



TAHOE FOREST HOSPITAL DISTRICT

# 2025-06-10 Board Governance Committee

Tuesday, June 10, 2025 at 1:30 p.m.

Tahoe Forest Hospital - Aspen Conference Room

10800 Donner Pass Rd, Suite 200, Truckee CA 96161



## Meeting Book - 2025-06-10 Board Governance Committee

### Governance Committee

#### AGENDA

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ITEMS 1 - 4: See Agenda

#### 5. APPROVAL OF MINUTES

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#### 6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

##### 6.1. Board Governance Committee Charter

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##### 6.2. Board Policy Review

6.2.1. Awarding Public Construction Projects, ABD-26  
\*packet materials may be distributed later

6.2.2. Inspection and Copying of Public Records, ABD-14  
\*packet materials may be distributed later

6.2.3. Emergency On-Call, ABD-10

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6.2.4. Telephone/Verbal Orders – Receiving and Documenting, AGOV-2202

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##### 6.3. Board Governance

##### 6.3.1. Board Retreat Review

6.3.1. ACCORD TFHS Memo June 2025 060525 1237pm PT.pdf 15

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6.3.3. ACCORD TAH06 Detailed Board Retreat Report 060525 241pm PT.pdf 22

6.3.4. TFHS 2024 Board Self Assessment Report.pdf 30

6.3.5. TAH06 Board Retreat Evaluation w AVG 051725 118pm PT.pdf 67

6.3.2. 2025/2026 Facilitated Workshops and Education Plan/Sessions  
no related packet materials

ITEMS 7 - 9: See Agenda

## GOVERNANCE COMMITTEE AGENDA

Tuesday, June 10, 2025, at 1:30 p.m.  
Tahoe Forest Hospital – Aspen Conference Room  
10800 Donner Pass Rd, suite 200, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.

5. **APPROVAL OF MINUTES OF: 11/22/2024.....ATTACHMENT**

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Board Governance Committee Charter .....ATTACHMENT**  
Governance Compensation Committee will review and recommend approval of the committee charter.

6.2. **Board Policy Review**

Governance Committee will review and discuss changes to the following policies:

6.2.1. **Awarding Public Construction Projects, ABD-26 .....ATTACHMENT\***

6.2.2. **Inspection and Copying of Public Records, ABD-14 .....ATTACHMENT\***

6.2.3. **Emergency On-Call, ABD-10 .....ATTACHMENT**

6.2.4. **Telephone/Verbal Orders – Receiving and Documenting, AGOV-2202 .....ATTACHMENT**

6.3. **Board Governance**

6.3.1. **Board Retreat Review .....ATTACHMENT**

Governance Committee will review the Board Retreat, Board Self-Assessment results and tools for future use, and Board Goals from the retreat.

6.3.2. **2025/2026 Facilitated Workshops and Education Plan/Sessions**

Governance Committee will consider future facilitated workshops and discuss recommendation of an education plan for Calendar Years 2025 and 2026.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

8. **NEXT MEETING DATE**

The Governance Committee will meet again as needed.

9. **ADJOURN**

\*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 582-3583 at least 24 hours in advance of the meeting.

## GOVERNANCE COMMITTEE

### DRAFT MINUTES

Friday, November 22, 2024 at 1:30 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

#### 1. CALL TO ORDER

Meeting was called to order at 1:31 p.m.

#### 2. ROLL CALL

Board: Alyce Wong, Committee Chair; Robert (Bob) Barnett, Board Member

Staff in attendance: Crystal Felix, Chief Financial Officer; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

#### 4. INPUT – AUDIENCE

No public comment was received.

#### 5. APPROVAL OF MINUTES OF: 09/04/2024

Director Barnett moved to approve the Board Governance Committee minutes of September 4, 2024, seconded by Director Wong.

#### 6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

##### 6.1. Board Governance

##### 6.1.1. 2024 Board Self-Assessment Tool

Governance Committee reviewed the 2024 Board Self-Assessment Tool.

Governance Committee agreed to make the following changes:

- “Neutral” category was added back to the answer options.
- Question 24 and 25 are duplicate. One will be removed.
- Question 25: updated to “I feel the time commitment associated with Board and Committee service is appropriate.”
- Question 27: move “(10 being the highest)” after 10.
- Question 26: updated to “I am comfortable having open communication with the President & CEO.”

Board Governance Committee approved the changes to the questions. The survey will go out to the board members.

##### 6.1.2. Board Culture & Norms

Governance Committee reviewed additional edits to the Board Culture and Norms document.

In number 11, sufficient is spelled incorrectly.

Governance Committee will send Board Culture and Norms to the December board meeting for full approval.

**6.1.3. Board Retreat Work Plan Dashboard**

Governance Committee reviewed the Work Plan Dashboard from the spring board retreat.

Director Wong requested a reference column be added so board members can look back for the information.

Item 36 should be deleted.

Work on item 34 was completed.

**7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

Board Culture & Norms will go to the full board for approval.

**8. NEXT MEETING DATE**

The Governance Committee will meet again as needed.

**9. ADJOURN**

Meeting adjourned at 2:25 p.m.

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

**Purpose:**

The charter of the Governance Committee of the District's Board of Directors delineates the Committee's duties and responsibilities.

**Responsibilities:**

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

**Duties:**

1. Conduct at least a biennial review of the Bylaws and submit recommendations to the Board of Directors for changes to Bylaws as necessary.
2. Conduct at least a triennial review of Board policies and submit recommendations to the Board of Directors for changes to the policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance.
5. Ensure the annual board self-assessment is conducted no later than December 1.
6. Participate in the development of the Agenda for scheduled Board Retreats
7. Ensure a board goal setting process is conducted no later than April 30 and reviewed at the October board retreat.

**Composition:**

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

**Meeting Frequency:**

The Committee shall meet as needed.



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination N/A  
Date  
Last N/A  
Approved  
Last Revised N/A  
Next Review N/A

Department Board - ABD  
Applicabilities System

## Emergency On-Call, ABD-10

### **RISK:**

### **RISK:**

Failure to maintain a list of emergency on call physicians, who are required to come to the hospital and provide treatment, as necessary, to stabilize an individual with an emergency medical condition, may result in patient harm, poor quality of care, negative legal and regulatory ramifications, and community perception.

### **POLICY:**

### **POLICY:**

Tahoe Forest Hospital District has an ethical, moral, social, and legal responsibility to provide screening examination and care to patients presenting to its facilities with emergency conditions. The Board understands the Emergency Medical Treatment and Active Labor Act ("EMTALA" or "Act"), and federal and state regulations, require hospitals with a dedicated emergency department to maintain a list of physicians who are on call to come to the hospital and provide treatment as necessary to stabilize an individual with an emergency medical condition, within the capabilities of the District.

- A. Patients who present to the Tahoe Forest Hospital District facilities requesting emergency care are entitled to a "Medical Screening Examination" as described in the Act, regardless of their ability to pay.
- B. The District's Board of Directors, Administration, and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.
- C. Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.

1. Tahoe Forest Hospital (TFH), a Critical Access Hospital ~~has been~~, is licensed by the State of California to provide Basic Emergency Services. TFH will provide on-call physician coverage in the Emergency Department for the basic services and supplemental services listed on the hospital license:
    - a. Emergency Medicine
    - b. General Medicine
    - c. General Surgery
    - d. Radiology
    - e. Anesthesia
    - f. Pathology
    - g. OB/Gyn
    - h. Pediatrics
    - i. Orthopedics
  2. Incline Village Community Hospital, in Incline Village, Nevada ~~will provide~~, a Critical Access Hospital, is licensed by the State of Nevada, and provides 24-hour physician coverage for Emergency and Medicine Services.
  3. TFH may provide specialty activation coverage for emergency consultations and services according to the capabilities of members of the ~~medical staff~~ Medical Staff who have privileges in that specialty.
- D. The Chief Executive Officer will work with the Medical Staff to provide emergency consultative coverage that meets federal and state laws, licensing requirements ~~and~~, and meets the needs of the community. To achieve these goals, the Chief Executive Officer may utilize, but not be limited to:
1. Stipends for call coverage
  2. Contracts for professional services
  3. Locum tenens privileges
  4. Transfer agreements with other healthcare facilities
- E. At least annually, Tahoe Forest Hospital District Board of Directors will review and approve the level of emergency on-call services available. We ~~will~~ utilize the ~~hospital's quality assurance system~~ Quality Assurance Performance Improvement Plan, AQPI-05, to monitor emergency on-call practices.
- F. In order to provide this coverage, effort will be made to create a system that is voluntary, fair and equitable, without imposing an undue burden on physicians or ~~on~~ the Tahoe Forest Hospital District. Collaboration with members of the Tahoe Forest Hospital District's Medical Staff will be the method for providing these services, with recruitment of new physicians as needed.
- G. A roster and procedure are in place to address the provision of specialty medical care when services are needed which are outside the capabilities of the Tahoe Forest Hospital District and ~~its~~ Medical Staff.



**Related Policies/Forms:**

**Related Policies/Forms:**

[Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907](#)

**References:**

**References:**

EMTALA-California Hospital Association manual

[All Revision Dates](#)

[06/2025, 05/2022, 04/2019, 03/2018, 03/2017, 11/2015, 01/2014, 01/2012, 02/2010](#)

Approval Signatures

Step Description	Approver	Date



**TAHOE  
FOREST  
HEALTH  
SYSTEM**

Origination Date 06/2019  
Last Approved N/A  
Last Revised 06/2025  
Next Review 3 years after approval

Department Governance - AGOV  
Applicabilities System

## Telephone/Verbal Orders - Receiving and Documenting, AGOV-2202

### RISK:

The potential for verbal orders to be misunderstood, misheard, or transcribed incorrectly makes them error prone, particularly given different accents, dialects, and drug name pronunciations by the prescriber and recipient of the order.

### POLICY:

Qualified Tahoe Forest Hospital District (TFHD) personnel may receive telephone/verbal orders for patients from a licensed independent practitioner with authorized clinical privileges from the ~~medical staff~~ Medical Staff. Telephone or verbal communications of orders should be limited to situations where immediate written or electronic communication is not feasible.

### Exceptions:

- On units that have implemented Computerized Physician Order Entry (CPOE), physicians, Physician Assistants (PA) , ~~Advanced Practice and~~ Nurse Practitioners (~~APNP NP~~), ~~etc.~~ are expected to enter orders during patient care rounds.
- Physician orders cannot be accepted via ~~a phone~~ text message as there is no opportunity to perform a "read back".
- In the ED, Cancer Center ~~and~~, MSC's, ECC, and Home Health/Hospice, if the ~~MD~~ provider is not available to enter orders electronically, causing a delay of needed treatment, or prolonged pain for the patient, the ~~MD~~ provider may give verbal orders and the orders can be entered by the RN into the EMR.

### PROCEDURE:

- A telephone/verbal order ~~(either in person or via telephone)~~, shall only be accepted by qualified personnel (see grid below) and only under circumstances when it is impractical for the ~~physician to provide~~ provider to place the order in writing or to enter the order directly into the electronic medical record (EMR) as soon as possible.

- B. All telephone/verbal orders shall be entered into EMR. The qualified person accepting the order must be on duty.
- C. At the time the verbal/telephone order is taken, there will be a read back to the ~~physician or the designee~~ provider to include the orders(s) and name of the ~~physician~~ provider. Any abbreviations, acronyms, or symbols used in ~~the taking of~~ transcribing the telephone/verbal orders must be hospital approved (Refer to Use of Abbreviations, APH-4 ).
- D. Telephone/verbal orders will be entered into EMR with the requesting providers name and order source. A telephone/verbal order shall include the date, time, and electronic signature of the person to whom the verbal order has been given. ~~Telephone/verbal orders shall be electronically signed by the provider within 48 hours. Charts will not be considered complete until the verbal orders are either signed electronically or on a printed copy of the verbal order placed in the permanent paper record.~~
- E. Telephone/verbal orders shall be electronically signed by the provider within 48 hours. Charts will not be considered complete until the verbal orders are either signed electronically or on a printed copy of the verbal order placed in the permanent paper record.
- F. The qualified person taking the responsibility for a telephone/verbal order may accept orders through the licensed independent practitioner's nurse, allied health professional (~~APNP/PA/NP~~), ~~PA~~ or medical assistant or Medical Assistant (MA); however, at all times, he/she has the prerogative to request to speak to the provider. Prior to taking orders from an office nurse or MA, the qualified person must:
  - 1. Determine that he/she is talking to the intended provider's office. If he/she has any doubt, he/she should place the phone call to the proper number again.
  - 2. Be satisfied that the person he/she is talking to is a provider, nurse or MA and is conveying the message from the provider accurately. If the qualified person elects to take a telephone order from the office nurse or MA, the orders are to be entered into EMR as follows:
    - a. The following information must be completed on the EMR order:
      - i. **Person giving order for ~~physician~~ provider:** \_\_\_\_\_ (Enter name and title of person giving the order)
- G. If the qualified person taking an **unsolicited**, incoming telephone order from a ~~medical staff~~ Medical Staff member and does not recognize or does not know the caller's voice, he/she may request the caller's identification number.
- H. Orders submitted via text message or email will not be accepted.

## Special Instructions / Definitions:

- A. Telephone/Verbal Orders are oral directions for specific medications, treatments, products, diagnostic or clinical testing, and professional consultations.
- B. Provider is a physician, dentist, podiatrist, clinical psychologist, physician assistant, or ~~advance-practice~~ nurse practitioner.
- C. Qualified Personnel: See chart above.
- D. CPOE: Computerized Physician Order Entry

## PERSONNEL QUALIFIED TO RECEIVE TELEPHONE/VERBAL ORDERS:

TITLE	ABILITY TO TAKE TELEPHONE/ VERAL ORDERS GRANTED	PRODUCT	TREATMENT	CLINICAL AND/ OR DIAGNOSTIC TESTS	PROFESSIONAL CONSULTATION

	<b>BY:</b>				
Registered Nurse	California or Nevada <b>RN</b> License specific to the hospital where the <b>nurseRN</b> is working	All products	All treatments	All tests	All consultations
<b>Licensed</b> <b>Licensed</b> Vocational or Practical Nurse <b>(ECC Only)</b>	California License	All products ordered for assigned patient	All treatment orders for assigned patients	All tests orders for assigned patients	All consultations for assigned patients
Registered Pharmacists	California or Nevada License specific to the hospital where the <b>pharmacistPharmacist</b> is working	All medications	N/A	All tests related to pharmacotherapy management (blood levels APTT's) and chemistries	Pharmacokinetic consultations. Parental nutrition consultations, Patient medication consultations
Respiratory Therapists	California, certification, registration	Respiratory Care	Respiratory Care	All tests or studies pertaining to Respiratory Care	Pulmonary/ pulmonary Rehabilitation
Registered Polysomnographic <b>Therapists</b> <b>Therapists</b>	National registration	Sleep Disorders	Treatment associated with diagnostic sleep disorder testing	Sleep disorders testing	
Registered Physical Therapists	California or Nevada license and registration specific to the hospital where the PT is working	Orthotics, Prosthetics, all assistive devices, adaptive equipment	Physical Therapy, specific modalities	PT evaluation	PT consultation,
Registered Occupational Therapists	California or Nevada license and registration specific to the hospital where the OT is working	Adaptive equipment, supplies, Orthotics	Process Modality Collaborative Care Tracks, OT/PT as per protocol	OT evaluation	OT consultation,
Speech Therapists	California or Nevada license and registration specific to the hospital where the ST is working	Speech therapy Audiology	Speech Therapy Audiology,	ST evaluation, Audiometric, Video- fluoroscopy, FEES	ST consultation,

Registered Dietitian	National Registration/ Licensed in Nevada	Diet and nutrition supplements, enteral nutrition orders.	N/A	N/A	Nutrition Consultation, parenteral/ enteral nutrition consultations
Psychosocial Case Managers	Master's in Social Work, Mental Health Counseling or Marriage and Family Therapy or Bachelor's in Social Work or Related Field (i.e Social Sciences, Human Services, Psychology, Public Health)	Durable medical equipment	Counseling, orders related to discharge planning (i.e. PT/OT/ ST,hospice, home health agencies and referrals to other resources, DME, Lifeline, etc.)	None	MSW consultation DC Planning
Laboratory Technical Staff	State Licensure	NA	NA	Laboratory tests	Consultation with Pathologists is available
Laboratory Phlebotomy Staff	Licensure by National organization or approval by Pathology Section	NA	NA	Laboratory tests	Consultation with technical staff or Pathologist is available

## Related Policies/Forms:

[Use of Abbreviations, APH-4](#)

## References:

Healthcare Facilities Accreditation Program. Chicago, IL info@hfap.org: Author.

Tahoe Forest Hospital District. [Rules of the Medical Staff](#). Truckee, California Tahoe Forest Health System

Tahoe Forest Hospital District. Computerized Physician Order Entry (2017) TFHD author.

## All Revision Dates

06/2025, 06/2022, 09/2021, 09/2020, 06/2019

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## Attachments

 [b64\\_8117b414-e1a8-4365-91b8-878e02a5d314](#)

## Approval Signatures

Step Description	Approver	Date
	Sarah Jackson: Executive Assistant, Clerk of the Board	Pending

COPY

## MEMORANDUM

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**DATE:** June 5, 2025  
**TO:** Tahoe Forest Health System Board  
**FROM:** Pam Knecht, President and CEO, **ACCORD LIMITED**  
**CC:** Anna Roth, President and CEO  
Ted Owens, Executive Director Governance and Business Development  
Sarah Jackson, Clerk of the Board  
**RE:** **ACCORD LIMITED's** Observations and Recommendations from April Retreat

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This memorandum provides an executive summary of the Tahoe Forest Health System (TFHS) Board retreat on April 1 and 2, 2025. It includes the key decisions made in the retreat; **ACCORD LIMITED's** (**ACCORD's**) observations of the current situation; and **ACCORD's** recommendations for the next steps. Four other documents include more detailed information related to the retreat: *Board Retreat Dashboard*; *Detailed Board Retreat Report*; *Retreat Evaluation Summary*; and the *Retreat PowerPoint Slides*.

### **Key Board Decisions**

The Board made the following key decisions during the retreat:

1. The Board charged the executive team with creating a process and framework to engage the broader community in determining TFHS' True North – what becoming the “Best Mountain Health System” would look like from the community's perspective.
2. The Board agreed on three (3) goals for its own development in the next year:
  - a. Create individualized Board member education plans for the rest of 2025.
  - b. Determine how the Board can best assess the performance of the full Board, Board committees, and Board leaders moving forward.
  - c. Determine the processes for setting the President/CEO's goals and assessing performance vis-à-vis those goals.

Other possible action items are included in the *Board Retreat Dashboard*.

### **ACCORD's Observations**

The following are **ACCORD's** observations about the retreat. These comments are based on both the retreat and **ACCORD's** work with TFHS over the last four years.

The retreat was successful in building the foundation for trusting relationships; clarifying TFHS' current community partnerships; discussing the role of the foundations; discussing the BSA results creating Board Development Goals; and clarifying expectations that the Board and new CEO have of each other.

### **(ACCORD's Observations)**

Inviting medical staff and community leaders to participate in part of the retreat was a good start to building relationships and increasing "community" (broadly defined) engagement. It also sent a positive message about the more inclusive style of the new President and CEO and the Board's desire to engage more with key stakeholders.

However, the core objectives related to identifying community health improvement partnerships and clarifying the Community Peak in the strategic plan were not achieved. Here are my observations regarding some reasons more progress was not attained:

- The retreat was designed to focus narrowly on "community health improvement partnerships" but the conversations varied widely from that topic. This is partly because there is significant confusion regarding key terms and concepts.
- The attendees often conflated "community health" with "community engagement". "Community engagement" may include collaborating with people about how to improve their health, but it is a broader concept. "Community engagement" usually focuses on building meaningful relationships and improving the overall quality of life.
- At TFHS, much of the current "community engagement" and the development of "community partnerships" seems to have been for marketing or good will purposes.
- Further complicating the situation is that the current work in and the metrics regarding the Community Peak are mostly related to "population health" which seems to be led by clinicians (vs. the full AC) and is focused on improving *clinical* outcomes of a defined group of individuals. That goal is not necessarily the same as improving "community health" or the broader "community engagement".
- Some have remained confused about the purpose of the Board's Community Engagement Committee since its inception. The current Charter does not clearly enough state whether its *main* purpose is "community engagement" in general, or community engagement for the purpose of "improving community health".
- In addition, there continues to be confusion about the roles of the full Board, its committees, and its individual members. This is partially because there are some Board members who have significant expertise 'operating' in healthcare (e.g., being a physician) and/or they are not familiar with the distinction between governance and management/operations. They often seem to dive into operational details instead of staying at the governance/oversight level. The Community Engagement Committee Charter includes examples of this confusion because some of its responsibilities are more appropriate as staff actions than Board or Board committee actions (e.g., "leverage media").
- The future "vision" for the Community Peak Winning Aspiration remains unclear (as it has been for a few years). There is still not agreement regarding the definition of key phrases such as "integrated", "partner", "exceptionally healthy", or "community". The group did not make much progress in determining how to define TFHS' community, much less defining the trickier terms like "partner".
- The Board and Administrative members all care deeply about TFHS and want to do the right thing for their "community."



### **ACCORD's Recommended Next Steps**

The key decisions from the retreat are the correct next steps, augmented by a few other suggestions:

1. Increase the Board's (and perhaps the Administrative Council's) understanding of the differences among the key concepts of community engagement, community health, and population health.
2. Rely on the Administrative Council, led by the President and CEO, to recommend to the Board:
  - a. A process to truly engage the broader community in determining TFHS' True North – what becoming the "Best Mountain Health System" would look like from the community's perspective.
  - b. Which "community partnerships" to prioritize because they will help TFHS achieve the agreed-upon True North.
  - c. Refinements to the Community Peak and if needed, its metrics, to more clearly state the desired future (e.g., community engagement or community health improvement or population health improvement.)
3. Refine the Board's Community Engagement Committee Charter so it is aligned with the True North / refined Community Peak and so it reflects governance, not management or operational responsibilities.
4. Provide personalized education (and if needed, facilitated group discussions) to increase the Board's understanding of their roles as a full Board, Committee members, and individual Board members in general and in relation to the identified True North and "community engagement".
5. Conduct an external assessment of the performance of the Board, its committees, its leaders and its members and set a limited number of Board enhancement goals.
6. Rely on the President and CEO to hold the Administrative Council accountable to the agreed upon action steps.
7. Utilize a refined process for the Board to set goals for and assess the President and CEO's performance.

**Tahoe Forest Health System  
Board Retreat Dashboard**  
*Draft as of June 5, 2025*

	Identified Actions	Lead(s)	Notes / Reporting & Review Schedule
<b>Clarifying Current Community Partnerships</b>			
1.	Share with the Board the costs of the current partnerships and the funding that TFHS receives to support these programs.	Anna Roth & Ted Owens	
2.	Determine whether we are appropriately budgeting for the desired initiatives.	Anna Roth & Crystal Felix	
3.	Create criteria for “partnerships” and use that criteria to assess current and future partnerships to advance community health.	Anna Roth, Louis Ward & Board	
4.	Ask the Board Community Engagement Committee to oversee this work.	Anna Roth & Admin Council	
<b>TFHS’ “Community” and “Partnership” Definitions / Refinement of the Community Peak in the TFHS Strategic Plan</b>			
5.	Provide the list of partnerships that we currently have and those we need for each of the CHI metrics (e.g., Sierra Community House).	Louis Ward & Ted Owens	
6.	Discuss what to do about community initiatives if finances are tight.	Anna Roth & Crystal Felix	
7.	Do a methodical, overall assessment of TFHS’ health including its finances.	Anna Roth & Crystal Felix	

**Tahoe Forest Health System  
Board Retreat Dashboard**  
*Draft as of June 5, 2025*

8.	Clarify the definition of our “region” and our “community”.	Anna Roth, Admin Council & Board	
9.	Revisit whether the Board committees are correct/aligned with the strategic plan.	Anna Roth & Board	
10.	Revisit the Committee Engagement Committee Charter to align with this work.	Anna Roth & Community Engagement Committee	
11.	Identify appropriate roles for the full Board, individual Board members, and the Administrative Council in helping to improve community health (e.g., where/when do we as a Board need to show up; what can we do?).	Anna Roth	
12.	Give the Board an update on “Improving Access.”	Dr. Evans & Louis Ward	
<b><i>Identification of Priority Community Partnerships</i></b>			
13.	Pursue a process and framework to engage the broader community in determining TFHS’ True North – what becoming the “Best Mountain Health System” would look like from the community’s perspective.	Anna Roth	
<b><i>Role of Philanthropy/Foundations in Community Health Improvement</i></b>			
14.	Continue to engage the Foundations in helping to identify and address community health improvement.	Anna Roth & Karli Bunnell	
<b><i>2025 Board Self-Assessment &amp; Board Development Goals</i></b>			

**Tahoe Forest Health System  
Board Retreat Dashboard**  
*Draft as of June 5, 2025*

15.	Clarify our two roles: Health District and Health System.	Governance Committee & David Ruderman	
16.	Discuss how the Board can get more educated regarding healthcare trends.	Governance Committee	
17.	Look at national best practices in health industry transformation.	Governance Committee	
18.	Create individual Board education plans for the rest of 2025.	Governance Committee	Will begin assessment at 6/10/25 Governance Committee Meeting.
19.	Determine the processes for setting goals for the CEO and assessing the CEO's performance vis-à-vis those goals.	Executive Compensation Committee	
20.	Determine how the Board can best assess the performance of the full Board, Board committees and Board leaders going forward.	Governance Committee	
21.	Decrease the number of pages in the Board pack and provide it earlier.	Anna Roth & Sarah Jackson	<ul style="list-style-type: none"> <li>• Work has begun on this. New Agenda Cover sheet implemented. Packet attachments streamlined. Internal processes implemented to provided packet 6 days in advance (Friday before Regular Board Meeting) when legal requirement is only 72 hours.</li> <li>• March, April, May packets have all been 6 days in advance.</li> </ul>
22.	Do a Board meeting evaluation to determine what worked/could be improved.	Anna Roth & Michael McGarry	<ul style="list-style-type: none"> <li>• CEO and Chair have begun scheduling their monthly 1:1 meetings for the day after the board meeting to in part review how the Board meeting</li> </ul>

**Tahoe Forest Health System  
Board Retreat Dashboard**  
*Draft as of June 5, 2025*

			went, what could be improved, as well as cover other topics.
23.	Rob to provide his assessment of the Board orientation to the Governance Committee so it can suggest improvements.	Rob Darzynkiewicz	<ul style="list-style-type: none"> <li>Director provided feedback on orientation process to Clerk and Chair after completing orientation. It will be reviewed by future Governance Committee.</li> </ul>
24.	Consider joining TGI and / or Beckers' conferences for Board education.	Governance Committee	
25.	Convene mini-retreats (e.g., quarterly) to discuss community engagement.	Anna Roth & Ted Owens	

**Tahoe Forest Health System  
Detailed Board Retreat Report  
June 5, 2025**

The purpose of this document is to provide a detailed report of the discussions and actions identified in the Tahoe Forest Health System (TFHS) Board Retreat facilitated by Pam Knecht from **ACCORD LIMITED** on April 1 and 2, 2025. The document is organized according to Board retreat agenda topics. The slides used during the retreat, the summary of the retreat evaluation, a Board retreat dashboard, and a summary memo are in separate documents.

The Governance Committee is probably the best group to review this summary, determine how each suggested action item will be addressed, and then to monitor the implementation of the final action plan. If desired, **ACCORD** can help the Governance Committee (GC) via scheduled check-in meetings over the next few months.

## **A. Opening Remarks, Retreat Theme, and Objectives**

Michael McGarry, Board Chair, called the meeting to order, asked for the roll call, and made opening comments about the need for health systems to “play offense” and “reimagine how we do our work”.

Pam Knecht, the facilitator, reviewed the theme, objectives, agenda, and group guidelines. The theme was “Building Partnerships” and the Four Key Topics were:

1. Developing Trusting Relationships
2. Community Health Improvement Goals
3. Board Improvement Goals
4. Board-CEO-Administrative Partnership

The Guidelines the group agreed to for the retreat included:

- Lower the water line (e.g., speak about interpersonal and group dynamics issues)
- Be honest and kind
- Encourage all to speak
- Seek to understand all opinions
- Avoid side conversations
- Speak one at a time
- Strive for consensus
- Keep conversations confidential

## **B. Developing Trusting Relationships**

Since one of the objectives for this retreat was to build the foundation for trusting relationships among all key TFHS stakeholders, each person introduced themselves by answering these questions:

1. How long have you served in your current role at TFHS?
2. Why do you serve on the Board / Administrative Council at TFHS?

According to the retreat evaluations (see the separate summary document), significant progress was made in building trusting relationships among the attendees.

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### **C. Clarifying TFHS' Current Community Partnerships**

The COO and Executive Director of Governance provided an overview of TFHS' current community partnerships. The attendees asked clarifying questions, and the following questions engendered discussion:

1. What seems to be the purpose(s) of these community partnerships (e.g., Education? Marketing? Community Benefit? Other?)
2. What roles has TFHS played in these partnerships (e.g., Providing resources? Following? Convening? Leading?)
3. What, if anything, needs to be clarified regarding these current partnerships?

The group identified the following as some of the purposes for TFHS' current community partnerships and TFHS' current roles:

- Nexus to healthcare
- Clear community benefit
- Equity (e.g. geographical range)
- Benefactors include the underserved
- Providing funds
- Providing people/staff
- Creating relationships
- Being out in the community
- Creating hospital visibility (e.g., marketing).

The group observed the following regarding the current community partnerships:

- Many of these are relationships vs. true partnerships (e.g. ski areas).
- There is a need to "right-size".
- The efforts are fragmented now.

#### Identified Action Steps

The following action steps were identified during these conversations:

1. Ask Megan Shirley to share the Community Benefit Current State Report with the Board. (*Note: Megan was invited to the end of the first day of the Retreat and provided a report, so this action may be completed.*)
2. Share with the Board the costs of the current partnerships and the funding that TFHS receives to support these programs.
3. Determine whether we are appropriately budgeting for the desired initiatives.
4. Create criteria for "partnerships" and use that criteria to assess current and future partnerships to advance community health.
5. Ask the Board Community Engagement Committee to oversee this work.

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**D. Examples of Other Hospital/Health System Partnerships for Community Health Improvement**

Pam Knecht provided some context for this discussion including a description of health systems needing to “build” a full continuum “system” due to changing reimbursement models. Pam also provided these definitions for key terms:

- **Community health:**

“Non-clinical approaches for improving health, preventing disease, and reducing health disparities through addressing social, behavioral, economic and medical determinants of health in a geographically defined population.” AHA Center for Health Innovation

- **Population health management:**

“The process of improving clinical health outcomes of a defined group of individuals through improved care coordination and patient engagement supported by appropriate financial and care models.” AHA, Center for Health Innovation  
“(Predictive) data analytics tools allow providers to engage in risk stratification, identify gaps in routine care, automate patient outreach, and measure the quality of their interventions.” TechTarget

- **Public health:**

“Works to prevent disease and promote health through organized, combined efforts from society, public, and private organizations, communities and individuals.” Centers for Disease Control and Prevention (CDC)

Anna Roth, Michael McGarry, and Pam Knecht shared specific examples of innovative partnerships to improve the health of their communities. The examples included but were not limited to:

- Lancaster General Health System (Knecht)
- The Beacon (McGarry)
- The Black Barbershop (McGarry)
- Fabric Health McGarry)
- Nuka System of Care (Roth)

See the retreat slides for more information on the examples that were shared.

Anna Roth mentioned that TFHS has a rare opportunity to make a significant difference in the lives of the people it serves. She stated that she hoped TFHS could use its power of influence to create a 5-10 year play to improve the health of its communities. She commented that some organizations strive to “Make the rest of us as good as the best of us.” This resonated with the retreat attendees; they thought TFHS is better situated to make a difference in the community’s health than many other health systems.

Identified Action Steps

These action steps were added to the Parking Lot:

1. Clarify our two roles: Health District and Health System.
2. Discuss how the Board can get more educated regarding healthcare trends.
3. Look at national best practices in health industry transformation.



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**E. TFHS' "Community" and "Partnership" Definitions / Refinement of the Community Peak in the TFHS Strategic Plan**

The group began to identify TFHS' "Community". Their initial ideas included:

- Underserved (not served in a clinical setting)
- Specific health conditions
- The "District"- parts of Placer County and parts of Nevada County (not all the counties)
- Primary service area
- Secondary service area
- Any group invested in our geographic health care system
- Geographic
- People who get care/services from us
- People we are responsible for
- The "needs".

Further work is needed to secure consensus on how TFHS will define its "community" in relation to improving "community health".

Louis Ward handed out documents and described the work that he, Brian Evans, MD, and others have been doing to create measures for the Community Health Peak in the strategic plan. He described the five Priority Areas and a Community Health Index. (See the slides for the detailed metrics.) The 5 Priority Areas and the 15 associated metrics in the Community Health Index are:

- A. Health Equity/Disparities:
  1. Currently insured (SED)
  2. Have a personal doctor or health care provider (SED)
  3. Food insecurity (SED)
- B. Substance Misuse:
  4. Adult binge drinking behavior
  5. Adult smoking
  6. Youth vaping
  7. Youth binge drinking
- C. Chronic Disease Management:
  8. People with diabetes who have an A1c <9 (Adults)
  9. People with hypertension in control <130/80 (Adults)
- D. Mental/Behavioral Health:
  10. Loneliness (5% improvement from UCLA national baseline)
  11. Rarely or never gets needed social and emotional support
  12. Youth mental health: Sad/Hopeless (5% improvement from CA Healthy Kids Survey TTUSD baseline)
- E. Prevention and Wellness:
  13. Mammogram (in the last 2 years)
  14. Colorectal cancer screening – met USPSTF recommendations (baseline form 2025 CHNA)
  15. Have a personal doctor or health care provider (1 or more)

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There was extensive discussion about these metrics, and the Board ultimately agreed that these were the correct ones. The Board also commented that TFHS cannot do all this work on its own; it needs community partnerships.

Identified Action Steps

The following action steps were identified during these conversations:

1. Provide the list of partnerships that we currently have and those we need for each of the CHI metrics (e.g., Sierra Community House).
2. Discuss what to do about community initiatives if finances are tight.
3. Do a methodical, overall assessment of TFHS' health including its finances.
4. Clarify the definition of our "region" and our "community".
5. Revisit whether the Board committees are correct/aligned with the strategic plan.
6. Revisit the Committee Engagement Committee Charter to align with this work.
7. Identify appropriate roles for the full Board, individual Board members, and the Administrative Council in helping to improve community health (e.g., where/when do we as a Board need to show up; what can we do?)
8. Give the Board an update on "Improving Access" (the Vizient work).

**F. Input Session on Partnerships to Improve Community Health**

Prior to the arrival of the additional invitees, Pam Knecht facilitated the group's preparation for the upcoming input session with those key stakeholders.

The final design of the input session was to:

- Share Priority Areas and Community Health Index (Rob).
- Hear examples of the partnerships that are underway or being considered by the four workgroups (Megan):
  1. A1C
  2. Youth Substance Misuse and Mental Health
  3. Mammography
  4. Adult Binge Drinking
- Hear your input on these questions (Pam to facilitate):
  1. What partnerships would you recommend help TFHS achieve these targets?
  2. Where has TFHS effectively used community partnerships in the past?
  3. What role(s) do you think TFHS should play in future partnerships to improve community health?
  4. How would you and your colleagues like to be engaged in this discussion in the future?
- Describe the next steps.

The following individuals joined the group for the input session at 4:15 pm on Day One:

- Dr Joy Koch, Chief of Staff
- Dr. David Ritchie, Chair of Medicine
- Dr. Mark Wainstein, Chair of Surgery
- Megan Shirley, PA-C, Population Health Medical Director, Community Engagement Liaison
- Alan Kern, PFAC Member and TFHS Foundation Board Member
- Karli Bunnell, Executive Director, Foundations

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After all the attendees introduced themselves, Rob Darzynkiewicz, MD, described the TFHS Priority Areas and the Community Health Index and then Megan Shirley described the issues being worked on by the four workgroups. Pam Knecht then facilitated the discussion in which the providers helped the Board members to better understand the community's healthcare needs.

Key discussion points included:

- We need to bring partners in sooner to help us with these initiatives.
- We must further clarify the role of TFHS in each initiative and in each partnership. How broadly or narrowly will TFHS' role be – medical only or also trying to address issues like food and housing?
- The foundations and individual donors are eager to help impact community health.
- TFHS needs to do a better job of telling everyone what services we currently offer.
- We must redesign care together with partners in authentic collaboration.
- Be careful not to get spread too thin (e.g., prioritize our efforts).
- The full Board must give direction to management on these topics.

The invitees thanked the Board for including them and expressed interest in continued engagement.

## **G. Review of Day One**

Michael McGarry opened Day Two of the retreat with a call to order, roll call, and asking each person to share high points and low points from Day One. The main themes were:

### *High Points*

- Curiosity, energy, a new spirit, and new beginnings.
- Hearing so many perspectives on the issues.
- Ideas were treated with respect.
- The goal of 'making the rest of us as good as the best of us'.
- Hearing from the front lines about the needs.
- Responsiveness, openness and authenticity.
- Using data to identify opportunities for population health improvement.

### *Low Points*

- Still struggling to determine what kinds of partnerships we need.
- Did not talk about the counties or church/faith communities as potential partners.
- Have not yet achieved consensus on the principles of partnership, which partnerships to foster, or TFHS's role in community partnerships.
- Need to define the Board's role in engaging in the community in general and regarding building community partnerships.
- Still need to re-think how we work as a Board / what the Board's role is in setting strategic direction.

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## **H. Identification of Priority Community Partnerships**

The group discussed possible populations to target (e.g., youth; underserved) and possible issues to prioritize (e.g., mental health; housing; health care access; driving down avoidable emergency room visits). They also discussed the need to identify a “North Star” or “True North” that would describe the direction in which TFHS should go; guide management’s actions; and help all feel they are part of something bigger than themselves.

### Identified Action Steps

- After much discussion, the Board decided that instead of selecting a two specific Community Partnerships, it would be a better idea to understand from the community’s perspective what the ‘Best Mountain Heath System” would look like. Therefore, the Board charged the Administrative Council with creating a framework and a process to engage the broader community in discussions about their health care needs and possible partnerships as part of identifying TFHS’ North Star or True North.

## **I. Role of Philanthropy/Foundations in Community Health Improvement**

Karli Bunnell, Executive Director, Foundations, explained the corporate legal and governance structures and the membership of the TFHS Foundation and the Incline Village Foundation. She commented that the Incline Village Foundation Board is very engaged, but the TFHS Foundation Board lacks focus.

Based on her comments, the group described the possible future role of the Foundations:

- Be a bridge to the community.
- Be an executive sponsor/co-sponsor in community engagement.
- Be an integrated part of the problem identification and the solutions.
- Support and weigh in on the process to identify the “True North.”
- Provide financial support especially in changing and uncertain times.
- Assist with connections and relationships.
- Utilize the expertise of Foundation Board members.

Karli also commented on some challenges that the Foundation Boards currently face:

- People ask “Why donate to hospital/ TFHS (vs. Sierra House)”?
- What is TFHS using the using money for?
- What is the vision?

### Identified Action Steps

- Continue to engage the Foundations in helping to identify and address community health improvement.

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## **J. 2024 Board Self-Assessment Results and Board Development Goals**

The afternoon session on Day Two included only the five Board members, Anna Roth, and Pam Knecht. Pam reviewed the results of the Board Self-Assessment (BSA) (see the slides for the details) and facilitated the Board's discussions regarding possible action steps to address the items the Board scored lowest:

1. Effective board orientation program in place
2. Formal ongoing board education plan
3. Review organization performance against community health needs

### Board Development Goals

The Board agreed on the following Board Development Goals for the rest of 2025 (the appropriate Board committee to address each goal is included in parentheses):

1. Create individual Board education plans for the rest of 2025. (Governance Committee)
2. Determine the processes for setting goals for the CEO and assessing the CEO's performance vis-à-vis those goals. (Executive Compensation Committee)
3. Determine how the Board can best assess the performance of the full Board, Board committees and Board leaders going forward. (Governance Committee)

## **K. Board – CEO Expectations**

Pam Knecht reviewed the following topics as context for this discussion (see the slides for the details):

- Fiduciary Duties of Oversight, Care, Obedience and Loyalty
- Respecting the Governance-Management Distinction
- Different Roles of Various Boards
- Board's Core Responsibilities
- Sample Oversight Questions

### Identified Action Steps

The following action steps were identified:

1. Decrease the number of pages in the Board pack and provide it earlier.
2. Do a meeting evaluation to determine what worked/could be improved.
3. Rob to provide his assessment of the Board orientation to the Governance Committee so it can suggest improvements.
4. Consider joining TGI and / or Beckers' conferences for Board education.
5. Convene mini-retreats (e.g., quarterly) to discuss community engagement.

The Board and CEO candidly discussed their expectations of each other. When asked if Board members needed to go through the CEO for all communications, the CEO requested that Board members tell her about their communications with key stakeholders for her 'situational awareness', not for her permission. They also discussed how to build a trusting relationship. Here were some guidelines: Assume good intent; be honest and transparent; provide each other space to be imperfect; be authentic.

The Retreat concluded at 4:22 pm and attendees completed evaluations afterwards.





# 2024 Board Self-Assessment Results Report & Analysis

Presented by  
**ACCORD LIMITED**

*Revised 3.24.25*



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- IV. 2024 BSA Questions, Results & Comments
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# Introduction

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**ACCORD LIMITED (ACCORD)** was reengaged to create a comprehensive report and analysis of the Tahoe Forest Health System (TFHS) 2024 Board Self-Assessment (BSA) conducted by TFHS staff.

Respondents were asked to rate the Board's collective performance, using a scale ranging from "Strongly Agree" to "Strongly Disagree". Results are reported on a numerical scale with values of "5" for "Strongly Agree"; "4" for "Agree"; "3" for "Neutral"; "2" for "Disagree"; and "1" for "Strongly Disagree". There was also an option to answer: "I Don't Know." Board members were also provided the opportunity to add written comments and suggestions for enhancement.

As was the case in 2023, five (5) of the five (5) Board members completed the survey online, yielding a 100% response rate. In addition to providing ratings, respondents offered a total of 60 comments to the 2024 survey, demonstrating a high level of engagement. It is important to note that one (1) of the respondents to the 2024 BSA is a former board member as of January 1, 2025.

## Report Organization:

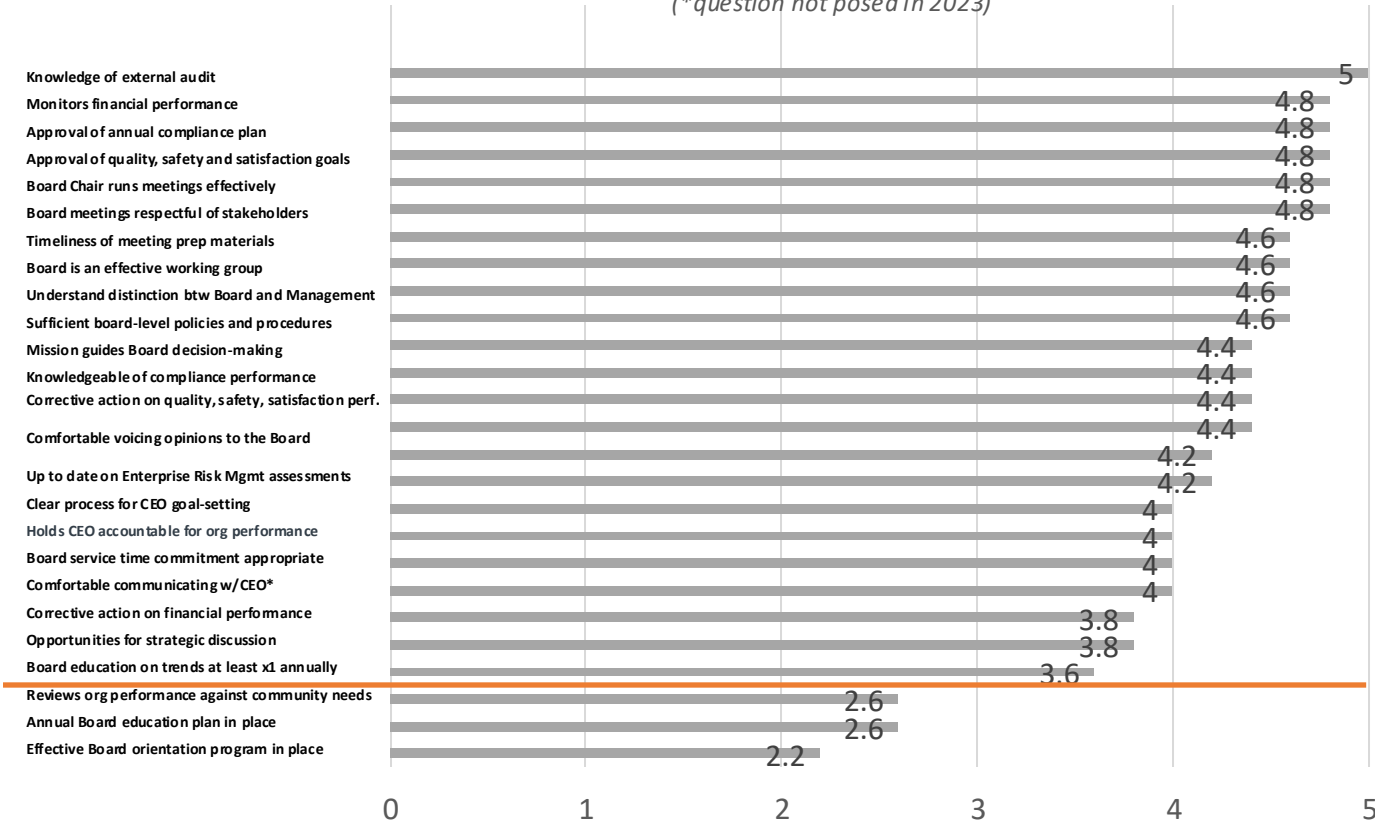
- The next slide depicts the results for all the questions, ranked according to the highest to the lowest scored items.
- The following slide compares the lowest rated items from 2024 vis-à-vis 2023.
- The detailed results by question, along with relevant comments from the Board members, are on slides 6-35.
- The Appendix includes the detailed results from 2023. Note: That survey used a 1-4 rating scale vs. the 1-5 scale utilized in 2024 and in prior years.



# 2024 TFHS BSA Results Overview

## 0-5 Rating Scale

(\*question not posed in 2023)



# BSA Top 3 Lowest Rated Results Comparison

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## 2023

1. Effective **board orientation** program in place
2. Formal ongoing **board education** plan
3. Review **organization performance** against **community health** needs



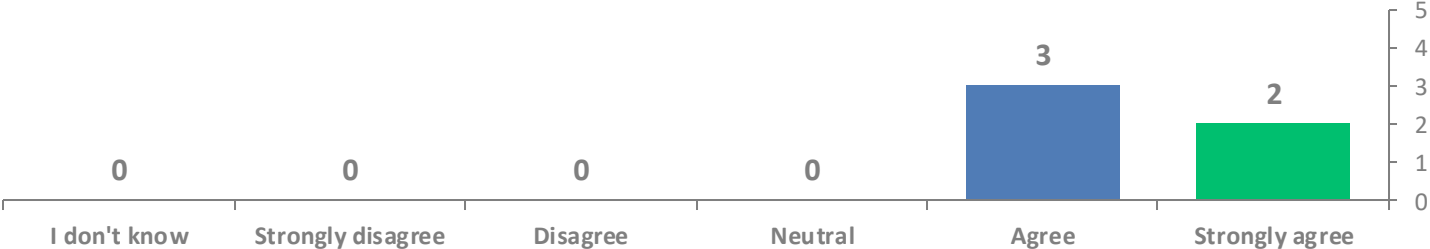
## 2024

1. Effective **board orientation** program in place
2. Formal ongoing **board education** plan
3. Review **organization performance** against **community health** needs

# 2024 Board Self-Assessment Questions, Results & Comments

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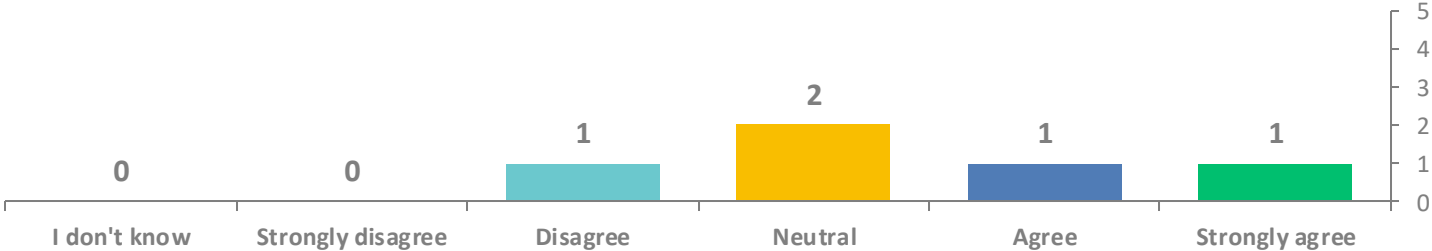
**Q1: The Board uses the following Mission statement to guide its decision making:  
"We exist to make a difference in the health of our communities through  
excellence and compassion in all we do."**



**Respondent Comments:**

- The Board has taken on many issues in the past year that have disrupted the status quo and pushed for change. While this can always be perceived as positive or negative depending on one's frame of reference, I do believe that change was always sought and guided by the Mission statement and never self interest.

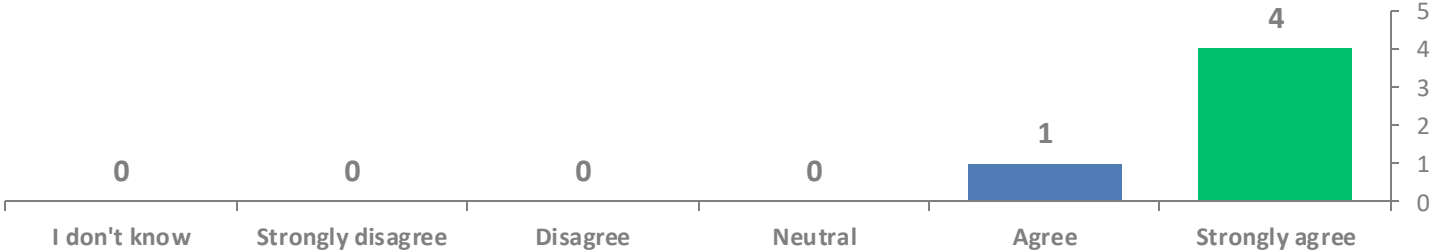
**Q2: The Board regularly reviews the organization's performance against community health needs to ensure it is meeting its obligations as a healthcare district.**



**Respondent Comments:**

- The Board continues to make progress on this front but there is room for improvement. A past challenge has been the availability or transparency of data which is being addressed in the work of management systems and community engagement activities.
- I believe that the district does a good job of meeting the needs of most of the community. I don't feel that we have engaged the underserved, as yet.
- Community health needs assessment is completed every 3 years. Director of Wellness Neighborhood provides the annual report to the Board on the plan, progress and achievements.

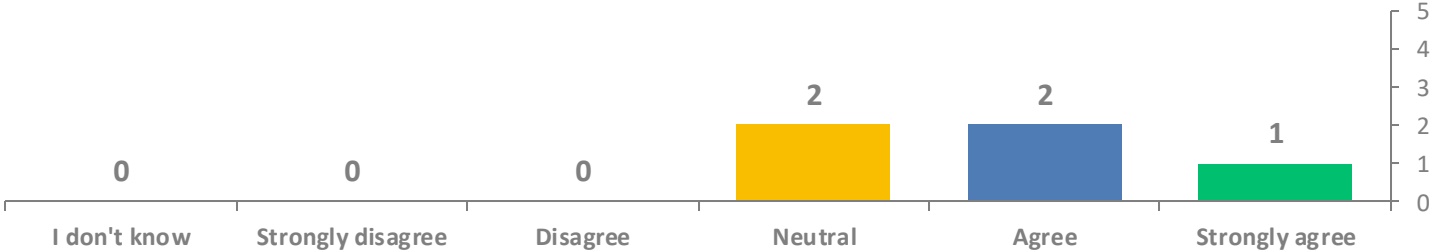
**Q3: The Board monitors the organization's financial performance compared to its plans and relevant industry benchmarks.**



**Respondent Comments:**

- A historical and continued strength of the organization and the Board.
- I hope that we will be able to benchmark expenses in the future.
- Finance Committee meets regularly and Financial Reports are included in the Board meeting packet every month .

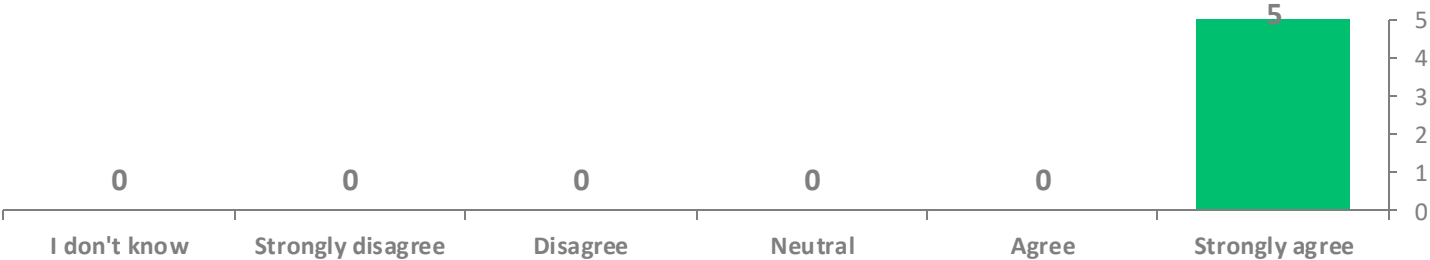
**Q4: The Board demands corrective action in response to financial underperformance.**



**Respondent Comments:**

- We've yet to experience financial underperformance in my time on the Board - a great problem to have.
- The Board has not had to demand corrective action since thus far there has not been underperformance. There are areas of the financial statement that the Board has asked for more information but not known if the area was underperforming ie Accounts Receivable.
- Haven't had to do much corrective action.

Q5: The Board is knowledgeable about the organization's external financial audit.

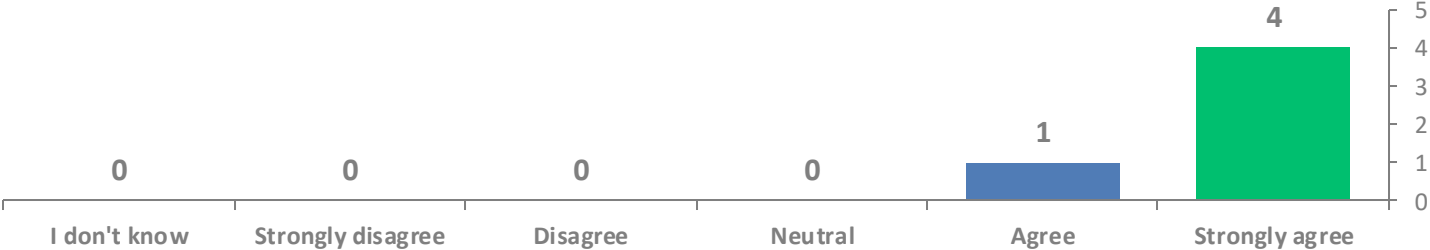


Respondent Comments:

- The auditing company (Moss Adam's) provides the annual audit to the Board.



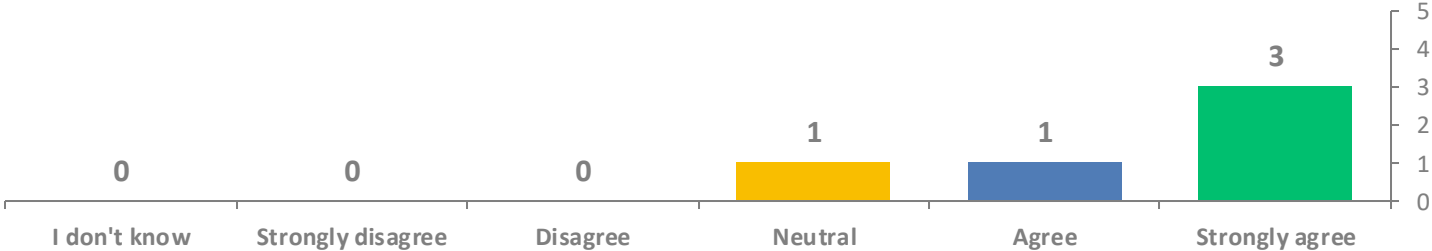
**Q6: The Board annually approves the organization's corporate compliance plan.**



**Respondent Comments:**

- New Corporate Compliance Organization - Physician Management approved plan earlier in 2024.
- Our new compliance group seems very thorough. I think it sends a message throughout the organization.

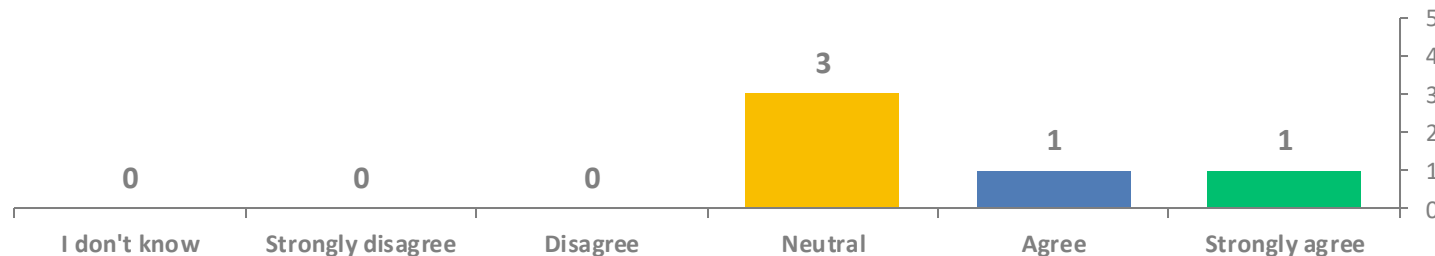
**Q7: The Board is knowledgeable about the organization's compliance performance.**



**Respondent Comments:**

- Has reported on corporate compliance for 2 quarters of 2024.

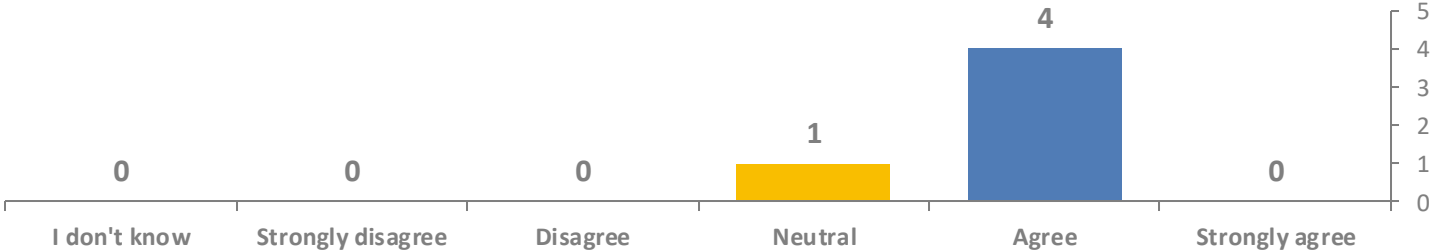
## Q8: The Board receives education on strategic external and internal issues and trends at least once a year.



### Respondent Comments:

- This is an ongoing opportunity for improvement for two reasons. First, on an annual basis I don't believe the Board receives sufficient education and opportunity to discuss issues. Second, I don't believe once a year is sufficient considering the dynamic state of health and healthcare today.
- I think we do a good job on internal issues and financial issues but would like to know more about the future trends in healthcare.
- Annually in retreats, conferences and educational sessions during regular Board meetings e.g., Healthy people 2030, CMS 5 STAR rating.
- Supplemented by external conferences, which is important for Board knowledge and growth.

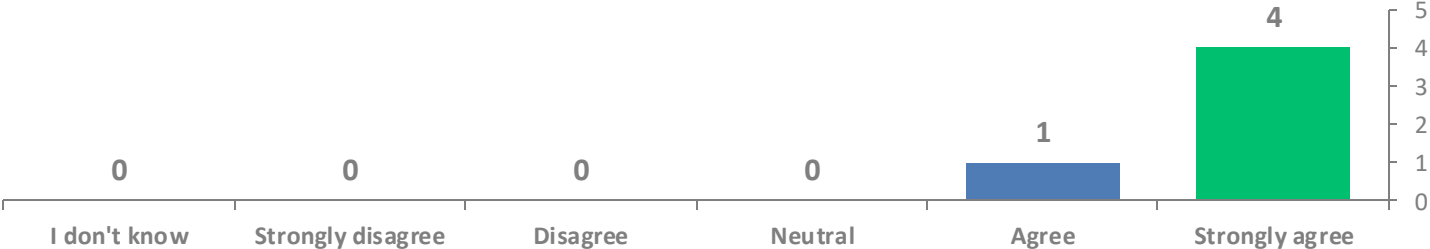
**Q9: The Board is provided sufficient opportunities to engage in strategic discussion (e.g., in retreats, mini-retreats, educational sessions).**



**Respondent Comments:**

- Again, an opportunity for improvement. I don't know that we need to spend more time together (although I love working with each and every Board member), but our time together can be better spent discussing strategic issues. With more effective use of data we can be up to speed on tactics/implementation/performance of the health system leaving more time for strategic discussions.
- Continue to put appropriate pressure on the organization to improve star ratings and other quality improvements. Also encourage the organization to view quality beyond the standard metrics. For example, what role does unintentional bias play in quality and patient experience?
- We could do more by having follow up sessions a few months after the retreat.

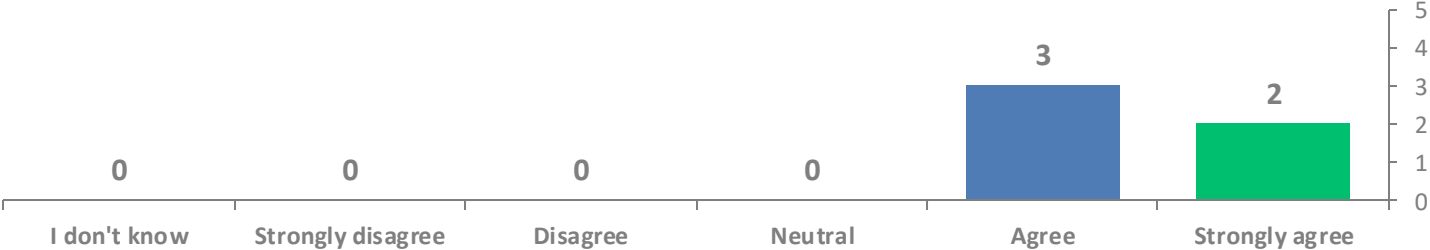
# Q10: The Board approves quality, safety, and satisfaction goals.



## Respondent Comments:

- We need to continue to monitor the providers assessment of quality and safety. Having the Chief of Staff sit in on the meetings would help with this.

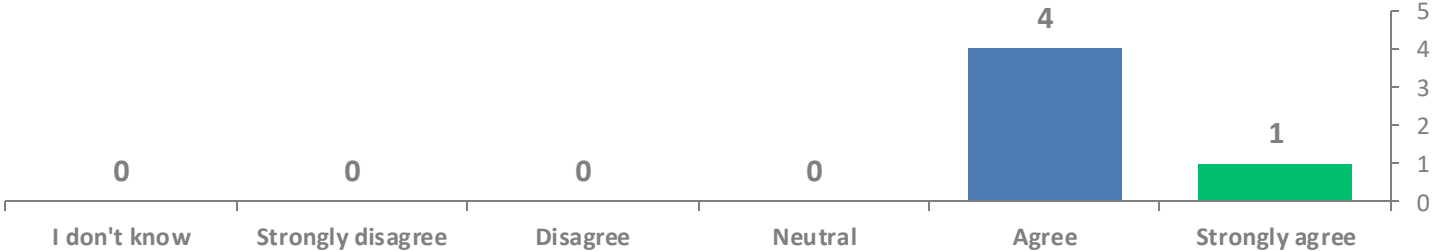
**Q11: The Board demands corrective action in response to underperformance on the quality, safety and satisfaction goals (e.g., patient experience).**



**Respondent Comments:**

- The Board could benefit from more timely and relevant information on some areas of risk management.
- Quality scores are generally surpassing benchmarking.
- The Quality committee is doing a good job here but should meet every other month.

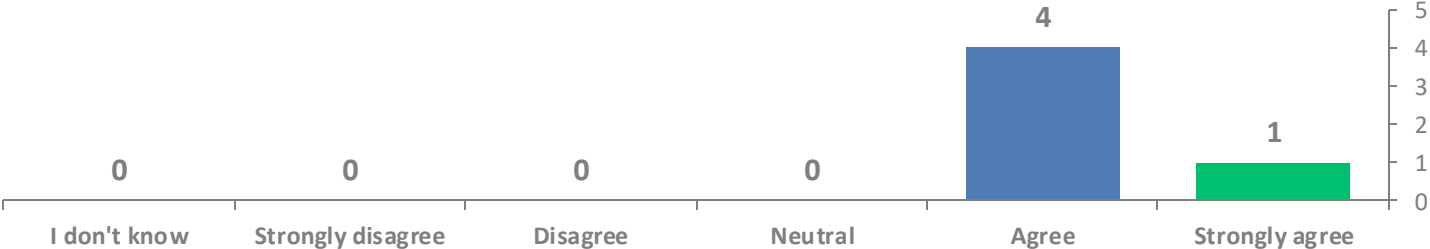
**Q12: The Board is kept up to date on the results of Enterprise Risk Management assessments (e.g., fire, cybersecurity, reputational, regulatory, operational).**



**Respondent Comments:**

- Monthly Board Report by CIO includes info on cybersecurity risk, recently report by Myra Tanner on training at national center Emergency Command activities.
- The CEO needs to debrief the Board in closed session after any major event. TF needs to collaborate with the Airport District and Town regarding wildfire mitigation.

Q13: There is a clear process in place for setting the President & CEO's annual goals.

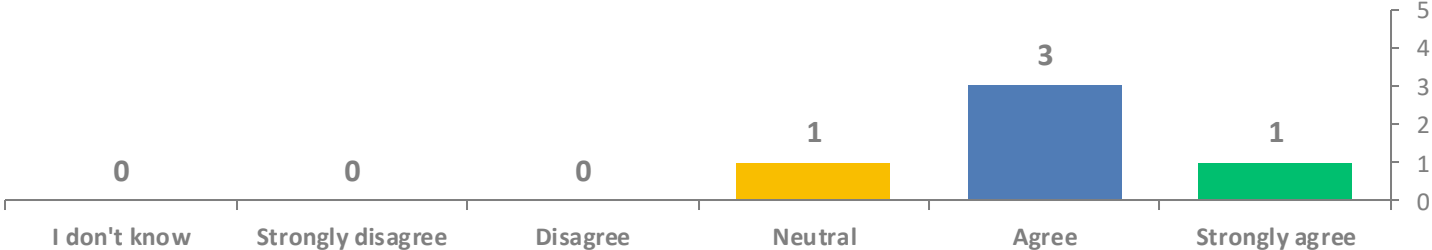


Respondent Comments:

- The process is clear and in place, but that doesn't mean it can't be improved. Historically, the annual goals have been very achievable. This is not to say they [didn't] require good leadership and operations, but they didn't inspire the organization to be better.
- This is still a work in progress but our "Peaks" dovetails with the management systems and dyadic work.



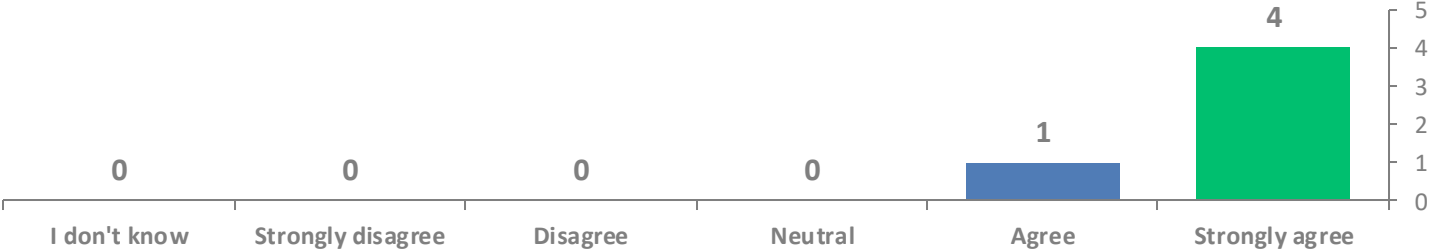
Q14: The Board holds the CEO accountable for the organization's performance.



Respondent Comments:

- The Board can take a more central role in holding the CEO to more aspirational goals rather than just strong financial and operational goals.
- In a growing and evolving organization we did not get the proper information to evaluate our former CEO. We need to use a management systems approach to make sure the proper evaluation metrics are in place.

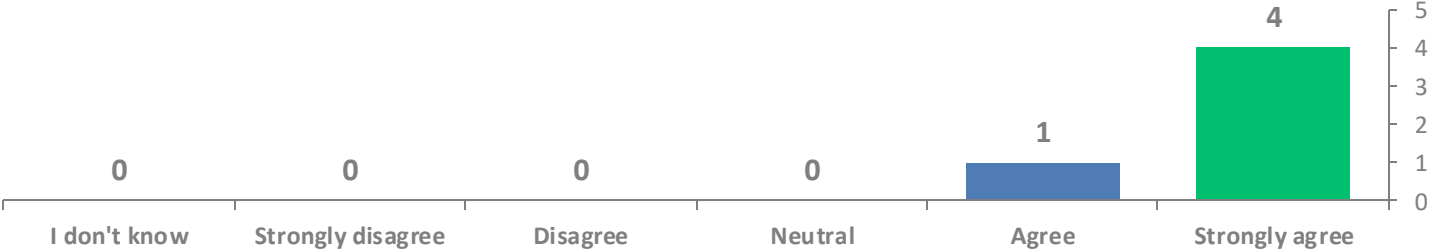
# Q15: The Board Chair runs board meetings effectively.



## Respondent Comments:

- The Board Chair always strives to run effective meetings providing equal opportunity for all to speak and share opinions.
- Alyce spends the time to be properly prepared and uses a low key but effective sense of time management. When we had difficult problems in closed sessions it was good to be able to listen to everyone’s thoughts without cutting anyone off.

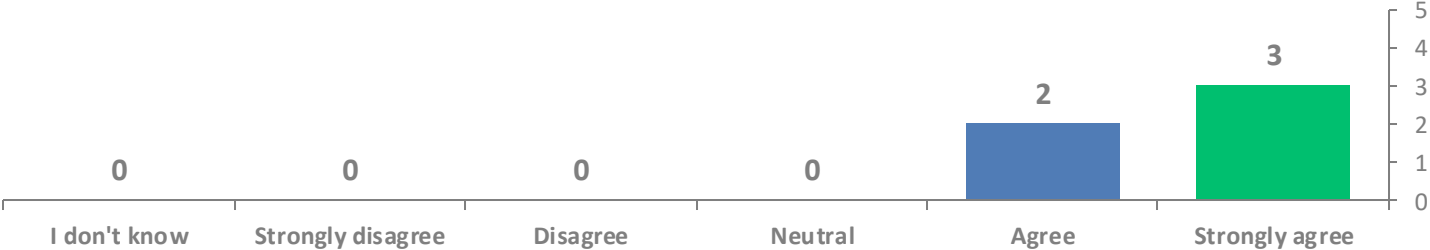
**Q16: Board meetings are run respectfully, taking into consideration internal and external stakeholders (e.g., board members, management, the public).**



**Respondent Comments:**

- Yes, within agreed upon limits, Board meetings always allow for input from all stakeholders.

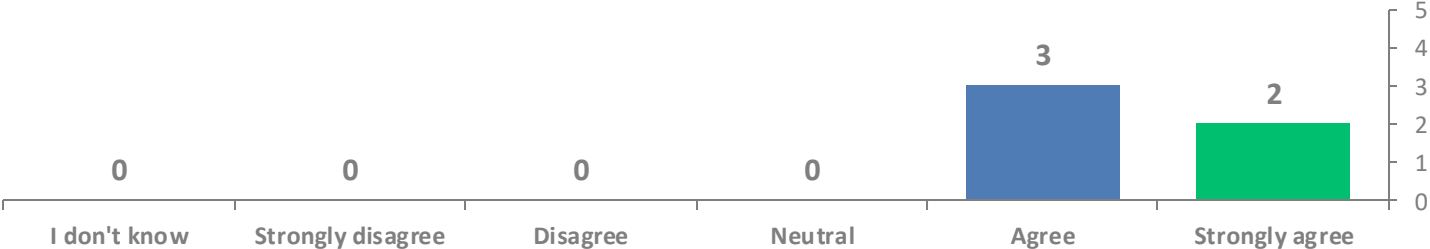
**Q17: Board members receive materials with sufficient time for review prior to meetings (e.g., in alignment with best practice of 4-7 days prior to meetings).**



**Respondent Comments:**

- Where possible, I would like to receive presentations in advance. I believe it would lead to more critical thinking and better conversations.
- We need to read our materials earlier. Staff works hard to get these out the Friday before the meetings.

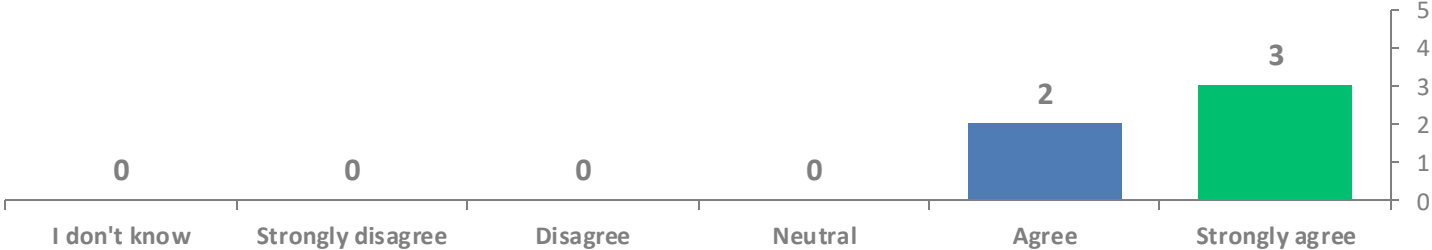
**Q18: Committees contribute effectively to Board work (e.g., committee work is aligned with Board priorities; committees tee up discussions for the Board).**



**Respondent Comments:**

- The work of committees is presented in brief at Board meetings, but rarely do committee activities “tee up discussions” for the Board. More often a presentation of committee activities than a discussion.
- I think the committee meetings should be every other month instead of quarterly.

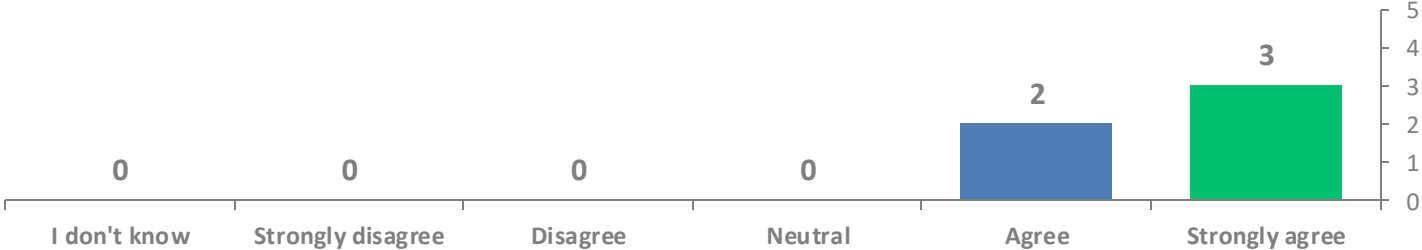
**Q19: The Board is an effective working group (e.g. listens well, uses consensus decision making, is respectful of one another in deliberations, etc.).**



**Respondent Comments:**

- One of our strengths.
- As seen in the closed sessions regarding Public Employee Evaluation and special meetings that followed.
- I appreciate that everyone makes an effort to keep contributing until we reach consensus (most of the time).

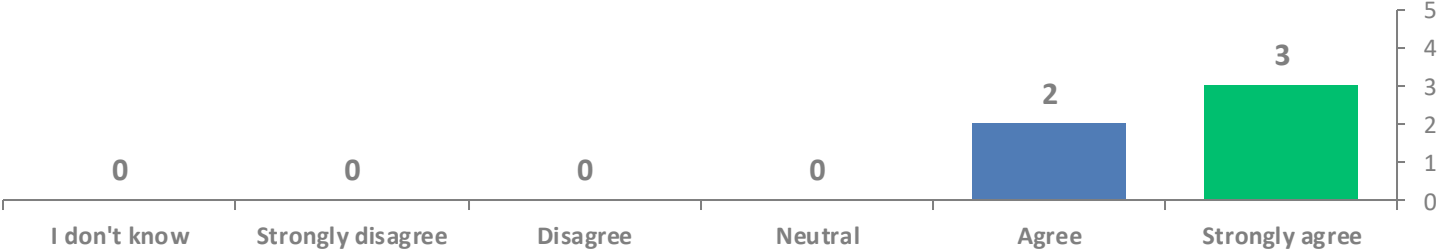
**Q20: Board members respect the distinction between the role of the Board and the role of management.**



**Respondent Comments:**

- We were too constrained under prior CEO. Board members need to round and be seen and listen to different points of view within the organization. The Board needs to understand the issues that management is facing.
- We need an ad hoc committee to study this issue. Our education has been hit or miss. It should tie into our strategic plan.

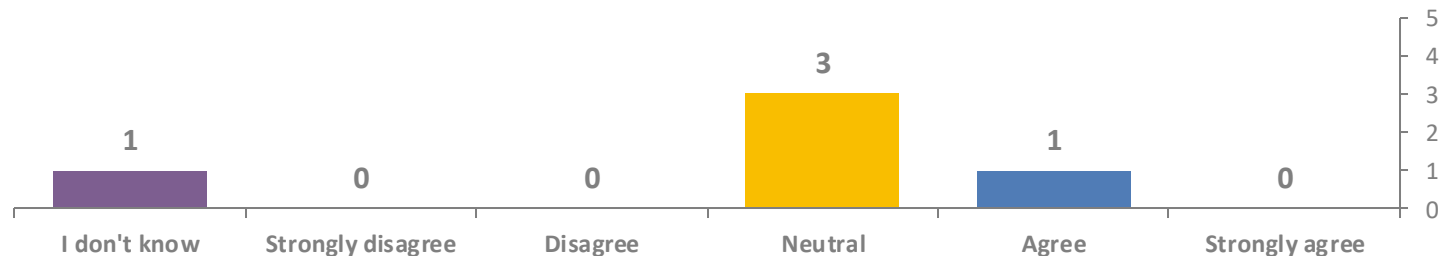
**Q21: The Board has in place sufficient written Board-level policies and procedures (e.g. expectations, conflict of interest, code of conduct including confidentiality).**



**Respondent Comments: NONE**



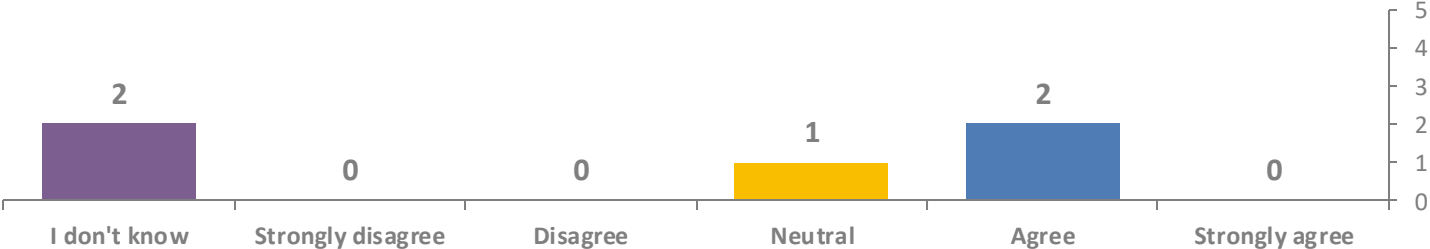
# Q22: The Board has a formal plan for ongoing Board education.



## Respondent Comments:

- There is ongoing Board education but not sure it meets the definition of formal plan.
- I believe there is a plan in place, but historically we've been challenged to engage in ongoing Board education.

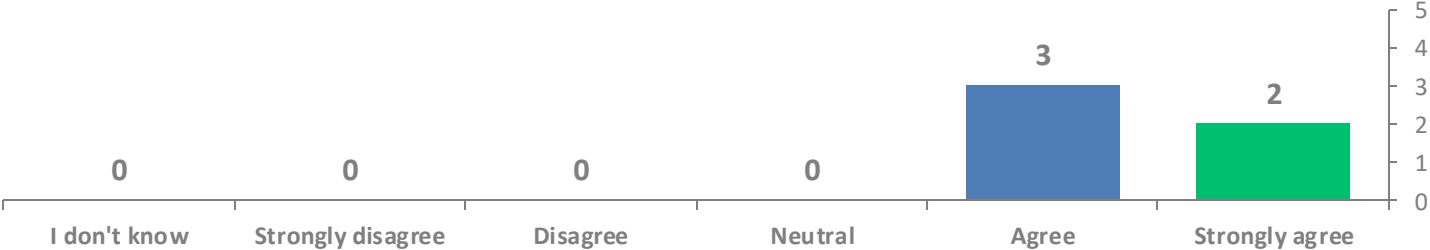
**Q23: The Board has an effective orientation program in place for new board members.**



**Respondent Comments:**

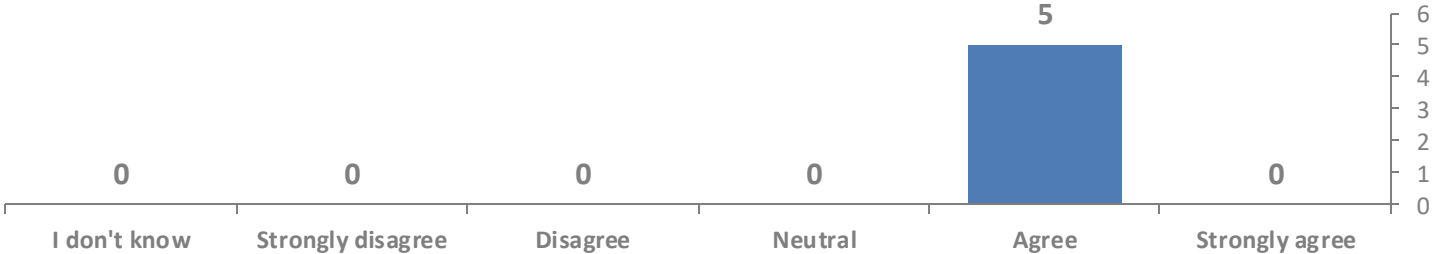
- The Onboarding and Continuing Education Policy outlines the process and was reviewed and updated at June 2024 Regular Meeting of the Board of Directors.

Q24: I feel comfortable voicing opinions of concern to the Board regardless of how sensitive the issue may be.



Respondent Comments: NONE

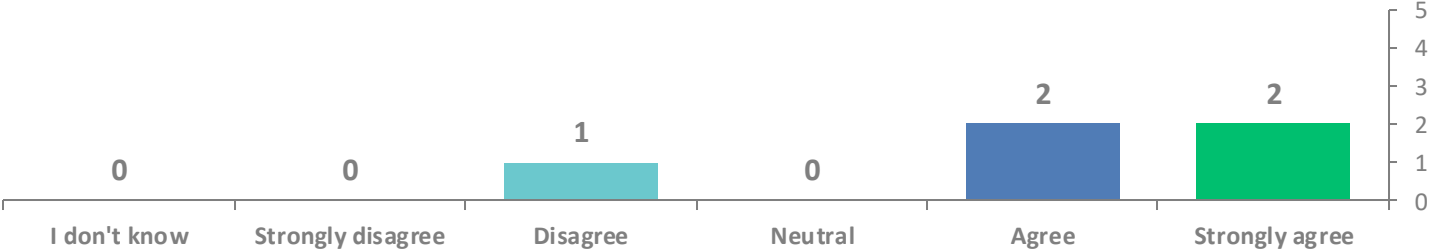
**Q25: I feel the time commitment associated with Board and Committee service (e.g. meeting frequency, meeting duration) is appropriate.**



**Respondent Comments:**

- A bit more time required this year due to CEO activities and a few other topics. I would like to see our time spent more effectively on strategic discussions in the future.
- This year despite the number of additional special meetings, the time was appropriate and well spent on the agenda items.
- We need more time spent in committees.

Q26: I am comfortable having open communication with the President & CEO.

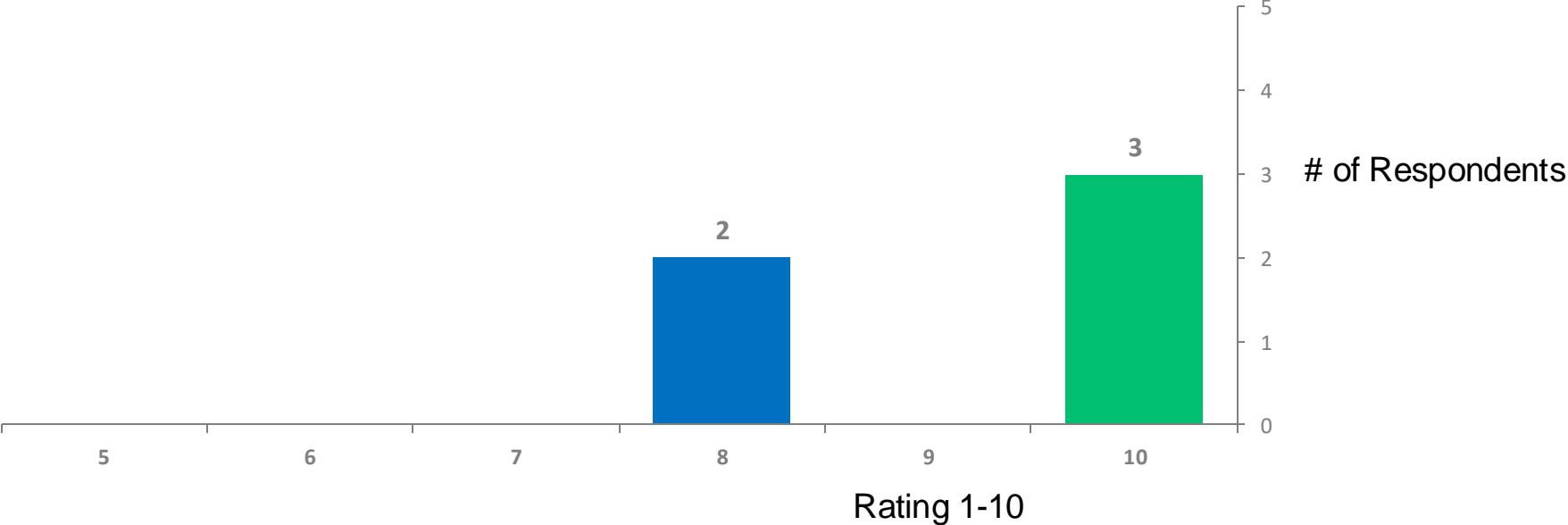


Respondent Comments:

- Currently true with Interim CEO and expect it to be true of incoming CEO. Was not true with former CEO.
- The change in CEO has brought about a remarkable difference.
- 1:1's have provided the opportunity for open communications and at times difficult conversations.
- It was unacceptably bad with our former CEO. It has been very good with Louis. Hopefully, very good with the new CEO.

**Q27: On a scale of 1 to 10 (with 10 being the highest), my experience as a Board member has been positive, meaningful, and engaging.**

▪



**Respondent Comments: N/A**

## Q28: What specific suggestions do you have for improving the effectiveness and efficiency of the Board or its committees?

- Management systems will not only benefit the organization, but ideally will allow for more comprehensive and succinct data presentation on performance allowing for more thoughtful discussions about strategy.
- I would like for us to consider bringing outside members of the community onto committees where desirable, e.g., finance.
- The use of the Board Work Plan Dashboard has been useful in keeping us on track with work we agree to do and/or the outcomes to achieve.
- The committees should be interacting with more areas of the organization to make sure all voices are being heard.

## Q29: What additional information or education do you need to help you as a Board member?

- Information on community benefit, access, and affordability from an external view. Internally, more data on cost accounting and operational efficiency to better understand where there is opportunity for improvement.
- Continue education on aspects of the Brown Act and District Law.
- Board members need to round throughout the different facilities to talk to and see the operations. It's part of Board education. Additionally, the Board needs to be educated in a way that aligns with the strategic plan.



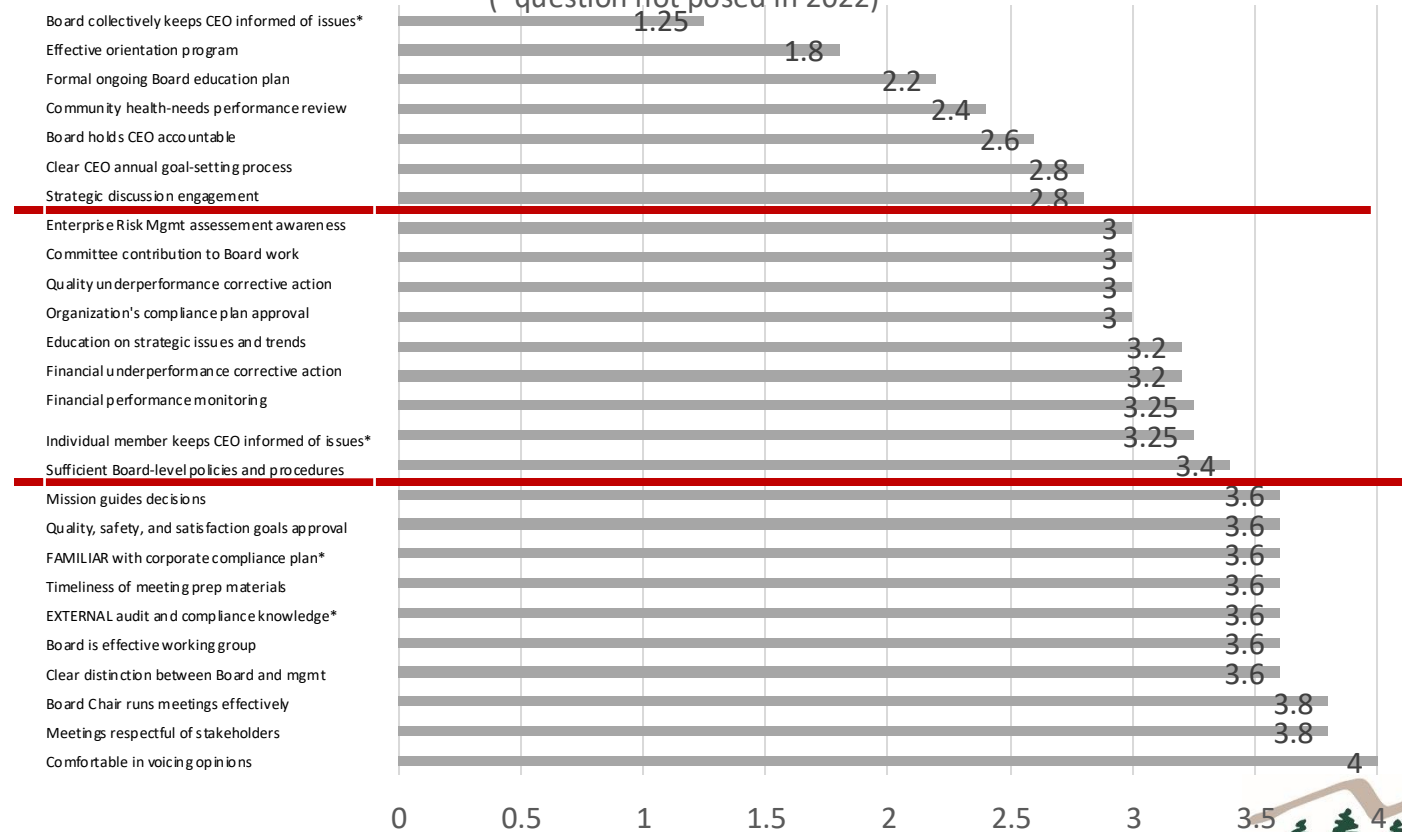
# Appendix

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## 2023 TFHS BSA Results

### 0-4 Rating Scale

(\*question not posed in 2022)



**Tahoe Forest Health System**  
**April 1-2, 2025, Board Retreat EVALUATION SUMMARY**

**10 Respondents: 4 of 5 Board Members and 6 of 8 Administrative Council Members**

A. This retreat was designed to accomplish the following overall objectives. Please indicate the degree to which you feel the objectives were accomplished by circling the appropriate number (1 is low and 5 is high).

	<u>Not Accomplished</u>			<u>Fully Accomplished</u>			<u>Average Score</u>
1. Build the foundation for trusting relationships among all key Tahoe Forest System (TFHS) stakeholders.	1	2	3	4	5		3.9
		1	3	2	4		
2. Clarify what type of “Partnerships” we already have in the “community”.	1	2	3	4	5		3.8
			4	4	2		
3. Learn how other hospitals have partnered to improve community health.	1	2	3	4	5		3.1
	1	2	3	3	1		
4. Determine TFHS’ “community(s) and our “partners” moving forward.	1	2	3	4	5		2.8
		3	6	1			
5. Determine what role TFHS will play in community partnerships.	1	2	3	4	5		3.2
		2	4	4			
6. Clarify/Refine the Community Peak in the TFHS strategic plan.	N/A 1	1	2	3	4	5	3.3
			2	2	5		
7. Secure input from med staff and community leadership on partnerships to improve community health.	1	2	3	4	5		3.7
		1	3	4	2		
8. Identify two priority community partnerships to develop in the next year.	N/A 1	1	2	3	4	5	2.3
		1	4	4			
9. Discuss the role of the TFHS Foundations and philanthropy in community health improvement.	1	2	3	4	5		3.9
		1		8	1		

**Tahoe Forest Health System**  
**April 1-2, 2025, Board Retreat EVALUATION SUMMARY**  
**10 Respondents: 4 of 5 Board Members and 6 of 8 Administrative Council Members**

10. Clarify the role of the full Board, individual board members, and the Board Comm. Engagement Cmmt.		1	2	3	4	5	<b>3.3</b>
			2	3	5		
11. Discuss the 2024 Board Self-Assessment results	N/A 5	1	2	3	4	5	<b>4.4</b>
					3	2	
12. Create 3-5 Board Development Goals for 2025.	N/A 5	1	2	3	4	5	<b>3.5</b>
			1		3		
13. Discuss how best to evaluate the Board's performance in the future. (The Board decided the Governance Committee will discuss this.)	N/A 6	1	2	3	4	5	<b>2.75</b>
			2	1	1		
14. Get to know and trust each other better.	N/A 2	1	2	3	4	5	<b>4.13</b>
			1	1	2	4	
15. Clarify Board and management roles and expectations that the Board and CEO have of each other in general and in achieving the priorities.	N/A 3	1	2	3	4	5	<b>3.86</b>
				2	4	1	
16. Identify next steps and methods for holding ourselves accountable.	N/A 6	1	2	3	4	5	<b>2.75</b>
			1	3			

		<u>Low</u>				<u>High</u>	<u>Average Score</u>
B. How would you rate the speaker/facilitator's effectiveness (Pam Knecht)?		1	2	3	4	5	
			1	2	5	2	<b>3.80</b>

*Board Members*

- I always enjoy working with Pam. Knows our strengths and our weaknesses as well as our history. Moves us along when we get bogged down.
- Was appreciative to have you keep us focused on topics or clarifying with group changes.

*Administrative Council Members*

- It was a tough job managing the discussions, but Pam did a good job recentering.
- Maybe less philosophical discussion.

**Tahoe Forest Health System**  
**April 1-2, 2025, Board Retreat EVALUATION SUMMARY**  
**10 Respondents: 4 of 5 Board Members and 6 of 8 Administrative Council Members**

**C. What do you think were the best / most helpful aspects of the retreat?**

*Board Members*

- Getting input and conducting discussions with administration and doctors.
- The discussion with the Board, AC, and invited stakeholders discussion on partnerships, community health and community engagement. Karly Epstein's thoughts on partnering with the foundations.
- For me, it's always about the relationship building - with the CEO, the Admin Council, the physician leadership and each other. I thought the openness and level of candor to be great.
- Having other people besides the AC and the Board join in. Also, I did appreciate that we did focus on questions that we did not have answers for, instead of just continuing on to something else. Having it as a retreat outside of the hospital. Having it structured. Also, having examples of other community health initiatives and other communities was insightful and also inspiring. Having medical staff at the table was so powerful.

*Administrative Council Members*

- Started good conversation regarding community health, needs, relationships, and partnerships.
- I felt spending time together and hearing the perspectives was very helpful. Was very powerful to bring in partners as end of day one.
- Overall, the retreat was highly successful in relation to a trusting and collaborative format. Additionally, there was a tremendous amount of alignment in the direction we are moving.
- Talking to each other in person. Building relationships.
- Togetherness! The formal Board meetings are not designed for robust conversation. The retreat is a great opportunity to hear robust dialog.
- Trying to define Community. Medical staff interaction.

**D. What were the weakest / least helpful aspects of the retreat?**

*Board Members*

- The expectations I had as to what would be actionable outcomes from discussion regarding partnerships.
- I think when we went off topic we could have more quickly focused back on topic. We had such little time. I also think going deep into what the Board's responsibilities are may have focused the Board better. Also many / some stay quiet. I find this to be a loss of input and perhaps having them, and all, give input.
- I personally struggled with the topic of the retreat, which I found to be a little soft and nebulous. While partnerships and relationships are important (and lacking in the past) two days is a lot of time to give it.

*Administrative Council Members*

- High expectations on expected outcomes from the retreat when necessary groundwork of showing what we are already currently doing in the area of community health, needs, relationships and partnerships (was not completed).
- I didn't feel focusing on who we might partner with was as helpful as we had hoped.
- The big miss for me was we failed to derive actionable goals to align our efforts. Therefore, we understand the direction, but success is vague.
- Asking for plans that weren't known / requested in advance.
- There should be increased discussion at the strategic level rather than discussions in the weeds.

**Tahoe Forest Health System**  
**April 1-2, 2025, Board Retreat EVALUATION SUMMARY**  
**10 Respondents: 4 of 5 Board Members and 6 of 8 Administrative Council Members**

**E. What suggestions do you have for other Board retreats (e.g. topics, process, location)?**

*Board Members*

- Using the community health survey 2025 data to set priorities and goals. Further discussions on who are we? And what is our north star? Come to consensus on it.
- More strategic discussions on the next few years and reevaluating past strategic [moves], and what worked and what did not. Perhaps more of defining what a Board truly does. What is success?
- I hope that we will continue to add outside stakeholders. I thought that the location was great but that the weather could use some definite improvement!

*Administrative Council Members*

- More foundational groundwork may need to be done with the Board, and other members expected to be in attendance, before the retreat depending on the types of conversations that are expected to take place at the retreat. For example: A presentation of the community health, needs, partnerships, and relationships we currently have with the financial investment we make in those areas to inform Board members and others prior to the retreat so conversations could have flowed better.
- In retrospect these days felt much too tactical, and I would push ourselves to first set vision and strategy. The focus seemed to be very operational.
- Location was great. To further enhance trust in getting to know each other, I believe overnight would have been beneficial. Adding a second or second half of a day would have been helpful.
- Location was good. Work with dietary. Bring our own food. Revisit governance.
- Location was great. Topics: Strategic discussion regarding optimization of clinic locations. Possibly staying overnight. The overnight may create additional separation from the day to day.