



TAHOE FOREST HOSPITAL DISTRICT

# 2024-09-19 Regular Meeting of the Board of Directors

(Revised on 09/16/2024 at 2:53 p.m.)

Thursday, September 19, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



Meeting Book - 2024-09-19 Regular Meeting of the Board of Directors REVISED

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23. ADJOURN



TAHOE  
FOREST  
HOSPITAL  
DISTRICT

# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 19, 2024 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

5.1.1. 08/22/2024 Regular Meeting

5.2. **Public Employee Appointment (Gov. Code § 54957)**

Title: President & Chief Executive Officer

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

*Subject Matter: Medical Staff Credentials*

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

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

10. **INPUT – AUDIENCE**

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

11. **INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

**12.1. Medical Executive Committee (MEC) Meeting Consent Agenda** ..... ATTACHMENT

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

Policy Review – No Changes:

- CPAP BiPAP, DEDI-1901
- IVCH Acuity Parameters, DIMS-203
- IVCH Telemetry, DIMS-1601
- Tele-Hospitalist Consultation, DIMS-2101
- T-piece Resuscitator, DEDI-2301

Policy Changes:

- AHP Guidelines
- Standardized Procedure – RN as First Assist-Certified

New Privileges:

- RN SA-C

**13. CONSENT CALENDAR** ◆

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

**13.1. Approval of Minutes of Meetings**

**13.1.1.** 08/22/2024 Regular Meeting ..... ATTACHMENT

**13.1.2.** 09/05/2024 Special Meeting ..... ATTACHMENT

**13.2. Financial Reports**

**13.2.1.** Financial Report – August 2024 ..... ATTACHMENT\*

**13.3. Board Reports**

**13.3.1.** Interim CEO/COO Board Report ..... ATTACHMENT

**13.3.2.** CNO Board Report ..... ATTACHMENT

**13.3.3.** CMO Board Report ..... ATTACHMENT

**13.3.4.** CIO Board Report ..... ATTACHMENT

**13.4. Approve Updated Board Policy**

**13.4.1.** New Programs and Services, ABD-18 ..... ATTACHMENT

**13.5. Approval of Conflict of Interest Code Policy**

**13.5.1.** Conflict of Interest Code, ABD-06 ..... ATTACHMENT

**14. ITEMS FOR BOARD ACTION** ◆

**14.1. Resolution 2024-05** ◆ ..... ATTACHMENT

The Board of Directors will review and consider approval of Resolution 2024-05 to express official intent regarding certain capital expenditures to be reimbursed with proceeds of an obligation.

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. Behavioral Health** ..... ATTACHMENT

The Board of Directors will receive an update on Behavioral Health.

**15.2. Clinic Visit Report** ..... ATTACHMENT

The Board of Directors will review the August 2024 Clinic Visit Report.

**16. ITEMS FOR BOARD ACTION** ◆

- 16.1. Resolution 2024-06** ◆ ..... ATTACHMENT  
The Board of Directors will review and consider approval of Resolution 2024-06 to endorse Truckee Tahoe Airport District funding support of InnerRhythms non-profit dance studio.
- 16.2. Resolution 2024-07** ◆ ..... ATTACHMENT  
The Board of Directors will review and consider approval of Resolution 2024-07 to endorse the Climate Transformation Alliance Charter.
- 16.3. Board Culture & Norms** ◆ ..... ATTACHMENT  
The Board of Directors will review and consider approval of a new Board Culture and Norms document.

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

**18. BOARD COMMITTEE REPORTS**

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

**20. CLOSED SESSION CONTINUED**

**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 October 24, 2024 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.*

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

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

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Johanna Koch, MD Chief of Staff
<b>ACTION REQUESTED</b>	For Board Action
<p><b>BACKGROUND:</b> During the September 12, 2024 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the September 19, 2024 meeting.</p>	
<p><b><u>Policy Review – No Changes</u></b></p> <ul style="list-style-type: none"> <li>• CPAP BiPAP, DEDI-1901</li> <li>• IVCH Acuity Parameters, DIMS-203</li> <li>• IVCH Telemetry, DIMS-1601</li> <li>• Tele-Hospitalist Consultation, DIMS-2101</li> <li>• T-piece Resuscitator, DEDI-2301</li> </ul> <p><b><u>Policy Changes</u></b></p> <ul style="list-style-type: none"> <li>• AHP Guidelines</li> <li>• Standardized Procedure – RN as First Assist-Certified</li> </ul> <p><b><u>New Privileges</u></b></p> <ul style="list-style-type: none"> <li>• RN SA-C</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  
HEALTH  
SYSTEM

Origination Date 12/2019  
Last Approved 05/2024  
Last Revised 05/2024  
Next Review 05/2026

Department Incline Village  
Emergency  
Department -  
DEDI  
Applicabilities Incline Village  
Community  
Hospital

## CPAP BiPAP, DEDI-1901

### RISK:

The nurse's unfamiliarity of the set up and use of the CPAP/BiPAP system in the IVCH ED can delay patient care and stabilization of the patient's condition.

### POLICY:

Registered nurses will provide ventilatory support using the CPAP/BiPAP machine after receiving a physician's order. Application of the CPAP/BiPAP system shall be performed by registered nurses that have completed an inservice on its use. The CPAP/BiPAP ventilatory system is intended to augment patient breathing and is not intended to provide the total ventilatory requirements of the patient.

### PROCEDURE:

- A. The physician shall write an order for the use of CPAP/BiPAP system. Only Auto Modes will be used. The two modes that can be used are CPAP-Auto set and BiPAP-V Auto.
- B. Initial application of the BIPAP/CPAP system
  1. The physician and/or the registered nurse shall explain the procedure prior to start. The patient should be cooperative and able to understand and follow basic instructions.
    - a. All health-care professionals using the device shall understand the operations and limitations of the CPAP/BiPAP system.
  2. Fit the mask to the patient
    - a. There are 3 sizes of masks available: small, medium and large. Refer to the instructions and size template in the package.
    - b. It is preferable to select the smallest size possible that fits the patient



3. After initiation of BIPAP/CPAP device, monitoring shall include, but not limited to:
  - a. Vital signs
    - i. Heart rate
    - ii. Blood pressure
    - iii. Respiratory rate
    - iv. Pulse oximetry
  - b. Skin color and temperature
  - c. Use of accessory muscles of ventilation
  - d. Paradoxical movement of the chest wall which may reflect impending ventilatory muscle fatigue
  - e. Lung and heart auscultation
4. If satisfactory degree of patient comfort is not achieved or the patient's medical management with this ventilatory technique is not adequate, BIPAP/CPAP administration shall be discontinued and alternate therapy instituted as required

#### C. Contraindications

1. The following should be carefully evaluated by the physician before a decision is made to initiate BIPAP/CPAP therapy:
  - a. Patients unable to tolerate potential increased work of breathing (acute asthma, COPD)
  - b. Head injury with potential increased intracranial pressure
  - c. Hemodynamic instability
  - d. Recent facial, oral or skull surgery or trauma
  - e. Acute sinusitis
  - f. Epistaxis
  - g. Esophageal surgery
  - h. Active hemoptysis
  - i. Nausea
  - j. Known or suspected tympanic membrane rupture of other middle ear pathology
  - k. Untreated pneumothorax

## All Revision Dates

05/2024, 04/2021, 12/2019

## Approval Signatures

Step Description	Approver	Date
	Ellen Bjorkman: Director of Operations IVCH	05/2024
	Sara Wojcik: Manager IVCH	05/2024

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HEALTH  
SYSTEM

Origination Date 03/1996  
Last Approved 12/2023  
Last Revised 08/2022  
Next Review 12/2024

Department Incline Village  
Medical Surgical  
- DIMS  
Applicabilities Incline Village  
Community  
Hospital

## IVCH Acuity Parameters, DIMS-203

### RISK:

Without defined acuity parameters for the nursing care of patients in the IVCH Lakeview Medical Surgical Unit, there arises a risk to the patient for incorrect placement, unsafe and inappropriate patient management, or unsafe and inappropriate nurse to patient ratios.

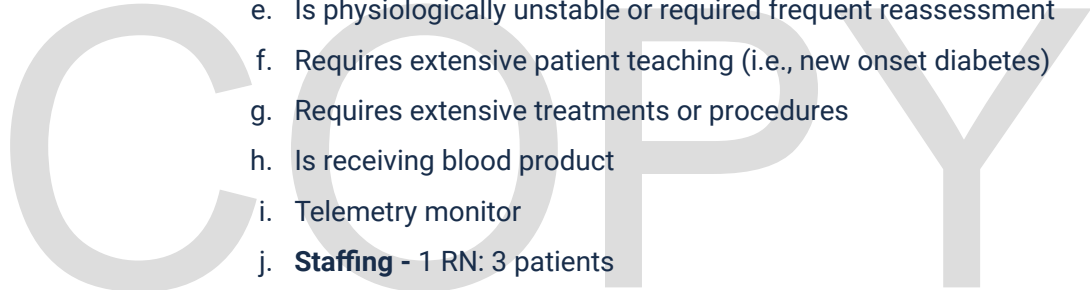
### POLICY:

Parameters to assist staff in determining patient acuity levels as well as appropriate unit staffing.

### PROCEDURE:

- A. The following three acuity levels and staffing parameters are used to determine the staffing patterns of the Lakeview Med/Surg Unit:
  1. Acuity I, patient:
    - a. Is alert and oriented
    - b. Independent ambulation
    - c. Has routine vital signs
    - d. I/O is not calculated
    - e. Is independent with ADLs
    - f. Is on oral meds
    - g. Has a saline lock or no IV access
    - h. **Staffing** - 1 RN:4 patients
  2. Acuity II, patient:
    - a. Is alert or mildly confused or attention seeking
    - b. Has a communication deficit

- c. Needs a dressing change or other minor procedure
  - d. Has vital signs every 4 hours
  - e. Needs 1x RN assistance with ADLs or mobility
  - f. Has complex meds, including frequent pain meds
  - g. Needs pulse oximetry checks
  - h. Has I&O orders
  - i. Needs routine neurovascular checks
  - j. Has a routine IV
  - k. **Staffing** - 1 RN: 4 patients.
3. Acuity III, patient:
- a. Requires complete care, is incontinent of bladder/bowel on regular basis
  - b. Requires feeding
  - c. Needs assistance every 2 hours or more for movement
  - d. Requires vital signs every 1 to 2 hours or more often
  - e. Is physiologically unstable or required frequent reassessment
  - f. Requires extensive patient teaching (i.e., new onset diabetes)
  - g. Requires extensive treatments or procedures
  - h. Is receiving blood product
  - i. Telemetry monitor
  - j. **Staffing** - 1 RN: 3 patients
4. If the unit is at capacity of 4 patients, the RN shall call in another RN or the Manager/ Director to assist in patient care



## All Revision Dates

08/2022, 03/2021, 02/2019, 01/2017, 02/2016, 02/2015, 02/2014, 02/2013, 10/2006, 10/2000

## Approval Signatures

Step Description	Approver	Date
	Ellen Bjorkman: Director of Operations IVCH	12/2023
	Sara Wojcik: Manager IVCH	12/2023



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SYSTEM

Origination 10/2011  
Date  
Last 12/2023  
Approved  
Last Revised 12/2023  
Next Review 12/2024

Department Incline Village  
Medical Surgical  
- DIMS  
Applicabilities Incline Village  
Community  
Hospital

## IVCH Telemetry, DIMS-1601

### RISK:

Adhering to the policy ensures the patient is appropriately monitored in terms of nurse to patient ratio, alarm parameters, and appropriate unit to ultimately to avoid the risk of inadequate attention to patient condition that could lead to patient deterioration and demise.

### POLICY:

- A. The nurse to patient ratio for IVCH Lakeview Medical Surgical Unit patients on telemetry shall not exceed a maximum of 1:4 (only two patients may be telemetry and two patients non-telemetry).
- B. Telemetry alarms shall be on at all times and sufficiently audible at the central monitor to alert the nurse to assess the patient's condition.
- C. Nurses must be ACLS certified or complete a telemetry competency prior to caring for telemetry patients, demonstrating accurate dysrhythmia interpretation skills and the ability to verify the default alarm parameters of the monitoring equipment.
- D. Nursing care provided on the Lakeview Unit for the telemetry patient includes:
  - 1. Continuous cardiac monitoring with a rhythm strip interpreted and verification of active alarm status documented every 4 hours.
  - 2. O2 Saturation monitoring and/or respiratory rate monitoring when ordered by the physician.
  - 3. Routine vital signs performed every 4 hours. Increased monitoring of vital signs may be performed at a frequency of every 2 hours for up to 8 consecutive hours, if indicated.
  - 4. Routine patient assessment/reassessment provided every 4 hours. Increased frequency of assessment may be provided every 2 hours up to a maximum of 8

consecutive hours, if indicated.

- E. **An Emergency Department nurse shall be assigned each shift to the central cardiac monitor to monitor alarms and alert the responsible nurse assigned to the telemetry patient(s) of changes in cardiac rhythm/rate.**
- F. A maximum of two (2) patients who present with or develop the following conditions may be admitted to/managed on the Lakeview Unit for telemetry monitoring:
  - 1. Uncomplicated Congestive Heart Failure (CHF)
  - 2. Non-life threatening arrhythmias
  - 3. Renal insufficiency
  - 4. Chest pain without diagnostic ECG findings or elevated biomarkers
  - 5. Postoperative/post procedure monitoring at low risk for cardiac arrhythmias
  - 6. Chronic, rate-controlled (< 100 bpm) atrial fibrillation
- G. Patients who present with or develop the following conditions require critical care cardiac monitoring and must be transferred to a facility providing a higher level of care.
  - 1. Acute M.I.
  - 2. Unstable angina
  - 3. Syncope of unknown origin
  - 4. ECG changes or life-threatening arrhythmias
  - 5. Vasoactive or antiarrhythmic infusions due to hemodynamic compromise
  - 6. Unstable post-operative course
  - 7. ST segment monitoring
  - 8. New onset Atrial Fibrillation

## **PROCEDURE:**

- A. On Admission to telemetry, the nurse shall:
  - 1. Confirm that telemetry equipment is at the bedside in advance of the patient's arrival.
  - 2. Verify the admission diagnosis and physician order for Lakeview Unit telemetry.
  - 3. Explain telemetry application to the patient (i.e.: purpose, skin electrodes, battery unit, etc.). In most instances, Lead II should be used for monitoring.
- B. Upon patient placement on telemetry, the ED nurse shall verify that an artifact free EKG tracing is captured on the central monitor.
  - 1. The nurse shall confirm default alarm limits as follows:
    - a. Low heart rate default set @ 50 beats per minute.
    - b. High heart rate default set @ 150 beats per minute
    - c. O2 saturation low default set @ 88 %.

- C. Every 4 hours, a rhythm strip shall be printed and mounted for the patient record from the Central Monitor in the Emergency Department by the ED RN. The Lakeview RN will document the following:
  - 1. Monitor lead placement and alarm on.
  - 2. PR interval, QRS duration, QT interval.
  - 3. The Lakeview RN will pick up the documented rhythm strips for the remotely monitored Lakeview patient(s) prior to each shift start, to be placed in the patient's medical record on Lakeview.
    - a. Each shift, the previous 12 hours of saved rhythm strips shall be copied and placed in the patient's chart as part of the permanent record. The individual rhythm strips will then be discarded.
- D. A rhythm strip shall be printed, mounted, and documented for any change noted in the rhythm or associated with a change in the patient's condition.
- E. Response to alarm conditions:
  - 1. The ED RN shall immediately notify the patient's nurse by mobile phone of any observed rhythm/rate change or of any concern regarding the patient's rhythm.
    - a. The Lakeview RN shall carry the mobile phone on his/her person at all times.
- F. The Lakeview nurse responding to the ED alert of the change in patient's cardiac rhythm shall immediately assess the patient and notify the physician of any significant changes in the patient's condition.
- G. The nursing staff shall notify the ED nurse prior to any interruption in telemetry monitoring (i.e. ancillary testing, changing the telemetry battery, or physician order to discontinue telemetry).
  - 1. Lakeview patients on telemetry will not be monitored when off the unit for tests or procedures unless ordered by the physician. If continuous monitoring is required when off the unit, a nurse will accompany the patient who will be connected to the portable cardiac monitor.
- H. Shift change report between nurses shall include each patient's rhythm history as well as any pertinent information related to the patient's cardiac status (rhythm/rate)

## Related Policies/Forms:

ACCE Healthcare Technology Foundation "Impact of Clinical Alarms on Patient Safety", 2006

CA.GOV Board of Registered Nursing (#70217) "Nurse to Patient Staffing Ratios"

American Heart Association, *Handbook of Emergency Cardiovascular Care*, 2015

"Practice Standards for Electrocardiographic Monitoring in Hospital Settings", **Circulation**, 2014.

AACN Manual for Critical Care, Fifth Edition, Procedure 54, "Electro physiologic Monitoring: "Hardwire and Telemetry"

## All Revision Dates

12/2023, 08/2022, 01/2020, 02/2019, 02/2018, 01/2017, 02/2016, 02/2015, 10/2011, 05/2004

## Approval Signatures

Step Description	Approver	Date
	Ellen Bjorkman: Director of Operations IVCH	12/2023
	Sara Wojcik: Manager IVCH	12/2023

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Origination Date 04/2021  
Last Approved 05/2024  
Last Revised 05/2024  
Next Review 05/2026

Department Incline Village  
Medical Surgical  
- DIMS  
Applicabilities Incline Village  
Community  
Hospital

## Tele-Hospitalist Consultation, DIMS-2101

### RISK:

Lack of familiarity with Tele-Hospitalist availability for admission consults can lead to a delay in both patient evaluation for admission and ongoing management of their acute issue.

### POLICY:

- A. Patients will be evaluated by the IVCH ED physician or privileged community physician for admission to IVCH Inpatient or ED Observation Units. Those meeting admission criteria are eligible for a Tele-Hospitalist consult to discuss appropriate level of care.
- B. IVCH ED and Lakeview staff will be trained and validated relative to care of the patient using Tele-Hospitalist services

### PROCEDURE:

- A. IVCH ED physician or privileged community physician will determine a patient's need for admission. The attending physician can choose to use the Tele-Hospitalist process or request a consult from a In-House Hospitalist, if available.
- B. IVCH Tele-Hospitalist iPad instructions:
  - 1. Order Admission and Tele-Hospitalist Consult
    - a. Attending physician enters order for admission to ED Observation or Inpatient in the EMR
    - b. Physician enters an order for Tele-Hospitalist in the EMR
  - 2. Request the Tele-Hospitalist Consult
    - a. Attending Physician will directly call the Tele-Hospitalist for admission to Inpatient or ED Observation status

- b. Attending Physician will supply the Tele-Hospitalist the following information:
    - i. Patient information (name, sex, DOB)
    - ii. Referring location and call back number
    - iii. Diagnosis: presenting issues, reason for admit, background of case
    - iv. Referring provider name and direct contact number
  - c. Tele-Hospitalist will decide if patient is an appropriate admission to available levels of care at IVCH
  - d. IVCH ED RN will notify IVCH Lakeview RN, Patient Registration Tech, and House Supervisor of admission
  - e. Attending physician will notify the IVCH Lakeview RN or designee of consult time
  - f. IVCH Lakeview RN or designee will inform the patient of consult time
3. Implement Tele-Hospitalist Consult with the Patient at Scheduled Time
- a. IVCH Lakeview RN will:
    - i. Obtain verbal consent from the patient for the Tele-Hospitalist visit
    - ii. Ensure the patient is appropriately roomed
    - iii. Arrange Tele-Hospitalist iPad in the patient's room and plug into the wall, if able
    - iv. If the patient does not speak English, arrange for language line or translator to be in patient room
    - v. Verify the patient's identification using two patient identifiers with Tele-Hospitalist via patient armband
    - vi. Orient the Tele-Hospitalist if anyone other than the patient will remain in the room during the consult
  - b. Tele-Hospitalist will:
    - i. Appear on the iPad screen to perform the consult/admission and disconnect afterward
    - ii. Enter admitting orders into EMR
    - iii. Contact In-House Hospitalist for H&P within 24 hours of admission
4. Manage the Tele-Hospitalist iPad
- a. The IVCH Lakeview RN or designee will ensure the Tele-Hospitalist iPad is stored and plugged in in the IVCH Lakeside Med Room when not in use
  - b. After every use, the IVCH Lakeview RN or designee will wipe down the Tele-Hospitalist iPad

- i. Use Sani-Cloth Germicidal Disposable Wipes on all aspects of the iPad except the camera and touch screen
- ii. Use a damp towel to clean the camera and the touch screen
  - a. Use of the Germicidal Disposable Wipes will destroy the camera and touch screen

## All Revision Dates

05/2024, 04/2021

## Approval Signatures

Step Description	Approver	Date
	Ellen Bjorkman: Director of Operations IVCH	05/2024
	Sara Wojcik: Manager IVCH	05/2024

COPY



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date 03/2023  
Last Approved 01/2024  
Last Revised 03/2023  
Next Review 01/2026

Department Incline Village  
Emergency  
Department -  
DEDI  
Applicabilities Incline Village  
Community  
Hospital

## T-piece Resuscitator, DEDI-2301

### RISK:

Lack of familiarity of the setup and use of the T-piece resuscitator can delay patient care and stabilization, and might result in patient harm or death.

### POLICY:

At Incline Village Community Hospital (IVCH), respiratory care is provided by the Registered Nurses (RNs) who must be trained and maintain competency on the T-piece resuscitator. The purpose here is to define guidelines of the T-piece resuscitator for the administration of positive pressure ventilation (PPV), continuous positive airway pressure (CPAP), or blow-by for neonates and infants up to 10 kg who are in respiratory distress and/or have a heart rate <100 beats per minute (bpm). Application of the T-piece resuscitator shall be performed by RNs that have completed an inservice on its use and maintain annual competency.

### PROCEDURE:

- A. Initial resuscitation with the T-piece resuscitator
  1. Initiate continuous monitoring of patient's pulse oximetry (SpO<sub>2</sub>) and ECG
  2. Acquire supplies:
    - a. oxygen extension tubing
    - b. patient circuit
    - c. mask appropriately sized to the patient
  3. Set oxygen flow rate to 10-15 L/min
  4. Set maximum pressure relief valve to 40 cm H<sub>2</sub>O
  5. Set initial peak inspiratory pressure (PIP) to 20 cm H<sub>2</sub>O
    - a. Increase by 5-10 cm H<sub>2</sub>O based on patient presentation without exceeding 40 cm H<sub>2</sub>O
  6. Set initial positive end expiratory pressure (PEEP) to 5 cm H<sub>2</sub>O

- a. Increase by 1-2 cm H<sub>2</sub>O based on patient presentation without exceeding 10 cm H<sub>2</sub>O
  7. Create a good seal between the infant's face & the face mask using the "C-E" grip
  8. Occlude the PEEP cap using your opposite hand thumb or finger to deliver a breath
  9. Ventilate 40-60 breaths/min
- B. Recommended setting adjustments based on patient presentation following initial resuscitation
1. If the patient continues not ventilating well:
    - a. Ensure a good mask seal, reposition airway to ensure correct head position, suction mouth and nose, open the mouth and tilt the jaw forward
    - b. Increase PIP by 5-10 cm H<sub>2</sub>O without exceeding 40 cm H<sub>2</sub>O
    - c. Reevaluate and confirm effective ventilation by:
      - i. an increase in HR to  $\geq 100$  bpm
      - ii. slight rise of the chest and upper abdomen with each inflation
      - iii. improvement in oxygenation
  2. If the patient is grunting and not ventilating well:
    - a. Ensure a good mask seal, reposition airway to ensure correct head position, suction mouth and nose, open the mouth and tilt the jaw forward
    - b. Increase PEEP by 1-2 cm H<sub>2</sub>O without exceeding 10 cm H<sub>2</sub>O until grunting improves
    - c. Increase PIP by 5-10 cm H<sub>2</sub>O without exceeding 40 cm H<sub>2</sub>O
    - d. Reevaluate and confirm effective ventilation by:
      - i. an increase in HR to  $\geq 100$  bpm
      - ii. slight rise of the chest and upper abdomen with each inflation
      - iii. improvement in oxygenation
  3. If the patient has spontaneous but labored breathing or persistent cyanosis and HR  $\geq 100$  bpm:
    - a. Consider CPAP
      - i. Apply mask without delivering breaths (without occluding the PEEP valve)
      - ii. Increase PEEP by 1-2 cm H<sub>2</sub>O without exceeding 10 cm H<sub>2</sub>O until grunting improves
    - b. Provide supplemental oxygen as needed to maintain target preductal SpO<sub>2</sub>
  4. If the HR has increased to  $\geq 100$  bpm and neonate has effective spontaneous respirations:
    - a. Discontinue PPV
    - b. Administer supplemental oxygen as needed to maintain the target preductal SpO<sub>2</sub>
    - c. Monitor the patient closely (including HR and SpO<sub>2</sub>)

## Related Policies/Forms:

IVCH ED Respiratory Services Scope, DEDI-237

## References:

American Academy of Pediatrics, & American College of Obstetricians and Gynecologists. (2012). *Guidelines for perinatal care* (7<sup>th</sup> ed.). Washington, D.C. American Academy of Pediatrics and American Heart Association NRP Textbook 8<sup>th</sup> Edition, The S.T.A.B.L.E. Program 6<sup>th</sup> Edition

Fernandes, MD, Caraciolo J (2023). Neonatal resuscitation in the delivery room. *UptoDate*. Available from [https://www.uptodate.com/contents/neonatal-resuscitation-in-the-delivery-room?search=t-piece%20resuscitator&source=search\\_result&selectedTitle=1~32&usage\\_type=default&display\\_rank=1#H140548278](https://www.uptodate.com/contents/neonatal-resuscitation-in-the-delivery-room?search=t-piece%20resuscitator&source=search_result&selectedTitle=1~32&usage_type=default&display_rank=1#H140548278)

## All Revision Dates

03/2023

## Approval Signatures

Step Description

Approver

Date

Ellen Bjorkman: Director of Operations IVCH

01/2024

Sara Wojcik: Manager IVCH

01/2024

ALLIED HEALTH PROFESSIONAL GUIDELINES

EXHIBIT A

ADMITTED CATEGORIES OF ALLIED HEALTH PROFESSIONALS

1. Clinical Psychologists
2. Advanced Practice Nurse
3. Physician Assistants
4. Dental Assistants
5. Audiologists
6. Acupuncturists
7. Licensed Clinical Social Worker
8. Licensed Marriage Family Therapist
9. Registered Nurse First Assistant
- 9-10. Registered Nurse Surgical Assistant Certified



Origination 01/1996  
Date  
Last 08/2024  
Approved  
Last Revised 08/2024  
Next Review 08/2026

Department Operating Room -  
DOR  
Applicabilities Incline Village  
Community  
Hospital,  
Tahoe Forest  
Hospital

## Standardized Procedure - Registered Nurse as First Assist/ Certified Surgical Assist, DOR-2201

### RISK:

The risk of injury to the patient may occur if the below guidelines are not followed by the Registered Nurse as First Assist (RNFA)/Certified Surgical Assist (SA-C), while performing surgical assist duties.

### POLICY:

A. Function:

1. The Registered Nurse as First Assist (RNFA)/Certified Surgical Assist (SA-C) renders direct patient care as part of the surgical team by assisting the surgeon in the surgical treatment of the patient. The responsibility of functioning as first-assistant must be based on documented knowledge and skills acquired after specialized preparation, formal instruction and supervised practice.

B. This procedure may be performed by:

1. A licensed Registered Nurse (RN) who has demonstrated successful completion of an Association of periOperative Registered Nurses (AORN) RNFA program or an American Board of Surgical Assistants (ABSA) SA-C program and has status as an Allied Health Professional at Tahoe Forest Hospital District (TFHD) with current privileges.

C. Experience, training, education and ongoing evaluation:

1. The RNFA/SA-C will complete an AORN or ABSA approved course on surgical/first assisting and will have an awarded certificate as an RNFA or SA-C.
2. The RNFA/SA-C will have validation of the necessary clinical skills by an internship/proctoring with a member(s) of the surgical staff as mentor(s).



3. The RNFA/SA-C will have current privileges as an Allied Health Professional at TFHD.
4. The RNFA/SA-C's privileges will be reviewed by established re-privileging process every two years.

D. Supervision:

1. The RNFA/SA-C practices under the direct supervision of the surgeon.
2. Supervising surgeons must be present in the room during surgical intervention, with the following exceptions:
  - a. The RNFA/SA-C may perform the following functions while the supervising surgeon is not physically present in the room but is present in the Department: application of dressings, suturing, and closing the wound following surgical intervention.

E. Circumstances and setting:

1. RNFA/SA-C Standardized Procedures may be performed in any Tahoe Forest Hospital District facility.
2. The RNFA/SA-C will be listed as Assistant on all patient records and documents.
3. The RNFA/SA-C must perform only as an assistant and not concurrently as scrub nurse.
4. The RNFA/SA-C must adhere to the policies of the hospital and must remain within the scope of practice as outlined by that state's Nurse Practice Act.

## PROCEDURE:

A. The RNFA/SA-C may perform the following:

1. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
2. Manipulate tissue by use of surgical instruments and/or suture material as directed by the surgeon to:
  - a. Expose and retract tissue.
  - b. Clamp, incise and/or sever tissue.
  - c. Grasp and fix tissue with staples and other devices.
  - d. Cauterize and approximate tissue.
3. Provide retraction
4. Provide hemostasis
5. Perform knot tying
6. Provide closure of tissue layers with sutures, staples, or steristrips
7. Assist the surgeon at the completion of the surgical procedure by:
  - a. Affixing and stabilizing all drains.
  - b. Cleaning the wound and applying the dressing.

8. Provide continuity of care.
  - a. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency:
    - i. The RNFA/SA-C will maintain hemostasis, according to the approved standardized procedure.
    - ii. The RNFA/SA-C will keep the surgical site moistened, as necessary, according to the type of surgery.
    - iii. The RNFA/SA-C will maintain the integrity of the sterile field.
    - iv. The RNFA/SA-C will remain at the field while a replacement surgeon is being located.
    - v. The RN circulator/charge nurse will initiate the procedure for obtaining a surgeon for replacement.
9. The above specifications are general guidelines and do not reflect all the duties in all the specialty areas. The RNFA/SA-C must know his/her limitations and may decline to perform those functions for which he/she has not been prepared or which he/she does not feel capable of performing.
  - a. The RNFA/SA-C may consult with the surgeon at any time for questions, concerns, or clarification.

**B. Record keeping:**

1. A current list of RNFAs/SA-C's with hospital privileges will be maintained by the Medical Staff office and will be accessible to Surgical Services staff for use in scheduling cases and assigning duties.

**C. Periodic review and quality assurance:**

1. RNFA/SA-C Standardized Procedures will be reviewed bi-annually by the Interdisciplinary Practice Committee (IDPC) with input from Director of Nursing and Surgery Committee.
2. Quality Assurance (QA) is accomplished through the RNFA/SA-C Competence Checklist and review of cases through the normal Medical Staff QA process.

**D. Approval:**

1. This Standardized Procedure was developed through collaboration of Nursing Leadership, IDPC, and Surgery Committee. Written record of those persons authorized to perform this Standardized Procedure are maintained by the Medical Staff office.

## References:

Statement of American College of Surgeons; RN First Assistant Guide to Practice; Nurse Practice Act-PDF

Scope of Practice Surgical Assist ABSA.pdf (ABSA Surgical Assistant Scope of Practice)

## All Revision Dates

08/2024, 03/2024, 02/2024, 11/2023, 07/2022, 07/2022, 03/2022, 11/2017, 12/2015, 03/2014, 01/2012, 04/2011, 09/2005, 12/1999

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## Attachments

[npr-b-18 CA St Board.pdf](#)

[PosStat-RNFA-0908-Scope of practice.pdf](#)

[Scope-of-Practice-Surgical Assist ABSA.pdf](#)

## Approval Signatures

Step Description

Approver

Date

Trent Foust: Director of Acute Services

08/2024

Kate Cooper: Manager

08/2024

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

### Delineated Clinical Privilege Request

**SPECIALTY:** REGISTERED NURSE SURGICAL ASSIST-CERTIFIED      **NAME:** \_\_\_\_\_

Please print

**Check which applies:**     **Tahoe Forest Hospital**       **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>	Registered Nurse Surgical Assist-Certified (SA-C): Provide evidence of completion of a program meeting ABSA accredited surgical assist program Current RN licensure to practice in California (if applicable) Current RN licensure to practice in Nevada (if applicable)
<b>Certification:</b>	Registered Nurse: CNOR certification RN as SA-C maintain current certification as SA-C with ABSA
<b>Clinical Competency References:</b> (required for new applicants)	At least one peer reference should have the same licensure as the applicant. Other references should include a physician with whom the applicant has worked with and/or been employed. Medical Staff Office will obtain references response.
<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>• Must be contracted with the Hospital to work with privileged surgeons on the Hospital's Medical Staff.</li> <li>• Will function under defined standardized procedures.</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 Surgery

**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 –</b>	Estimate # of procedures in last 24 months	Setting	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Basic privileges include:</b></p> <p>Under direct supervision of the surgeon, assisting in the perioperative role in the surgical treatment of the patient to include:</p> <ul style="list-style-type: none"> <li>• Positioning, prepping and draping the patient</li> <li>• Manipulation tissue</li> <li>• Providing retraction</li> <li>• Providing hemostasis</li> <li>• Performing knot tying</li> <li>• Providing closure of tissue layers with suture, staples, or steristrips</li> <li>• Affixing and stabilize drains</li> <li>• Applying dressings</li> </ul>	_____	Surgery Dept at TFH or IVCH	Review and evaluation of care by surgeons and surgical supervisor	Actively assisting surgeons with annual review and favorable competency evaluations
<input type="checkbox"/>		<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p>				
		<p><b>SELECTED PROCEDURES</b></p> <p><b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b></p>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
		<p><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 &amp; equipment requirements.</p>				
		<p><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.</p>				

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.

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**

\_\_\_\_\_  
Date

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

**DEPARTMENT CHAIR REVIEW**

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

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

\_\_\_\_\_  
Date

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

Modifications or Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Review Dates: 04/10/24  
IDPC Review Dates: 08/14/24  
Medical Executive Committee: 09/12/24  
Board of Directors: 09/19/24



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

Thursday, August 22, 2024 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## **1. CALL TO ORDER**

Meeting was called to order at 4:02 p.m.

## **2. ROLL CALL**

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

Staff in Attendance: Louis Ward, Interim Chief Executive Officer/Chief Operating Officer; Jan Iida, Chief Nursing Officer; Alex MacLennan, Chief Human Resources Officer; Matt Mushet, In-House Counsel; Janet Van Gelder, Director of Quality & Regulations; Christine O'Farrell, Risk Manager; Ashley Davis, Patient Safety Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

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

Item 14.2. will be removed from the agenda.

General Counsel read the board into Closed Session.

## **4. INPUT AUDIENCE**

No public comment was received.

Open Session recessed at 4:05 p.m.

## **5. CLOSED SESSION**

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

*Subject Matter: Third Quarter & Fourth Fiscal Year 2024 Disclosure Summary*

Discussion was held on a privileged item.

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

*Subject Matter: Fiscal Year 2023-2024 Claims Report*

Discussion was held on a privileged item.

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

*Subject Matter: Third & Fourth Quarter Fiscal Year 2024 Patient Safety & Risk Summary Report*

Discussion was held on a privileged item.

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

*Subject Matter: Fourth Quarter Fiscal Year 2024 Quality Report*

Discussion was held on a privileged item.

**5.5. Liability Claims: (Gov. Code § 54956.95)**

*Claimant: Keniia Novikov*

*Claim Against: Tahoe Forest Hospital District*

Discussion was held on a privileged item.

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

*Property Address: 5250 S. Virginia Street Reno, NV 89502 Suites 100 & 201*

*Agency Negotiator: Louis Ward*

*Negotiating Party: RFG-Bamboo LLC*

*Under Negotiation: Price & Terms of Payment*

Discussion was held on a privileged item.

**5.7. Approval of Closed Session Minutes**

**5.7.1.** 07/22/2024 Special Meeting

**5.7.2.** 07/25/2024 Regular Meeting

Discussion was held on a privileged item.

**5.8. Public Employee Appointment (Gov. Code § 54957)**

*Title: President & Chief Executive Officer*

Discussion was held on a privileged item.

**5.9. 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 6:04 p.m.

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

General Counsel noted the Board reviewed nine items in Closed Session. There was no reportable action on items 5.1. and 5.2. Items 5.3. and 5.4. were reports approved by the Board. On item 5.5., the Board voted 5-0 to reject the claim from Keniia Novikov related to an alleged medical malpractice claim. There was no reportable action on item 5.6. Item 5.7. Approval of Closed Session Minutes were approved on a 5-0 vote. There was no reportable action on item 5.8. Item 5.9. Medical Staff Credentials was approved on a 5-0 vote.

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

Items 12.1. and 14.2. were removed from the agenda.



**10. INPUT – AUDIENCE**

Public comment was received from Meg Heim and David Diamond.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. MEDICAL STAFF EXECUTIVE COMMITTEE**

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

*Item was removed from the agenda.*

**13. CONSENT CALENDAR**

**13.1. Approval of Minutes of Meetings**

**13.1.1.** 07/22/2024 Special Meeting

**13.1.2.** 07/25/2024 Regular Meeting

**13.2. Financial Reports**

**13.2.1.** Financial Report – July 2024

**13.3. Board Reports**

**13.3.1.** Interim CEO/COO Board Report

**13.3.2.** CNO Board Report

**13.3.3.** CMO Board Report

**13.3.4.** CIO Board Report

Director Chamblin pulled items 13.2.1. and 13.3.3.

**ACTION:** Motion made by Director Brown to approve the Consent Calendar excluding items 13.2.1. and 13.3.3., seconded by Director McGarry.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. Semi-Annual Retirement Plan Update**

Brian Montanez of Multnomah Group provided a semi-annual retirement plan update. Discussion was held.

**14.2. Truckee Tahoe Workforce Housing Agency Update**

*Item was removed from the agenda.*

**14.3. Emergency Management Program**

Myra Tanner, Environment of Care Coordinator; Anthony Lavin, Environment of Care Assistant; and Katie Lamb, Manager of Emergency Services, presented on the District's Emergency Management Program. Discussion was held.

**15. ITEMS FOR BOARD ACTION**

**15.1. Fiscal Year 2025 President & Chief Executive Officer Incentive Compensation Metrics**

The Board of Directors reviewed and considered approval of FY25 President & CEO Incentive Compensation Metrics. Discussion was held.

**ACTION:** Motion made by Director Barnett, to approve the Fiscal Year 2025 President & Chief Executive Officer Incentive Compensation as presented, seconded by Director McGarry.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

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

Item 13.2.1. was discussed.

Item 13.3.3. was discussed.

**ACTION:** Motion made by Director Brown to approve the Consent Calendar items 13.2.1. and 13.3.3., seconded by Director Chamblin.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

**17. BOARD COMMITTEE REPORTS**

Director McGarry shared an update from the recent Board Quality Committee, Tahoe Forest Health System Foundation and Board Community Engagement Committee meetings.

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

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

The September Regular Board Meeting will be moved to Thursday, September 19, 2024.

**19. CLOSED SESSION CONTINUED**

Not applicable.

**20. OPEN SESSION**

Not applicable.

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

Not applicable.

**22. ADJOURN**

Meeting adjourned at 7:17 p.m.



# SPECIAL MEETING OF THE BOARD OF DIRECTORS

## DRAFT MINUTES

Thursday, September 5, 2024 at 5:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

### 1. CALL TO ORDER

Meeting was called to order at 5:02 p.m.

### 2. ROLL CALL

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

Staff in attendance: Louis Ward, Interim Chief Executive Officer; Alex MacLennan, Chief Human Resources Officer; Dr. Brian Evans, Chief Medical Officer; Ted Owens, Executive Director of Governance; Dr. Johanna Koch, Chief of Staff

*Absent: Director Michael McGarry*

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

No changes were made to the agenda.

### 4. ITEMS FOR BOARD DISCUSSION

#### 4.1. Draft President & Chief Executive Officer Leadership Profile

Discussion was held.

Public comment was received from Dr. Josh Kreiss, Dr. Joy Koch and Dr. Jim Schlund.

Written comment were received from: Trent Foust, Julie Teel, Ashley Davis, Katie Dawson, Svieta Schopp, T Abraham, Robin Ward and Sarah Jackson.

### 5. ADJOURN

Meeting adjourned at 5:42 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
AUGUST 2024 FINANCIAL REPORT - PRELIMINARY  
INDEX**

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

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**AUGUST 2024 FINANCIAL NARRATIVE - PRELIMINARY**

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

**Activity Statistics**

- ❑ TFH acute patient days were 385 for the current month compared to budget of 464. This equates to an average daily census of 12.42 compared to budget of 14.97.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Laboratory tests, Oncology Lab tests, Blood units, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, and Tahoe City Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department Visits, Hospice visits, Lab Send Out tests, Diagnostic Imaging, Mammography, Nuclear Medicine, MRI, Briner Ultrasounds, CT Scans, Tahoe City Physical Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, Speech Therapy, and Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.8% in the current month compared to budget of 47.0% and to last month's 43.3%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 45.5% compared to budget of 47.0% and prior year's 47.9%.
- ❑ EBIDA was \$4,174,912 (7.1%) for the current month compared to budget of \$3,419,803 (5.7%), or \$755,109 (1.4%) above budget. Year-to-date EBIDA was \$7,241,683 (6.1%) compared to budget of \$4,948,751 (4.3%), or \$2,292,932 (1.8%) above budget.
- ❑ Net Income was \$4,578,848 for the current month compared to budget of \$2,888,233 or \$1,690,615 above budget. Year-to-date Net Income was \$8,618,584 compared to budget of \$3,878,151 or \$4,740,433 above budget.
- ❑ Cash Collections for the current month were \$28,242,228, which is 107% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$130,632,221 at the end of August compared to \$128,571,446 at the end of July.

**Balance Sheet**

- ❑ Working Capital is at 79.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 221.2 days. Working Capital cash increased a net \$301,000. Accounts Payable increased \$3,976,000 and Accrued Payroll & Related Costs decreased \$4,737,000. The District received \$358,000 from Placer County for the final FY23/24 property tax revenues and Cash Collections were above target by 7%.
- ❑ Net Patient Accounts Receivable decreased a net \$1,077,000. Cash collections were 107% of target. EPIC Days in A/R were 66.70 compared to 67.40 at the close of July, a .70 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$238,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,001,000 from the Medicare program for the final settled desk audit for the FY20 Medicare Cost Reports.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$1,083,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of August.
- ❑ Total Bond Trustee 2015 decreased \$1,266,000 after recording the Principal and Interest payments due on the bonds.
- ❑ GO Bond Tax Revenue Fund increased \$187,000 after recording the final FY23/24 property tax revenues received from Placer County.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for August on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable increased \$3,976,000 due to the timing of the final check run in August.
- ❑ Accrued Payroll & Related Costs decreased a net \$4,737,000 due to fewer accrued payroll days in August.
- ❑ Interest Payable decreased \$201,000 after recording the interest payments due on the 2015 Revenue Bonds.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for August, decreasing the liability \$287,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$2,615,000 as the District records payback of overpayments to the Medicare program on TFH & IVCH FY24 Outpatient claims.
- ❑ Other Long Term Debt Net of Current Maturities decreased \$1,326,000 after recording the principal payments due on the 2015 Revenue Bonds.

August 2024 Financial Narrative - Preliminary  
**Operating Revenue**

- ❑ Current month's Total Gross Revenue was \$59,103,237 compared to budget of \$60,306,577 or \$1,203,340 below budget.
- ❑ Current month's Gross Inpatient Revenue was \$8,234,182 compared to budget of \$8,280,555 or \$46,373 below budget.
- ❑ Current month's Gross Outpatient Revenue was \$50,869,055 compared to budget of \$52,026,022 or \$1,156,967 below budget.
- ❑ Current month's Gross Revenue Mix was 38.26% Medicare, 17.82% Medi-Cal, .0% County, 1.32% Other, and 42.60% Commercial Insurance compared to budget of 39.77% Medicare, 15.75% Medi-Cal, .0% County, 1.25% Other, and 43.23% Commercial Insurance. Last month's mix was 41.43% Medicare, 16.14% Medi-Cal, .0% County, 1.39% Other, and 41.04% Commercial Insurance. Year-to-Date Gross Revenue Mix was 39.86% Medicare, 16.98% Medi-Cal, .0% County, 1.36% Other, and 41.80% Commercial Insurance.
- ❑ Current month's Deductions from Revenue were \$30,857,663 compared to budget of \$31,960,371 or \$1,102,708 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.50% decrease in Medicare, a 2.07% increase to Medi-Cal, County at budget, a 0.07% increase in Other, and Commercial Insurance was below budget .64%, 2) Revenues were below budget 2.0%, and 3) Aged Accounts Receivable over 120 and 180 days increased by 4.17%.

DESCRIPTION	August 2024 Actual	August 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	11,356,060	11,619,274	263,214	
Employee Benefits	3,670,808	3,920,936	250,128	We saw decreased use of Paid Leave, creating a positive variance in Employee Benefits.
Benefits – Workers Compensation	47,534	105,867	58,333	
Benefits – Medical Insurance	2,504,383	2,642,413	138,030	
Medical Professional Fees	500,721	518,558	17,837	IVCH ER call coverage was below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	388,417	352,760	(35,657)	Legal and Consulting fees for Administration and Human Resources were above budget, creating a negative variance in Other Professional Fees.
Supplies	4,460,566	4,518,014	57,448	Medical Supplies Sold to Patients revenues were below budget, creating a positive variance in Patient & Other Medical Supplies.
Purchased Services	2,034,561	1,902,066	(132,495)	Outsourced Billing & Collections services, Laboratory testing, Credit Card fees, and Facilities maintenance projects were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,063,150	1,134,206	71,056	Outside Training & Travel, Utility costs, and Physician Recruitment were below budget, creating a positive variance in Other Expenses.
Total Expenses	26,026,199	26,714,094	687,895	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
AUGUST 2024 PRELIMINARY

	Aug-24	Jul-24	Aug-23	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 65,904,598	\$ 65,603,187	\$ 29,612,783	1
PATIENT ACCOUNTS RECEIVABLE - NET	51,506,943	52,584,353	49,708,380	2
OTHER RECEIVABLES	8,850,566	8,046,969	13,041,129	
GO BOND RECEIVABLES	911,266	643,068	890,271	
ASSETS LIMITED OR RESTRICTED	10,973,320	10,407,750	11,371,849	
INVENTORIES	5,570,054	5,566,736	5,260,265	
PREPAID EXPENSES & DEPOSITS	4,200,167	4,289,776	4,778,077	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	21,094,421	20,856,739	20,988,223	3
<b>TOTAL CURRENT ASSETS</b>	<u>169,011,336</u>	<u>167,998,578</u>	<u>135,650,977</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,672,429	10,672,429	10,245,543	1
* CASH INVESTMENT FUND	106,462,757	106,518,347	105,829,959	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	3,038,886	1,955,732	(2,925,255)	4
TOTAL BOND TRUSTEE 2017	22,311	22,222	21,325	
TOTAL BOND TRUSTEE 2015	326,308	1,591,920	309,116	5
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	1,305,974	1,118,539	1,298,360	6
DIAGNOSTIC IMAGING FUND	3,574	3,574	3,431	
DONOR RESTRICTED FUND	1,179,802	1,179,802	1,153,847	
WORKERS COMPENSATION FUND	12,191	1,469	19,138	
TOTAL	<u>123,024,231</u>	<u>123,064,032</u>	<u>115,961,228</u>	
LESS CURRENT PORTION	<u>(10,973,320)</u>	<u>(10,407,750)</u>	<u>(11,371,849)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>112,050,911</u>	<u>112,656,283</u>	<u>104,589,380</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,109,243)	(4,025,493)	(3,544,847)	
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,696,042	
PROPERTY & EQUIPMENT NET	195,417,918	195,647,641	194,786,598	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,889,868</u>	<u>1,874,918</u>	<u>1,791,406</u>	
<b>TOTAL ASSETS</b>	<u>475,977,762</u>	<u>475,868,899</u>	<u>434,969,555</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	226,267	229,499	265,055	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	154,402	154,402	262,970	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,228,939	4,252,644	4,513,396	
GO BOND DEFERRED FINANCING COSTS	412,236	414,557	440,087	
DEFERRED FINANCING COSTS	110,269	111,309	122,753	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	12,787,412	12,924,348	7,913,201	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	<u>26,479,590</u>	<u>26,798,281</u>	<u>30,684,471</u>	7
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 44,399,116</u>	<u>\$ 44,885,041</u>	<u>\$ 44,201,933</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	10,423,850	6,448,039	\$ 7,787,991	8
ACCRUED PAYROLL & RELATED COSTS	20,893,972	25,630,632	31,555,884	9
INTEREST PAYABLE	141,801	342,840	286,386	10
INTEREST PAYABLE GO BOND	251,453	(0)	261,619	
SUBSCRIPTION LIABILITY	28,093,740	28,380,250	31,756,288	11
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	2,932,583	5,547,769	290,618	12
HEALTH INSURANCE PLAN	2,939,536	2,939,536	2,722,950	
WORKERS COMPENSATION PLAN	2,297,841	2,297,841	3,287,371	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,771,063	2,771,063	2,586,926	
CURRENT MATURITIES OF GO BOND DEBT	2,440,000	2,440,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,126,255	4,126,414	4,552,127	
<b>TOTAL CURRENT LIABILITIES</b>	<u>77,312,094</u>	<u>80,924,385</u>	<u>87,283,160</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,756,871	29,082,533	25,873,460	13
GO BOND DEBT NET OF CURRENT MATURITIES	87,822,898	87,840,854	90,723,365	
DERIVATIVE INSTRUMENT LIABILITY	154,402	154,402	262,970	
<b>TOTAL LIABILITIES</b>	<u>193,046,265</u>	<u>198,002,175</u>	<u>204,142,955</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	326,150,811	321,571,964	273,874,685	
RESTRICTED	1,179,802	1,179,802	1,153,847	
<b>TOTAL NET POSITION</b>	<u>\$ 327,330,613</u>	<u>\$ 322,751,765</u>	<u>\$ 275,028,532</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
AUGUST 2024 PRELIMINARY

1. Working Capital is at 79.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 221.2 days. Working Capital cash increased a net \$301,000. Accounts Payable increased \$3,976,000 (See Note 8) and Accrued Payroll & Related Costs decreased \$4,737,000 (See Note 9). The District received \$358,000 from Placer County for the final FY23/24 property tax revenues and Cash Collections were above target by 7% (See Note 2).
2. Net Patient Accounts Receivable decreased a net \$1,077,000. Cash collections were 107% of target. EPIC Days in A/R were 66.70 compared to 67.40 at the close of July, a .70 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$238,000. 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 recorded receipt of funds received from the Medicare program for the final settled desk audit for the FY20 Medicare Cost Reports.
4. Unrealized Gain/(Loss) Cash Investment Fund increased \$1,083,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of August.
5. Total Bond Trustee 2015 decreased \$1,266,000 after recording the Principal and Interest payments due on the bonds.
6. GO Bond Tax Revenue Fund increased \$187,000 after recording the final FY23/24 property tax revenues received from Placer county.
7. To comply with GASB No. 96, the District recorded Amortization Expense for August on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
8. Accounts Payable increased \$3,976,000 due to the timing of the final check run in August.
9. Accrued Payroll & Related Costs decreased a net \$4,737,000 due to fewer accrued Payroll days in August.
10. Interest Payable decreased a net \$201,000 after recording the interest payments due on the 2015 Revenue Bonds.
11. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for August, decreasing the liability \$287,000.
12. Estimated Settlements, Medi-Cal & Medicare decreased \$2,615,000 as the District records payback of overpayments to the Medicare program on TFH & IVCH FY24 Outpatient claims.
13. Other Long Term Debt Net of Current Maturities decreased \$1,326,000 after recording the principal payments due on the 2015 Revenue Bonds.



**Tahoe Forest Hospital District  
Cash Investment  
August 31, 2024 - Preliminary**

<b>WORKING CAPITAL</b>			
US Bank	\$ 64,799,644	4.89%	
US Bank/Incline Village Thrift Store	12,935		
US Bank/Truckee Thrift Store	65,393		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,026,625</u>	2.02%	
Total			\$ 65,904,598
<b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>106,462,757</u>	4.87%	
Total			\$ 106,462,757
Building Fund	\$ -		
Cash Reserve Fund	<u>10,672,429</u>	4.58%	
Local Agency Investment Fund			\$ 10,672,429
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,311
Bonds Cash 2015			\$ 326,308
GO Bonds Cash 2008			\$ 1,305,974
DX Imaging Education	\$ 3,574		
Workers Comp Fund - B of A	12,191		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 15,765</u>
<b>TOTAL FUNDS</b>			<b>\$ 184,710,140</b>
<b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,378	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,144,115</u>	4.58%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,179,802</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 185,889,942</u></u></b>

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

CURRENT MONTH					YEAR TO DATE					PRIOR YTD AUG 23
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 59,103,237	\$ 60,306,577	\$ (1,203,340)	-2.0%	Total Gross Revenue	\$ 119,409,321	\$ 115,054,444	\$ 4,354,877	3.8%	1	\$ 105,848,545
<b>Gross Revenues - Inpatient</b>										
\$ 3,590,567	\$ 3,920,779	\$ (330,212)	-8.4%	Daily Hospital Service	\$ 7,362,923	\$ 7,066,837	\$ 296,086	4.2%		\$ 6,637,796
4,643,615	4,359,776	283,839	6.5%	Ancillary Service - Inpatient	9,268,857	8,586,093	682,764	8.0%		8,277,412
8,234,182	8,280,555	(46,373)	-0.6%	Total Gross Revenue - Inpatient	16,631,780	15,652,930	978,850	6.3%	1	14,915,208
50,869,055	52,026,022	(1,156,967)	-2.2%	Gross Revenue - Outpatient	102,777,541	99,401,514	3,376,027	3.4%		90,933,337
50,869,055	52,026,022	(1,156,967)	-2.2%	Total Gross Revenue - Outpatient	102,777,541	99,401,514	3,376,027	3.4%	1	90,933,337
<b>Deductions from Revenue:</b>										
29,731,053	29,833,337	102,284	0.3%	Contractual Allowances	63,094,744	56,983,296	(6,111,448)	-10.7%	2	53,798,136
561,702	1,206,132	644,430	53.4%	Charity Care	1,006,634	2,301,089	1,294,455	56.3%	2	332,945
564,907	920,902	355,995	38.7%	Bad Debt	971,808	1,758,423	786,615	44.7%	2	1,031,863
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
30,857,663	31,960,371	1,102,708	3.5%	Total Deductions from Revenue	65,073,186	61,042,808	(4,030,378)	-6.6%		55,162,944
103,678	110,221	6,543	5.9%	Property Tax Revenue- Wellness Neighborhood	204,266	218,902	14,636	6.7%		250,490
1,851,859	1,677,470	174,389	10.4%	Other Operating Revenue	3,624,406	3,344,860	279,546	8.4%	3	2,845,636
30,201,111	30,133,897	67,214	0.2%	<b>TOTAL OPERATING REVENUE</b>	<b>58,164,808</b>	<b>57,575,398</b>	<b>589,410</b>	<b>1.0%</b>		<b>53,781,727</b>
<b>OPERATING EXPENSES</b>										
11,356,060	11,619,274	263,214	2.3%	Salaries and Wages	21,653,837	22,975,727	1,321,890	5.8%	4	20,196,222
3,670,808	3,920,936	250,128	6.4%	Benefits	8,003,960	7,369,996	(633,964)	-8.6%	4	6,818,706
47,534	105,867	58,333	55.1%	Benefits Workers Compensation	96,166	211,734	115,568	54.6%	4	197,067
2,504,383	2,642,413	138,030	5.2%	Benefits Medical Insurance	4,421,933	5,284,826	862,893	16.3%	4	3,944,215
500,721	518,558	17,837	3.4%	Medical Professional Fees	1,063,197	1,051,906	(11,291)	-1.1%	5	1,181,898
388,417	352,760	(35,657)	-10.1%	Other Professional Fees	718,811	819,520	100,709	12.3%	5	398,106
4,460,566	4,518,014	57,448	1.3%	Supplies	9,103,918	8,843,091	(260,827)	-2.9%	6	8,165,349
2,034,561	1,902,066	(132,495)	-7.0%	Purchased Services	3,844,953	3,820,957	(23,996)	-0.6%	7	4,264,596
1,063,150	1,134,206	71,056	6.3%	Other	2,016,349	2,248,890	232,541	10.3%	8	1,801,261
26,026,199	26,714,094	687,895	2.6%	<b>TOTAL OPERATING EXPENSE</b>	<b>50,923,125</b>	<b>52,626,647</b>	<b>1,703,522</b>	<b>3.2%</b>		<b>46,967,420</b>
<b>4,174,912</b>	<b>3,419,803</b>	<b>755,109</b>	<b>22.1%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>7,241,683</b>	<b>4,948,751</b>	<b>2,292,932</b>	<b>46.3%</b>		<b>6,814,307</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
876,286	869,743	6,543	0.8%	District and County Taxes	1,755,663	1,741,026	14,637	0.8%	9	1,474,510
455,633	455,633	0	0.0%	District and County Taxes - GO Bond	911,266	911,266	0	0.0%		890,271
436,017	245,700	190,317	77.5%	Interest Income	851,356	490,787	360,569	73.5%	10	603,303
-	110,428	(110,428)	-100.0%	Donations	144,377	220,857	(76,480)	-34.6%	11	65,789
(83,750)	(83,750)	-	0.0%	Gain/(Loss) on Joint Investment	(167,500)	(167,500)	-	0.0%	12	(134,000)
949,169	100,000	849,169	-849.2%	Gain/(Loss) on Market Investments	2,347,971	200,000	2,147,971	-1074.0%	13	441,702
-	-	-	0.0%	Gain/(Loss) on Investments - TIRHR	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	15	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	2,750	-	2,750	0.0%	16	-
(1,785,295)	(1,785,253)	(42)	0.0%	Depreciation	(3,569,457)	(3,567,567)	(1,890)	-0.1%	17	(2,743,678)
(184,603)	(184,548)	(55)	0.0%	Interest Expense	(370,314)	(370,257)	(57)	0.0%	18	(191,302)
(259,523)	(259,523)	0	0.0%	Interest Expense-GO Bond	(529,212)	(529,212)	0	0.0%		(546,574)
403,935	(531,570)	935,505	176.0%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>1,376,901</b>	<b>(1,070,600)</b>	<b>2,447,501</b>	<b>228.6%</b>		<b>(139,979)</b>
<b>\$ 4,578,848</b>	<b>\$ 2,888,233</b>	<b>\$ 1,690,615</b>	<b>58.5%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 8,618,584</b>	<b>\$ 3,878,151</b>	<b>\$ 4,740,433</b>	<b>122.2%</b>		<b>\$ 6,674,328</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>318,712,029</b>					
<b>NET POSITION - AS OF AUGUST 31, 2024</b>					<b>\$ 327,330,613</b>					
<b>7.1%</b>	<b>5.7%</b>	<b>1.4%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>6.1%</b>	<b>4.3%</b>	<b>1.8%</b>		<b>6.4%</b>	

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

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>AUG 2024</u>	<u>YTD 2025</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget 17.0% or 79 days. Swing Bed days were above budget 140.0% or 7 days.	Gross Revenue -- Inpatient	\$ (46,373)	\$ 978,850
	Gross Revenue -- Outpatient	(1,156,967)	3,376,027
	Gross Revenue -- Total	<u>\$ (1,203,340)</u>	<u>\$ 4,354,877</u>
<p>Outpatient volumes were below budget in the following departments: Emergency Department Visits, Home Health visits, Hospice Visits, Lab Send Out tests, Diagnostic Imaging, Mammography, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasounds, CT Scans, Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, Outpatient Physical Therapy, Physical Therapy Aquatic, Speech and Occupational Therapies.</p> <p>Outpatient volumes were above budget in the following departments: Surgery Cases, Laboratory tests, Oncology Lab, Pathology, Blood Units, EKG's, Medical Oncology procedures, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy and Tahoe City Occupational Therapy.</p>			
<b>2) Total Deductions from Revenue</b>			
The payor mix for August shows a 1.50% decrease to Medicare, a 2.07% increase to Medi-Cal, 0.07% increase to Other, County at budget, and a .64% decrease to Commercial when compared to budget. We saw a shift from Medicare and Commercial into Medi-Cal, Aged A/R over 120 and 180 increased 4.17% from July, and revenues were below budget 2.00%, creating a positive variance in Contractual Allowances.	Contractual Allowances	\$ 102,284	\$ (6,111,448)
	Charity Care	644,430	1,294,455
	Bad Debt	355,995	786,615
	Prior Period Settlements	-	-
	Total	<u>\$ 1,102,708</u>	<u>\$ (4,030,378)</u>
<p>We are seeing fewer Charity Care applications which is lending to the positive variance in Charity Care.</p>			
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were above budget 22.71%.	Retail Pharmacy	\$ 152,273	\$ 240,925
	Hospice Thrift Stores	(3,748)	(4,211)
	The Center (non-therapy)	(3,397)	(1,916)
IVCH ER Physician Guarantee is tied to collections which came in above budget in August.	IVCH ER Physician Guarantee	6,348	(11,211)
	Children's Center	56,346	112,789
Children's Center revenues were above budget 39.48%.	Miscellaneous	(18,100)	(26,163)
	Oncology Drug Replacement	-	-
	Grants	(15,333)	(30,667)
Rebates & Refunds and Healthcare Quality and Access fees were below budget, creating a negative variance in Miscellaneous.	Total	<u>\$ 174,389</u>	<u>\$ 279,546</u>
<b>4) Salaries and Wages</b>			
	Total	<u>\$ 263,214</u>	<u>\$ 1,321,890</u>
<b>Employee Benefits</b>			
Decreased use of Paid Leave created a positive variance in PL/SL.	PL/SL	\$ 212,583	\$ (619,155)
	Nonproductive	7,112	(40,561)
	Pension/Deferred Comp	(3,946)	(6,578)
	Standby	9,347	13,976
	Other	25,032	18,354
	Total	<u>\$ 250,128</u>	<u>\$ (633,964)</u>
<b>Employee Benefits - Workers Compensation</b>	Total	<u>\$ 58,333</u>	<u>\$ 115,568</u>
<b>Employee Benefits - Medical Insurance</b>	Total	<u>\$ 138,030</u>	<u>\$ 862,893</u>
<b>5) Professional Fees</b>			
Anesthesia Physician Fees and Diagnostic Imaging Physician Fees were above budget, creating a negative variance in Miscellaneous.	Miscellaneous	\$ (64,556)	\$ (88,792)
	Administration	(125,080)	(60,367)
	Multi-Specialty Clinics	4,547	(22,689)
	Oncology	(11,794)	(16,288)
Outsourced Legal and Consulting services were above budget, creating a negative variance in Administration.	Information Technology	(4,183)	(5,767)
	Corporate Compliance	(1,758)	(1,758)
	Human Resources	(6,063)	(1,283)
Radiation Therapy consulting fees created a negative variance in Oncology.	Home Health/Hospice	-	-
	Respiratory Therapy	-	-
Outsourced consulting fees for Employee relations created a negative variance in Human Resources.	The Center	-	-
	TFH/IVCH Therapy Services	-	-
	Managed Care	6,671	10,671
Call Coverage was below budget, creating a positive variance in IVCH ER Physicians.	Medical Staff Services	5,900	11,900
	TFH Locums	(1,739)	12,389
	Marketing	9,706	14,154
Timing of a Physician Employment Management Capabilities and Technology Solution created a positive variance in Multi-Specialty Clinics Administration.	Financial Administration	13,000	21,000
	Patient Accounting/Admitting	20,000	40,000
	IVCH ER Physicians	76,053	85,772
	Multi-Specialty Clinics Administration	61,476	90,476
	Total	<u>\$ (17,819)</u>	<u>\$ 89,418</u>

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

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>AUG 2024</u>	<u>YTD 2025</u>
<b>6) <u>Supplies</u></b>	Pharmacy Supplies	\$ (116,797)	\$ (384,653)
Drugs Sold to Patients and Oncology Drugs Sold to Patient revenues were above budget 20.29%, creating a negative variance in Pharmacy Supplies. Although Oncology Drugs Sold to Patients volumes were below budget, the mix of drugs administered yielded higher revenues.	Food	2,255	1,375
	Office Supplies	6,661	7,884
	Other Non-Medical Supplies	537	17,835
	Minor Equipment	10,269	18,241
	Patient & Other Medical Supplies	154,522	78,491
	<b>Total</b>	<b>\$ 57,448</b>	<b>\$ (260,827)</b>
<b>7) <u>Purchased Services</u></b>	Patient Accounting	\$ (103,490)	\$ (103,828)
Outsourced billing and collection services were above budget, creating a negative variance in Patient Accounting.	Laboratory	(15,121)	(18,254)
	Miscellaneous	(42,839)	(9,188)
	The Center	(5,343)	(6,042)
	Medical Records	(5,718)	(4,146)
	Pharmacy IP	(3,254)	(2,419)
	Diagnostic Imaging Services - All	(3,511)	(1,627)
	Community Development	3,333	6,667
	Home Health/Hospice	2,799	7,178
	Department Repairs	(2,963)	9,939
	Human Resources	6,894	23,026
	Multi-Specialty Clinics	18,369	35,760
	Information Technology	18,348	38,937
	<b>Total</b>	<b>\$ (132,495)</b>	<b>\$ (23,996)</b>
<b>8) <u>Other Expenses</u></b>	Marketing	\$ (32,999)	\$ (40,265)
Media Branding, Marketing Campaigns for Multi-Specialty Clinics and Community Sponsorships were above budget, creating a negative variance in Marketing.	Other Building Rent	(9,509)	(18,773)
	Equipment Rent	(668)	(11,440)
	Physician Services	(1,774)	(3,552)
	Multi-Specialty Clinics Bldg. Rent	(269)	(856)
	Multi-Specialty Clinics Equip Rent	(691)	264
	Dues and Subscriptions	3,023	7,535
	Human Resources Recruitment	7,605	11,512
	Insurance	4,535	12,354
	Utilities	1,217	41,675
	Outside Training & Travel	28,112	89,251
	Miscellaneous	72,477	144,835
	<b>Total</b>	<b>\$ 71,056</b>	<b>\$ 232,541</b>
<b>9) <u>District and County Taxes</u></b>	<b>Total</b>	<b>\$ 6,543</b>	<b>\$ 14,637</b>
<b>10) <u>Interest Income</u></b>	<b>Total</b>	<b>\$ 190,317</b>	<b>\$ 360,569</b>
Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.			
<b>11) <u>Donations</u></b>	IVCH	\$ (51,118)	\$ (101,371)
	Operational	(59,310)	24,891
	<b>Total</b>	<b>\$ (110,428)</b>	<b>\$ (76,480)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	<b>Total</b>	<b>\$ 849,169</b>	<b>\$ 2,147,971</b>
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
<b>14) <u>Loss on Investments - TIRHR</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>15) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>16) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ 2,750</b>
<b>17) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ (42)</b>	<b>\$ (1,890)</b>
<b>18) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ (55)</b>	<b>\$ (57)</b>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
AUGUST 2024 PRELIMINARY

CURRENT MONTH					YEAR TO DATE					PRIOR YTD AUG 2023
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 4,962,660	\$ 4,844,762	\$ 117,898	2.4%	Total Gross Revenue	\$ 9,745,955	\$ 9,152,187	\$ 593,768	6.5%	1	\$ 8,513,767
<b>Gross Revenues - Inpatient</b>										
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,962,660	4,844,762	117,898	2.4%	Gross Revenue - Outpatient	9,745,955	9,152,187	593,768	6.5%		8,513,767
4,962,660	4,844,762	117,898	2.4%	Total Gross Revenue - Outpatient	9,745,955	9,152,187	593,768	6.5%	1	8,513,767
<b>Deductions from Revenue:</b>										
2,301,682	2,129,592	(172,090)	-8.1%	Contractual Allowances	4,573,501	4,014,334	(559,167)	-13.9%	2	3,700,894
25,880	96,895	71,015	73.3%	Charity Care	62,631	183,044	120,413	65.8%	2	44,819
114,917	72,671	(42,246)	-58.1%	Bad Debt	220,694	137,283	(83,411)	-60.8%	2	225,541
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
2,442,479	2,299,158	(143,321)	-6.2%	Total Deductions from Revenue	4,856,826	4,334,661	(522,165)	-12.0%	2	3,971,254
79,829	104,963	(25,134)	-23.9%	Other Operating Revenue	136,129	210,306	(74,177)	-35.3%	3	144,989
2,600,009	2,650,567	(50,558)	-1.9%	<b>TOTAL OPERATING REVENUE</b>	5,025,258	5,027,832	(2,574)	-0.1%		4,687,502
<b>OPERATING EXPENSES</b>										
697,253	837,540	140,287	16.7%	Salaries and Wages	1,377,117	1,648,498	271,381	16.5%	4	1,361,980
225,010	257,468	32,458	12.6%	Benefits	480,078	487,755	7,677	1.6%	4	404,832
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	4,184	6,319	2,135	33.8%	4	1,064
156,429	165,194	8,765	5.3%	Benefits Medical Insurance	276,203	330,387	54,184	16.4%	4	241,511
142,551	219,315	76,764	35.0%	Medical Professional Fees	372,121	456,794	84,673	18.5%	5	303,943
2,837	2,431	(406)	-16.7%	Other Professional Fees	5,028	4,862	(166)	-3.4%	5	3,925
89,272	142,504	53,232	37.4%	Supplies	259,030	278,182	19,152	6.9%	6	236,701
75,575	69,876	(5,699)	-8.2%	Purchased Services	194,303	177,592	(16,711)	-9.4%	7	103,068
100,866	102,395	1,529	1.5%	Other	195,953	194,533	(1,420)	-0.7%	8	157,329
1,491,885	1,799,883	307,998	17.1%	<b>TOTAL OPERATING EXPENSE</b>	3,164,018	3,584,922	420,904	11.7%		2,814,353
<b>1,108,125</b>	<b>850,684</b>	<b>257,441</b>	<b>30.3%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,861,240</b>	<b>1,442,910</b>	<b>418,330</b>	<b>29.0%</b>		<b>1,873,149</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
-	51,118	(51,118)	-100.0%	Donations-IVCH	866	102,237	(101,371)	-99.2%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(203,527)	(203,527)	(0)	0.0%	Depreciation	(406,964)	(405,117)	(1,847)	-0.5%	11	(247,133)
(1,182)	(1,182)	-	0.0%	Interest Expense	(2,337)	(2,337)	-	0.0%	12	(2,938)
(204,709)	(153,591)	(51,118)	-33.3%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(408,435)	(305,217)	(103,218)	-33.8%		(250,071)
<b>\$ 903,415</b>	<b>\$ 697,093</b>	<b>\$ 206,322</b>	<b>29.6%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 1,452,805</b>	<b>\$ 1,137,693</b>	<b>\$ 315,112</b>	<b>27.7%</b>		<b>\$ 1,623,078</b>
<b>22.3%</b>	<b>17.6%</b>	<b>4.8%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>19.1%</b>	<b>15.8%</b>	<b>3.3%</b>			<b>22.0%</b>

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

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>AUG 2024</b>	<b>YTD 2025</b>
<b>1) <u>Gross Revenues</u></b>			
Outpatient volumes were above budget in Surgery cases, Lab Send Out Tests, Diagnostic Imaging, Mammography, Oncology Drugs Sold to Patients, and Occupational Therapy.	Gross Revenue -- Inpatient	\$ -	\$ -
	Gross Revenue -- Outpatient	117,898	593,768
	Total	\$ 117,898	\$ 593,768
Outpatient volumes were below budget in Emergency Department Visits, Lab Tests, EKG, Ultrasounds, CT Scans, Drugs Sold to Patients, Respiratory Therapy, Physical and Speech Therapies.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 1.50% decrease in Medicare, a 0.93% decrease in Medicaid, a 2.20% increase in Commercial insurance, a 0.24% increase in Other, and County was at budget. We saw Aged A/R over 120 and 180 increase 1.60% from July and revenues were above budget 2.40%, creating a negative variance in Contractual Allowances.	Contractual Allowances	\$ (172,090)	\$ (559,167)
	Charity Care	71,015	120,413
	Bad Debt	(42,246)	(83,411)
	Prior Period Settlement	-	-
	Total	\$ (143,321)	\$ (522,165)
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections, coming in above budget in August.	IVCH ER Physician Guarantee	\$ 6,348	\$ (11,211)
	Miscellaneous	(31,482)	(62,966)
	Total	\$ (25,134)	\$ (74,177)
Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.			
<b>4) <u>Salaries and Wages</u></b>			
	Total	\$ 140,287	\$ 271,381
<b><u>Employee Benefits</u></b>			
Paid Leave & Sick Leave came in below budget, creating a positive variance in PL/SL.	PL/SL	\$ 16,657	\$ (17,369)
	Pension/Deferred Comp	(0)	(0)
	Standby	(6,264)	(11,747)
	Other	11,055	14,769
	Nonproductive	11,011	22,024
	Total	\$ 32,458	\$ 7,677
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	\$ 1,068	\$ 2,135
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	\$ 8,765	\$ 54,184
<b>5) <u>Professional Fees</u></b>			
Decreased use of Call coverage created a positive variance in IVCH ER Physicians.	Multi-Specialty Clinics	\$ 617	\$ (1,287)
	Foundation	(405)	(166)
	Administration	-	-
	Miscellaneous	94	188
	IVCH ER Physicians	76,053	85,772
	Total	\$ 76,358	\$ 84,507
<b>6) <u>Supplies</u></b>			
Non-Patient Chargeable Supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ 3,718	\$ (9,217)
	Non-Medical Supplies	1,683	(3,328)
	Food	(817)	(1,306)
	Minor Equipment	510	(983)
	Office Supplies	467	583
	Pharmacy Supplies	47,671	33,404
	Total	\$ 53,232	\$ 19,152
Drugs Sold to Patients revenues were below budget 20.07%, creating a positive variance in Pharmacy Supplies.			

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

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>AUG 2024</b>	<b>YTD 2025</b>
<b>7) <u>Purchased Services</u></b>			
Surgical and Diagnostic Imaging volume increases requiring additional linen usage created a negative variance in EVS/Laundry.	Foundation	\$ 4,168	\$ (8,802)
	Miscellaneous	(672)	(3,004)
	EVS/Laundry	(2,391)	(2,626)
	Engineering/Plant/Communications	(1,630)	(2,331)
Waste Management services for July were reclassified to the proper expense category in August, creating a negative variance in Engineering/Plant/Communications.	Diagnostic Imaging Services - All	(1,429)	(1,974)
	Pharmacy	(154)	(252)
	Department Repairs	(4,778)	(121)
	Multi-Specialty Clinics	222	9
Sterilizer repair work created a negative variance in Department repairs.	Laboratory	964	2,389
	<b>Total</b>	<b>\$ (5,699)</b>	<b>\$ (16,711)</b>
<b>8) <u>Other Expenses</u></b>			
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Other Building Rent	\$ (5,631)	\$ (11,062)
	Miscellaneous	(1,136)	(8,979)
	Equipment Rent	(362)	(4,699)
Purchases of Lip Balm and Sunscreen for promotional giveaways created a negative variance in Marketing.	Marketing	(4,648)	(2,781)
	Multi-Specialty Clinics Bldg. Rent	(665)	(1,330)
	Physician Services	-	-
	Insurance	673	1,345
Outside Training and Travel was below budget, creating a positive variance in that category.	Dues and Subscriptions	1,334	3,135
	Outside Training & Travel	4,887	9,847
	Utilities	7,077	13,104
Telephone, Electricity, and Natural Gas/Propane costs were below budget, creating a positive variance in Utilities.	<b>Total</b>	<b>\$ 1,529</b>	<b>\$ (1,420)</b>
<b>9) <u>Donations</u></b>	<b>Total</b>	<b>\$ (51,118)</b>	<b>\$ (101,371)</b>
<b>11) <u>COVID-19 Emergency Funding</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ (1,847)</b>
<b>12) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL AUG 2024	BUDGET AUG 2024	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	51,516,284		24,816,849	27,109,782	\$ 4,174,912	\$ 3,419,801	\$ 755,111	9,668,019	7,498,313	5,331,415	4,612,035
Interest Income	3,282,148		3,000,000	3,280,419	378,916	240,000	138,916	1,030,419	750,000	750,000	750,000
Property Tax Revenue	10,670,390		10,420,000	10,490,592	358,113	500,000	(141,887)	570,592	120,000	5,700,000	4,100,000
Donations	8,217,116		1,325,000	1,119,554	-	110,417	(110,417)	125,804	331,250	331,250	331,250
Debt Service Payments	(3,477,708)		(3,588,480)	(3,492,900)	(199,002)	(323,777)	124,775	(1,154,759)	(594,806)	(915,613)	(827,723)
Property Purchase Agreement	(811,928)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Muni Lease/2025 Muni Lease	(715,417)		(396,294)	(396,294)	-	-	-	-	-	(198,147)	(198,147)
Copier	(41,568)		(61,200)	(51,000)	-	(5,100)	5,100	(5,100)	(15,300)	(15,300)	(15,300)
2017 VR Demand Bond	(122,530)		(743,423)	(777,718)	-	-	-	(689,828)	-	(87,890)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,455,961)	(131,341)	(251,016)	119,675	(256,849)	(376,524)	(411,294)	(411,294)
Physician Recruitment	(146,666)		(1,000,000)	(833,333)	-	(83,333)	83,333	(83,333)	(250,000)	(250,000)	(250,000)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(3,026,710)	(120,738)	(499,337)	378,599	(814,681)	(1,164,341)	(568,088)	(479,600)
Municipal Lease Reimbursement	-		2,200,000	2,200,000	-	-	-	-	-	1,100,000	1,100,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	(2,053,081)	-	(98,750)	98,750	(98,750)	(1,323,410)	(372,085)	(258,836)
Building Projects/Properties	(11,602,725)		(25,877,332)	(25,877,332)	(993,116)	(2,226,229)	1,233,112	(3,251,888)	(6,008,000)	(6,355,000)	(10,262,444)
Change in Accounts Receivable	(7,256,196)	N1	1,437,080	5,463,719	1,077,410	(2,603,509)	3,680,919	4,118,448	748,468	4,099,937	(3,503,134)
Change in Settlement Accounts	4,050,870	N2	2,005,000	514,010	(2,852,869)	(966,667)	(1,886,202)	(3,983,990)	(4,686,000)	5,357,000	3,827,000
Change in Other Assets	(4,969,323)	N3	(3,600,000)	(4,822,782)	(297,226)	(500,000)	202,774	(2,972,782)	500,000	(1,100,000)	(1,250,000)
Change in Other Liabilities	(10,212,497)	N4	(3,850,000)	(3,738,956)	(1,280,580)	(750,000)	(530,580)	(5,338,956)	(2,100,000)	(400,000)	4,100,000
Change in Cash Balance	35,126,289		2,208,325	6,332,982	245,820	(3,781,384)	4,027,203	(2,185,857)	(6,178,526)	12,708,817	1,988,548
Beginning Unrestricted Cash	144,844,775		179,971,063	179,971,063	182,793,963	182,793,963	-	179,971,063	177,785,206	171,606,680	184,315,497
Ending Unrestricted Cash	179,971,063		182,179,389	186,304,045	183,039,783	179,012,579	4,027,203	177,785,206	171,606,680	184,315,497	186,304,045
Operating Cash	179,971,063		182,179,389	186,304,045	183,039,783	179,012,579	4,027,203	177,785,206	171,606,680	184,315,497	186,304,045
Expense Per Day	772,661		860,294	855,627	827,314	854,789	(27,475)	834,494	844,758	853,241	855,627
Days Cash On Hand	233		212	218	221	209	12	213	203	216	218

Footnotes:

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

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

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

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



DATE: September 12, 2024

**By: Louis Ward**

Interim Chief Executive Officer / Chief Operating Officer

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### Community

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

- **75<sup>th</sup> Anniversary Fall Festival & Fun Run**

We are pleased to invite the community to participate in the 75<sup>th</sup> Anniversary Fall Festival and Fun Run on October 6<sup>th</sup> at Truckee River Regional Park. There will be two race options (5k or 1 mile), relay-like activities for kids, and the festival to enjoy food trucks and music from Dad's Lame Playlist, featuring Tahoe Forest's own Dr. Justin Ward, Dr. Brad Thomas, and Mike Davis, RN!

This event will be open to the entire community so we can all come together to celebrate the Health System's 75<sup>th</sup> Anniversary!

- **Davis Fire**

At the time of this report, the Davis Fire located near Washoe City is at 5,796 acres and 37% contained. We have been watching this fire closely as it has affected employees and patients at our Incline Village Community Hospital. We have been in contact with the North Lake Tahoe Fire Department and they have been providing regular updates. At the time of this report, there is no immediate threat to the Incline Village Community. We would again like to thank all of the firefighters who are keeping the communities we jointly serve safe.

- **Environmental Stewardship**

This month, Administration will recommend to the District Board the endorsement of the Climate Transformation Alliance (CTA) Charter. If the District Board approves endorsement of the CTA charter, the Health System will then seek to attain membership with the Climate Transformation Alliance. We will join our government partners, the Town of Truckee, Truckee Tahoe Airport District, and Truckee Donner Public Utility District in their efforts to address challenges, including community health concerns posed by climate change.

### People

*Aspire for a highly engaged culture that inspires teamwork and joy*

- **Values Recognition Awards**

Going forward, we are introducing a new process for our Values Recognition program. This program recognizes Health System staff, management, and providers in the areas

of Quality, Understanding, Excellence, Stewardship, and Teamwork. Historically, the Administrative Council has selected the winners. Moving forward, the Values Advocate Team will now play an active role in the selection process, ensuring that nominations are meaningful and reflective of the true spirit of our team. This collaboration is a step forward in making sure that recognition within our organization is both thoughtful and inclusive.

## **Service**

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

Report provided by Dylan Crosby, Director Facilities and Construction Management

### **Active Moves:**

- No Planned Moves

### **Planned Moves:**

- No Planned Moves

### **Active Projects:**

**Project:** Tahoe Forest Hospital Seismic Improvements and Imaging Replacements

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

**Summary of Work:** Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category “NPC” 4 status. Diagnostic Imaging scope includes replacing X-Ray Room 2, Fluoroscopy and CT as well as creating a new radiologist reading room and patient shower in the Emergency Department.

**Phase 1:** 1990 Building – Portions of the Surgical Department; 1993 Building – Portions of the Dietary Department; CT Replacement.

**Phase 2:** X-Ray and Fluoroscope Replacement.

**Phase 2:** 1978 Building – Diagnostic Imaging, portions of Emergency Department; Med Gas Building – Primary Med Gas distribution building; Radiologist reading room

**Update Summary** Phase 1 is well under way. A temporary CT is setup in the parking lot between the Cancer Center and Emergency Department and is in use. CT coordination with Siemens is ongoing and the room is in the utility phase of construction. All operating rooms have completed flooring replacement. There has been some issues with the new product, which, the team is working on. Phase 2, X-Ray room 2 and Fluoroscopy are in design moving into construction drawings. This portion of work will likely overlap with both Phase 1 and Phase 3 work. Phase 3 scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings, this scope of work has been approved and permitted. This scope will commence at the conclusion of Phase 1 seismic work.

**Start of Construction:** Spring 2024

**Estimated Completion:** Winter 2026

## **Projects in Planning:**

**Project:** Gateway RHC Expansion

**Background:** With the longevity of the existing Gateway Building in the Master Plan staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide additional Primary Care service complimented by Specialists.

**Summary of Work:** Remodel the building in its entirety to expand the District's Rural Health Care presents. Includes also a new surface parking lot, new building shell, new roof and improved frontage.

**Update Summary** Schematic design is complete. A development permit has been submitted and is deemed complete with comments received. Staff have met and are coordinating comments received with Town staff. The resubmittal is being prepared. Staff and the Design team are preparing a response to the Town along with a resubmittal. Design Development is kicking off to continue to progress the Design.

**Start of Construction:** Spring 2025

**Estimated Completion:** Winter 2026

**Project:** TFHD MEP Replacements

**Background:** In order to meet the environment required for patient care, various end of life mechanical and electrical systems are in process of being replaced.

**Summary of Work:** Replace the four air handlers that support the 1990 building, replace the air handler that supports the 1978 building, provide reliability improvements to the western addition air handler, add addition cooling to the South Building MPOE and replace end of life ATS'.

**Update Summary** Design Development drawings have been received and are under review by staff.

**Start of Construction:** Spring 2024

**Estimated Completion:** Summer 2026

**Project:** Tahoe City Clinic – Fabian Way

**Background:** The District has acquired new space in Tahoe City, Dollar Point, to move clinical services.

**Summary of Work:** Remodel the two structures to provide a new clinic with supported lab draw and imaging services. Site Improvements to improve parking, access and best management practices.

**Update Summary** Design development has completed. The team is progressing with construction drawings. Site verification application has been submitted and is under review.

**Start of Construction:** Winter 2024

**Estimated Completion:** Fall 2025

**Project:** Community Health

**Background:** The District is seeking to lease a substantial amount of area to consolidate clinic and retail activities subsequently creating lease consolidation and campus flexibility.

**Summary of Work:** Remodel interiors to meet clinic activities and retail services.

**Update Summary** Program validation is complete and the team is progressing into Schematic Design. The project team is meeting with the end user representative on

optimizing the layout that has been completed. Staff submitted a zoning clearance application to the Town of Truckee.

**Start of Construction:** Winter 2024

**Estimated Completion:** Summer 2026

**Project:** NPC 5 Preparation

**Background:** The 2030 seismic compliance deadline is approaching. There are interim steps of compliance, which include plan submittal to HCAI January 1, 2026 and Permit Issuance by January 1, 2028. The scope of work required to meet NPC 5 compliance includes, removing the 1952 and 1966 buildings, demolition, and constructing water and wastewater storage for what HCAI considers acute care services. Interior construction and moves are required in order to vacate the 1952 and 1966 buildings, which include moving Respiratory Therapy, Material Management and Environmental Services. Also included in this project is replacing Nuclear Medicine and the Heating Hot water Boiler system due to adjacency, timing and efficiency of scale.

**Summary of Work:** Remodel Cardiac Rehab for Respiratory Therapy, remodel Respiratory therapy for Materials Management and EVS. Replace Nuclear Medicine and Heating Hot Water Boiler Plant.

**Update Summary** Staff are preparing bid documents.

**Start of Construction:** Fall 2026

**Estimated Completion:** Fall 2028

**By: Jan Iida, RN, MSN, CEN, CENP**  
Chief Nursing Officer

**DATE: September 2024**

### Community

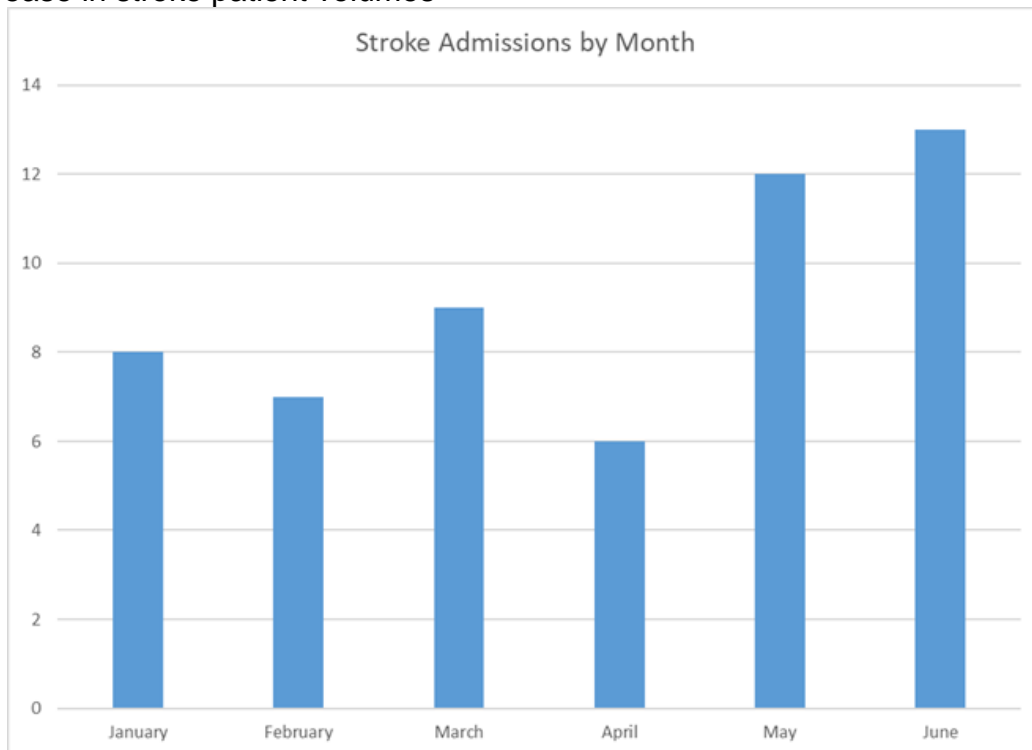
*Aspire to be an integrated partner in an exceptionally healthy and thriving community*

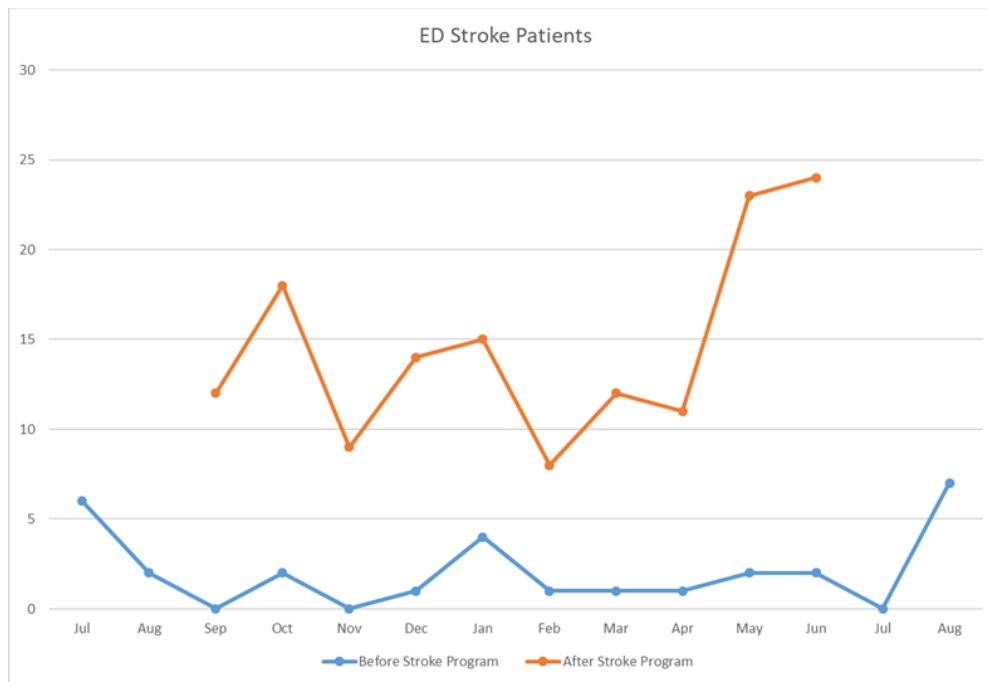
- Nursing participates with Chico State in the Rural California Nursing Preceptorships Program (RCNP) this summer. Obstetrics (OB) and Emergency Department (ED) units had students from this program this summer. Thank you to Cicily Kessman, Tahoe Forest Hospital (TFH) ED, Steve Tilley, TFH ED and Sonia Henry, OB for their work with these students as preceptors.

### Service

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

- Increase in stroke patient volumes





- Endoscopy Services
  - Provation go-live was successful for additional reporting and tracking for Endoscopy Department patients.
  - Dr. Nachiando has increased Incline Village Community Hospital (IVCH) Endoscopy Services time to every Thursday, in addition to 2 Fridays per month
  - September is our first month of running simultaneous endoscopy procedures on every Thursdays at IVCH and TFH

### Quality

*Aspire to deliver the best possible outcomes for our patients*

- The Stroke Program was awarded the *Get with the Guidelines Silver Award* for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community we serve.
- Nursing leadership represented the Health System to accept the BETA Heart Emergency Department Zero Harm and the Obstetrical Zero Harm awards on September 6<sup>th</sup>
- The Operating Room Flooring Project was completed. New flooring was successfully installed in all four operating rooms.

### People

*Aspire for a highly engaged culture that inspires teamwork and joy*

- Education for the ED
  - Workplace Violence class for the ED, 4-hour mandatory advanced training in September.
  - Decontamination team training 16 hours at TFH in October, expanding to include more ED staff, house supervisors, and facilities.
- Ambulatory Surgery and Endoscopy Department
  - On 9/16 Dr. Erin Zurflu will be presenting various Anesthesia related topics pertaining to patient care in the Ambulatory Surgery Department, Endoscopy Department, and the Operating Room

- On 9/23 we have a scheduled a combined Ambulatory Surgery Department, Endoscopy Department, and the Operating Room skills day spearheaded by our respective department Nurse Unit Based Educator

## **Finance**

### *Aspire for long-term financial strength*

- Nursing has worked with finance with the upgrade to our payroll system to obtain productivity hours to be able to look at unit productivity on a daily basis going forward.

The American Heart Association and  
American Stroke Association proudly recognizes

**Tahoe Forest Hospital  
Truckee, CA**

**Get With The Guidelines® - Rural Stroke SILVER**

**Achievement Award Hospital**

The American Heart Association recognizes this hospital for its continued success  
in using the **Get With The Guidelines\*** program.

Thank you for applying the most up-to-date evidence-based treatment guidelines  
to improve patient care and outcomes in the community you serve.\*



**Nancy Brown**  
Chief Executive Officer  
American Heart Association



**Joseph C. Wu, MD, PhD, FAHA**  
President  
American Heart Association

\*For more information, please visit [Heart.org/GWTGQualityAwards](https://www.heart.org/GWTGQualityAwards).





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

**DATE: September 2024**

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

- Service Line Dyadic Leadership workshops occurred on 8/14/24 and 8/27/24 in Eskridge conference room. These meetings brought together medical directors and their administrative counterparts for the patient-facing service lines. There are 27 of these. Leaders provided their input on the current state of the Tahoe Forest culture, and what they would like to see in the future. We discussed how the service line leaders could work in a more unified way to advance our culture, and we brainstormed a list of “key attributes” that leaders should embody in order to achieve this change. After a robust debate, these were the 7 attributes felt to be most crucial:
  - *Emotional Intelligence (Includes self awareness)*
  - *Knowledge/Expertise (Competence)*
  - *Communication (includes listening skills)*
  - *Integrity*
  - *Accountability*
  - *Collaboration*
  - *Curiosity*

We also discussed more consistent and effective service line meetings and communication so that all staff are informed and able to have their voices heard. Finally, we discussed development opportunities for leaders that are available.

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

- CMS 5-Star quality goals are on track. Marked improvement with surgical site infection continues, as well as the efforts to prevent emergency department visits for our chemotherapy patients.
- California Hospital Association released Q2 2024 results showing that we are in the top 1% nationally for sepsis care, and prevention of C. Difficile infections.

**Finance: Ensure strong operational & financial performance for long term sustainability**

- Financial performance and productivity data is being reviewed at each of the service line meetings to ensure we are serving the community in a sustainable way. Work is being done by our Business Intelligence team to improve the financial reports that service lines use for this purpose. On 9/10/24 Provider Services leaders met with the Finance team to discuss how to manage and report on productivity and budget variance. The Orthopedic service line will be used as a model to develop a standard that can be used system-wide.
- In addition, a team is being formed to address delays with scheduling and authorizations. Orthopedics and Sports Medicine will be the focus areas for this work.

**Community: Expand and foster community and regional relationships**

- Work continues on the Community Health Index, including selection of partners and leaders to focus on each of the 15 targets. These initiatives will benefit from the many community partnerships already in place, and also facilitate new relationships.

## **Recruitment**

- Dr. Krithika Chandrasekaran (Family Medicine) started on September 1.
- Dr. Kari Rezac (Sports Medicine) starts on September 16.
- Dr. Emily Bevan (OB/GYN) will join Tahoe Forest September 30.
- Dr. Stephen Hoff (Otolaryngology) will start December 1, 2024. Dr. Hoff is board certified and experienced in both adult and pediatric ENT.
- Dr. Kevin Johansen (Family Medicine) will start October 21 in Truckee providing additional primary care services to the community.
- Angela Mendoza, MD (Family Medicine) will start November 1.
- Brandi Kindig, MD joins the hospitalist team November 1.
- Nicholas Mills, PsyD joins the Behavioral Health team on October 21.

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

**DATE: 09/10/2024**

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### Service

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

### General:

#### Universal:

1. HealthIE Nv Epic integration
2. Provider Efficiency and Elbow/Elbow support-enhancements
3. ClindDoc/OptTime Affiliate builder enhancements
4. Home Health Hospice support and credential training
5. SCOR survey follow up
6. Slicer Dicer-planning, validation, roll out
7. Rollout of UserWeb trainings opportunities
8. Monthly Epic/Mercy Collab meetings
9. Scanner/Printer troubleshooting/break fix
10. Blood Scanning: Mery/Epic troubleshooting
11. Successful Epic monthly downtime
12. My list aligns with Jeffs
13. Signal data support and rollout
14. Secure Messaging-Epic and internal process
15. Aura project
16. Epiphany project

#### Inpatient:

1. Big one was getting the pumps updated. We are planning to give it about a week and the compare compliance reports from the Cancer Center to see if this upgrade has made a positive impact.
2. BCA (downtime computers) is finally done and submitted
3. Updated C-Diff BPA goes live 9/11
4. NK upgrade will happen later this month once Biomed completes all monitor upgrades
5. two order sets builds-revisions went live, ANE: OB labor analgesia TFH and Heparin weight-based panel TFH
6. Coordinating with Anesthesia champions for a new ANE: post op TFH order set build
7. Provation go live support (2 weeks)
8. ECC medication reconciliation audits & tickets

9. Physician day-day asks
10. Onboarding a new surgeon Dr Jahanara Graf

AMB:

1. AMB Panels done for DI for the RIE thing and Mercy was in the process of moving them and I got a request to change all of them and add approximately 40 new panels.
2. E-consents
3. Cardio server/Epiphany testing
4. MMODAL training 1:1 provider
5. Results Review training 1:1 provider
6. Support staff training
7. Provider training

Lab:

1. Epiphany which they still haven't gotten the interface up or shown us how to use it but I will be testing with Laura.
2. Aura interface to Natera. Calls are biweekly and the next call is tomorrow. I will be testing this when Mercy completes all of the test build and we have access to it.
3. The Chemistry/Immunochemistry had to be pushed back because of the work needed to be done first in the lab to manage all of the heat of having the additional instruments in there to do all of the comparative testing.
4. Jeff had just mentioned that 2026 budget items need to be submitted in the next while so I let Laura know to include the next Wellsky upgrade and Korchek validation in that budget submission. I normally just discuss her project requests to know what will be on the radar for me.
5. We did go live with the Point of Care STD testing in the ER and Urgent Care (Visby).

Surgery:

1. Training new nurses in PAN and ASD/Endo
2. Endo Smartphrase for quality reporting
3. Provation Go-Live
4. PeriOp Clinic
  - a. PAN Skills Day
  - b. Scanning in lab results
5. Econsents
  - Training
  - Troubleshooting Workflow
  - Workflow changes
  - Changes to econsent
  - iPad troubleshooting

**IT General Support:**

- Hired additional field technician due to increased staff needs across the district
- Tested restoration of two key systems using newly purchased/configured Business Continuance solution. Successful

- Migrated Citrix desktop to cloud solution to increase availability should our primary power or broadband provider become unavailable
- Began migrating BI functions to Director of Business Intelligence
- Migrated all POTS lines (Plain Old Telephone) to new carrier. Realized savings of \$2.2k monthly
- Began leveraging new and improved Project Management process technical reviews. Baseline data now

### **Incoming Email Summary (Security)**

Message Category	%	Messages
■ Stopped by IP Reputation Filtering	64.6%	628,165
■ Stopped by Domain Reputation Filtering	0.0%	205
■ Stopped as Invalid Recipients	0.7%	6,575
■ Spam Detected	2.5%	24,385
■ Virus Detected	0.0%	37
■ Detected by Advanced Malware Protection	0.0%	304
■ Messages with Malicious URLs	0.0%	112
■ Stopped by Content Filter	0.3%	3,329
■ Stopped by DMARC	1.2%	11,812
■ S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>68.2%</b>	<b>663,112</b>
■ Marketing Messages	8.3%	80,299
■ Social Networking Messages	0.2%	1,520
■ Bulk Messages	6.6%	64,236
<b>Total Graymails:</b>	<b>15.0%</b>	<b>146,055</b>
■ S/MIME Verification/Decryption Successful	0.0%	0
■ Clean Messages	16.8%	163,803
<b>Total Attempted Messages:</b>		<b>972,970</b>

### **Project Management:**

#### **Completed:**

1. Cash Arc (terminating)
2. Visby
3. Provation Endoscopy
4. EEG dept and cadwell
5. eConsent for surgical Procedures – go live this month
6. C-Diff BPA

#### **Executing:**

1. Access to Care

2. Affiliate builder education for financial analysts
3. Affiliate builder education for Cadence
4. AURA lab interface
5. Axiom Sandbox
6. Volpara IVCH
7. SSO for Net Health Agility
8. Health Equity (SOGI stuff for NV/CA – not full sogi)
9. Epiphany
10. MSC dashboards
11. Relyco Check Replacement
12. Nihon Khoden Server Upgrade
13. ARIA server Upgrade
14. Occ Health SSO (nethealth Agility)
15. UKG Phase 2
16. i2i
17. bright futures
18. OMEGA
19. ParEx

Initiating:

1. GE fetal monitors upgrade (early)
2. AB133 compliance reporting
3. Nuance Hub
4. SPECTRA
5. Sympliphy
6. TOMTEC
7. IVCH ENDO
8. Sac Valley Med Share
9. SOGI
10. PFT- Spirometer

## New Program and Services, ABD-18

### RISK:

Failure to thoroughly evaluate new programs or services may result in their inefficacy or inability to meet the intended objectives, potentially wasting resources and impacting the organization's ability to fulfill its mission which could compromise Tahoe Forest Hospital District's reputation and integrity within the community. Poorly evaluated programs or services may also incur unexpected financial costs or liabilities, straining the organization's budget and financial sustainability.

### PURPOSE:

- A. To assist the Board of Directors with the Board's oversight and evaluation of new programs and/or services.
- B. To assist the Board of Directors in the Board's responsibility to affirm the organization's strategic direction in a manner consistent with the organization's mission, vision, and values.

### POLICY:

A. A new service or program is typically considered a new medical service, treatment, or technology. This may include: the addition of a new specialty not previously available, starting new outpatient services, and adoption of innovative medical technologies.

A.B. The Board (or designated Board committee) will consider the following when evaluating new programs and services:

1. Congruence with mission, vision, and values
2. Financial feasibility
3. Impact on quality and safety with a requirement to meet quality related performance criteria
4. Market potential
5. Redundancy
6. Impact on other organizational units (e.g., employed physician groups, independent physicians on the medical staff, the medical staff as a whole, etc.)

B.C. Management will present to the Board a written analysis of proposed new programs and services that addresses, at a minimum, the components listed above.

C.D. The Board will first consider the information presented in the analysis during a Board or relevant committee meeting; discussion will take place and additional information/input from others may be required. Management will provide all additional information/input requested by the Board.

D.E. The Board may choose to not make a decision on whether to move forward with a new program or service during the meeting at which the new program or service is proposed. The Board may, in its discretion, choose to make a final decision at a subsequent Board meeting to allow Board members additional time for discussion/consideration and to assess all information before voting.

E.F. All discussion amongst the Board shall occur consistent with obligations under the Ralph M. Brown Act, Government Code sections 54950 et seq.

## RISK:

Failure to maintain an updated Conflict of Interest Code may result in negative legal and regulatory ramifications, including but not limited to a court order requiring amendment, as well as and adverse community perception of the District's ethical standards. In addition, failure to maintain an updated Conflict of Interest Code may result in the violation of the Political Reform Act if a new or amended position is unaware of the risk of a conflict.

## PURPOSE:

- A. The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Tahoe Forest Hospital District (District)**.
- B. Individuals holding designated positions shall file their statements of economic interests with the **District**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **District**.

## Appendix A

Designated Positions	Category
1. Members of the Board of Directors	1, 2
2. President & Chief Executive Officer	1, 2
3. Chief Nursing Officer	1, 2
4. Chief Human Resources Officer	1, 2
5. Chief Information and Innovation Officer	1, 2
6. Administrator, Incline Village Community/Hospital (IVCH)/ Chief Operations Officer	1, 2
7. Chief Medical Officer	1, 2
8. In-House Counsel	1, 2
9. General Counsel	1, 2
10. Consultants	*
11. Buyer	1
12. Compliance Officer	3
13. Controller	3
14. Coordinator, OR Materials Coordinator	3
15. Director, Children's Center	3
16. Executive Director, Governance and Business Development	3
17. Director, Diagnostic Imaging	3
18. Director, <del>Emergency &amp; Acute Care Services-Nursing</del>	3
19. <del>Director</del> Vice President, Facilities Management & Construction	2, 3
20. Director, Health Information Management	3
21. Director, Information Technology Operations	3
22. Director, Laboratory Services	3

Commented [RM1]: Title changed due to promotion

Commented [RM2]: Title changed due to promotion



23.	Director, Marketing & Communications	3
24.	Director, Materials Management	1
25.	Director, Medical Staff Services	3
26.	Director, Nutrition Services, TFH & IVCH	3
27.	Director, Pharmacy	3
28.	Director, Quality & Regulations	3
<del>29.</del>	<del>Director, Surgical Services</del>	<del>3</del>
<del>30-29.</del>	<del>Executive Director, Foundations – TFH &amp; IVCH</del>	<del>3</del>
<del>31-30.</del>	<del>Vice President, Provider Services</del>	<del>3</del>
<del>32-31.</del>	<del>Administrative Director, Transitions</del>	<del>3</del>
<del>33-32.</del>	<del>Manager, Information Technology Operations</del>	<del>3</del>
<del>34-33.</del>	<del>Manager, Nursing Informatics</del>	<del>3</del>
<del>35-34.</del>	<del>Director, Revenue Cycle</del>	<del>3</del>
<del>36-35.</del>	<del>Director, Access Center</del>	<del>3</del>
<del>37-36.</del>	<del>Director of Finance, Provider Services</del>	<del>3</del>
<del>38-37.</del>	<del>Director, Occupational Health and Wellness</del>	<del>3</del>
<del>39-38.</del>	<del>Director, Patient Access</del>	<del>3</del>

Commented [RM3]: Position eliminated

- Consultants/new positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation:

The President & Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The President & Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

**Note:** The positions of General Counsel and Compliance Officer are filled by outside consultants, but act in a staff capacity.

**Officials Who Manage Public Investments**

It has been determined that the positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200. These positions are listed for informational purposes only:

- Chief Financial Officer

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

## Appendix B

**Disclosure Categories**

1. An individual holding a designated position in this category must report investments, business positions in business entities and income (including receipt of gifts, loans and travel payments) from sources of the type to provide:

- medical/health care treatment, facilities, services, products, equipment, machines
- medical insurance products and services

- and other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

The medical/health care sources include the full range of products and services including: medical providers, hospitals, pharmaceutical products/facilities, transportation companies and consultants.

2. All interests in real property within 2,000 feet from property owned or used by the District or that may be acquired by the District for its use.

3. All investments, business positions, and sources of income, including receipt of loans, gifts, and travel payments, from sources that provide, or have provided, in the last two years, services, supplies, materials, machinery, or equipment of the type utilized by designated employee's department or division.

All disclosure required herein shall be in accordance with the Political Reform Act and the regulations of the Fair Political Practices Commission.

## **Related Policies/Forms:**

[ABD-07 Conflict of Interest Policy](#)

## **References:**

Government Code Section 81000, et seq

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2024-05**

**RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL  
DISTRICT EXPRESSING OFFICIAL INTENT REGARDING CERTAIN CAPITAL  
EXPENDITURES TO BE REIMBURSED WITH PROCEEDS OF AN OBLIGATION**

RESOLVED, by the Board of Directors (the “Board”) of Tahoe Forest Hospital District (the “District”), as follows:

WHEREAS, the District has developed a list of capital projects (the “Projects”) described in Exhibit A hereto;

WHEREAS, all or a portion of the expenditures relating to the Projects (the “Expenditures”) (i) have been paid within sixty days prior to the passage of this resolution or (ii) will be paid on or after the passage of this resolution; and

WHEREAS, the District reasonably expects to reimburse itself for the Expenditures with the proceeds of an obligation the interest on which will be excluded from the gross income of the owner or owners of such obligation;

NOW, THEREFORE, it is hereby DECLARED and ORDERED, as follows:

*Section 1.* The District reasonably expects to reimburse all or a portion of the Expenditures with the proceeds of an obligation the interest on which will be excluded from the gross income of the owner or owners of such obligation.

*Section 2.* The maximum principal amount of the obligations expected to be issued for the Projects is \$10,000,000.

*Section 3.* This resolution is a declaration of official intent to reimburse expenditures pursuant to Treasury Regulations Section 1.150-2.

*Section 4.* All actions of the officers, agents and employees of the District that are in conformity with the purposes and intent of this resolution, whether taken before or after the adoption hereof, are hereby ratified, confirmed and adopted.

*Section 5.* This resolution shall be in full force and effect immediately upon its adoption.

\* \* \* \* \*

CERTIFICATION

This is to certify that the foregoing is a true copy of a resolution, as the resolution appears on the minute books of the District, adopted by the Board of Directors of Tahoe Forest Hospital District at a meeting of said Board held on September 19, 2024, which was called and held pursuant to and with all notice required by law and the Bylaws of the District and at which meeting a quorum was initially present and a majority of which was acting throughout.

\*\*\*\*\*

THE FOREGOING RESOLUTION is approved and adopted by the Board of Directors of the Tahoe Forest Hospital District this 19th day of September, 2024.

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**

### **DESCRIPTION OF PROJECTS**

The Projects include the purchase of imaging equipment, information technology hardware and software, laboratory equipment, surgery, anesthesia, and therapy equipment, and other equipment inclusive of related facility improvements to house this equipment.

# Behavioral Health Service Line Update

September 19, 2024

# Leadership Introduction

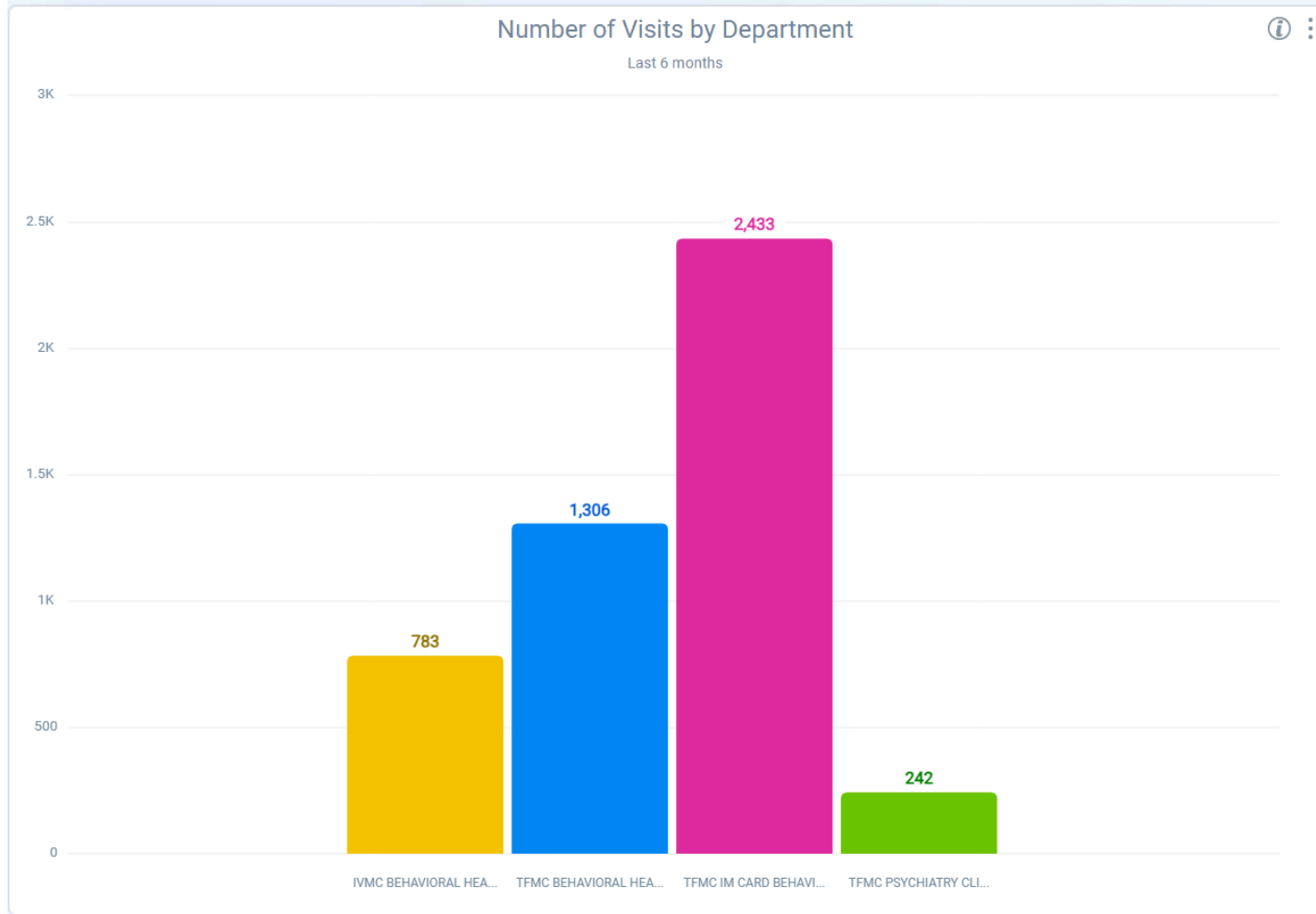
- Medical Director: Dr. Gipanjot Dhillon, MD
  - Start Date: July 15, 2024
  
- Director of Behavioral Health Services: Brian Parrish, MPH, MS
  - Start Date: July 8, 2024

# Behavioral Health Services

- Psychiatric services, including diagnostic evaluations, medication management, and therapy services
- Individual and group therapy
- Esketamine Clinic
- Neuropsychological Assessment
- Developmental Behavioral Pediatrics
  - Evaluations for Autism, ADHD, Intellectual Disabilities, etc.



# Patient Volume



# Staffing

- Target State:
  - 1 Psychiatrist (Medical Director)
  - 1 Behavioral Health Services Director
  - 3 Psychiatric NP/PA
  - 1 Clinical Psychologist
  - 1 Neuropsychologist
  - 1 Developmental Behavioral Pediatrician
  - 5 Behavioral Health Intensivist (Therapist)
  - 1 Behavioral Health Navigator
  - 5 Medical Assistants
- Current Vacancies:
  - 2 NP/PA (1 starting 12/1/24 in Incline Village)
  - 2 Behavioral Health Intensivist (1 offer has been made)

# Current Service Line Priorities

- Increase access to BH/Psychiatry services
  - Improve communication with Primary Care
  - Onboard new providers and therapists
- Improve referral process
- Standardize intake process
- Increase employee engagement
- Explore collaborative care models for RHC

# Behavioral Health Roadmap

Fiscal Year	FY 2025						FY 2026					
Quarter	Q1			Q2			Q3			Q4		
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Finance	<b>BH 340B Strategy:</b> C: Parrish, P: Lowe Team: Max Hambrick (Rev Cycle), Jim Franckum (Pharm)			<b>BH RHC Strategy:</b> Baker, Parrish Team: Bernice Zander, Sandy Walker, CDI consul., Estela Iniguez			<b>Add high-margin specialized services / (TMS program / Eskatamine expansion):</b> Dhillon, Parrish Team: CDI Consult.					
	<b>Clinical Documentation / (CDI Initiative):</b> Dhillon, Parrish Team: CDI consult., Brooke Schauder, Bernice Zander											
Service	<b>Improve Referrals Process:</b> C: Baker, P: Parrish Team: Dr. Dhillon, Brooke Schauder, Lisa Stekert, Debi Stanley (Access Center)			<b>Collaborative Care model:</b> Dhillon, Parrish/Walker Team: Brooke Schauder, Scott Baker, Gina Barta								
	<b>Expand outpatient services / (Clinic Expansion)</b> incl. group therapy initiative: C: Parrish, P: Schauder Team: Dr. Dhillon, Lisa Stekert, HR partner, Sarah Redgrave, Access Center, Maria Martin											
Quality	<b>Standardize intake process:</b> C: Baker, P: Parrish Team: Brooke Schauder, Lisa Stekert											
	<b>SI calls management Access Center:</b> C: Dhillon, P: Parrish Team: Brooke Schauder											
People	Refine reporting structure (incl. MAT): C: Baker, P: Parrish Team: Dr. Dhillon, Brooke Schauder, Lauren Caprio						<b>Policies and Procedures / provider panels:</b> Baker, Dhillon/Parrish Team: Brooke Schauder, Lisa Stekert, Jonathon Lowe, Bernice Zander, CDI consult, HR partner					
	<b>Recruitment effort:</b> C: Parrish, P: Lucy Wright (HR partner)						<b>Employee engagement:</b> C: Baker, P: Dhillon/Parrish Team: Brooke Schauder, Lisa Stekert, Lauren Caprio					
Community							<b>Virtual care / (Telemedicine)</b> Dhillon, Parrish Team: Bernice Zander, CDI consult., Rev Cycle, Emily Perez, Estela Iniguez, Debi Stanley, Max Hambrick					

# Vizient Deliverables Status



No barriers  
in process



Delayed



Barrier – ON HOLD or  
No response to action



Complete



Need more information

Project	Status	Phase	Notes	Steering Committee	Percent Complete
340b Strategy		Target State/Potential Solutions	Kickoff: Aug 8 Delayed: REMS certification	Aug 28	60%
SI Calls Management		Potential Solutions	Kickoff: Aug 19 Brian Gemba walk	Aug 28	50%
Engagement		Problem Statement	Kickoff: Aug 14	Aug 28	50%
Referrals Process		Root Cause Analysis	Kickoff: Aug 13	Sept 11	50%
Intake Process		Target State	Kickoff: Aug 13	Sept 11	60%
Recruitment		Root Cause Analysis	Kickoff: Aug 28	Sept 11	50%
Reporting Structure		Problem Statement	Slight delays identifying appropriate team members	Sept 25	25 %

# Contact Information

- Gipanjot Dhillon
  - [gdhillon@tfhd.com](mailto:gdhillon@tfhd.com)
- Brian Parrish
  - [bparrish@tfhd.com](mailto:bparrish@tfhd.com)
  - 702-292-1436



Clinic Visit Report By Region, Specialty Type & Department Group \*  
 For the month of August 2024 and Fiscal Year to Date 2025 with comparison to August 2023 and Fiscal Year to Date 2024

Region	Group	Department	Provider	CURRENT MONTH			FISCAL YEAR TO DATE		
				Aug 2023	Aug 2024	% Change	FY 24	FY 25	% Change
		OBGYN Total		893	847	-5.15%	1,741	1,720	-1.21%
		PEDIATRICS Total		950	931	-2.00%	1,802	1,811	0.50%
		TRUCKEE IM Total		0	316	100.00%	0	542	100.00%
		<b>PC Total</b>		<b>1,843</b>	<b>2,094</b>	<b>13.62%</b>	<b>3,543</b>	<b>4,073</b>	<b>14.96%</b>
		OLYMPIC VALLEY Total		297	0	-100.00%	584	0	-100.00%
		TAHOE CITY Total		822	1,274	54.99%	1,757	2,737	55.78%
		TRUCKEE Total		2,844	3,343	17.55%	5,515	6,989	26.73%
		<b>PCUC Total</b>		<b>3,963</b>	<b>4,617</b>	<b>16.50%</b>	<b>7,856</b>	<b>9,726</b>	<b>23.80%</b>
		AUDIOLOGY Total		4	0	-100.00%	12	0	-100.00%
		BEHAVIORAL HEALTH Total		450	350	-22.22%	890	751	-15.62%
		CARDIOLOGY Total		310	256	-17.42%	657	482	-26.64%
		ENDOCRINOLOGY Total		227	237	4.41%	428	473	10.51%
		ENT Total		186	188	1.08%	339	409	20.65%
		GASTROENTEROLOGY Total		384	433	12.76%	654	807	23.39%
		GENERAL SURGERY Total		176	182	3.41%	296	299	1.01%
		HEMATOLOGY ONCOLOGY Total		441	500	13.38%	851	1,045	22.80%
		NEUROLOGY Total		90	153	70.00%	220	286	30.00%
		OCCUPATIONAL HEALTH Total		343	340	-0.87%	580	676	16.55%
		ORTHOPEDICS Total		1,408	1,284	-8.81%	2,587	2,559	-1.08%
		PALLIATIVE CARE Total		113	105	-7.08%	211	196	-7.11%
		PULMONOLOGY Total		246	270	9.76%	512	561	9.57%
		RADIATION ONCOLOGY Total		205	169	-17.56%	365	340	-6.85%
		SPORTS MEDICINE Total		249	72	-71.08%	445	208	-53.26%
		UROLOGY Total		296	287	-3.04%	539	632	17.25%
		<b>SPC Total</b>		<b>5,128</b>	<b>4,826</b>	<b>-5.89%</b>	<b>9,586</b>	<b>9,724</b>	<b>1.44%</b>
		<b>CA Total</b>		<b>10,934</b>	<b>11,537</b>	<b>5.51%</b>	<b>20,985</b>	<b>23,523</b>	<b>12.09%</b>
		INCLINE PEDIATRICS Total		36	38	5.56%	57	88	54.39%
		<b>PC Total</b>		<b>36</b>	<b>38</b>	<b>5.56%</b>	<b>57</b>	<b>88</b>	<b>54.39%</b>
		INCLINE PRIMARY CARE Total		711	615	-13.50%	1,273	1,193	-6.28%
		<b>PCUC Total</b>		<b>711</b>	<b>615</b>	<b>-13.50%</b>	<b>1,273</b>	<b>1,193</b>	<b>-6.28%</b>
		INCLINE BEHAVIORAL HEALTH Total		68	36	-47.06%	128	117	-8.59%
		INCLINE CARDIOLOGY Total		44	33	-25.00%	90	70	-22.22%
		INCLINE GASTROENTEROLOGY Total		26	34	30.77%	26	47	80.77%
		INCLINE NEUROLOGY Total		0	8	100.00%	0	16	100.00%
		INCLINE OPHTHALMOLOGY Total		212	227	7.08%	332	444	33.73%
		INCLINE ORTHOPEDICS Total		66	215	225.76%	123	394	220.33%
		<b>SPC Total</b>		<b>416</b>	<b>553</b>	<b>32.93%</b>	<b>699</b>	<b>1,088</b>	<b>55.65%</b>
		<b>INCLINE Total</b>		<b>1,163</b>	<b>1,206</b>	<b>3.70%</b>	<b>2,029</b>	<b>2,369</b>	<b>16.76%</b>
		<b>Grand Total</b>		<b>12,097</b>	<b>12,743</b>	<b>5.34%</b>	<b>23,014</b>	<b>25,892</b>	<b>12.51%</b>

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2024-06**

**RESOLUTION TO ENDORSE TRUCKEE TAHOE AIRPORT DISTRICT FUNDING  
SUPPORT OF THE INNERRHYTHMS NON-PROFIT DANCE STUDIO**

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

WHEREAS, InnerRhythms is a Truckee based Non-Profit that provides cultivation of life skills through the power of dance in our youth in the Truckee/Tahoe community; and

WHEREAS, InnerRhythms was founded in 2002 mentoring youth with professional ambition for dance and equally encourages dancers of all physical and cognitive abilities; and

WHEREAS, InnerRhythms encourages student leadership that has produced programs such as InnerActions which led to an invitation to perform in Washington D.C. at the National Children’s Mental Health Conference, Giving Voice performed at all local high schools and Stand Alone Together an award winning concept dedicated to the men and women of the armed forces; and

WHEREAS, InnerRhythms offers 42 classes for dancers of all abilities including wellness classes, Forever Young for those 55 and older, Dance for Parkinsons blending youth and seniors creating diversity through the love of dance; and

WHEREAS, the mission of InnerRhythms is to use the power of music and dance to cultivate life skills in our youth, promote global stewardship, and create an everlasting passion for the arts,

WHEREAS, a strong collaborative partnership has developed between InnerRhythms, the Tahoe Truckee Unified School District, Placer and Nevada Counties’ Health & Human Services, Tahoe Truckee Youth Suicide Prevention Coalition and the Tahoe Forest Health System; and

WHEREAS, the Truckee Tahoe Airport District board of directors will consider a financial grant supporting InnerRhythms enabling the expansion of programs to better serve a growing interest in youth participation in support for the Arts and expand efforts toward Diversity, Equity and Inclusion; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby endorses the InnerRhythms expansion plan and resource funding support by the Truckee Tahoe Airport District.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 19th day of September, 2024 by the following vote:

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

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

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



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

ATTEST:

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

\_\_\_\_\_  
Mary Brown  
Secretary, Board of Directors  
Tahoe Forest Hospital District

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2024-07**

**RESOLUTION TO ENDORSE THE CLIMATE TRANSFORMATION ALLIANCE  
CHARTER**

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

WHEREAS, Climate Transformation Alliance (CTA) is a Truckee/North Tahoe based entity consisting of local governments, community organizations, businesses and individuals that provides a collaborative environment to fortify community resilience against climate and disaster risks; and

WHEREAS, the CTA is dedicated to crafting and implementing progressive policies and initiatives actively working to diminish net greenhouse gas emissions and drive sustainable economic development within our region; and

WHEREAS, the Vision of the CTA is the Truckee North Lake Tahoe region will be net carbon neutral by 2045 through a combination of greenhouse gas emissions reduction and carbon storage in natural lands, supported by collective member action; and

WHEREAS, the Tahoe Forest Hospital District seeks to attain membership in the CTA requiring endorsement of the CTA Charter; and

WHEREAS, the Climate Transformation Alliance Charter has been reviewed by the Tahoe Forest Hospital District Board of Directors; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby endorses the Climate Transformation Alliance Charter.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 19th day of September, 2024 by the following vote:

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

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

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

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

ATTEST:

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

\_\_\_\_\_  
Mary Brown  
Secretary, Board of Directors  
Tahoe Forest Hospital District

# Climate Transformation Alliance CHARTER

## Establishment:

The Climate Transformation Alliance (CTA) represents a dynamic collaboration among regional stakeholders, including local governments, special districts, community organizations, businesses, and individuals. Dedicated to crafting and implementing progressive policies and initiatives, the CTA strives to fortify community resilience and bolster both physical and social infrastructure against climate and disaster risks. By actively working to diminish net greenhouse gas (GHG) emissions, CTA drives sustainable economic development within our region.



## Climate Context

The greenhouse effect is a process that traps heat in the Earth's lower atmosphere. These naturally occurring gasses dispersed into the atmosphere determine the Earth's climate by trapping solar radiation and capturing heat that would otherwise escape into space. Scientific observation indicates that average air and ocean temperatures have steadily increased globally over the last 100 years. Scientific studies have demonstrated that human activities are accelerating the concentration of GHG emissions, which affects the global climate. The most significant contributor is the burning of fossil fuels for transportation and electricity generation, which introduces large amounts of carbon dioxide and other GHG emissions into the atmosphere. Collectively, these gases, primarily water vapor, carbon dioxide, methane, and nitrous oxide, intensify the natural greenhouse effect, causing global average surface temperatures to rise.

According to the Sierra Nevada section of California's 4th Climate Assessment, the Truckee North Lake Tahoe region likely faces significant challenges associated with regional climate change. From record temperatures to proliferating wildfires and decreased snowpack, climate change poses an immediate and escalating threat to the region's environment, economic strength, and public health. The region is affected by more intense dry and wet periods under warmer conditions, which lead to extended and more frequent periods of drought and flooding. The total area in the region burned by wildfires increases in tandem with rising temperatures. As trees are stressed from higher temperatures and reduced water availability, they become more vulnerable to insects and pathogens, resulting in significant tree mortality. More intense atmospheric river storms and periodic shortages in runoff and water supply, as well as substantial changes in runoff patterns and timing, impact the region. This affects groundwater recharge as well as water supply in downstream communities. Climate change impairs healthy ecosystems.

A healthy ecosystem provides cultural, social, and economic benefits that local communities rely on for agriculture, tourism, recreation, fishing, and other industries. Finally, as temperatures increase in other regions of California and the intermountain west, the "climate refugee" effect is beginning to impact our region, driving increased visitation during high heat events and driving changes in regional markets such as recreation and real estate.



## Climate Context (Continued)

Since 2005, the State of California has responded to growing concerns over the effects of climate change by legislatively adopting a comprehensive approach to mitigating emissions and adapting to climate change in the public and private sectors. In response to the impacts of climate change, many communities in California are taking responsibility for addressing emissions at the local level. Since many of the major sources of GHG emissions are directly or indirectly controlled through local policies, local governments have a strong role to play in reducing GHG emissions within their boundaries. Through proactive measures around land use, transportation demand management, energy efficiency, green building, waste diversion, and more, local governments can dramatically reduce emissions in their communities.

California state climate policies encourage local governments and public agencies to develop even more effective solutions at the local level and provide funds to mitigate emissions and adapt to climate change. However, the goal of achieving truly substantial regional reductions in GHG emissions cannot be achieved by local governments alone. Achieving meaningful results will require a community wide effort that includes the private sector and individuals alike.

California mandates and guidance on measuring and reducing GHG emissions include:

- Executive order on California global warming impacts and targets (EO S-3-05, 2005)
- The California Global Warming Solutions Act (AB 32, 2006) and its successor bill (SB 32, 2016)
- The Sustainable Communities and Climate Protection Act (SB 375, 2008)
- The California Clean Energy and Pollution Reduction Act (SB 350, 2015)
- Local government requirements for climate adaptation and resilience strategies (SB 379, 2015)
- The California Air Resources Board (CARB) 2017 and 2022 Climate Change Scoping Plans
- The California Short-Lived Climate Pollutant Reduction Strategy (SB 1383, 2016)
- The 100 Percent Clean Energy Act of 2018 (SB 100, 2018)
- Executive order to achieve carbon neutrality (EO B-55-18, 2018)
- The California Climate Crisis Act (AB 1279, 2022)

All of the above legislation provides guidance and protocols for local governments to participate in the State's GHG reduction efforts.



## Vision, Mission and Guiding Principles

### *Vision*

The Truckee North Lake Tahoe region will be net carbon neutral by 2045 through a combination of greenhouse gas (GHG) emissions reduction and carbon storage in natural lands, supported by collective member action. Carbon neutrality will improve the environment, reduce the risk of wildfire, create new opportunities for innovation economic diversification, improve public health, equity and safety, and meet our commitment to steward the region for the benefit of future generations.

### *Mission*

- To collaborate by focusing on reducing regional GHG emissions and speeding the ability of the community to address the potential future impacts of climate change
- To engage in a process to conduct joint data aggregation, fact finding, policy analysis and public education, in order to increase agency and public understanding about climate and climate related issues
- To identify, explore, and encourage interim projects that partners and/or private interests may participate in
- To explore opportunities for obtaining funding from public and private sources, including state and federal programs and granting agencies, to implement projects that will reduce GHG emissions, or assist the community with adapting to the impacts of climate change
- To communicate to stakeholders and the public about the actions of the partners to meet regional GHG emissions reduction and climate adaptation goals





## Vision, Mission and Guiding Principles (cont.)

### *Guiding Principles*

Participants in the Charter agree to model their behavior on the “Speak Your Peace” principles developed by the Tahoe Truckee Community Foundation.

<https://www.ttcf.net/news/speak-your-peace-campaign/>

Members will strive to make decisions through a “modified consensus model.” The intent of “modified consensus” is to ensure that actions represent overwhelming support from the group. The definition of “modified consensus” means that, in all decisions, participants will express support or opposition as 1) I support, 2) I can live with it, 3) I cannot support, and 4) I abstain. In a modified consensus model, it takes more than one “I cannot support” statement to block action. Those declaring, “I cannot support” are encouraged to express their rationale for objection in writing to aid in seeking consensus at a later date. “Voting” will be a consensus-building tool used on a very limited basis to aid with informing the process of managing the scope of work described in this Charter, or to bring decisions forward to the respective jurisdictions. When the process requires the use of a vote, the meeting notes will reflect the votes of those who supported, could live with, could not support, or abstained.

## Membership

Local governments, community organizations, businesses, and other stakeholders who have endorsed this Charter shall be Members of the CTA. Each member will have one vote in any decision-making processes.

The membership will be composed of the Governing Partners and the Members.

Prospective Members shall convey their endorsement of the Charter and place their request to be a member of the CTA with the Governing Partners of the CTA. The Governing Partners shall place the request of the prospective members before the current Members and facilitate a decision on new membership.

Prospective Members will place their requests to be members before their respective jurisdiction or organization’s governing bodies for approval.

Members may elect to leave the CTA at will by notifying the Governing Partners.



## Governance Arrangements

### *Governing Partners*

The initial parties to the Charter are designated as the Governing Partners, and act as an executive committee with responsibility to generate agendas, manage finances, oversee contracts, manage membership, and manage work planning. The Governing Partners are:

- Town of Truckee is an incorporated City within Nevada County, California with these boundaries. Keep Truckee Green is the division of the Town of Truckee that is charged with meeting the Town's 100% renewable commitment
- Truckee Tahoe Airport District, a Special District of the State of California that manages the Truckee Tahoe Airport
- Truckee Donner Public Utility District, a publicly-owned utility that provides water and electricity to the Truckee region
- Additional Governing Partners may be added at the Governing Partners' discretion
- The Governing Partners may appoint subcommittees composed of Governing Partners and Members to do its business

### *The Members*

The Governing Partners and the Members act as the governing body of the CTA with the responsibility to provide overall strategic direction, to participate in resource mobilization efforts, to consider and develop climate mitigation and adaptation strategies and projects, to serve as a public education and engagement body, to amend this Charter by consensus, and approve inclusion of new members.







## Authority

Members, jurisdictions, and agencies are not bound to specific action by decisions made as a result of this Charter. By signing the Charter, participants recognize that each is first bound to their jurisdiction, agency, or entity, and operates within their respective entity's constraints. Members do not assume liability for other member's actions, obligations or liabilities, or any third-party claims that arise out of this initiative.

## Funding Arrangements

Members shall make voluntary or in-kind contributions to the CTA to fund its operations.

Members shall, to the best of their ability, participate in fundraising efforts to support the operation of the CTA, including but not limited to participating in community outreach and education efforts, participating in private philanthropic efforts, and participating in the development of grant or funding requests.

The CTA shall maintain two funds, an "Operating Fund" and a "Climate Fund." Members may make contributions to either fund.

- The Operating Fund shall cover the core operating expenses of the CTA, including staffing, contracts for operations, and expenses related to maintaining the CTA.
- The Climate Fund shall be used to support implementation of CTA or Member programs. The Climate Fund may be used as a multi-donor trust fund where contributions may be either general or restricted in nature.

The two funds shall be created and managed with Sierra Business Council, who will act as the fiscal sponsor.

The Members, respecting restrictions established by contributors, shall direct the funds.

Nothing in this funding arrangement restricts Members from directly receiving funds for specific projects as a part of their jurisdictional, agency, or organizational mission.



# Member Expectations of the Climate Transformation Alliance

As a member of the Climate Transformation Alliance (CTA), you are part of a dynamic collaborative of public agencies, nonprofits, businesses, and individuals committed to addressing the urgent challenges posed by climate change. Our collaborative efforts aim to leverage the collective expertise, resources, and influence of members to drive meaningful action and reach carbon neutrality goals. To ensure the success of our mission, we have outlined the following expectations for all members:

## 1. Commitment to Climate Action & Collaboration

- Demonstrate a genuine commitment to advancing climate action within your respective sphere of influence.
- Actively engage in CTA initiatives and projects aimed at reducing greenhouse gas (GHG) emissions and enhancing resilience.
- Embrace a spirit of collaboration and partnership by fostering open communication, transparency, and knowledge sharing among members.

## 2. Participation & Attendance

- Commit to attending and actively participating in quarterly meetings.
- Engage in constructive dialogue and exchange of ideas to foster collaboration, problem-solving, and innovation across stakeholders.
- Present updates on your organization's climate initiatives, highlighting progress, challenges, and opportunities for collaboration.
- Foster a culture of inclusivity within the CTA, ensuring that all voices are heard and valued.
- Demonstrate a willingness to actively participate in a CTA subcommittee, based on your areas of expertise and interest.



### 3. Representation at Meetings

- Ensure representation at all CTA meetings by sending an elected official and a staff member (if applicable) from your organization.
- In the event that the designated representatives are unable to attend, appoint an alternate attendee who is empowered to make decisions and contribute meaningfully to discussions on behalf of your organization.
- Prioritize consistent attendance and active participation to maximize the meeting effectiveness and maintain strong communication channels between CTA members.

### 4. Resource Sharing & Support

- Share relevant resources, best practices, and expertise with fellow members to support their efforts in advancing climate action and sustainability.
- Seek opportunities to collaborate on joint projects, initiatives, or funding opportunities that align with the CTA's goals and priorities.

### 5. Accountability & Progress Tracking

- Set clear, measurable goals and targets related to GHG emissions reduction within your organization.
- Regularly track and report progress towards these goals, sharing successes, challenges, and lessons learned with CTA membership to facilitate shared learning and improvement. Report on progress quarterly at member meetings.

### 6. Financial Support

- Explore opportunities for securing additional funding or resources to support CTA projects, initiatives, or capacity-building efforts.
- Provide financial support, in accordance with your organization's capacity, to sustain the operations and activities of the CTA. This will be established by the Fundraising Subcommittee.

By following these expectations, you play an important role in advancing our collective mission to reach carbon neutrality in the Truckee North Tahoe region.





## Procedures for Endorsement of the Charter

The Governing Partners and Members, including jurisdictions, agencies, organizations, businesses and individuals, may endorse this Charter through board resolution or signature of businesses and individuals, and conveying that action to the Governing Partners.

Upon endorsement of the Charter, the CTA will consider inclusion in the membership.

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Signature

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Date

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Name, Title

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Contact (Email, Phone)

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Signature

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Date

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Name, Title

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Contact (Email, Phone)

---

Signature

---

Date

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Name, Title

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Contact (Email, Phone)

## **BOARD CULTURE AND NORMS**

PURPOSE: To provide a Board member guidance on duties and limitations.

A Board member's conduct should reflect the Mission, Vision and Values of the Health System in all engagements with other board members, staff and public.

### **Role of the Chair**

1. Run meetings and associated duties within meetings.
2. Preside over ceremonial situations.
3. Make committee appointments.
4. Approve agendas for completeness.
5. When required, speaks for the Board of Directors to the media.

### **Board Meetings**

6. Understand the Brown Act, and when in doubt, consult with General Counsel. Be mindful of serial meeting traps.
7. No issues shall be placed on the agenda beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.
8. Observe timely appearance at Board Meetings. Notify the Clerk of the Board relative to absence or anticipated late arrival as soon as such situation is known.
9. Board members shall not use e-communication during a public meeting of the Board.
10. Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, shall be made through the Chair.
11. All board member suggested agenda items should be discussed with the Chair and/or CEO before agenda review. Such items must have sufficient supporting documents for staff review. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting.
12. Be respectful, open, candid, honest and fair.
13. Demonstrate that it is fine to disagree, but not to be disagreeable.
14. Don't be inhibiting or limiting.
15. Value the staff as individuals and demonstrate mutual respect.
16. Respectfully inform staff of questions you have on an agenda item or staff's recommendation.
17. Respect and abide by the Board's decisions.
18. Practice a "no surprises" policy.
19. Keep closed session discussions and decisions confidential.
20. Focus on Strategic leadership, not on administrative and operational details.
21. Board Members should attempt to review the agenda packet at least 48 hours in advance to allow for questions. All board materials should be reviewed prior to the meeting.

### **Interactions with Board Members**

22. Maintain good board relationships and respect for each other.
23. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
24. Demonstrate that it is fine to disagree but not be disagreeable.
25. Explain your perspective, rationale and reasoning.

26. Listen to fellow Board Members and be willing to consider all points of view during Board discussions.
27. Be inquisitive and ask any questions important to the discussion at hand.
28. Share one's own point of view, do not dominate discussion, be respectful and courteous in debate but do not shy away from difficult or contentious issues.

#### **Interactions with Public**

29. Conduct oneself in an ethical, moral and legal manner at all times.
30. Be sensitive to your public image and conduct at all times.
31. Practice transparency.
32. The Board may request staff respond to or develop responses to emails addressed to Board Members.

#### **Interactions with President & CEO**

33. Provide clear direction to the President & CEO.
34. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the President and CEO and do not publicly discuss them. Matters involving the President and CEO shall be directed to the General Counsel's office.
35. Public or staff concerns expressed to Board Members should be shared with the President & CEO.
36. Practice a "no surprises" policy.

#### **Interactions with Staff**

37. Value the staff as individuals and demonstrate mutual respect.
38. Let staff know of questions you have on an agenda item or staff's recommendation at least 48 hours in advance of the meeting.
39. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.
40. Use discretion when meeting in public places to avoid the appearance of bias.
41. Honor the distinction between operations and oversight of the Board of Directors-President & CEO form of hospital governance.
42. A Board Member may approach Administrative Council members individually to explore issues in greater depth but should refrain from requesting action without discussing it with the President & CEO.
43. Practice a "no surprises" policy.
44. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.