratings for U.S. Agency issued mortgage-backed securities ("MBS") reflect the issuer rating because the securities themselves are not rated. The issuing U.S. Agency guarantees the full and timely payment of both principal and interest and carries a AA+/Aaa/AAA by S&P, Moody's and Fitch respectively.

## **ICE BofA 1-5 Yr US Treasury & Agency Index**

*The ICE BofA 1-5 Year US Treasury & Agency Index tracks the performance of US dollar denominated US Treasury and nonsubordinated US agency debt issued in the US domestic market. Qualifying securities must have an investment grade rating (based on an average of Moody's, S&P and Fitch). Qualifying securities must have at least one year remaining term to final maturity and less than five years remaining term to final maturity, at least 18 months to maturity at time of issuance, a fixed coupon schedule, and a minimum amount outstanding of \$1 billion for sovereigns and \$250 million for agencies.*

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Resolution 2022-14 – Resolution Directing Placer and Nevada Counties, CA, to Levy a Tax to Pay the Principal of and Interest on the District’s General Obligation Bonds for Fiscal Year 2022-23
<b>RESPONSIBLE PARTY</b>	Crystal Betts, Chief Financial Officer
<b>ACTION REQUESTED?</b>	Roll Call Vote to Approve Resolution 2022-14, Setting the Tax Rate per \$100,000 of Assessed Value for the 2022-23 Fiscal Year

**BACKGROUND:**

In November 2006 a presentation was provided to the Board of Directors in regards to public financing, a.k.a. general obligation bonds (GO Bonds). Gary Hicks, our financial advisor, had provided some estimated calculations of what the tax rate per \$100,000 of assessed value may look like for the taxpayers in order to raise \$98.5 million. These calculations were based upon historical trends of property assessed values including the evaluation of historical growth patterns that had ranged 9%-16%. Based upon assessed values that incorporated an average 8% growth trend, the maximum rate per \$100,000 of assessed value was approximated at \$18.76.

Since the timing of the above noted analysis and passage of the GO Bonds by our community, our nation went through a housing market crisis and a significant economic downturn (see 2010-11 & 2011-12). This impacted our communities property assessed values. The following is a list of Placer and Nevada counties property assessed value growth or declination percentages over previous years:

2008-09: 8.46% growth over 2007-08	2016-17: 4.71% growth over 2015-16
2009-10: 4.27% growth over 2008-09	2017-18: 5.80% growth over 2016-17
2010-11: 4.64% <i>decline</i> over 2009-10	2018-19: 6.66% growth over 2017-18
2011-12: 1.92% <i>decline</i> over 2010-11	2019-20: 5.83% growth over 2018-19
2012-13: 0.67% growth over 2011-12	2020-21: 5.18% growth over 2019-20
2013-14: 2.88% growth over 2012-13	2021-22: 6.68% growth over 2020-21
2014-15: 4.89% growth over 2013-14	2022-23: 9.70% growth over 2021-22
2015-16: 10.61% growth over 2014-15	

The District issued the 3<sup>rd</sup> and final series of the 2007 GO Bonds on August 1, 2012. In addition, the District refunded/refinanced the first series, Series A, in May 2015, the second series, Series B, in May 2016, and the third series, Series C, in August 2019.

The debt service requirement for the 2022-2023 fiscal year will be \$5,420,781.26. Based upon the property assessed values provided to us by Placer and Nevada counties, the rate per \$100,000 would need to be \$19.34 to cover the 2022-2023 debt service requirement. However, due to the receipt of more tax revenues than originally estimated, and after the August 1, 2022 debt payment, the District will still have \$660,186.49 in cash reserves restricted for use for the GO Bond debt service. This reserve can be used in whole, in part, or not at all to reduce the amount collected, or the rate per \$100,000, in the 2022-23 year, and/or future years. Rates per \$100,000 could vary from \$16.98 per \$100,000 up to the full \$19.34 per \$100,000 depending on the level of reserve use. See attached analysis.

	<p>Please note, in fiscal years 2011 and 2012, the Board of Directors decided to supplement the GO Bond debt service payment in order to minimize the impact on the community due to the decline in assessed values and the increase necessary to the tax rate per \$100,000. The supplemental payments made by the District from operations in 2011 and 2012 was \$540,000 and \$445,000, respectively. In fiscal years 2013-2016, the Board set the rate at the full amount necessary to cover the debt service payment, with no supplemental payment by the District. In fiscal years 2017-2022, the Board elected to use a portion of the cash reserves restricted for use for the GO Bond debt service of \$225,000, \$853,095, \$495,821, \$283,240, \$610,117 and \$327,370 respectively, therefore reducing the rate from the full rate required.</p>
	<p><b>SUMMARY/OBJECTIVES:</b> Set the tax rate per \$100,000 of assessed value for the 2022-23 year in order to secure the appropriate amount of tax revenues to make the required debt service payments during the 2022-23 fiscal year.</p>
	<p><b>SUGGESTED DISCUSSION POINTS:</b> How much, if any, of the cash reserves restricted for use for the GO Bond debt service should be used towards making the 2022-23 GO Bond debts service payments, therefore possibly reducing the tax rate per \$100,000?</p> <p>Last year’s rate per \$100,000 was \$19.28 and 75% of the reserve was used (\$327,370.40 used of the \$439,797.24 available, leaving \$112,426.84 in reserve).</p>
	<p><b>SUGGESTED MOTION:</b> Set the 2022-23 fiscal year GO Bond tax rate per \$100,000 at \$17.57 and utilize approximately 75% (\$491,229.24) of the reserve (\$660,186.49) to fully cover the 2022-23 debt service requirement of \$5,420,781.26. This will leave \$168,957.25 in reserve.</p> <p><b>ALTERNATIVE MOTION:</b> Set the 2022-23 fiscal year GO Bond tax rate per \$100,000 at a different rate than suggested utilizing some or none of the reserves available. Alternative rates are shown on the attached analysis.</p>
	<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• Resolution 2022-14</li> <li>• GO Bond Tax Rate Calculation Summary</li> <li>• GO Bond Tax Rate Calculation Summary – Previous Year 2021/22</li> <li>• Analysis of Assessed Values Graphs (2)</li> <li>• County of Nevada Certified 2022/23 Assessed Values</li> <li>• County of Placer Certified 2022/23 Assessed Values</li> <li>• Tax Rate Summaries for GO Bonds – 2015, 2016, and 2019</li> </ul>



**BOARD OF DIRECTORS  
TAHOE FOREST HOSPITAL DISTRICT  
COUNTIES OF PLACER AND NEVADA, STATE OF CALIFORNIA**

**RESOLUTION NO. 2022-14**

**RESOLUTION DIRECTING PLACER AND NEVADA COUNTIES, CALIFORNIA,  
TO LEVY A TAX TO PAY THE PRINCIPAL OF AND INTEREST ON THE  
DISTRICT'S GENERAL OBLIGATION BONDS FOR FISCAL YEAR 2022-23**

WHEREAS, by a resolution (the "Ballot Resolution"), adopted by the Board of Directors (the "Board") of the Tahoe Forest Hospital District (the "District") on June 26, 2007, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District, including to refinance up to \$3.5 million of existing debt that was incurred for expenditures related to capital purchases or leases to improve hospital facilities (the "Project"), and the Board called a mailed ballot election to be held within the boundaries of the District in accordance with the California Elections Code;

WHEREAS, a special municipal election was held in the District on September 25, 2007, and thereafter canvassed pursuant to law;

WHEREAS, at such election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for \$98,500,000, payable from the levy of an unlimited *ad valorem* tax against all taxable property in the District;

WHEREAS, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

WHEREAS, the District issued an initial series of bonds, in the aggregate principal amount of \$29,400,000, identified as the "Tahoe Forest Hospital District (Placer and Nevada Counties, California) General Obligation Bonds, Election of 2007, Series A (2008)" (the "Series A Bonds"), for the purpose of raising funds needed for the Project and other authorized costs on the conditions set forth in a resolution adopted by the Board on June 24, 2008;

WHEREAS, the District issued a second series of bonds, in the aggregate principal amount of \$43,000,000, identified as the "Tahoe Forest Hospital District (Placer and Nevada Counties, California) General Obligation Bonds, Election of 2007, Series B (2010)" (the "Series B Bonds"), for the purpose of raising funds needed for the Project and other authorized costs on the conditions set forth in a resolution adopted by the Board on June 22, 2010;

WHEREAS, the District issued a third series of bonds, in the aggregate principal amount of \$26,100,000, identified as the "Tahoe Forest Hospital District (Placer and Nevada Counties,

California) General Obligation Bonds, Election of 2007, Series C (2012)" (the "Series C Bonds"), for the purpose of raising funds needed for the Project and other authorized costs, on the conditions set forth in a resolution adopted by the Board on June 26, 2012;

WHEREAS, on May 10, 2015, the District issued bonds, in the aggregate principal amount of \$30,810,000, identified its "Tahoe Forest Hospital District (Placer and Nevada Counties, California) 2015 General Obligation Refunding Bonds" (the "2015 Refunding Bonds") to refund the Series A Bonds, on the conditions set forth in a resolution adopted by the Board on February 12, 2015;

WHEREAS, on May 5, 2016, the District issued bonds, in the aggregate principal amount of \$45,110,000, identified its "Tahoe Forest Hospital District (Placer and Nevada Counties, California) 2016 General Obligation Refunding Bonds" (the "2016 Refunding Bonds") to refund the Series B Bonds, on the conditions set forth in a resolution adopted by the Board on March 29, 2016; and

WHEREAS, on September 4, 2019, the District issued bonds, in the aggregate principal amount of \$24,710,000, identified its "Tahoe Forest Hospital District (Placer and Nevada Counties, California) 2019 General Obligation Refunding Bonds" (the "2019 Refunding Bonds") to refund the Series C Bonds, on the conditions set forth in a resolution adopted by the Board on July 25, 2019; and

WHEREAS, pursuant to the Act, the District is authorized to direct Placer County ("Placer") and Nevada County ("Nevada" and, with Placer, the "Counties"), California, in which the jurisdiction of the District resides, to levy an unlimited *ad valorem* tax on all taxable property within the District for the payment of the principal of and interest on the 2015 Refunding Bonds, the 2016 Refunding Bonds and the 2019 Refunding Bonds (collectively, the "Bonds");

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

*Section 1. Recitals.* All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

*Section 2. Tax Levy; Tax Rate.*

(a) The Board has determined that the amount needed to be raised by taxes during Fiscal Year 2022-23 is \$5,420,781.26, which is needed to pay the principal of and interest on the Bonds during such period, as shown on Exhibit D attached hereto. The total amount required to be levied for Fiscal Year 2022-23 to pay such principal and interest should be \$4,929,552.02 (which amount reflects the total amount needed to pay the principal of and interest on the Bonds of \$5,420,781.26, less the sum of \$491,229.24 from amounts levied by the Counties in the Fiscal Year 2021-22 but were not used to pay debt service on the Bonds).

(b) Placer has informed the District that, for Fiscal Year 2022-23, the estimated value of all assessed property of the District within Placer to be used for calculating the debt service rate is \$18,857,730,411.

The Board hereby requests and directs Placer, at the time of the fixing of its general tax levy for the County's fiscal year beginning July 1, 2022, and ending June 30, 2023, to fix and levy and collect a tax at the rate of \$17.57 per \$100,000 of assessed valuation which, based upon the estimated value of all assessed property of the District within Placer, will generate a total amount of \$3,309,931.68.

Said tax shall be in addition to all other taxes levied for District purposes, shall be levied and collected by Placer at the same time and in the same manner as other taxes of the District are levied and collected, and shall be used only for the payment of the Bonds, and the interest thereon.

(c) Nevada has informed the District that, for Fiscal Year 2022-23, the estimated value of all assessed property of the District within Nevada to be used for calculating the debt service rate is \$9,229,093,543.

The Board hereby requests and directs Nevada, at the time of the fixing of its general tax levy for the County's fiscal year beginning July 1, 2022, and ending June 30, 2023, to fix and levy and collect a tax at the rate of \$17.57 per \$100,000 of assessed valuation which, based upon the estimated value of all assessed property of the District within Nevada, will generate a total amount of \$1,619,620.34.

Said tax shall be in addition to all other taxes levied for District purposes, shall be levied and collected by Nevada at the same time and in the same manner as other taxes of the District are levied and collected, and shall be used only for the payment of the Bonds, and the interest thereon.

*Section 3. Request for Necessary County Actions.* The Boards of Supervisors, the treasurer, tax collector and auditor-controller, and other officials of the Counties are hereby requested to take and authorize such actions as may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District sufficient to provide for the payment of all principal of, redemption premium (if any), and interest on the Bonds, as the same shall become due and payable, and to transfer the tax receipts from such levy to the District, no later than January 20 and May 20 in each year to permit the District to meet its required principal and interest payments for the Bonds on each February 1 and August 1, as indicated in Exhibits A, B, C and D. The President & Chief Executive Officer or the Chief Financial Officer of the District is hereby authorized and directed to deliver certified copies of this Resolution to the clerks of the Boards of Supervisors of the Counties, and the treasurer, tax collector and auditor of the Counties.

*Section 4. Ratification.* All actions heretofore taken by officials, employees and agents of the District with respect to the request and direction for the tax levy described herein are hereby approved, confirmed and ratified.

*Section 5. General Authority.* The Chair and the Vice Chair of the Board, the President & Chief Executive Officer and the Chief Financial Officer of the District, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps, which they or any of them might deem necessary or appropriate in order to ensure that the County levies and collects the property taxes as described herein and otherwise to give effect to this Resolution.

*Section 6. Effective Date.* This resolution shall take effect immediately on and after its adoption.

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THE FOREGOING RESOLUTION is approved and adopted by the Board of Directors of the Tahoe Forest Hospital District this 28th day of July, 2022.

AYES:

NAYS:

ABSENT:

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Chair of the Board of Directors

ATTEST:

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Clerk of the Board of Directors

## EXHIBIT A

### DEBT SERVICE SCHEDULE OF THE 2015 REFUNDING BONDS

Date	Principal	Interest	Period Total	Annual Total
02/01/21	—	\$535,762.50	\$ 535,762.50	—
08/01/21	\$ 585,000	535,762.50	1,120,762.50	\$1,656,525.00
02/01/22	—	521,137.50	521,137.50	—
08/01/22	670,000	521,137.50	1,191,137.50	1,712,275.00
02/01/23	—	504,387.50	504,387.50	—
08/01/23	765,000	504,387.50	1,269,387.50	1,773,775.00
02/01/24	—	485,262.50	485,262.50	—
08/01/24	865,000	485,262.50	1,350,262.50	1,835,525.00
02/01/25	—	463,637.50	463,637.50	—
08/01/25	975,000	463,637.50	1,438,637.50	1,902,275.00
02/01/26	—	439,262.50	439,262.50	—
08/01/26	1,090,000	439,262.50	1,529,262.50	1,968,525.00
02/01/27	—	412,012.50	412,012.50	—
08/01/27	1,210,000	412,012.50	1,622,012.50	2,034,025.00
02/01/28	—	381,762.50	381,762.50	—
08/01/28	1,345,000	381,762.50	1,726,762.50	2,108,525.00
02/01/29	—	361,587.50	361,587.50	—
08/01/29	1,465,000	361,587.50	1,826,587.50	2,188,175.00
02/01/30	—	337,781.25	337,781.25	—
08/01/30	1,590,000	337,781.25	1,927,781.25	2,265,562.50
02/01/31	—	312,937.50	312,937.50	—
08/01/31	1,720,000	312,937.50	2,032,937.50	2,345,875.00
02/01/32	—	284,987.50	284,987.50	—
08/01/32	1,865,000	284,987.50	2,149,987.50	2,434,975.00
02/01/33	—	254,681.25	254,681.25	—
08/01/33	2,010,000	254,681.25	2,264,681.25	2,519,362.50
02/01/34	—	220,762.50	220,762.50	—
08/01/34	2,170,000	220,762.50	2,390,762.50	2,611,525.00
02/01/35	—	182,787.50	182,787.50	—
08/01/35	2,335,000	182,787.50	2,517,787.50	2,700,575.00
02/01/36	—	141,925.00	141,925.00	—
08/01/36	2,515,000	141,925.00	2,656,925.00	2,798,850.00
02/01/37	—	97,912.50	97,912.50	—
08/01/37	2,700,000	97,912.50	2,797,912.50	2,895,825.00
02/01/38	—	50,662.50	50,662.50	—
08/01/38	2,895,000	50,662.50	2,945,662.50	2,996,325.00

**EXHIBIT B**

**DEBT SERVICE SCHEDULE OF THE 2016 REFUNDING BONDS**

Date	Principal	Interest	Period Total	Annual Total
02/01/21	—	\$745,103.13	\$ 745,103.13	—
08/01/21	\$ 840,000	745,103.13	1,585,103.13	\$2,330,206.25
02/01/22	—	732,503.13	732,503.13	—
08/01/22	935,000	732,503.13	1,667,503.13	2,400,006.25
02/01/23	—	713,803.13	713,803.13	—
08/01/23	1,040,000	713,803.13	1,753,803.13	2,467,606.25
02/01/24	—	699,503.13	699,503.13	—
08/01/24	1,140,000	699,503.13	1,839,503.13	2,539,006.25
02/01/25	—	671,003.13	671,003.13	—
08/01/25	1,260,000	671,003.13	1,931,003.13	2,602,006.25
02/01/26	—	639,503.13	639,503.13	—
08/01/26	1,385,000	639,503.13	2,024,503.13	2,664,006.25
02/01/27	—	604,878.13	604,878.13	—
08/01/27	1,515,000	604,878.13	2,119,878.13	2,724,756.25
02/01/28	—	567,003.13	567,003.13	—
08/01/28	1,655,000	567,003.13	2,222,003.13	2,789,006.25
02/01/29	—	525,628.13	525,628.13	—
08/01/29	1,815,000	525,628.13	2,340,628.13	2,866,256.25
02/01/30	—	480,253.13	480,253.13	—
08/01/30	1,985,000	480,253.13	2,465,253.13	2,945,506.25
02/01/31	—	430,628.13	430,628.13	—
08/01/31	2,165,000	430,628.13	2,595,628.13	3,026,256.25
02/01/32	—	398,153.13	398,153.13	—
08/01/32	2,295,000	398,153.13	2,693,153.13	3,091,306.25
02/01/33	—	363,728.13	363,728.13	—
08/01/33	2,435,000	363,728.13	2,798,728.13	3,162,456.25
02/01/34	—	327,203.13	327,203.13	—
08/01/34	2,580,000	327,203.13	2,907,203.13	3,234,406.25
02/01/35	—	288,503.13	288,503.13	—
08/01/35	2,725,000	288,503.13	3,013,503.13	3,302,006.25
02/01/36	—	247,628.13	247,628.13	—
08/01/36	2,880,000	247,628.13	3,127,628.13	3,375,256.25
02/01/37	—	204,428.13	204,428.13	—
08/01/37	3,055,000	204,428.13	3,259,428.13	3,463,856.25
02/01/38	—	158,603.13	158,603.13	—
08/01/38	3,235,000	158,603.13	3,393,603.13	3,552,206.25
02/01/39	—	110,078.13	110,078.13	—
08/01/39	3,420,000	110,078.13	3,530,078.13	3,640,156.25
02/01/40	—	56,640.63	56,640.63	—
08/01/40	3,625,000	56,640.63	3,681,640.63	3,738,281.25

## EXHIBIT C

### DEBT SERVICE SCHEDULE OF THE 2019 REFUNDING BONDS

Date	Principal	Interest	Period Total	Annual Total
02/01/21	-	\$410,450.00	\$ 410,450.00	-
08/01/21	\$ 290,000	410,450.00	700,450.00	\$1,110,900.00
02/01/22	-	403,200.00	403,200.00	-
08/01/22	340,000	403,200.00	743,200.00	1,146,400.00
02/01/23	-	394,700.00	394,700.00	-
08/01/23	390,000	394,700.00	784,700.00	1,179,400.00
02/01/24	-	384,950.00	384,950.00	-
08/01/24	435,000	384,950.00	819,950.00	1,204,900.00
02/01/25	-	374,075.00	374,075.00	-
08/01/25	495,000	374,075.00	869,075.00	1,243,150.00
02/01/26	-	361,700.00	361,700.00	-
08/01/26	555,000	361,700.00	916,700.00	1,278,400.00
02/01/27	-	347,825.00	347,825.00	-
08/01/27	630,000	347,825.00	977,825.00	1,325,650.00
02/01/28	-	335,225.00	335,225.00	-
08/01/28	705,000	335,225.00	1,040,225.00	1,375,450.00
02/01/29	-	321,125.00	321,125.00	-
08/01/29	790,000	321,125.00	1,111,125.00	1,432,250.00
02/01/30	-	305,325.00	305,325.00	-
08/01/30	875,000	305,325.00	1,180,325.00	1,485,650.00
02/01/31	-	287,825.00	287,825.00	-
08/01/31	970,000	287,825.00	1,257,825.00	1,545,650.00
02/01/32	-	268,425.00	268,425.00	-
08/01/32	1,075,000	268,425.00	1,343,425.00	1,611,850.00
02/01/33	-	252,300.00	252,300.00	-
08/01/33	1,175,000	252,300.00	1,427,300.00	1,679,600.00
02/01/34	-	234,675.00	234,675.00	-
08/01/34	1,265,000	234,675.00	1,499,675.00	1,734,350.00
02/01/35	-	215,700.00	215,700.00	-
08/01/35	1,370,000	215,700.00	1,585,700.00	1,801,400.00
02/01/36	-	195,150.00	195,150.00	-
08/01/36	1,485,000	195,150.00	1,680,150.00	1,875,300.00
02/01/37	-	172,875.00	172,875.00	-
08/01/37	1,595,000	172,875.00	1,767,875.00	1,940,750.00
02/01/38	-	148,950.00	148,950.00	-
08/01/38	1,720,000	148,950.00	1,868,950.00	2,017,900.00
02/01/39	-	123,150.00	123,150.00	-
08/01/39	1,840,000	123,150.00	1,963,150.00	2,086,300.00
02/01/40	-	95,550.00	95,550.00	-
08/01/40	1,980,000	95,550.00	2,075,550.00	2,171,100.00
02/01/41	-	65,850.00	65,850.00	-
08/01/41	2,120,000	65,850.00	2,185,850.00	2,251,700.00
02/01/42	-	34,050.00	34,050.00	-
08/01/42	2,270,000	34,050.00	2,304,050.00	2,338,100.00

## EXHIBIT D

### DEBT SERVICE SCHEDULE OF ALL BONDS

Date	2015 Refunding Bonds	2016 Refunding Bonds	2019 Refunding Bonds	Period Total	Annual Total
02/01/21	\$ 535,762.50	\$ 745,103.13	\$ 410,450.00	\$3,406,315.63	—
08/01/21	1,120,762.50	1,585,103.13	700,450.00	1,656,840.63	\$5,097,631.26
02/01/22	521,137.50	732,503.13	403,200.00	3,601,840.63	—
08/01/22	1,191,137.50	1,667,503.13	743,200.00	1,612,890.63	5,258,681.26
02/01/23	504,387.50	713,803.13	394,700.00	3,807,890.63	—
08/01/23	1,269,387.50	1,753,803.13	784,700.00	1,569,715.63	5,420,781.26
02/01/24	485,262.50	699,503.13	384,950.00	4,009,715.63	—
08/01/24	1,350,262.50	1,839,503.13	819,950.00	1,508,715.63	5,579,431.26
02/01/25	463,637.50	671,003.13	374,075.00	4,238,715.63	—
08/01/25	1,438,637.50	1,931,003.13	869,075.00	1,440,465.63	5,747,431.26
02/01/26	439,262.50	639,503.13	361,700.00	4,470,465.63	—
08/01/26	1,529,262.50	2,024,503.13	916,700.00	1,364,715.63	5,910,931.26
02/01/27	412,012.50	604,878.13	347,825.00	4,719,715.63	—
08/01/27	1,622,012.50	2,119,878.13	977,825.00	1,283,990.63	6,084,431.26
02/01/28	381,762.50	567,003.13	335,225.00	4,988,990.63	—
08/01/28	1,726,762.50	2,222,003.13	1,040,225.00	1,208,340.63	6,272,981.26
02/01/29	361,587.50	525,628.13	321,125.00	5,278,340.63	—
08/01/29	1,826,587.50	2,340,628.13	1,111,125.00	1,123,359.38	6,486,681.26
02/01/30	337,781.25	480,253.13	305,325.00	5,573,359.38	—
08/01/30	1,927,781.25	2,465,253.13	1,180,325.00	1,031,390.63	6,696,718.76
02/01/31	312,937.50	430,628.13	287,825.00	5,886,390.63	—
08/01/31	2,032,937.50	2,595,628.13	1,257,825.00	951,565.63	6,917,781.26
02/01/32	284,987.50	398,153.13	268,425.00	6,186,565.63	—
08/01/32	2,149,987.50	2,693,153.13	1,343,425.00	870,709.38	7,138,131.26
02/01/33	254,681.25	363,728.13	252,300.00	6,490,709.38	—
08/01/33	2,264,681.25	2,798,728.13	1,427,300.00	782,640.63	7,361,418.76
02/01/34	220,762.50	327,203.13	234,675.00	6,797,640.63	—
08/01/34	2,390,762.50	2,907,203.13	1,499,675.00	686,990.63	7,580,281.26
02/01/35	182,787.50	288,503.13	215,700.00	7,116,990.63	—
08/01/35	2,517,787.50	3,013,503.13	1,585,700.00	584,703.13	7,803,981.26
02/01/36	141,925.00	247,628.13	195,150.00	7,464,703.13	—
08/01/36	2,656,925.00	3,127,628.13	1,680,150.00	475,215.63	8,049,406.26
02/01/37	97,912.50	204,428.13	172,875.00	7,825,215.63	—
08/01/37	2,797,912.50	3,259,428.13	1,767,875.00	358,215.63	8,300,431.26
02/01/38	50,662.50	158,603.13	148,950.00	8,208,215.63	—
08/01/38	2,945,662.50	3,393,603.13	1,868,950.00	233,228.13	8,566,431.26
02/01/39	—	110,078.13	123,150.00	5,493,228.13	—
08/01/39	—	3,530,078.13	1,963,150.00	152,190.63	5,726,456.26
02/01/40	—	56,640.63	95,550.00	5,757,190.63	—
08/01/40	—	3,681,640.63	2,075,550.00	65,850.00	5,909,381.26
02/01/41	—	—	65,850.00	2,185,850.00	—
08/01/41	—	—	2,185,850.00	34,050.00	2,251,700.00
02/01/42	—	—	34,050.00	2,304,050.00	—
08/01/42	—	—	2,304,050.00	3,406,315.63	2,338,100.00



**TAHOE FOREST HOSPITAL DISTRICT  
GO BOND TAX RATE CALCULATION SUMMARY  
FOR FISCAL YEAR 2022/2023**

	<b>75% Reserve Use RECOMMENDED</b>	<b>ORIGINAL ESTIMATED MAXIMUM RATE PER \$100,000</b>	<b>100% Reserve Use ALTERNATIVE ONE</b>	<b>85% Reserve Use ALTERNATIVE TWO</b>	<b>75% Reserve Use ALTERNATIVE THREE</b>	<b>50% Reserve Use ALTERNATIVE THREE</b>	<b>25% Reserve Use ALTERNATIVE FOUR</b>	<b>No Reserve Use ALTERNATIVE FIVE</b>
<b>FOR FISCAL YEAR 2022/2023</b>								
SERIES 2015 (Previously Series A)	\$ 4.56	\$ 5.75	\$ 3.97	\$ 4.33	\$ 4.56	\$ 5.15	\$ 5.74	\$ 6.33
SERIES 2016 (Previously Series B)	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80
SERIES 2019 (Previously Series C)	\$ 4.21	\$ 4.21	\$ 4.21	\$ 4.21	\$ 4.21	\$ 4.21	\$ 4.21	\$ 4.21
<b>TOTAL RATE PER \$100,000</b>	<b>\$ 17.57</b>	<b>\$ 18.76</b>	<b>\$ 16.98</b>	<b>\$ 17.34</b>	<b>\$ 17.57</b>	<b>\$ 18.16</b>	<b>\$ 18.75</b>	<b>\$ 19.34</b>
<b>Required Debt Service Payment</b>	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26	\$ 5,420,781.26
<b>Tax Revenue Generated per Rate/\$100,000</b>	\$ 4,929,552.02	\$ 5,263,426.06	\$ 4,764,017.83	\$ 4,865,021.74	\$ 4,929,552.02	\$ 5,095,086.21	\$ 5,260,620.39	\$ 5,426,154.58
<b>Contribution from FY 2021/2022 Reserve</b>	\$ 491,229.24	\$ 157,355.20	\$ 660,186.49	\$ 555,759.52	\$ 491,229.24	\$ 325,695.05	\$ 160,160.87	\$ -
<b>Due to Rounding of the Rate</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ (3,423.06)</b>	<b>\$ (0.00)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ (0.00)</b>	<b>\$ (5,373.32)</b>
<b>Reserves Remaining for FY 2023/2024</b>	<b>\$ 168,957.25</b>	<b>\$ 502,831.29</b>	<b>\$ -</b>	<b>\$ 104,426.97</b>	<b>\$ 168,957.25</b>	<b>\$ 334,491.44</b>	<b>\$ 500,025.62</b>	<b>\$ 660,186.49</b>
<b>Percentage of Reserves Remaining for FY 2023/2024</b>	<b>25.59%</b>	<b>76.17%</b>	<b>0.00%</b>	<b>15.82%</b>	<b>25.59%</b>	<b>50.67%</b>	<b>75.74%</b>	<b>100.00%</b>

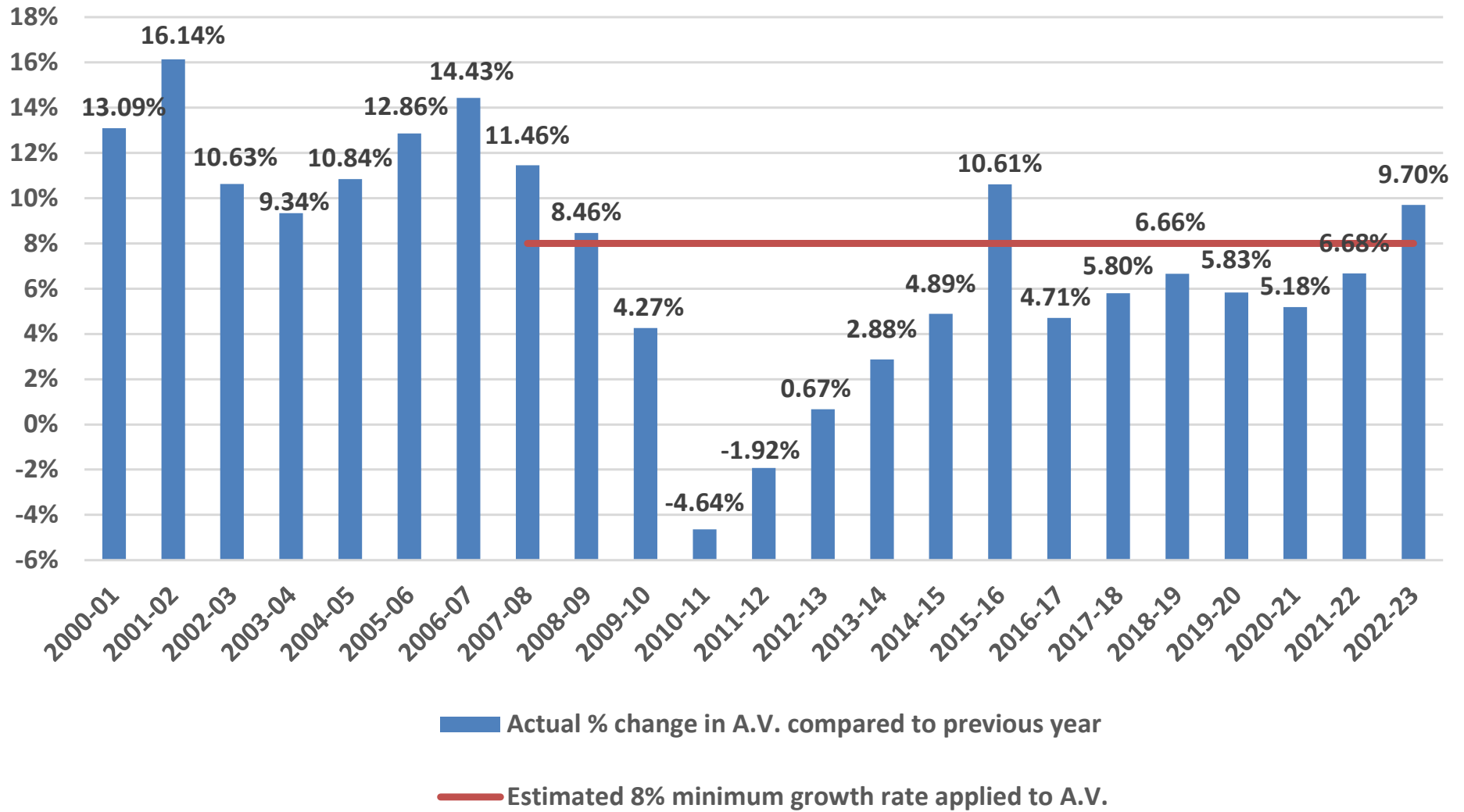
	2018/2019	2019/2020	2020/2021	2021/2022	2020/2021 vs 2021/2022		2022/2023	2021/2022 vs 2022/2023	
					VARIANCE \$	VARIANCE %		VARIANCE \$	VARIANCE %
<b>COUNTY OF PLACER</b>									
LOCAL SECURED	\$ 14,188,410,978	\$ 15,062,718,682	\$ 15,843,409,022	\$ 16,897,482,212	\$ 1,054,073,190	6.65%	\$ 18,537,902,177	\$ 1,640,419,965	9.71%
UNSECURED	\$ 202,733,838	\$ 225,409,756	\$ 236,100,286	\$ 264,306,611	\$ 28,206,325	11.95%	\$ 319,828,234	\$ 55,521,623	21.01%
<b>TOTAL ASSESSED VALUES</b>	<b>\$ 14,391,144,816</b>	<b>\$ 15,288,128,438</b>	<b>\$ 16,079,509,308</b>	<b>\$ 17,161,788,823</b>	<b>\$ 1,082,279,515</b>	<b>6.73%</b>	<b>\$ 18,857,730,411</b>	<b>\$ 1,695,941,588</b>	<b>9.88%</b>
<b>COUNTY OF NEVADA</b>									
LOCAL SECURED	\$ 7,025,338,940	\$ 7,365,643,006	\$ 7,754,403,151	\$ 8,285,776,104	\$ 531,372,953	6.85%	\$ 9,045,876,878	\$ 760,100,774	9.17%
UNSECURED	\$ 144,858,610	\$ 163,774,419	\$ 165,318,272	\$ 154,926,703	\$ (10,391,569)	-6.29%	\$ 183,216,665	\$ 28,289,962	18.26%
<b>TOTAL ASSESSED VALUES</b>	<b>\$ 7,170,197,550</b>	<b>\$ 7,529,417,425</b>	<b>\$ 7,919,721,423</b>	<b>\$ 8,440,702,807</b>	<b>\$ 520,981,384</b>	<b>6.58%</b>	<b>\$ 9,229,093,543</b>	<b>\$ 788,390,736</b>	<b>9.34%</b>
<b>COMBINED COUNTIES</b>									
LOCAL SECURED	\$ 21,213,749,918	\$ 22,428,361,688	\$ 23,597,812,173	\$ 25,183,258,316	\$ 1,585,446,143	6.72%	\$ 27,583,779,055	\$ 2,400,520,739	9.53%
UNSECURED	\$ 347,592,448	\$ 389,184,175	\$ 401,418,558	\$ 419,233,314	\$ 17,814,756	4.44%	\$ 503,044,899	\$ 83,811,585	19.99%
<b>TOTAL ASSESSED VALUES</b>	<b>\$ 21,561,342,366</b>	<b>\$ 22,817,545,863</b>	<b>\$ 23,999,230,731</b>	<b>\$ 25,602,491,630</b>	<b>\$ 1,603,260,899</b>	<b>6.68%</b>	<b>\$ 28,086,823,954</b>	<b>\$ 2,484,332,324</b>	<b>9.70%</b>

**TAHOE FOREST HOSPITAL DISTRICT  
GO BOND TAX RATE CALCULATION SUMMARY  
FOR FISCAL YEAR 2021/2022**

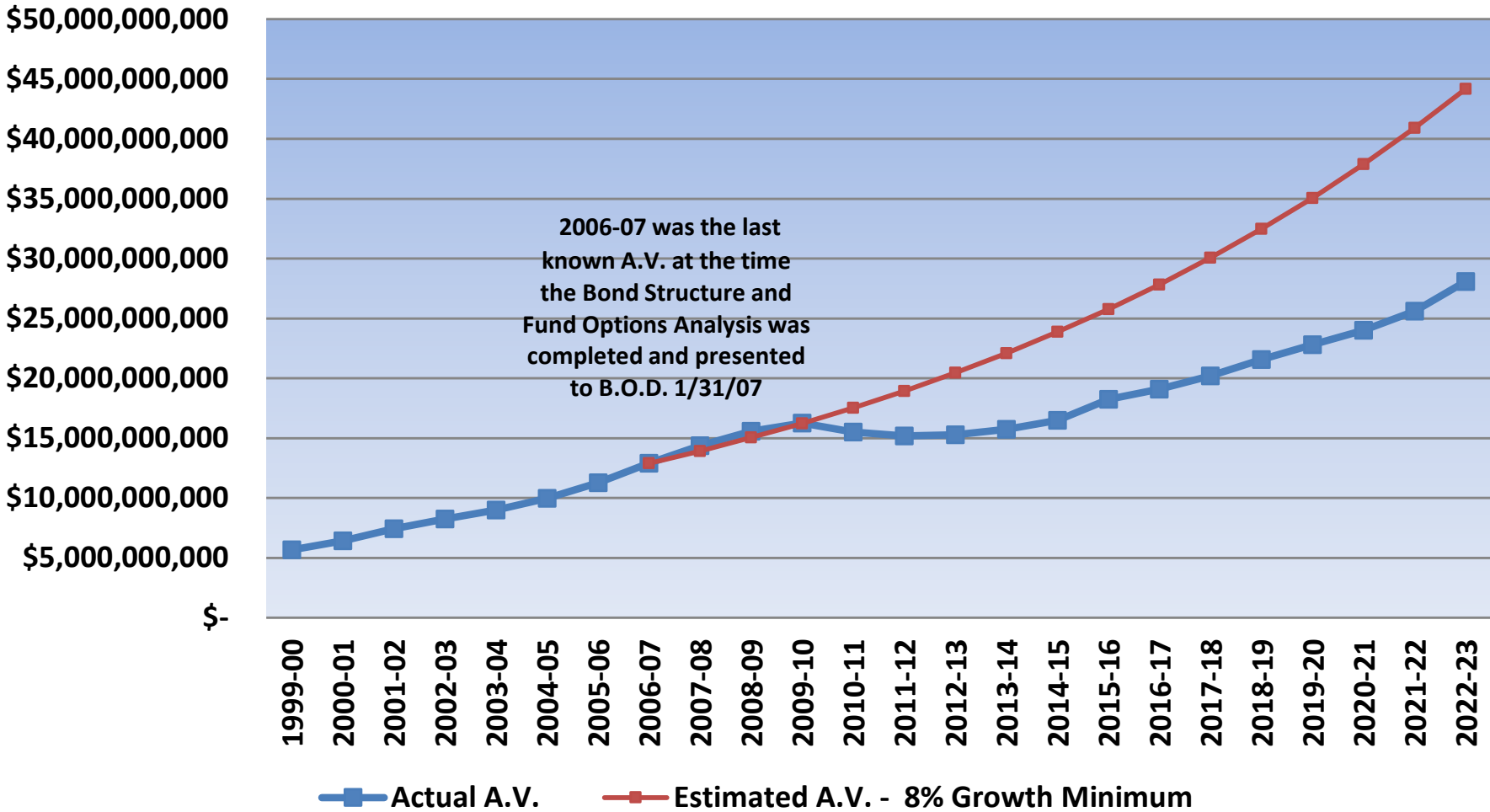
	75% Reserve Use RECOMMENDED	ORIGINAL ESTIMATED MAXIMUM RATE PER \$100,000	100% Reserve Use ALTERNATIVE ONE	85% Reserve Use ALTERNATIVE TWO	75% Reserve Use ALTERNATIVE THREE	50% Reserve Use ALTERNATIVE THREE	25% Reserve Use ALTERNATIVE FOUR	No Reserve Use ALTERNATIVE FIVE
<b>FOR FISCAL YEAR 2021/2022</b>								
SERIES 2015 (Previously Series A)	\$ 5.42	\$ 4.90	\$ 4.99	\$ 5.24	\$ 5.42	\$ 5.85	\$ 6.28	\$ 6.70
SERIES 2016 (Previously Series B)	\$ 9.38	\$ 9.38	\$ 9.38	\$ 9.38	\$ 9.38	\$ 9.38	\$ 9.38	\$ 9.38
SERIES 2019 (Previously Series C)	\$ 4.48	\$ 4.48	\$ 4.48	\$ 4.48	\$ 4.48	\$ 4.48	\$ 4.48	\$ 4.48
<b>TOTAL RATE PER \$100,000</b>	<b>\$ 19.28</b>	<b>\$ 18.76</b>	<b>\$ 18.85</b>	<b>\$ 19.10</b>	<b>\$ 19.28</b>	<b>\$ 19.71</b>	<b>\$ 20.14</b>	<b>\$ 20.56</b>
Required Debt Service Payment	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26	\$ 5,258,681.26
Tax Revenue Generated per Rate/\$100,000	\$ 4,931,310.86	\$ 4,798,509.22	\$ 4,821,328.30	\$ 4,885,271.65	\$ 4,931,310.86	\$ 5,041,293.41	\$ 5,151,275.97	\$ 5,258,681.26
Contribution from FY 2020/2021 Reserve	\$ 327,370.40	\$ 439,797.24	\$ 437,352.96	\$ 373,409.61	\$ 327,370.40	\$ 217,387.85	\$ 107,405.29	\$ -
<b>Due to Rounding of the Rate</b>	<b>\$ 0.00</b>	<b>\$ 20,374.80</b>	<b>\$ (0.00)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ (0.00)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Reserves Remaining for FY 2022/2023	\$ 112,426.84	\$ 2,444.28	\$ 66,387.63	\$ 112,426.84	\$ 222,409.39	\$ 332,391.95	\$ 439,797.24	\$ 439,797.24
Percentage of Reserves Remaining for FY 2022/2023	25.71%	0.56%	15.18%	25.56%	50.85%	76.00%	100.56%	

	2017/2018	2018/2019	2019/2020	2020/2021	2019/2020 vs 2020/2021		2021/2022	2020/2021 vs 2021/2022	
					VARIANCE \$	VARIANCE %		VARIANCE \$	VARIANCE %
<b>COUNTY OF PLACER</b>									
LOCAL SECURED	\$13,342,861,859	\$14,188,410,978	\$15,062,718,682	\$15,843,409,022	\$ 780,690,340	5.18%	\$16,897,482,212	\$ 1,054,073,190	6.65%
UNSECURED	\$ 194,581,614	\$ 202,733,838	\$ 225,409,756	\$ 236,100,286	\$ 10,690,530	4.74%	\$ 264,306,611	\$ 28,206,325	11.95%
<b>TOTAL ASSESSED VALUES</b>	<b>\$13,537,443,473</b>	<b>\$14,391,144,816</b>	<b>\$15,288,128,438</b>	<b>\$16,079,509,308</b>	<b>\$ 791,380,870</b>	<b>5.18%</b>	<b>\$17,161,788,823</b>	<b>\$ 1,082,279,515</b>	<b>6.73%</b>
<b>COUNTY OF NEVADA</b>									
LOCAL SECURED	\$ 6,550,817,729	\$ 7,025,338,940	\$ 7,365,643,006	\$ 7,754,403,151	\$ 388,760,145	5.28%	\$ 8,285,776,104	\$ 531,372,953	6.85%
UNSECURED	\$ 125,986,378	\$ 144,858,610	\$ 163,774,419	\$ 165,318,272	\$ 1,543,853	0.94%	\$ 154,926,703	\$ (10,391,569)	-6.29%
<b>TOTAL ASSESSED VALUES</b>	<b>\$ 6,676,804,107</b>	<b>\$ 7,170,197,550</b>	<b>\$ 7,529,417,425</b>	<b>\$ 7,919,721,423</b>	<b>\$ 390,303,998</b>	<b>5.18%</b>	<b>\$ 8,440,702,807</b>	<b>\$ 520,981,384</b>	<b>6.58%</b>
<b>COMBINED COUNTIES</b>									
LOCAL SECURED	\$19,893,679,588	\$21,213,749,918	\$22,428,361,688	\$23,597,812,173	\$ 1,169,450,485	5.21%	\$25,183,258,316	\$ 1,585,446,143	6.72%
UNSECURED	\$ 320,567,992	\$ 347,592,448	\$ 389,184,175	\$ 401,418,558	\$ 12,234,383	3.14%	\$ 419,233,314	\$ 17,814,756	4.44%
<b>TOTAL ASSESSED VALUES</b>	<b>\$20,214,247,580</b>	<b>\$21,561,342,366</b>	<b>\$22,817,545,863</b>	<b>\$23,999,230,731</b>	<b>\$ 1,181,684,868</b>	<b>5.18%</b>	<b>\$25,602,491,630</b>	<b>\$ 1,603,260,899</b>	<b>6.68%</b>

## Analysis of Assessed Values (A.V.)



## Analysis of Assessed Values (A.V.)



State of California  
**C O U N T Y O F N E V A D A**

**MARCIA L. SALTER – Auditor-Controller**

**Auditor-Controller**  
950 Maidu Avenue Suite 230  
Nevada City CA 95959

**(530) 265-1244**  
**Fax: (530) 265-9843**  
**Email: [auditor.controller@nevadacountyca.gov](mailto:auditor.controller@nevadacountyca.gov)**

VIA EMAIL

July 18, 2022

To: Tahoe Forest Hospital District

From: Michael Graham, Administrative Analyst II

Listed below are the certified 2022/23 assessed values for your district:

	<u>NET VALUATION</u>	<u>HOPTR</u>	<u>TOTAL</u>
Local Secured Roll	\$9,019,516,339	\$23,787,004	\$9,043,303,343
Unitary and Operating Non- Unitary State BOE Roll	\$2,573,535		\$2,573,535
Unsecured Roll	\$183,209,665	\$7,000	\$183,216,665

Please use these values to estimate any voter-approved indebtedness under Article XIII-A Sec 1(b) of the California Constitution.

To view the Assessed Valuation Two-Year Comparison by District report and other property tax reports, go to <https://www.mynevadacounty.com/212/Tax-Reports>.

The annual estimated property tax revenue letter will be mailed in October.

If you have any questions, please contact me at (530) 265-1564.



# COUNTY OF PLACER

## OFFICE OF AUDITOR-CONTROLLER

ANDREW C. SISK, CPA  
Auditor-Controller  
E-mail: [asisk@placer.ca.gov](mailto:asisk@placer.ca.gov)

NICOLE C. HOWARD, CPA  
Assistant Auditor-Controller  
E-mail: [nhoward@placer.ca.gov](mailto:nhoward@placer.ca.gov)

July 8, 2022

Tax Code 42108

Tahoe Forest Hospital  
P. O. Box 759  
Truckee, CA 96160-0759

This is to certify that the assessed valuation of the Tahoe Forest Hospital is as follows for 2022/23:

ROLLS	NET VALUATION	HOPTR EXEMPT	GROSS VALUE USED FOR TAX COMP PURPOSES
Local Secured	18,522,630,177	15,272,000	18,537,902,177
Unsecured	319,821,234	7,000	319,828,234

Article XIII-A of the California Constitution, Sec 1(b) (enacted by Proposition 13), provides for the levying of property taxes to pay voter approved indebtedness. These are the values to use for this purpose.

Please call if you have any questions concerning the above valuations.

Sincerely,

ANDREW C. SISK, CPA  
AUDITOR-CONTROLLER

By:

Anthony P. Helm  
Senior Accountant

2022/23

**TAHOE FOREST HOSPITAL DISTRICT GO BONDS SERIES 2015 (Previously Series A)**

OCA \_\_\_\_\_ PCA \_\_\_\_\_ Dept \_\_ TAX CODE \_\_\_\_\_  
 Fund \_\_ Subfund \_\_\_\_\_

**COMPUTATION OF TAX RATE - SCHEDULE 1**

TOTAL BUDGET REQUIREMENT (Schedule 3)	1,773,775.00
LESS: AVAILABLE FINANCING (Schedule 2)	495,139.87

**AMOUNT NEEDED TO BE RAISED - PROP TAX & STATE 1,278,635.13**

	SECURED	UNSECURED
NET SECURED VALUATION-PLACER CO.	18,522,630,177	
NET SECURED VALUATION-NEVADA CO.	9,019,516,339	
UTILITY VALUATION-PLACER CO.	0	
UTILITY VALUATION-NEVADA CO.	2,573,535	
NET UNSECURED VALUATION-PLACER CO. (includes Airplanes)		319,821,234
NET UNSECURED VALUATION-NEVADA CO.		183,209,665
TOTAL NET VALUATION	27,544,720,051	503,030,899
	RATE	
LESS: DELINQUENCY ALLOWANCE-PLACER CO.	6.0000%	Teetered-N/A
LESS: DELINQUENCY ALLOWANCE-NEVADA CO.		19,189,274
LESS: RDA OR OTHER VALUE ADJ	N/A	N/A
TOTAL NET VALUATION AFTER ADJ	27,544,720,051	472,849,045
ADD: HOPTR EXEMPTION-PLACER CO.	15,272,000	7,000
ADD: HOPTR EXEMPTION-NEVADA CO.	23,787,004	7,000
ADJUSTED VALUATION FOR RATE COMPUTATION	27,583,779,055	472,863,045
UNSECURED TAX RATE (Secured rate from prior year)		<b>0.0045600%</b>
UNSECURED PROPERTY TAX RAISED-PLACER CO.		13,708.82
UNSECURED PROPERTY TAX RAISED-NEVADA CO.		7,853.10
UNSECURED HOPTR RAISED-PLACER CO.		0.32
UNSECURED HOPTR RAISED-NEVADA CO.		0.32
<b>AMOUNT TO BE RAISED ON UNSECURED ROLL</b>		<b>21,562.55</b>

**CALCULATION OF SECURED TAX RATE:**

AMOUNT NEEDED TO BE RAISED (from above)	1,278,635.13
LESS: AMOUNT TO BE RAISED ON UNSEC ROLL (from above)	21,562.55
AMOUNT NEEDED TO BE RAISED FROM SECURED ROLL	1,257,072.58
<b>SECURED TAX RATE</b>	<b>0.0045600%</b> \$4.56
SECURED PROPERTY TAX RAISED-PLACER CO.	844,631.94
SECURED PROPERTY TAX RAISED-NEVADA CO.	411,407.30
HOPTR RAISED-PLACER CO.	696.40
HOPTR RAISED-NEVADA CO.	1,084.69
<b>TOTAL AMOUNT TO BE RAISED ON SECURED ROLL</b>	<b>1,257,820.32</b>

**TOTAL AMOUNT TO BE RAISED ON SEC & UNSEC ROLL 1,279,382.88**

DIFFERENCE BETWEEN AMOUNT NEEDED & AMOUNT RAISED (747.75)

BUDGET: NEVADA CO. = 420,345.40  
 BUDGET: PLACER CO. = 859,037.48

2022/23

**TAHOE FOREST HOSPITAL DISTRICT GO BONDS 2016 (Previously SERIES B 2010)**

OCA \_\_\_\_\_ PCA \_\_\_\_\_ Dept \_\_\_\_\_ TAX CODE \_\_\_\_\_  
Fund \_\_\_\_\_ Subfund \_\_\_\_\_

**COMPUTATION OF TAX RATE - SCHEDULE 1**

TOTAL BUDGET REQUIREMENT (Schedule 3)	2,467,606.26
LESS: AVAILABLE FINANCING (Schedule 2)	0.00

<b>AMOUNT NEEDED TO BE RAISED - PROP TAX &amp; STATE</b>	<b>2,467,606.26</b>
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	SECURED	UNSECURED
NET SECURED VALUATION-PLACER CO.	18,522,630,177	
NET SECURED VALUATION-NEVADA CO.	9,019,516,339	
UTILITY VALUATION-PLACER CO.	0	
UTILITY VALUATION-NEVADA CO.	2,573,535	
NET UNSECURED VALUATION-PLACER CO. (includes Airplanes)		319,821,234
NET UNSECURED VALUATION-NEVADA CO.		183,209,665
TOTAL NET VALUATION	27,544,720,051	503,030,899
	RATE	
LESS: DELINQUENCY ALLOWANCE-PLACER CO.	6.0000%	Teetered-N/A
LESS: DELINQUENCY ALLOWANCE-NEVADA CO.		19,189,274
LESS: RDA OR OTHER VALUE ADJ	N/A	10,992,580
TOTAL NET VALUATION AFTER ADJ	27,544,720,051	472,849,045
ADD: HOPTR EXEMPTION-PLACER CO.	15,272,000	7,000
ADD: HOPTR EXEMPTION-NEVADA CO.	23,787,004	7,000
ADJUSTED VALUATION FOR RATE COMPUTATION	27,583,779,055	472,863,045
UNSECURED TAX RATE (Secured rate from prior year)		<b>0.0088000%</b>
UNSECURED PROPERTY TAX RAISED-PLACER CO.		26,455.61
UNSECURED PROPERTY TAX RAISED-NEVADA CO.		15,155.10
UNSECURED HOPTR RAISED-PLACER CO.		0.62
UNSECURED HOPTR RAISED-NEVADA CO.		0.62
<b>AMOUNT TO BE RAISED ON UNSECURED ROLL</b>		<b>41,611.95</b>

**CALCULATION OF SECURED TAX RATE:**

AMOUNT NEEDED TO BE RAISED (from above)	2,467,606.26
LESS: AMOUNT TO BE RAISED ON UNSEC ROLL (from above)	41,611.95
AMOUNT NEEDED TO BE RAISED FROM SECURED ROLL	2,425,994.31
<b>SECURED TAX RATE</b>	<b>0.0088000%</b>
SECURED PROPERTY TAX RAISED-PLACER CO.	1,629,991.46
SECURED PROPERTY TAX RAISED-NEVADA CO.	793,943.91
HOPTR RAISED-PLACER CO.	1,343.94
HOPTR RAISED-NEVADA CO.	2,093.26
<b>TOTAL AMOUNT TO BE RAISED ON SECURED ROLL</b>	<b>2,427,372.56</b>

<b>TOTAL AMOUNT TO BE RAISED ON SEC &amp; UNSEC ROLL</b>	<b>2,468,984.50</b>
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DIFFERENCE BETWEEN AMOUNT NEEDED & AMOUNT RAISED (1,378.24)

BUDGET: NEVADA CO. = 811,192.88  
 BUDGET: PLACER CO. = 1,657,791.62



2022/23

**TAHOE FOREST HOSPITAL DISTRICT GO BONDS 2019 (Previously SERIES C 2012)**

OCA \_\_\_\_\_ PCA \_\_\_\_\_ Dept \_\_\_\_\_ TAX CODE \_\_\_\_\_  
Fund \_\_\_\_\_ Subfund \_\_\_\_\_

**COMPUTATION OF TAX RATE - SCHEDULE 1**

TOTAL BUDGET REQUIREMENT (Schedule 3)	1,179,400.00
LESS: AVAILABLE FINANCING (Schedule 2)	0.00

<b>AMOUNT NEEDED TO BE RAISED - PROP TAX &amp; STATE</b>	<b>1,179,400.00</b>
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	SECURED	UNSECURED
NET SECURED VALUATION-PLACER CO.	18,522,630,177	
NET SECURED VALUATION-NEVADA CO.	9,019,516,339	
UTILITY VALUATION-PLACER CO.	0	
UTILITY VALUATION-NEVADA CO.	2,573,535	
NET UNSECURED VALUATION-PLACER CO. (includes Airplanes)		319,821,234
NET UNSECURED VALUATION-NEVADA CO.		183,209,665
TOTAL NET VALUATION	27,544,720,051	503,030,899
	RATE	
LESS: DELINQUENCY ALLOWANCE-PLACER CO.	6.0000%	Teetered-N/A
LESS: DELINQUENCY ALLOWANCE-NEVADA CO.		19,189,274
LESS: RDA OR OTHER VALUE ADJ	N/A	10,992,580
TOTAL NET VALUATION AFTER ADJ	27,544,720,051	472,849,045
ADD: HOPTR EXEMPTION-PLACER CO.	15,272,000	7,000
ADD: HOPTR EXEMPTION-NEVADA CO.	23,787,004	7,000
ADJUSTED VALUATION FOR RATE COMPUTATION	27,583,779,055	472,863,045
UNSECURED TAX RATE (Secured rate from prior year)		<b>0.0042100%</b>
UNSECURED PROPERTY TAX RAISED-PLACER CO.		12,656.61
UNSECURED PROPERTY TAX RAISED-NEVADA CO.		7,250.34
UNSECURED HOPTR RAISED-PLACER CO.		0.29
UNSECURED HOPTR RAISED-NEVADA CO.		0.29
<b>AMOUNT TO BE RAISED ON UNSECURED ROLL</b>		<b>19,907.53</b>

**CALCULATION OF SECURED TAX RATE:**

AMOUNT NEEDED TO BE RAISED (from above)	1,179,400.00
LESS: AMOUNT TO BE RAISED ON UNSEC ROLL (from above)	19,907.53
AMOUNT NEEDED TO BE RAISED FROM SECURED ROLL	1,159,492.47
<b>SECURED TAX RATE</b>	<b>0.0042100%</b>
SECURED PROPERTY TAX RAISED-PLACER CO.	\$4.21
SECURED PROPERTY TAX RAISED-NEVADA CO.	779,802.73
HOPTR RAISED-PLACER CO.	379,829.98
HOPTR RAISED-NEVADA CO.	642.95
<b>TOTAL AMOUNT TO BE RAISED ON SECURED ROLL</b>	<b>1,161,277.10</b>

<b>TOTAL AMOUNT TO BE RAISED ON SEC &amp; UNSEC ROLL</b>	<b>1,181,184.63</b>
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DIFFERENCE BETWEEN AMOUNT NEEDED & AMOUNT RAISED (1,784.63)

BUDGET: NEVADA CO. = 388,082.05  
 BUDGET: PLACER CO. = 793,102.58