



TAHOE FOREST HOSPITAL DISTRICT

2025-06-26 Regular Meeting of the Board of Directors

Thursday, June 26, 2025 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2025-06-26 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 26, 2025 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. **Hearing (Health & Safety Code § 32155)◆**

Subject Matter: First Quarter Corporate Compliance Report

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

5.2.1. 05/22/2025 Regular Meeting

5.3. **TIMED ITEM – 5:15PM - 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.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
June 26, 2025 AGENDA – Continued

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:

Policies with Changes (summary attached)

Event Analysis/ Root Cause Analysis, AQPI-1905

Patient/Family Complaints/Grievance, AQPI-1903

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. 05/22/2025 Regular Meeting ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – May 2025..... ATTACHMENT

13.3. Board Reports

13.3.1. Executive Board Report – June 2025 ATTACHMENT

13.4. Approve Quarterly Corporate Compliance Report

13.4.1. First Quarter Corporate Compliance Report..... ATTACHMENT

13.5. Ratify Tahoe Forest Health System Foundation Board Member

13.5.1. Aaron Gladman, MD ATTACHMENT

13.6. Certificate of Appreciation and Letter Acknowledgment

13.6.1. Volunteers: Al and Josi Noyes ATTACHMENT

13.7. Approve Board policies ATTACHMENT

13.7.1. Awarding Public Construction Projects, ABD-26 ATTACHMENT

13.7.2. Inspection and Copying of Public Records, ABD-14 ATTACHMENT

13.7.3. Emergency On-Call, ABD-10 ATTACHMENT

13.8. Approve Governance policies ATTACHMENT

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

13.9. Affirm Annual Board Charters

13.9.1. Board Governance Committee Charter..... ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. Legislative Update ATTACHMENT

The Board of Directors will an update on recent and upcoming federal and state(s) legislative and policy developments impacting healthcare.

14.2. Tahoe Forest Health System Foundation and Incline Village Community Hospital Foundation Update ATTACHMENT

The Board of Directors will receive an update on the Tahoe Forest Health System Foundation and Incline Village Community Hospital Foundation activities.

15. ITEMS FOR BOARD ACTION ♦

- 15.1. Tahoe Forest Home Health Services and Tahoe Forest Hospice Services Annual Quality Report** ATTACHMENT
The Board of Directors will receive an update and consider approval of the Tahoe Forest Home Health Services and Hospice Services Annual Quality Report.
- 15.2. Tahoe Forest Hospital District Board Retreat Report Memo** ATTACHMENT
The Board of Directors will review and consider approval of items listed as Key Board Decisions and Next Steps from the facilitated Board Retreat.
- 15.3. Placer County LAFCO Alternate Member Nomination Form** ATTACHMENT
The Board of Directors will consider nominating a Director to run for the upcoming vacant Special District alternate member seat on the Placer County LAFCO Commission.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS

18. BOARD MEMBERS' REPORTS/CLOSING REMARKS

19. CLOSED SESSION CONTINUED

20. OPEN SESSION

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

22. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 24, 2025 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) 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, 10800 Donner Pass Rd, suite 200, 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 582-3583 at least 24 hours in advance of the meeting.



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Respective Departments have reviewed Department Policies, recommended renewal to MEC with Minor Revisions. During the June 19, 2025 Medical Executive Committee meeting, the MEC reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the June 26, 2025 Regular Meeting of the Board of Directors.	
SUMMARY/OBJECTIVES: <u>Policies with Changes (summary attached)</u> <ul style="list-style-type: none">• Event Analysis/ Root Cause Analysis, AQPI-1905• Patient/Family Complaints/Grievance, AQPI-1903	
SUGGESTED DISCUSSION POINTS: Medical Executive Committee has reviewed the Department recommendations on policies. The committee makes the following open session recommendation for consent agenda to the Board of Directors. <ul style="list-style-type: none">• §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).• Procedures shall be approved by the Administration and Medical Staff where such is appropriate.• Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board. For complete policy refer to: Policy & Procedure Structure and Approval, AGOV-9	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the MEC consent agenda as presented.	

Alternative: If a specific Policy, Procedure or Form is pulled from the MEC consent agenda, provide discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the pulled MEC item as presented.

LIST OF ATTACHMENTS:

- Event Analysis/ Root Cause Analysis, AQPI-1905
- Patient/Family Complaints/Grievance, AQPI-1903

Title	Department	Last Approved	Next Review	Summary of Changes
Event Analysis / Root Cause Analysis, AQPI-1905	Quality Assurance / Performance Improvement - AQPI	4/4/2025	4/3/2028	Included participation of a member of the medical staff. Added "Early Resolution Stakeholder Consensus Team" to the policy. Added RMT Committee Member and Risk Management and Patient Safety Officer to the Early Resolution Stakeholder Consensus Team. The other changes are clerical changes.
Patient/Family Complaints/Grievance, AQPI-1903	Quality Assurance / Performance Improvement - AQPI	4/22/2025	4/21/2028	Added: Every staff member, and/or Director/Manager/Supervisor, are patient advocates, and should make every attempt to resolve a patient/family concern or dissatisfaction at the time of service. Added: instruction on how to request assistance, or have questions. The other changes were clerical corrections.

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

Thursday, May 22, 2025 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 4:04 p.m.

2. ROLL CALL

Board: Michael McGarry, Board Chair; Dr. Robert Darzynkiewicz, Vice Chair; Alyce Wong, Secretary;
Mary Brown, Treasurer; Dale Chamblin, Board Member

Staff in attendance: Anna Roth, President & CEO; Louis Ward, Chief Operating Officer; Dr. Brian Evans, Chief Medical Officer; Sarah Jackson, Executive Assistant / Clerk of the Board; Janet Van Gelder, Director of Quality and Regulations; Jan Iida, Chief Nursing Officer

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

4. INPUT AUDIENCE

None

Open Session recessed at 4:05 p.m.

5. CLOSED SESSION

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

Subject Matter: FY 2025 Quarter 3 Quality Report

5.2. Approval of Closed Session Minutes ♦

5.2.1. 04/24/2025/2025 Regular Meeting

5.3. TIMED ITEM – 5:15PM - Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Medical Staff Credentials

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session: Item 5.1 was approved with a 5-0 vote, Item 5.2 Closed Session Minutes were approved on a 5-0 vote, and item 5.3 Medical Staff Credentials were approved were approved with a vote of 5-0.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

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.

Public comment was received by Danielle Hughes.

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.

Employee Association Treasurer Abby Thomas provided comment.

12. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policies with Changes (summary attached)

Interventional Radiology Policies, DINT

Mammography Policies, DMAM

X-Ray Policies – DXR

Nuclear Medicine Policies – DNUC

Ultrasound Policies – DUS

New Policies

Standardized Procedure – OH Lab Review by the Registered Nurse, DOCC-2501 (see attached)

Chief of Staff, Dr. Koch provided an overview of the policies and procedures summaries including those that had changes.

Discussion was held.

ACTION: Motion made by Director Wong to approve the MEC Meeting Consent Agenda as presented, seconded by Director Brown.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

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. 04/24/2025 Regular Meeting

13.2. Financial Reports

13.2.1. Financial Report – April 2025

13.3. Board Reports

13.3.1. Administrative Updates

13.4. Ratify Incline Village Community Hospital Foundation Board Member

13.4.1. Leslie Wittman

13.5. Affirm Annual Board Charters

13.5.1. Board Executive Compensation Committee Charter

13.5.2. Board Finance Committee Charter

Discussion was held.

ACTION: Motion made by Director Brown to approve the Consent Calendar as presented, seconded by Director Chamblin.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

14. ITEMS FOR BOARD ACTION ♦

14.1. Tahoe-Truckee Regional Homeless Action Plan

The Board of Directors will receive an update and consider acceptance of the Tahoe-Truckee Regional Homeless Action Plan.

Discussion was held.

ACTION: Motion made by Director Wong to accept the Tahoe-Truckee Regional Homeless Action Plan and provide direction to staff to continue participating in the Tahoe-Truckee Homeless Advisory Committee, seconded by Director Darzynkiewicz.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

14.2. PUBLIC HEARING: AB 2561 – Status of Vacancies and Recruitment and Retention Efforts

The Board of Directors will conduct a public hearing regarding the job vacancy status and recruitment and retention efforts at Tahoe Forest Hospital District within the bargaining units in compliance with Assembly Bill (AB) 2561.

Chair McGarry read the background and procedures of the Public Hearing.

Chair McGarry opened the Public Hearing

14.2.1. President & CEO introduced Chief Operating Officer Louis Ward who is currently acting as Interim Chief Human Resources Officer as well as Lauren Caprio, Director of Labor and Employee Relations and Lucy Wright, Recruiter.

The District's current vacancy and recruitment and retention report as of May 1st, 2025 was reviewed.

The Employee Association of Professionals and the Employee Association did not provide a report.

No Public comment was received.

Chair McGarry closed the Public Hearing

14.2.2. Resolution 2025-06 Adopting Procedures for Public Hearing on Tahoe Forest Hospital District's Vacancies and Recruitment and Retention Efforts

The Board of Directors will consider for adoption a resolution for procedures for holding public hearings and reporting on Tahoe Forest Hospital District's workforce vacancies, and recruitment and retention efforts under AB 2561.

David Ruderman, General Counsel, presented the resolution.

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve the Resolution 2025-06 Adopting Procedures for Public Hearing on Tahoe Forest Hospital District's Workforce Vacancies and Recruitment and Retention Efforts, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: Darzynkiewicz

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None

16. BOARD COMMITTEE REPORTS

Director Wong reported on the Board Quality Committee.

Director Wong reported on the Executive Compensation Committee.

Director Chamblin reported on the Incline Village Community Hospital Foundation.

Director Darzynkiewicz reported that the Community Engagement Committee will be meeting next week.

17. BOARD MEMBERS' REPORTS/CLOSING REMARKS

None

18. CLOSED SESSION CONTINUED

None

19. OPEN SESSION

None

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

None

21. ADJOURN

Meeting adjourned at 7:25 p.m.



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 13.2 Financial Report 13.2.1 Financial Report – May 2025
DEPARTMENT: Finance	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.4 states, "Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff." Consent Agenda Item 13.2.1 Financial Report – May 2025 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.	
SUMMARY/OBJECTIVES: To provide the Board information about the District's monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.	
SUGGESTED DISCUSSION POINTS: Opportunity to pull the Financial Report – May 2025 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 16 Discussion of Consent Calendar Items Pulled.	
SUGGESTED MOTION/ALTERNATIVES: Motion to accept the Financial Report – May 2025 as part of the Consent agenda. Alternative: If pulled from Consent agenda, provide discussion under Item 16 on the Board agenda. After discussion, request a motion to approve the Financial Report – May 2025 as presented.	
LIST OF ATTACHMENTS: Financial Report – May 2025	

**TAHOE FOREST HOSPITAL DISTRICT
MAY 2025 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
MAY 2025 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2025.

Activity Statistics

- ❑ TFH acute patient days were 423 for the current month compared to budget of 355. This equates to an average daily census of 13.6 compared to budget of 11.5.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, EKG's, Diagnostic Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, MRI, Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, 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%: Hospice visits, Laboratory tests, Blood units, Nuclear Medicine, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 42.8% in the current month compared to budget of 46.9% and to last month's 48.1%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.6% compared to budget of 46.9% and prior year's 47.5%.
- ❑ EBIDA was \$(245,633) (-.4%) for the current month compared to budget of \$1,753,816 (3.1%), or \$1,999,449 (-3.5%) below budget. Year-to-date EBIDA was \$42,122,314 (6.3%) compared to budget of \$22,990,491 (3.7%), or \$19,131,823 (2.5%) above budget.
- ❑ Net Income/(Loss) was \$(884,820) for the current month compared to budget of \$1,196,472 or \$2,081,292 below budget. Year-to-date Net Income was \$41,524,568 compared to budget of \$17,015,021 or \$24,509,547 above budget.
- ❑ Cash Collections for the current month were \$27,556,964, which is 90% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$116,844,942 at the end of May compared to \$116,659,324 at the end of April.

Balance Sheet

- ❑ Working Capital is at 46.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 237.9 days. Working Capital cash decreased a net \$11,265,000. Accounts Payable increased \$1,476,000 and Accrued Payroll & Related Costs decreased \$1,233,000. The District received reimbursement for the CY23 Medi-Cal QIP program, CY23 District Hospital Directed Payment program, and CY24 Hospital Quality Assurance Fee program in the amount of \$6,951,000, and remitted \$135,000 to the State for participation in the SFY24-25 District Hospital Directed Payment program. In addition, the District received \$4,288,000 from the second installment of property tax revenues. Cash Collections were below target by 10% and the District transferred \$19,950,000 to LAIF to maximize interest earnings.
- ❑ Net Patient Accounts Receivable decreased a net \$15,000. Cash collections were 90% of target. EPIC Days in A/R were 55.9 compared to 56.8 at the close of April, a .9 day decrease.
- ❑ Other Receivables decreased a net \$2,746,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
- ❑ GO Bond Receivable decreased a net \$1,791,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$5,628,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, received \$6,951,000 for the CY23 Medi-Cal QIP program, CY23 District Hospital Directed Payment program, and CY24 Hospital Quality Assurance Fee program and remitted \$135,000 to the State for participation in the SFY24-25 District Hospital Directed Payment program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$286,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of May.
- ❑ GO Bond Tax Revenue Fund increased \$2,246,000 after transferring the receipt of property tax revenues received from Nevada and Placer Counties.
- ❑ Investment in TSC, LLC decreased \$15,000 after recording the estimated loss for May and truing up the actual gain for March.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for May on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable increased \$1,476,000 due to the timing of the final check run in May.
- ❑ Accrued Payroll & Related Costs decreased a net \$1,233,000. We had an increase in Accrued Payroll days in May and remitted out semi-annual payment for the Employers portion of Deferred Compensation.

- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability \$296,000.

Operating Revenue

- ❑ Current month's Total Gross Revenue was \$63,242,285 compared to budget of \$56,039,517 or \$7,202,768 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$8,007,705 compared to budget of \$7,590,152 or \$417,553 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$55,234,580 compared to budget of \$48,449,365 or \$6,785,215 above budget.
- ❑ Current month's Gross Revenue Mix was 42.99% Medicare, 16.77% Medi-Cal, .0% County, 1.72% Other, and 38.52% Commercial Insurance compared to budget of 40.23% Medicare, 15.63% Medi-Cal, .0% County, 1.18% Other, and 42.96% Commercial Insurance. Last month's mix was 39.87% Medicare, 17.47% Medi-Cal, .0% County, 1.11% Other, and 41.54% Commercial Insurance. Year-to-Date Gross Revenue Mix was 39.52% Medicare, 16.59% Medi-Cal, .0% County, 1.24% Other, and 42.65% Commercial Insurance compared to budget of 40.15% Medicare, 15.64% Medi-Cal, .0% County, 1.20% Other, and 43.01% Commercial.
- ❑ Current month's Deductions from Revenue were \$36,173,653 compared to budget of \$29,767,495 or \$6,406,158 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 2.76% increase in Medicare, a 1.13% increase to Medi-Cal, County at budget, a .54% increase in Other, and Commercial Insurance was below budget 4.43%, 2) Revenues were above budget 12.9%, and 3) the Business Office, in coordination with our Vendor/Partner, continues to clean up older claims in EPIC, leading to the negative variance in Contractual Allowances.

DESCRIPTION	May 2025 Actual	May 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	12,462,178	11,500,718	(961,460)	We saw increases in Technical, RN, Physician and PA/FNP categories, creating a negative variance in Salaries & Wages.
Employee Benefits	3,863,031	3,844,847	(18,184)	Employee related matters and employer payroll taxes created a negative variance in Employee Benefits.
Benefits – Workers Compensation	64,391	105,867	41,476	
Benefits – Medical Insurance	2,679,701	2,642,413	(37,288)	
Medical Professional Fees	567,037	411,212	(155,825)	Anesthesia, Diagnostic Imaging, TFH Locums Physician fees, and IVCH ER Physician call coverage created a negative variance in Medical Professional Fees.
Other Professional Fees	368,061	347,760	(20,301)	Consulting services provided to Human Resources for the UKG system, leadership development, and Health Insurance Broker fees created a negative variance in Other Professional Fees.
Supplies	6,109,130	4,422,448	(1,686,682)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 31.36%, creating negative variance in Pharmacy Supplies.
Purchased Services	2,261,709	1,973,979	(287,730)	Outsourced billing and collection services, support services for the UKG Scheduling Module implementation, services provided to the Access Center, Interpreter services, bank and credit card fees, outsourced laboratory testing, and a 340B compliance audit created a negative variance in Purchased Services.
Other Expenses	1,080,051	1,071,925	(8,126)	Dues and subscriptions for the Cancer program, Wellness Neighborhood, and Physician Compensation and Benchmarking subscription, Equipment Rentals for surgical cases, and conference fees and associated travel contributed to the negative variance in Other Expenses.
Total Expenses	29,455,289	26,321,169	(3,134,120)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MAY 2025

	May-25	Apr-25	May-24	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 40,372,564	\$ 51,637,797	\$ 55,488,107	1
PATIENT ACCOUNTS RECEIVABLE - NET	52,567,789	52,582,444	50,152,788	2
OTHER RECEIVABLES	8,228,652	10,974,728	10,528,079	3
GO BOND RECEIVABLES	(403,764)	1,386,740	(371,710)	4
ASSETS LIMITED OR RESTRICTED	10,595,912	10,677,931	11,229,633	
INVENTORIES	5,549,888	5,551,123	5,235,599	
PREPAID EXPENSES & DEPOSITS	3,203,312	3,387,999	2,803,001	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	14,580,941	20,209,364	14,635,916	5
TOTAL CURRENT ASSETS	134,695,294	156,408,127	149,701,412	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,166	51,568,166	10,553,402	1
* CASH INVESTMENT FUND	93,914,868	96,656,913	106,346,672	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	5,795,792	6,081,649	27,707	6
MUNICIPAL LEASE 2025	4,593,879	4,593,879	-	
TOTAL BOND TRUSTEE 2017	23,132	22,980	22,040	
TOTAL BOND TRUSTEE 2015	1,287,238	1,145,649	1,307,722	
GO BOND TAX REVENUE FUND	5,212,987	2,966,850	5,002,610	7
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,534	
DONOR RESTRICTED FUND	1,202,648	1,202,647	1,172,518	
WORKERS COMPENSATION FUND	15,204	13,633	15,032	
TOTAL	186,367,615	164,256,065	124,451,236	
LESS CURRENT PORTION	(10,595,912)	(10,677,931)	(11,229,633)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	175,771,703	153,578,134	113,221,603	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,143,263)	(5,128,214)	(4,022,545)	8
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	196,709,484	197,200,234	196,834,859	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,863,312	2,232,248	1,805,196	
TOTAL ASSETS	505,613,501	506,007,499	459,257,497	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	197,175	200,408	235,964	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	204,560	204,560	190,274	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,015,597	4,039,302	4,300,054	
GO BOND DEFERRED FINANCING COSTS	391,349	393,670	419,199	
DEFERRED FINANCING COSTS	100,907	101,947	113,390	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	10,188,691	10,346,942	6,725,465	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	23,611,371	23,930,062	27,460,916	9
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 38,709,649	\$ 39,216,890	\$ 39,445,261	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	10,435,403	8,959,022	\$ 11,704,520	10
ACCRUED PAYROLL & RELATED COSTS	20,022,511	21,255,015	21,442,996	11
INTEREST PAYABLE	324,460	265,618	391,112	
INTEREST PAYABLE GO BOND	1,021,950	762,428	1,046,477	
SUBSCRIPTION LIABILITY	25,466,330	25,762,654	28,976,868	12
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,102,931	6,090,298	776,070	
HEALTH INSURANCE PLAN	3,219,201	3,219,201	3,018,487	
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	4,371,046	4,371,046	3,935,762	
TOTAL CURRENT LIABILITIES	78,472,736	78,194,187	79,361,589	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,176,567	30,453,580	23,749,211	
GO BOND DEBT NET OF CURRENT MATURITIES	87,661,298	87,679,253	90,561,765	
DERIVATIVE INSTRUMENT LIABILITY	204,560	204,560	190,274	
TOTAL LIABILITIES	196,515,161	196,531,580	193,862,839	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	346,605,342	347,490,162	303,667,402	
RESTRICTED	1,202,648	1,202,647	1,172,518	
TOTAL NET POSITION	\$ 347,807,990	\$ 348,692,809	\$ 304,839,920	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
MAY 2025

1. Working Capital is at 46.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 237.9 days. Working Capital cash decreased a net \$11,265,000. Accounts Payable increased \$1,476,000 (See Note 10) and Accrued Payroll & Related Costs decreased \$1,233,000 (See Note 11). The District received reimbursement for the CY23 Medi-Cal QIP program, CY23 District Hospital Directed Payment program, and CY24 Hospital Quality Assurance Fee program totaling \$6,951,000, and remitted \$135,000 to the State for participation in the SFY24-25 District Hospital Directed Payment program (See Note 5). In addition, the District received \$4,288,000 from the second installment of property tax revenues. (See Note 3). Cash Collections were below target by 10% (See Note 2) and the District transferred \$19,950,000 to LAIF to maximize interest earnings.
2. Net Patient Accounts Receivable decreased a net \$15,000. Cash collections were 90% of target. EPIC Days in A/R were 55.9 compared to 56.8 at the close of April, a .90 day decrease.
3. Other Receivables decreased a net \$2,746,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$1,791,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare decreased a net \$5,628,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, received \$6,951,000 for the CY23 Medi-Cal QIP program, CY23 District Hospital Directed Payment program, and CY24 Hospital Quality Assurance Fee Program, and remitted \$135,000 to the State for participation in the SFY24-25 District Hospital Directed Payment program.
6. Unrealized Gain/(Loss) Cash Investment Fund decreased \$286,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of May.
7. GO Bond Tax Revenue Fund increased \$2,246,000 after transferring the receipt of property tax revenues received from Nevada and Placer Counties.
8. Investment in TSC, LLC decreased \$15,000 after recording the estimated loss for May and truing up the actual gain for March.
9. To comply with GASB No. 96, the District recorded Amortization Expense for May on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
10. Accounts Payable increased \$1,476,000 due to the timing of the final check run in May.
11. Accrued Payroll & Related Costs decreased a net \$1,233,000. We had an increase in Accrued Payroll days in May and remitted our semi-annual payment for the Employers portion of Deferred Compensation.
12. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability \$296,000.

**Tahoe Forest Hospital District
Cash Investment
May 31, 2025**

WORKING CAPITAL

US Bank	\$ 39,230,531	3.92%	
US Bank/Incline Village Thrift Store	16,174		
US Bank/Truckee Thrift Store	84,211		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,041,649</u>	1.92%	
Total			\$ 40,372,564

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -		
Chandler Cash Portfolio Fund	902,271	3.93%	
Chandler Investment Fund	<u>93,012,597</u>	VAR	
Total			\$ 93,914,868

Building Fund	\$ -		
Cash Reserve Fund	<u>74,318,166</u>	4.28%	
Local Agency Investment Fund			\$ 74,318,166

Municipal Lease 2018			\$ 4,593,879
Bonds Cash 2017			\$ 23,132
Bonds Cash 2015			\$ 1,287,238
GO Bonds Cash 2008			\$ 5,212,987

DX Imaging Education	\$ 3,700		
Workers Comp Fund - B of A	15,204		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 18,904</u>

TOTAL FUNDS			\$ 219,741,739
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,383	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,166,955</u>	4.28%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,202,648</u>

TOTAL ALL FUNDS			<u><u>\$ 220,944,387</u></u>
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TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
MAY 2025

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAY 2024
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 63,242,285	\$ 56,039,517	\$ 7,202,768	12.9%	Total Gross Revenue	\$ 670,147,988	\$ 614,095,634	\$ 56,052,354	9.1%	1	\$ 585,446,995
Gross Revenues - Inpatient										
\$ 3,774,443	\$ 3,297,277	\$ 477,166	14.5%	Daily Hospital Service	\$ 38,243,165	\$ 37,091,111	\$ 1,152,054	3.1%		\$ 36,283,918
4,233,262	4,292,875	(59,613)	-1.4%	Ancillary Service - Inpatient	48,688,392	45,513,647	3,174,745	7.0%		45,609,127
8,007,705	7,590,152	417,553	5.5%	Total Gross Revenue - Inpatient	86,931,557	82,604,758	4,326,799	5.2%	1	81,893,045
55,234,580	48,449,365	6,785,215	14.0%	Gross Revenue - Outpatient	583,216,431	531,490,876	51,725,555	9.7%		503,553,950
55,234,580	48,449,365	6,785,215	14.0%	Total Gross Revenue - Outpatient	583,216,431	531,490,876	51,725,555	9.7%	1	503,553,950
Deductions from Revenue:										
35,356,742	27,789,809	(7,566,933)	-27.2%	Contractual Allowances	350,716,028	304,416,308	(46,299,720)	-15.2%	2	303,048,343
283,527	1,120,790	837,263	74.7%	Charity Care	3,377,631	12,281,913	8,904,282	72.5%	2	(342,068)
481,240	856,896	375,656	43.8%	Bad Debt	5,329,280	9,387,614	4,058,334	43.2%	2	6,863,659
52,144	-	(52,144)	0.0%	Prior Period Settlements	(1,437,745)	-	1,437,745	0.0%	2	(2,327,093)
36,173,653	29,767,495	(6,406,158)	-21.5%	Total Deductions from Revenue	357,985,194	326,085,835	(31,899,359)	-9.8%		307,242,841
113,801	115,778	1,977	1.7%	Property Tax Revenue- Wellness Neighborhood	1,134,194	1,227,150	92,956	7.6%		1,125,254
2,027,223	1,687,185	340,038	20.2%	Other Operating Revenue	20,457,985	18,758,971	1,699,014	9.1%	3	19,873,980
29,209,655	28,074,985	1,134,670	4.0%	TOTAL OPERATING REVENUE	333,754,973	307,995,920	25,759,053	8.4%		299,203,388
OPERATING EXPENSES										
12,462,178	11,500,718	(961,460)	-8.4%	Salaries and Wages	124,270,113	123,479,397	(790,716)	-0.6%	4	113,715,286
3,863,031	3,844,847	(18,184)	-0.5%	Benefits	41,731,813	39,590,616	(2,141,197)	-5.4%	4	37,636,666
64,391	105,867	41,476	39.2%	Benefits Workers Compensation	759,568	1,164,538	404,970	34.8%	4	922,572
2,679,701	2,642,413	(37,288)	-1.4%	Benefits Medical Insurance	27,613,179	29,066,543	1,453,364	5.0%	4	24,499,247
567,037	411,212	(155,825)	-37.9%	Medical Professional Fees	5,827,622	4,892,691	(934,931)	-19.1%	5	5,278,807
368,061	347,760	(20,301)	-5.8%	Other Professional Fees	3,956,820	4,303,509	346,689	8.1%	5	2,904,501
6,109,130	4,422,448	(1,686,682)	-38.1%	Supplies	52,715,227	48,525,780	(4,189,447)	-8.6%	6	43,821,266
2,261,709	1,973,979	(287,730)	-14.6%	Purchased Services	23,344,497	22,332,199	(1,012,298)	-4.5%	7	20,089,118
1,080,051	1,071,925	(8,126)	-0.8%	Other	11,413,820	11,650,156	236,336	2.0%	8	10,167,629
29,455,289	26,321,169	(3,134,120)	-11.9%	TOTAL OPERATING EXPENSE	291,632,659	285,005,429	(6,627,230)	-2.3%		259,035,092
(245,633)	1,753,816	(1,999,449)	-114.0%	NET OPERATING REVENUE (EXPENSE) EBIDA	42,122,314	22,990,491	19,131,823	83.2%		40,168,296
NON-OPERATING REVENUE/(EXPENSE)										
866,163	864,186	1,977	0.2%	District and County Taxes	9,749,330	9,552,458	196,872	2.1%	9	8,445,316
455,633	455,633	0	0.0%	District and County Taxes - GO Bond	5,011,965	5,011,965	(0)	0.0%		4,896,491
552,380	250,657	301,723	120.4%	Interest Income	4,212,039	2,681,289	1,530,750	57.1%	10	3,033,817
55,335	110,428	(55,093)	-49.9%	Donations	1,078,913	1,214,713	(135,800)	-11.2%	11	942,201
(15,049)	(83,750)	68,701	82.0%	Gain/(Loss) on Joint Investment	(1,201,520)	(921,250)	(280,270)	-30.4%	12	(611,698)
(354,181)	100,000	(454,181)	454.2%	Gain/(Loss) on Market Investments	5,139,112	1,100,000	4,039,112	-367.2%	13	3,446,546
89,547	-	89,547	0.0%	Gain/(Loss) on Investments - TIRHR	89,547	-	89,547	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	(9,307)
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	40,782	-	40,782	0.0%	15	11,000
(1,806,610)	(1,812,654)	6,045	0.3%	Depreciation	(19,722,369)	(19,744,450)	22,081	0.1%	16	(18,611,465)
(214,813)	(182,321)	(32,492)	-17.8%	Interest Expense	(2,114,490)	(2,005,280)	(109,210)	-5.4%	17	(2,251,704)
(267,593)	(259,523)	(8,070)	-3.1%	Interest Expense-GO Bond	(2,881,055)	(2,864,915)	(16,140)	-0.6%		(2,973,777)
(639,186)	(557,344)	(81,842)	-14.7%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(597,746)	(5,975,470)	5,377,724	90.0%		(3,682,580)
\$ (884,820)	\$ 1,196,472	\$ (2,081,292)	-174.0%	INCREASE (DECREASE) IN NET POSITION	\$ 41,524,568	\$ 17,015,021	\$ 24,509,547	144.0%		\$ 36,485,716
NET POSITION - BEGINNING OF YEAR					306,283,422					
NET POSITION - AS OF MAY 31, 2025					\$ 347,807,990					
-0.4%	3.1%	-3.5%		RETURN ON GROSS REVENUE EBIDA	6.3%	3.7%	2.5%			6.9%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MAY 2025

1) Gross Revenues

Acute Patient Days were above budget 19.2% or 68 days. Swing Bed days were above budget 28.0% or 7 days.

Outpatient volumes were 5% or more above budget in the following departments: Surgery cases, EKG's, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, MRI, Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, and Tahoe City Occupational Therapy.

Outpatient volumes were below budget 5% or more in the following departments: Hospice visits, Laboratory tests, Blood units, Nuclear Medicine, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Occupational Therapy.

Gross Revenue -- Inpatient
Gross Revenue -- Outpatient
Gross Revenue -- Total

Variance from Budget		
Fav / <Unfav>		
	MAY 2025	YTD 2025
Gross Revenue -- Inpatient	\$ 417,553	\$ 4,326,799
Gross Revenue -- Outpatient	6,785,215	51,725,555
Gross Revenue -- Total	<u>\$ 7,202,768</u>	<u>\$ 56,052,354</u>

2) Total Deductions from Revenue

The payor mix for May shows a 2.76% increase to Medicare, a 1.13% increase to Medi-Cal, 0.54% increase to Other, County at budget, and a 4.44% decrease to Commercial when compared to budget. We saw a shift from Commercial into Medicare and Medi-Cal and revenues were above budget 12.9%. Negative variance in Contractual Allowances is also attributed to the Business Office, working in coordination with our third party vendor, to clean up older accounts in EPIC.

Contractual Allowances	\$ (7,566,933)	\$ (46,299,720)
Charity Care	837,263	8,904,282
Bad Debt	375,656	4,058,334
Prior Period Settlements	(52,144)	1,437,745
Total	<u>\$ (6,406,158)</u>	<u>\$ (31,899,359)</u>

3) Other Operating Revenue

Community Pharmacy (formerly Retail Pharmacy) revenues were above budget 36.08%.

Rebates and Refunds created a positive variance in Miscellaneous.

IVCH ER Physician Guarantee is tied to collections which came in below budget in May.

Community Pharmacy	\$ 241,897	\$ 1,883,046
Miscellaneous	119,330	219,874
The Center (non-therapy)	4,468	47,226
Oncology Drug Replacement	-	-
Hospice Thrift Stores	(5,427)	(8,589)
Grants	(15,333)	(49,628)
Children's Center	4,815	(177,378)
IVCH ER Physician Guarantee	(9,711)	(215,538)
Total	<u>\$ 340,038</u>	<u>\$ 1,699,014</u>

4) Salaries and Wages

We saw increases in Technical, RN, Physician, and PA/FNP salary categories, creating a negative variance in Salaries and Wages.

Employee Benefits

Decreased use of Paid Leave created a positive variance in PL/SL. This is also helping offset the negative variance in Salaries and Wages.

Employee related matters created a negative variance in Nonproductive.

Employer payroll taxes created a negative variance in Other.

Total	<u>\$ (961,460)</u>	<u>\$ (790,716)</u>
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PL/SL	\$ 260,050	\$ (1,068,756)
Nonproductive	(248,033)	(1,047,494)
Other	(53,801)	(160,766)
Pension/Deferred Comp	(3,009)	(42,762)
Standby	26,610	178,581
Total	<u>\$ (18,184)</u>	<u>\$ (2,141,197)</u>

Employee Benefits - Workers Compensation

Total	<u>\$ 41,476</u>	<u>\$ 404,970</u>
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Employee Benefits - Medical Insurance

Total	<u>\$ (37,288)</u>	<u>\$ 1,453,364</u>
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5) Professional Fees

Anesthesia Physician Fees and Diagnostic Imaging Physician Fees were above budget, creating a negative variance in Miscellaneous.

Consulting services provided for support of the UKG system, leadership development, and Health Insurance Broker fees created a negative variance in Human Resources.

Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.

Budgeted Professional Fees for a Revenue Integrity Program Development project were below budget, creating a positive variance in Patient Accounting/Admitting.

Emergency Department Physician fees were above budget, creating a negative variance in TFH Locums.

Professional services provided by Mercy Health for implementation and installation of new systems and processes within EPIC created a negative variance in Information Technology.

Budgeted consulting fees for the Physician Compensation Plan were below budget, creating a positive variance in Multi-Specialty Clinics Administration.

Miscellaneous	\$ (105,512)	\$ (979,976)
Human Resources	(56,699)	(629,882)
IVCH ER Physicians	(44,175)	(178,094)
Oncology	21,485	(20,684)
Medical Staff Services	(10,625)	(7,530)
Corporate Compliance	-	(2,470)
Managed Care	4,030	(210)
Multi-Specialty Clinics	7,539	48,851
Marketing	9,563	108,489
Patient Accounting/Admitting	20,000	124,474
Financial Administration	6,400	136,948
TFH Locums	(10,973)	164,548
Administration	12,311	194,511
Information Technology	(53,022)	209,022
Multi-Specialty Clinics Administration	23,553	243,760
Total	<u>\$ (176,126)</u>	<u>\$ (588,242)</u>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MAY 2025

6) Supplies

Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 31.36%, creating a negative variance in Pharmacy Supplies.

Restocking of small computer equipment and monitors created a negative variance in Minor Equipment.

Variance from Budget		
Fav / <Unfav>		
	MAY 2025	YTD 2025
Pharmacy Supplies	\$ (1,647,037)	\$ (3,190,446)
Patient & Other Medical Supplies	(1,302)	(915,508)
Minor Equipment	(32,470)	(72,755)
Other Non-Medical Supplies	(13,215)	(50,784)
Food	943	(17,152)
Office Supplies	6,399	57,198
Total	<u>\$ (1,686,682)</u>	<u>\$ (4,189,447)</u>

7) Purchased Services

Outsourced billing and collections services, focusing on the collection of older claims by our new vendor/partner, created a negative variance in Patient Accounting.

Support services for the implementation of the UKG scheduling module created a negative variance in Human Resources.

Interpreter services, bank and credit card charges, Board retreat facilitation, and outsourced services provided to the Access Center created a negative variance in Miscellaneous.

Outsourced lab testing created a negative variance in Laboratory.

The annual 340B compliance audit initiated by the District created a negative variance in Pharmacy IP.

Expenses advanced to Truckee Surgery Center for water remediation damage created a negative variance in Department Repairs.

Budgeted Information Technology projects did not kick off as anticipated during the budgeting process creating a positive variance in this category.

Patient Accounting	\$ (185,429)	\$ (783,983)
Medical Records	3,275	(247,372)
Human Resources	(15,170)	(210,946)
Miscellaneous	(62,992)	(162,631)
Laboratory	(20,142)	(134,614)
Diagnostic Imaging Services - All	(4,140)	(58,068)
The Center	(6,116)	(28,903)
Pharmacy IP	(13,458)	(28,520)
Home Health/Hospice	4,282	20,704
Community Development	3,333	21,467
Multi-Specialty Clinics	(535)	50,727
Department Repairs	(26,468)	91,275
Information Technology	35,830	458,566
Total	<u>\$ (287,730)</u>	<u>\$ (1,012,298)</u>

8) Other Expenses

Dues to UC Davis for the Cancer Program, a software subscription for the Wellness Neighborhood, and Physician Compensation and Benchmarking subscription, created a negative variance in Dues and Subscriptions.

Specialized equipment for surgical cases created a negative variance in Equipment Rent.

Conference fees, flights, and hotel accommodations created a negative variance in Outside Training & Travel.

Physician Recruitment and the reclassification of Truckee Surgery Center expenses to a receivable created a positive variance in Miscellaneous.

Dues and Subscriptions	\$ (58,143)	\$ (211,298)
Marketing	21,337	(125,066)
Other Building Rent	(7,751)	(103,676)
Insurance	(2,505)	(55,843)
Equipment Rent	(8,987)	(46,073)
Multi-Specialty Clinics Bldg. Rent	(2,349)	(34,491)
Multi-Specialty Clinics Equip Rent	(3,020)	(7,344)
Physician Services	1,271	7,546
Human Resources Recruitment	5,891	60,108
Utilities	6,263	101,166
Outside Training & Travel	(20,330)	241,893
Miscellaneous	60,197	409,414
Total	<u>\$ (8,126)</u>	<u>\$ 236,336</u>

9) District and County Taxes

Total	<u>\$ 1,977</u>	<u>\$ 196,872</u>
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10) Interest Income

Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.

Total	<u>\$ 301,723</u>	<u>\$ 1,530,750</u>
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11) Donations

IVCH	\$ (44,853)	\$ (467,786)
Operational	(10,240)	331,986
Total	<u>\$ (55,093)</u>	<u>\$ (135,800)</u>

12) Gain/(Loss) on Joint Investment

Total	<u>\$ 68,701</u>	<u>\$ (280,270)</u>
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13) Gain/(Loss) on Market Investments

The District booked the value of unrealized losses in its holdings with Chandler Investments.

Total	<u>\$ (454,181)</u>	<u>\$ 4,039,112</u>
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14) Loss on Investments - TIRHR

Total	<u>\$ 89,547</u>	<u>\$ 89,547</u>
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14) Gain/(Loss) on Sale or Disposal of Assets

Total	<u>\$ -</u>	<u>\$ -</u>
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15) Gain/(Loss) on Sale or Disposal of Equipment

Total	<u>\$ -</u>	<u>\$ 40,782</u>
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16) Depreciation Expense

Total	<u>\$ 6,045</u>	<u>\$ 22,081</u>
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17) Interest Expense

The addition of the Sierra Center building to the Intangible Lease Asset schedule created a negative variance in Interest Expense.

Total	<u>\$ (32,492)</u>	<u>\$ (109,210)</u>
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INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MAY 2025

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2024	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
				OPERATING REVENUE					
\$ 4,185,394	\$ 3,885,305	\$ 300,089	7.7%	Total Gross Revenue	\$ 46,894,146	\$ 43,638,826	\$ 3,255,320	7.5%	1 \$ 39,817,866
				Gross Revenues - Inpatient					
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%	\$ 7,959
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%	4,455
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1 12,414
4,185,394	3,885,305	300,089	7.7%	Gross Revenue - Outpatient	46,894,146	43,638,826	3,255,320	7.5%	39,805,452
4,185,394	3,885,305	300,089	7.7%	Total Gross Revenue - Outpatient	46,894,146	43,638,826	3,255,320	7.5%	1 39,805,452
				Deductions from Revenue:					
2,506,310	1,705,327	(800,983)	-47.0%	Contractual Allowances	22,756,709	19,150,746	(3,605,963)	-18.8%	2 18,024,244
125,496	77,706	(47,790)	-61.5%	Charity Care	671,676	872,777	201,101	23.0%	2 48,397
179,000	58,280	(120,720)	-207.1%	Bad Debt	1,250,872	654,582	(596,290)	-91.1%	2 1,389,836
-	-	-	0.0%	Prior Period Settlements	(749,343)	-	749,343	0.0%	2 (275,875)
2,810,806	1,841,313	(969,493)	-52.7%	Total Deductions from Revenue	23,929,913	20,678,105	(3,251,808)	-15.7%	2 19,186,602
54,418	90,923	(36,505)	-40.1%	Other Operating Revenue	641,873	1,075,497	(433,624)	-40.3%	3 1,179,381
1,429,006	2,134,915	(705,909)	-33.1%	TOTAL OPERATING REVENUE	23,606,106	24,036,218	(430,112)	-1.8%	21,810,645
				OPERATING EXPENSES					
758,965	672,320	(86,645)	-12.9%	Salaries and Wages	7,681,542	7,805,589	124,047	1.6%	4 7,187,494
241,107	259,002	17,895	6.9%	Benefits	2,441,653	2,435,423	(6,230)	-0.3%	4 2,249,281
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	16,486	34,755	18,269	52.6%	4 37,449
178,055	165,194	(12,861)	-7.8%	Benefits Medical Insurance	1,734,523	1,817,129	82,606	4.5%	4 1,500,521
171,089	129,424	(41,665)	-32.2%	Medical Professional Fees	1,927,362	1,760,684	(166,678)	-9.5%	5 1,679,746
2,408	2,431	23	0.9%	Other Professional Fees	26,041	26,741	700	2.6%	5 22,863
181,307	111,828	(69,479)	-62.1%	Supplies	1,350,282	1,262,203	(88,079)	-7.0%	6 1,232,992
105,562	82,215	(23,347)	-28.4%	Purchased Services	991,408	934,081	(57,327)	-6.1%	7 740,399
119,484	106,173	(13,311)	-12.5%	Other	1,129,165	1,076,960	(52,205)	-4.8%	8 1,271,089
1,760,069	1,531,747	(228,322)	-14.9%	TOTAL OPERATING EXPENSE	17,298,462	17,153,565	(144,897)	-0.8%	15,921,834
(331,064)	603,168	(934,232)	-154.9%	NET OPERATING REV(EXP) EBIDA	6,307,644	6,882,653	(575,009)	-8.4%	5,888,811
				NON-OPERATING REVENUE/(EXPENSE)					
6,265	51,118	(44,853)	-87.7%	Donations-IVCH	94,517	562,303	(467,786)	-83.2%	9 250,256
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10 -
(204,898)	(204,898)	(0)	0.0%	Depreciation	(2,244,195)	(2,242,347)	(1,848)	-0.1%	11 (1,352,201)
(2,171)	(2,171)	-	0.0%	Interest Expense	(16,651)	(16,651)	-	0.0%	12 (14,955)
(200,804)	(155,951)	(44,853)	-28.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(2,166,329)	(1,696,695)	(469,634)	-27.7%	(1,116,900)
\$ (531,868)	\$ 447,217	\$ (979,085)	-218.9%	EXCESS REVENUE(EXPENSE)	\$ 4,141,315	\$ 5,185,958	\$ (1,044,643)	-20.1%	\$ 4,771,911
-7.9%	15.5%	-23.4%		RETURN ON GROSS REVENUE EBIDA	13.5%	15.8%	-2.3%		14.8%

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MAY 2025

		Variance from Budget	
		Fav<Unfav>	
		<u>MAY 2025</u>	<u>YTD 2025</u>
1) <u>Gross Revenues</u>			
Outpatient volumes were above budget in the following departments: Emergency Department, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Cat Scans, Oncology Drugs Sold to Patients, and Physical Therapy.	Gross Revenue -- Inpatient	\$ -	\$ -
	Gross Revenue -- Outpatient	300,089	3,255,320
	Total	\$ 300,089	\$ 3,255,320
Outpatient volumes were below budget in the following departments: Lab Send Out tests, EKG's, Ultrasounds, Speech Therapy, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 11.50% increase in Medicare, a 2.66% decrease in Medicaid, a 9.64% decrease in Commercial insurance, a .81% increase in Other, and County was at budget. Revenues were over budget 7.7% and we saw a shift from Commercial into Medicare. Negative variance is also attributed to the efforts by our Business Office and third party vendor to clean up older accounts in EPIC.	Contractual Allowances	\$ (800,983)	\$ (3,605,963)
	Charity Care	(47,790)	201,101
	Bad Debt	(120,720)	(596,290)
	Prior Period Settlement	-	749,343
	Total	\$ (969,493)	\$ (3,251,808)
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in May.	IVCH ER Physician Guarantee	\$ (9,711)	\$ (215,538)
	Miscellaneous	(26,794)	(218,086)
	Total	\$ (36,505)	\$ (433,624)
Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.			
4) <u>Salaries and Wages</u>			
We saw increases in RN wages creating a negative in Salaries and Wages.	Total	\$ (86,645)	\$ 124,047
<u>Employee Benefits</u>			
Positive variance in Paid Leave and Sick Leave is helping offset, in part, the negative variance in Salaries and Wages.	PL/SL	\$ 13,237	\$ (87,387)
	Pension/Deferred Comp	-	-
	Standby	3,874	10,404
	Other	(6,656)	(421)
	Nonproductive	7,440	71,174
	Total	\$ 17,895	\$ (6,230)
<u>Employee Benefits - Workers Compensation</u>	Total	\$ 1,068	\$ 18,269
<u>Employee Benefits - Medical Insurance</u>	Total	\$ (12,861)	\$ 82,606
5) <u>Professional Fees</u>			
Increased use of Call coverage created a negative variance in IVCH ER Physicians.	IVCH ER Physicians	\$ (44,175)	\$ (178,094)
	Administration	-	-
	Foundation	23	703
	Miscellaneous	94	1,782
	Multi-Specialty Clinics	2,417	9,631
	Total	\$ (41,642)	\$ (165,978)
6) <u>Supplies</u>			
Oncology Drugs Sold to Patients revenues were above budget 56.53%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (83,310)	\$ (66,458)
	Non-Medical Supplies	62	(13,186)
	Minor Equipment	1,575	(11,035)
	Food	(347)	(4,027)
	Office Supplies	(124)	838
	Patient & Other Medical Supplies	12,666	5,789
	Total	\$ (69,479)	\$ (88,079)

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MAY 2025

		Variance from Budget	
		Fav<Unfav>	
		<u>MAY 2025</u>	<u>YTD 2025</u>
7) <u>Purchased Services</u>	Foundation	\$ (27,403)	\$ (33,169)
Stewardship expenses for a Donor recognition event created a negative variance in Foundation.	Engineering/Plant/Communications	(13,669)	(27,606)
	Miscellaneous	(2,912)	(15,236)
Annual floor striping and waxing in the main hospital created a negative variance in Engineering/Plant/Communications.	Diagnostic Imaging Services - All	(441)	(10,419)
	Pharmacy	(212)	(683)
	Multi-Specialty Clinics	(858)	1,309
	EVS/Laundry	585	7,424
	Department Repairs	15,338	8,615
	Laboratory	6,224	12,437
	Total	\$ (23,347)	\$ (57,327)
8) <u>Other Expenses</u>	Miscellaneous	\$ (9,891)	\$ (68,429)
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Other Building Rent	(5,513)	(61,056)
	Multi-Specialty Clinics Bldg. Rent	(1,218)	(8,891)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Equipment Rent	4,731	(8,368)
	Physician Services	-	-
	Insurance	673	3,714
	Marketing	(285)	7,897
We saw negative variances in Dues and Subscriptions across multiple departments.	Dues and Subscriptions	(3,711)	10,500
	Utilities	1,595	26,550
	Outside Training & Travel	307	45,878
	Total	\$ (13,311)	\$ (52,205)
9) <u>Donations</u>	Total	\$ (44,853)	\$ (467,786)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ (1,848)
12) <u>Interest Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL MAY 2025	BUDGET MAY 2025	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	37,489,374	\$ (245,633)	\$ 1,753,815	\$ (1,999,448)	10,393,751	11,583,711	14,298,503	1,213,409
Interest Income	3,282,148		3,000,000	3,930,841	318,805	150,000	168,805	1,070,746	1,073,356	597,611	1,189,127
Property Tax Revenue	10,670,390		10,420,000	11,291,163	4,288,104	4,100,000	188,104	570,592	132,200	6,050,267	4,538,104
Donations	8,217,116		1,325,000	1,046,824	6,265	110,417	(104,151)	200,422	135,873	535,803	174,726
Debt Service Payments	(3,477,709)		(3,588,480)	(3,385,054)	(285,747)	(288,616)	2,868	(1,149,659)	(579,506)	(795,778)	(860,111)
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)	(334,089)	(83,411)	(83,857)	446	-	-	(83,411)	(250,678)
Copier	(41,568)		(61,200)	-	-	-	-	-	-	-	-
2017 VR Demand Bond	(122,530)		(743,423)	(795,185)	-	-	-	(689,828)	-	(105,357)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,443,853)	(134,676)	(137,098)	2,422	(256,850)	(376,525)	(404,028)	(406,450)
Physician Recruitment	(146,666)		(1,000,000)	(121,333)	-	(83,333)	83,333	-	(88,000)	(33,333)	-
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(4,790,474)	41,895	(247,423)	289,318	(815,094)	(2,113,275)	(1,489,113)	(372,992)
Municipal Lease Reimbursement	-		2,200,000	1,340,632	-	-	-	-	-	1,340,632	-
IT/EMR/Business Systems	(39,200)		(2,053,081)	-	-	-	-	-	-	-	-
Building Projects/Properties	(11,602,725)		(25,877,332)	(11,020,607)	(510,836)	(5,362,138)	4,851,302	(1,464,737)	(2,414,212)	(4,711,279)	(2,430,379)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	(3,800,465)	14,655	498,091	(483,436)	4,489,776	(1,939,760)	(4,087,041)	(2,263,440)
Change in Settlement Accounts	5,273,357	N2	2,005,000	4,533,951	5,641,055	3,025,286	2,615,769	(4,239,029)	(6,649,704)	9,866,339	5,556,345
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(3,985,225)	(359,177)	(200,000)	(159,177)	(2,884,641)	(1,234,601)	(138,064)	272,081
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(531,248)	(15,973)	500,000	(515,973)	(985,268)	(5,983,319)	(10,392,500)	16,829,839
Change in Cash Balance	39,452,464		2,208,325	31,998,380	8,893,413	3,956,100	4,937,314	5,186,858	(8,077,237)	11,042,047	23,846,712
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	199,712,185	199,712,185	-	184,297,240	189,484,098	181,406,861	192,448,908
Ending Unrestricted Cash	184,297,240		186,505,565	216,295,620	208,605,598	203,668,285	4,937,314	189,484,098	181,406,861	192,448,908	216,295,620
Operating Cash	184,297,240		186,505,565	216,295,620	208,605,598	203,668,285	4,937,314	189,484,098	181,406,861	192,448,908	216,295,620
Expense Per Day	803,390		860,294	878,750	876,857	856,748	20,109	825,149	845,451	866,334	878,750
Days Cash On Hand	229		217	246	238	238	0	230	215	222	246

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.



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 13.3 Board Reports
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Administration	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Executive Updates
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Combined monthly Board reports from Executive Leadership.	
SUMMARY/OBJECTIVES: Objective: Executive Report to review key strengths and opportunities across five strategic areas: Community, Service, Quality, People, and Finance.	
SUGGESTED DISCUSSION POINTS: Community – CHNA data collection; launched health website; expanded outreach in schools and equity initiatives Service – Implemented one-call emergency transport; deployed Epic/UKG; launched clinic upgrades Quality – Adopted pediatric scoring tools; upgraded imaging; ran HIPAA audit People – Completed bias training; hired key leaders; resolved NIAA policy issue Finance - Maintained strong YTD EBIDA; modeled budgets; invested in infrastructure	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Executive Report as presented.	
LIST OF ATTACHMENTS: Executive Board Report – June 2025	



Executive Board Report June 2025

By:

Anna M. Roth, RN, MSN, MPH – President & CEO
Louis Ward, MHA – Chief Operating Officer
Brian Evans, MD, MBA, FACEP, CPE – Chief Medical Officer
Jan Iida, RN, MSN, CEN, CENP – Chief Nursing Officer
Jake Dorst – Chief Information & Innovation Officer
Dylan Crosby – Vice President of Facilities & Construction Management

Executive Summary

This report summarizes major developments across Tahoe Forest Health System's (TFHS) five strategic peaks: Community, Service, Quality, People, and Finance. TFHS continued strengthening its role in rural healthcare through targeted investments and operational improvements.

Key achievements include completion of Community Health Need Assessment (CHNA) data collection, the upcoming launch of a Community Commitment Website, and expanded outreach through substance use education and equity-focused programs. Emergency response was improved with a new air ambulance system, while Epic and UKG technologies were deployed to support clinical and workforce operations. Capital projects like clinic renovations and facility expansions—such as the North Shore Clinic, Gateway Rural Health Clinic (RHC), Sierra Center, and the IVCH Procedure Room—are progressing to increase access and meet the evolving needs of our communities.

In Quality, TFHS implemented pediatric scoring tools, upgraded imaging systems, and conducted Return on Investment (ROI)-based planning for diagnostic improvements. Regulatory readiness also advanced through Health Insurance Portability and Accountability Act (HIPAA) audit efforts. Workforce highlights include new leadership hires, policy guidance on Nevada Interscholastic Activities Association (NIAA) certification, and ongoing staff development initiatives.

Business Intelligence (BI) supported every area with custom analytics, financial modeling, and planning tools that enabled strategic decision-making and efficient resource use. In clinical areas, BI informed protocol improvements, quality initiatives, and return-on-investment analyses for capital equipment. In operations, it supported staffing optimization, Epic utilization, and departmental performance tracking through over 100 tailored reports. Finance benefited from BI's forecasting, modeling, while leadership used BI outputs to assess service line profitability and prioritize infrastructure investments.

Strategic Peak	Key Actions	Key Impact
Community	CHNA data collection; launched health website; expanded outreach in schools and equity initiatives	Data-informed planning; enhanced transparency and trust; improved community health literacy
Service	Implemented one-call emergency transport; deployed Epic/UKG; launched clinic upgrades	Improved access and operational efficiency; scalable service delivery
Quality	Adopted pediatric scoring tools; upgraded imaging; ran HIPAA audit	Enhanced clinical safety and documentation; aligned with regulatory standards
People	Completed bias training; hired key leaders; resolved NIAA policy issue	Strengthened workforce culture; promoted equity and ethics in care
Finance	Maintained strong year-to-date Earnings before Interest Depreciation and Amortization (EBIDA); modeled budgets; invested in infrastructure	Financial resilience; data-informed growth; sustainable expansion

TFHS continues to grow in ways that are both intentional and aligned with its mission. With a strong foundation and clear vision, the organization is well-prepared to tackle future challenges while delivering high-quality, inclusive healthcare to the communities it serves.

Community

The following initiatives illustrate TFHS’s commitment to being an integrated partner in a healthy and thriving community:

- TFHS completed primary data collection for the 2026–2029 CHNA, which ensures future health programming is informed by the lived experiences and needs of the population we serve.
- A Community Commitment Website is being launched to provide transparent access to data, promote health literacy, and support ongoing community involvement.
- Earthquake drills at TFH and IVCH reinforced local emergency preparedness, enhancing community safety and resilience.
- SUNs (Substance Use Navigators) reached more than 700 students with opioid education, directly supporting adolescent behavioral health and preventive outreach.
- Surveys at local middle schools helped TFHS assess youth substance use trends and measure awareness of available support services, informing future public health strategies.
- More than 2,000 elementary students took part in the Harvest of the Month program, which supports nutrition education and cultivates lifelong healthy habits.
- TFHS actively engaged in Diversity, Equity and Inclusion efforts, participating in regional equity initiatives that help address social determinants of health and reduce disparities.
- The Diabetes Prevention Program and expanded community lab access demonstrated TFHS’s role in managing chronic disease through education and early intervention.
- As of June 1, 2025 OB and ED staffs are required to complete implicit bias training as required by law, ensuring equitable care for all patients, especially during vulnerable perinatal encounters.

Service

The following initiatives demonstrate TFHS’s commitment to the Service peak, delivering a timely, outstanding patient and family experience through streamlined processes, innovative technology, and responsive infrastructure:

- A new one-call system at IVCH simplified air ambulance coordination, reducing time and complexity in critical transfer situations.
- More than 100 Epic Clarity reports were developed to support departmental analytics, improve visibility into clinical operations, and enable data-informed decisions.
- The UKG scheduling platform is actively being rolled out to streamline workforce management and enhance staffing flexibility.
- New Epic dashboards and smartlists are helping improve documentation workflows across departments.
- Barcode medication systems were added to inpatient areas to enhance safety and reduce medication errors.
- TFHS continues to advance digital infrastructure through Epic enhancements and other analytics tools that support operational insight and efficiency.

Facility Enhancements and Construction:

TFHS continues to invest in infrastructure to improve patient access and expand services. Renovation of the North Shore Clinic is in progress following demolition approvals, while the second floor of the Reno Corporate Point facility is now fully operational. Additional efforts include ongoing permitting for the Gateway RHC expansion and the Sierra Center redesign, both of which aim to centralize services and increase regional clinic capacity.

Project	Description	Start Date	Estimated Completion
North Shore Clinic (Tahoe City)	Renovation and site improvement; demolition nearly complete	Spring 2025	Spring 2026
Reno Corporate Point	Second floor expansion completed; staff occupied space	Winter 2024/2025	May 2025 (Completed)
Gateway RHC Expansion	Two-phase expansion for increased RHC capacity	Spring 2025	Phase 1: Summer 2026 Phase 2: Spring 2027
Sierra Center	Interior remodel for clinical and retail space	Spring 2025	Summer 2026
IVCH Procedure Room	Additional surgical space and updated infrastructure	Winter 2025/2026	Spring 2027
Cancer Center SCA Room	Segregated compounding area to meet pharmacy regulations	Winter 2025/2026	Summer 2026
Childcare Center Expansion	Modular building addition for 48 more children	Spring 2025	Winter 2025/2026
Seismic Improvements & Imaging Upgrades	CT, X-ray, and fluoroscopy updates in Phases 1–3	Spring 2024	Winter 2026/2027
NPC 5 Phase 1 Project	Facility compliance planning with demolition and utility upgrades	Winter 2025/2026	Fall 2028

Information Technology:

- The Microsoft 365 rollout continues across departments, allowing for more integrated communication, data sharing, and productivity tools—all at a reduced cost through nonprofit licensing.
- Dell Autopilot has transformed IT hardware deployment, reducing configuration time per machine by over 90%, enabling rapid onboarding of new staff and replacement of outdated systems.
- The upcoming Epic upgrade, scheduled for July, includes performance enhancements, improved integration of diagnostic data, and user interface optimizations designed to support better clinical workflows.
- Technology initiatives also support several clinical priorities, including the deployment of barcoding in inpatient areas for medication safety, new documentation pathways for therapy plans, and expanded pulmonary function testing tools.
- The transition to Windows 11 is underway to ensure compatibility and security ahead of the Windows 10 sunset deadline.
- The IT team successfully completed the annual HIPAA security audit and participated in advanced cybersecurity training offered by CALSEC, reinforcing the organization's defenses against digital threats.
- Epic reporting capabilities have been expanded in collaboration with the Business Intelligence team, enabling real-time insights into patient flow, clinician performance, and system utilization.
- Ongoing integrations with Epiphany, Net Health, and other platforms continue to improve system interoperability and streamline clinical and administrative processes.

Quality

The following initiatives reflect TFHS's commitment to the Quality peak, ensuring the delivery of the best possible outcomes for patients through data-driven improvements, clinical standardization, and continuous regulatory alignment:

- The Pediatric Respiratory Clinical Score (RCS) was implemented in emergency and inpatient areas, helping standardize respiratory care for pediatric patients.
- IVCH expanded its Callback Program to include all discharged patients, improving follow-up care and patient satisfaction.
- The Business Intelligence team conducted ROI analyses that supported strategic purchasing decisions, such as acquiring a new prostate biopsy system.
- Imaging capabilities were enhanced with the installation of a new CT scanner and advanced urinalysis equipment, supporting faster and more accurate diagnostics.
- Stroke care is being optimized through refined Epic order sets and updated reporting structures to ensure timely and effective interventions.
- Maternal health services were upgraded through enhancements to the GE fetal monitoring system, improving data capture and care coordination.
- TFHS collaborated with the California Hospital Association (CHA) to refine documentation standards and workflows for psychiatric patient care.
- The annual HIPAA audit, conducted in partnership with Fortified Security, remains in progress to assess compliance and reinforce data protection strategies.

People

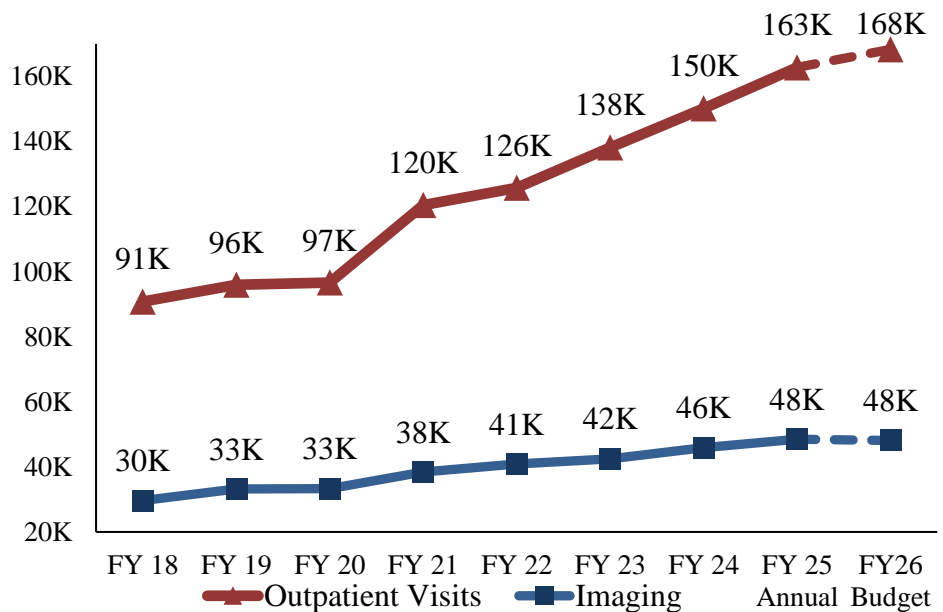
The following initiatives reflect TFHS’s commitment to the People peak—fostering a culture of engagement, leadership development, and staff readiness that strengthens our organization’s ability to deliver high-quality care:

- TFHS issued a statement regarding NIAA's requirement, affirming that birth sex would be documented based on patient/family history only.
- NIAA later revised its forms to align with TFHS's approach.
- The Peak Program supported nurses like Molly Cocking, RN, and Kevin Lemus-Vargas, RN.
- A new RN joined the endoscopy team, and broad-based training sessions were held.
- Sam Smith, PA-C, was named Administrative Medical Director of the Multi-Specialty Clinics.
- Mandi Blatz, MHA, will take over as Cancer Center Director in late July.
- All OB and ED staff completed state-mandated bias training.
- Workflow improvements were made in the Pre-Surgical Clinic using Epic.
- UKG scheduling system launched to support staffing needs.
- Earthquake drills helped reinforce team preparedness across the district.

Finance

The following initiatives reflect TFHS’s commitment to the Finance and Growth peak, ensuring long-term financial sustainability and supporting operational excellence through responsible stewardship of resources. CFO Crystal Felix will provide a more detailed financial report as a supplement to this summary.

- Year-to-date EBIDA remains strong at \$42.1 million, reinforcing the system’s overall financial health.
- TFHS had 238 days cash on hand in May and anticipates closing the year at 246, reflecting sound liquidity management.
- Outpatient visits have shown strong and steady growth from 91 thousands in fiscal year 2018 to a projected 168 thousand by FY26 highlighting increased demand and service utilization. Imaging



- services have also expanded from 30 thousand to 48 thousand in the same period, underscoring the need for continued investment in diagnostic capacity.
- Strategic cost-saving measures included nonprofit licensing for Microsoft 365 and efficiency gains from the implementation of Dell Autopilot, significantly reducing IT setup time.

- Capital investments focused on high-impact areas, including diagnostic tools justified by ROI analyses, and infrastructure enhancements such as continued expansion of Epic, Axiom, and IT systems to support operational growth and integration.

Conclusion

Tahoe Forest Health System remains steadfast in its pursuit of excellence across all strategic pillars. Through targeted investments, data-informed decision-making, and an unwavering focus on community and patient needs, the organization continues to evolve as a leading rural health system. As we look ahead, TFHS is well-positioned to meet emerging challenges and capitalize on opportunities that further our mission of delivering exceptional, equitable, and sustainable healthcare.

Appendix

[CHIO Board Report June 2025](#)

[CMO Board Report June 2025](#)

[CNO Board Report June 2025](#)

[COO Board Report June 2025](#)

[VP FM & CM Board Report June 2025](#)



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 13.4 First Quarter Corporate Compliance Report
DEPARTMENT: Compliance	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Scott G. Kraft and Sean Weiss, Compliance Officers, DoctorsManagement, LLC.	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Quarterly Compliance Report
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Quarterly Compliance Report detailing ongoing work, support, investigations, and review in progress and completed by the Compliance Committee.	
SUMMARY/OBJECTIVES: Objective: Review the current Quarterly Compliance Report.	
SUGGESTED DISCUSSION POINTS: HIPAA update and review, policy development, employee investigations, auditing, and ongoing reporting and corrective actions plans.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the First Quarter Corporate Compliance Plan as presented.	
LIST OF ATTACHMENTS: First Quarter Corporate Compliance Plan	



Board Informational Report
Quarterly Compliance Officer's Report
By: Scott G. Kraft and Sean Weiss
Compliance Officers, DoctorsManagement, LLC

DATE: June 26, 2025

Dear Members of the Board,

As the appointed Compliance Officers for Tahoe Forest Hospital District (TFHD), we (Scott G. Kraft and Sean M. Weiss) are pleased to submit this compliance officer's open session report for 2025 Quarter 1.

Current Corporate Compliance Committee:

This is the composition of the Corporate Compliance Committee as of June 26, 2025:

Sean M Weiss, DoctorsManagement – Compliance Officer
Scott G. Kraft, DoctorsManagement – Compliance Officer
Anna Roth, President and Chief Executive Officer
Louis Ward, Chief Operating Officer
Jan Iida, RN, Chief Nursing Officer
Crystal Felix, Chief Financial Officer
Brian Evans, MD – Chief Medical Officer
Jake Dorst, Chief Information and Innovation Officer
Matt Mushet – In-house Legal Counsel
Bernice Zander, Health Information Management Director
Sarah Swezey, Privacy Officer
Amanda Pratt, Compliance Analyst and Auditor
Jenny Parvin, Revenue Integrity Nurse

HIPAA Update

We appreciate the open communication with senior leadership of TFHD regarding our ongoing focus on HIPAA. We are currently in draft of a policy for coordination of HIPAA investigations that will include compliance, the Privacy Officer, Human Resources and Senior Leadership.

OPEN SESSION

Compliance Review – Part of our HIPAA focus is on making sure we are able to source the current policies and procedures related to HIPAA and privacy. Scott Kraft and Amanda Pratt are reviewing all policies related to HIPAA that currently exist within the system. There is some feedback that the root of policy development has potentially not always been consistent and we want to make sure – given the current HIPAA related issues – that we focus on this area first.

Policy Development – As we understand there has potentially not always been consistency in how policies are created and implemented, we are working with the compliance committee on policy development standards. In addition to helping to streamline established policy, it will help to ensure our compliance initiatives have organization feedback and broad-based buy in or acceptance.

Employee Investigations – We are working with senior leadership and the compliance committee to develop a consistent approach to managing employee complaints that require investigation to ensure that collective bargaining rights are properly protected and that there are clear action lines around when disciplinary action is required.

Effective Lines of Compliance Reporting

A weekly compliance log is maintained for all calls to the Compliance Hotline and/or reports to the Compliance Department.

Compliance Reporting/Detected Offenses/Corrective Action Plans:

- We received a report that a vendor inadvertently emailed information to patients that included information about other patients. This was referred to the privacy officer for action and is considered to have minor risk.
- We investigated a concern that a medication was potentially transported from Nevada to California in a manner that would violate California licensure requirements and could potentially impact the payment due to the patient's insurance. This was a unicorn case based on the severity of the patient's illness. We met with the pharmacy operations supervisor and reviewed the requirements for the patient and TFHD for this medication.
- We investigated and stopped a practice where a drug that was acquired by TFHD for injection was being re-formulated and administered orally, but billed as an injection drug. While the re-formulation is an appropriate off-label use, it does create coverage considerations from most payers.
- We are currently investigating a mis-communication around the acquisition of the drug Vivitrol and working to develop a process to ensure the drug is available to patients who are unable to afford cost-sharing but that the district is otherwise properly paid for the drug.
- We are working through licensure and billing requirements for Spravato (esketamine) to ensure that the drug is properly acquired and billed properly based on the payer. This includes an assessment of credential and licensure requirements for the providers who observe patients. The drug requires two hours of monitoring for each dosage.

OPEN SESSION

- We resolved an issue of potential conflict between California regulations and Nevada sports participation for student athletes that facilitates the providers at TFHD being able to complete sports participation forms to the extent they are comfortable doing so and in compliance with Nevada requirements. This impacts California based students who cross the state border for scholastic sports.
- We resolved a potential issue related to text messages being sent to parents for appointments made by their children. These messages may violate state privacy regulations.
- OPEN ITEM: We are reviewing a potential HIPAA violation related to inappropriate chart access impacting only internal personnel and not active, non-employed patients.

Auditing & Monitoring

- We completed an audit into the use of T1015, a Medicaid code intended for additional payment for patients seen in rural health clinics. We identified some inappropriate usage that may have modest financial implications and are working to ensure EPIC billing rules are being followed.
- We completed an audit into the use of Modifier AG and we believe there may be some over-utilization of the modifier, potentially resulting in overpayments. We are working with revenue integrity to determine the appropriate corrective action moving forward and how to establish the scope of the concern.
- We are currently auditing the check-in process for patients who are receiving PT services based on a report to the hotline that patients are potentially presenting for PT services, receiving them and THEN being checked in, when the process should be in reverse.

We will have Lynn Handy, who audits providers for TFHD, present her most recent findings and observations at the compliance committee meeting in July 2025.

Ongoing Compliance Support

We have determined, based on common practices, that the Privacy Officer Sarah Swezey will take a more active role in coordinating and determining the scope of HIPAA privacy violations. As a compliance group, we will continue to be involved in helping to determine the level of the violation and risk to the system based on the violation.

We don't recommend specific disciplinary action based on identified violations but will act as a resource to ensure proposed discipline is fairly administered.

We continue to expand our use of monitoring tools for employee access to patient detail and believe this has had some deterrent impact on chart access.

As we enter our second year serving as the Chief Compliance Officers for TFHD, we believe that with the assistance of Amanda Pratt our compliance analyst we have helped to rebuild trust in compliance through the system. We will continue those efforts and be available to answer questions or advise on compliance.

OPEN SESSION

We are also available to answer queries from the Board of Directors.

Sincerely,
Sean M. Weiss
sweiss@drsmgmt.com

Scott G. Kraft
skraft@drsmgmt.com

Chief Compliance Officers
Tahoe Forest Health System



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: Ratify TFHS Foundation Board Member
DEPARTMENT: TFHS Foundation	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Karli Bunnell, Executive Director of Foundations	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Resume & Request Letter
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The Tahoe Forest Health System Foundation's Board of Directors have approved the addition of a new board member, Aaron Gladman, MD. He has been a long time ER physician with Vituity and brings a wealth of experience, expertise, and community connections to our Foundation Board and community.	
SUMMARY/OBJECTIVES: The Tahoe Forest Health System Foundation's Board of Directors respectfully requests approval from the District Board of Directors to appoint an additional board member.	
SUGGESTED DISCUSSION POINTS: N/A	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items)	
LIST OF ATTACHMENTS: Resume & Request letter	



TAHOE FOREST
HEALTH SYSTEM FOUNDATION

Date: June 16, 2025

To: Tahoe Forest Hospital District Board of Directors

From: Karli Bunnell, Executive Director – Tahoe Forest Health System Foundation

Re: Request for new board member approval

Dear Tahoe Forest Hospital District:

TFHSF has recently approved Aaron Gladman, MD to become a board member. He brings a wealth of experience, expertise, and community connections to our Foundation Board and community.

Aaron Gladman's resume is attached.

Respectfully submitted on behalf of the Tahoe Forest Health System Foundation.

Aaron Gladman, MD

Mobile 510-847-0093

Email Aaron.Gladman@vituity.com

TRAINING & EDUCATION:

2005-2008	Harbor-UCLA Emergency Medicine Residency Program, Torrance, Calif.
2001-2005	University of California, Davis, School of Medicine. <i>M.D., June 2005</i>
1999-2000	Mills College, Oakland, Calif. <i>Post-Baccalaureate Pre-Medical Degree Program</i>
1989-1993	University of California, Berkeley, School of Architecture. <i>B.A. in Architecture, with honors</i>

WORK EXPERIENCE:

since 2020	Medical Director and Chair , Emergency Departments, Tahoe Forest and Incline Village Hospitals
since 2015	Emergency Physician , Tahoe Forest Hospital, Truckee, Calif.
2012-2020	Quality Improvement Director, Emergency Dept. , El Camino Hospital, Mountain View, Calif.
2011-2016	Medical Director, Employee Health Services , El Camino Hospital, Mountain View, Calif.
since 2008	Emergency Physician , El Camino Hospital, Mountain View, Calif.
2008-2011	Emergency Physician , El Camino Hospital, Los Gatos, Calif.
2008-2011	Assistant Clinical Faculty , Emergency Medicine, Harbor-UCLA Med Center, Torrance, Calif.
2007-2008	Emergency Physician , Kaiser Permanente, Harbor City, Calif.

LICENSURE & CERTIFICATION:

since 2009	Diplomate, American Board of Emergency Medicine
since 2008	Advanced Trauma Life Support certification
since 2006	California State Medical License and DEA Controlled Substance Registration

HONORS, RESEARCH & PUBLICATIONS:

2006	<i>"Toxicodendron Dermatitis: Poison Ivy, Oak & Sumac" Wilderness Environmental Medicine. 2006 Summer;17(2):120-128</i>
2004	Medical Scholarship Recipient, 2004-05. The MacKenzie Foundation
2004	Member, Alpha Omega Alpha (AOA) Honor Society

PROFESSIONAL MEMBERSHIPS:

since 2002	American College of Emergency Physicians
since 2001	American Medical Association
since 2001	California Medical Association
since 1998	Wilderness Medical Society



AGENDA ITEM COVER SHEET

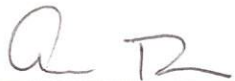
MEETING DATE: June 26, 2025	ITEM: Acknowledgments
DEPARTMENT: Volunteers / Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Letter & Certificate of Appreciation
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: For over 25 years, Tahoe Forest Hospital District volunteers Al & Josi Noyes have a combined total of nearly 8500 hours of volunteer service to the District. They have recently moved away from the Truckee area and will greatly missed.	
SUMMARY/OBJECTIVES: Provide acknowledgment and recognition for long time volunteers Al & Josi Noyes after their departure from Tahoe Forest Hospital District.	
SUGGESTED DISCUSSION POINTS: Tracy Chaney, Volunteer Coordinator and Marie Clukey, long time volunteer presented Al & Josi Noyes the framed certificate and letter on their final volunteer day in the Emergency Department on Saturday, June 7, 2025.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: If a specific Board Report is pulled from the consent agenda, provide discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Board Report as presented.	
LIST OF ATTACHMENTS: Letter of Appreciation to Volunteers Al & Josi Noyes Certificate of Appreciation to Volunteers Al & Josi Noyes	

CERTIFICATE OF APPRECIATION

PRESENTED TO:

AL & JOSI NOYES

In gratitude and appreciation
for over twenty-five years of volunteer service to
Tahoe Forest Hospital District



Anna M. Roth, RN, MSN, MPH
President & CEO



TAHOE FOREST
HOSPITAL DISTRICT



June 3, 2025

Dear Al and Josi Noyes,

On behalf of Tahoe Forest Hospital District, I want to extend our deepest gratitude and warmest farewell as you prepare to move on to your next chapter.

For over 25 years and nearly 8,500 hours, you have given your time, skills, and energy to support our patients, families, and staff. Your presence and contributions have made a lasting impact.

We are grateful for your commitment to service as valued volunteers. Your impact will be felt for many years to come.

While we are sad to see you leave, we are also grateful for the time you dedicated to the Health System. Please know that your legacy will always remain with us, and you will forever be part of the Tahoe Forest family.

Wishing you all the best, and continued purpose in your new home.

With gratitude,

Anna M. Roth, RN, MSN MPH
President & CEO



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 13.7 Board Policies
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Executive Assistant / Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Administrative and departmental operating policies must be reviewed <i>at least once every three years</i> , more often as necessary. ABD - Board P&P's describes the role, organization, integration and responsibilities of the Governing Bodies within the organization including, Board Members and Administration, guiding consistent corporate behavior and decision making in alignment with the Mission and Values of TFHS.	
SUMMARY/OBJECTIVES: <u>Policies – No Changes</u> None <u>Policies – Minor Changes</u> 13.7.2. Inspection and Copy of Public Records, ABD-14 13.7.3. Emergency on-Call, ABD-10 <u>Policies – Major Changes</u> 13.7.1. Awarding Public Construction Projects, ABD-26	
SUGGESTED DISCUSSION POINTS: Policies have been reviewed by Department Directors, Administrative Council Members, In-House Counsel, and General Counsel as appropriate, followed by review they have been recommended for approval by Governance Committee on 06/10/2025. <u>Policies – Major Changes</u> 13.7.1. Awarding Public Construction Projects, ABD-26 - Policy was edited by VP of Facilities and Construction Management then sent to General Counsel for review prior to Governance Committee on 06/10/2025. - Governance Committee noted that deletions in the redline version were a relocation of text or formatting of text from PROCEDURE Section A, to a new section, PROCEDURE Section I,	

subsection A. No text was deleted from the policy. Significant amounts of text was added to the policy.

- After Governance Committee the policy was reformatted and sent for review to ensure completeness.

- Both versions are attached to show the formatting updates. If approved, **Version 2**, will become the active policy.

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the consent agenda as presented.

(includes all consent items)

Alternate Motion: Alternative: pull individual policy from the consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the the policy as presented.

LIST OF ATTACHMENTS:

Awarding Public Construction Projects, ABD-26

Inspection and Copying of Public Records, ABD-14

Emergency On-Call, ABD-10



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

Department **Board - ABD**

Awarding Public Construction Projects, ABD-26

RISK:

Without a process consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et [seq.](#))[or the Local Agency Design-Build Contracting statute \(Public Contracts Code § 22185 et seq.\)](#), inherent bias or inequitable bidding practices for public contracts could result.

PURPOSE:

This policy is intended to establish regulations to apply to all public contracts at Tahoe Forest Hospital District ("District") in a manner that is consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.) [and, where applicable, the best value construction contracting procedures in Public Contract Code Chapter 4.7 \(§§ 22185–22185.11\).](#)

POLICY:

- A. **Public Projects.** The term "public project" shall have the definition set forth in Public Contract Code §22002, with the exception of medical-surgical equipment or supplies, data processing or telecommunication goods or services governed by California Health and Safety Code § 32132.
- B. **Bidding Not Required.** Except as provided in subsection E, the Chief Executive Officer (CEO) or his or her designee, may cause public projects of sixty thousand dollars (\$60,000.00) or less to be performed by employees of the District by force account, by negotiated contract, or by purchase order.
- C. **Informal Bidding.** Except as provided in subsection E, public projects of two hundred thousand dollars (\$200,000.00) or less, may be let to contract by informal procedures as set forth below.

- D. **Formal Bidding.** Except as provided in subsection E, public projects of more than two hundred thousand dollars (\$200,000.00) shall be let to contract by the formal bidding procedure outlined in DMM-22.
- E. **Automatic Adjustments.** The dollar limits set forth in subsections B, C and D of this section shall adjust without District action as necessary to comply with any adjustment mandated by the Controller pursuant to the authority granted by Public Contract Code § 22020.
- F. **List of Contractors.** A list of contractors shall be developed and maintained in accordance with Public Contracts Code § 22034(a) and any criteria promulgated from time to time by the California Uniform Construction Cost Accounting Commission (Commission). Such list will be maintained by the Facilities Department.
- G. **Sole-source purchasing.** Prior to submitting a purchase request, the requesting department shall conduct a survey of available sources to determine whether there is only one source capable of competently and efficiently providing the required supplies, equipment or service. If it is determined that there is only a single source for the purchasing of a particular item or service, the Facilities Department shall prepare a waiver of bid and the contract may be awarded to the sole source vendor without competition. In this case, the relevant Director shall conduct negotiations, as appropriate, as to price, delivery, and terms.
- H. Design-Build “Best Value” Bidding

1. The District may use the progressive design-build, also known as best value, bidding procedures in compliance with Chapter 4.7 of the Public Contract Code (Pub. Contract Code, § 22185 et seq.) as an alternative to the Uniform Public Construction Cost Accounting Act bidding procedures, when authorized by Chapter 4.7.
 - a. The District may use progressive design-build delivery when the President & CEO(or designee) determines that this method is appropriate based on factors including:
 - i. Project complexity requiring early contractor involvement
 - ii. Accelerated delivery schedule requirements
 - iii. Innovative design or construction techniques needed
 - iv. Risk allocation benefits
 - v. Life-cycle cost considerations
 - vi. Stakeholder coordination requirements
2. The District may procure progressive design-build contracts and use the progressive design-build contracting process described in Chapter 4.7 of the Public Contract Code for up to 10 public works projects in excess of five million dollars (\$5,000,000) for each project.
3. The District shall develop guidelines for a standard organizational conflict-of-interest policy, consistent with applicable law, regarding the ability of a person or entity that performs services for the District relating to the solicitation of a design-build project, to submit a proposal as a design-build entity, or to join a design-build team.
4. The District and any design build entity must comply with all requirements of Chapter 4.7 of the Public Contract Code and the design build “best value” bidding

requirements outlined in section II of the procedure section of this policy.

5. This policy's progressive design-build authorization expires on January 1, 2030, consistent with the statutory sunset provision in Public Contract Code section 22185.11. The District should monitor legislative developments regarding potential extension or modification of the progressive design-build authorization.

- I. **Bid Conditions.** All bids submitted to the District shall be subject to the following general conditions:
 1. Contracts for work shall be awarded to the lowest responsive responsible bidder. The Facilities Department reserves the right to determine the conditions of responsibility, including matters such as delivery date, products quality and the service and reliability of the supplier.
 2. The District is under no obligation, express or implied, to accept the lowest bid received. The Facilities Department reserves the right to reject all bids if it so desires.
 3. No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by Tahoe Forest Hospital District.
 4. If bids on more than one kind of item are solicited at the same time by the district, the Facilities Department shall have the right to accept parts of one or more bids, unless the bidder has specified otherwise.

PROCEDURE:

I. Uniform Public Construction Cost Accounting Act Bidding

A. Informal Bidding Procedures

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

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

1. **Preparation of Plans, Specifications or Description of Proposed Work.** Upon determination that work is required and that formal bidding is required, the responsible staff or consultants selected by the Facilities Department shall prepare, or cause to be prepared, plans, specifications or descriptions of the work in such detail and with such specificity as the nature of the work may require. If the nature of the work so requires, such plans, specifications or descriptions shall include

requirements for bid bonds and/or requirements for performance and completion bonds.

2. **Timing of Bids.** The plans, specifications or descriptions shall also set forth the procedure and final date and time for submission of bids.
3. **Copies.** Copies of the plans, specifications or descriptions may be sold to potential bidders at cost

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

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

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

E. **Requirements of Notice.** The notice required in Procedure Section C shall:

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

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

1. If the nature or performance of the work is such that pre-qualification may be required, is necessary or desirable, such procedures for such pre-qualification, shall be set forth in or provided with the plans, specifications or descriptions outlined in the notice described in Procedure Section C.
2. **Examination and Evaluation of Bids.** All bids timely filed or, if applicable, all pre-qualified bids, shall be publicly opened by the Facilities Department on the date and time and at the place specified for the opening of bids. Bidders, or their representatives, may be present at the time the bids are opened. The amount of each bid shall be read or a copy made available to any bidder or representative then present.
3. The bids and District's evaluation of them and the recommendations shall be presented to the Board of Directors at its next regular meeting, provided that the Board may delegate to the Director of Facilities the power to approve bids, pursuant

to these policies and procedures.

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

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

H. Bidder's Security

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

I. Failure to Perform:

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

- J. **Tie Bids.** If two or more bids are submitted in the same total amount or unit price, quality and service being equal, and if the public interest will not permit the delay of re-advertising for bids, the officer or agency of the District authorized to award the contract may accept either bid.
- K. **No Bids Received.** If no bids are received following compliance with the requirements of this section, the officer or agency of the District authorized to award the contract may procure the requested supplies, equipment, or services through force account or negotiated contract without further compliance with this chapter.
- L. **Emergencies**
 - 1. In cases of emergency when repair or replacements are necessary, the District may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, or giving notice for bids to let contracts. The work may be done by day labor under the direction of the Facilities Department, by contractor, or by a combination of the two.
 - 2. In case of an emergency, if notice for bids to let contracts will not be given, the District shall comply with Chapter 2.5 of Part 3 of Division 2 of the Public Contracting Code (commencing with Section 22050).
 - 3. When making an emergency purchase, the requesting department shall complete a waiver of bid form and submit it to the Director of Facilities.

II. Progressive Design-Build “Best Value” Bidding

- A. **Applicable law.** The procedure for selecting a contractor under the best value bidding process must comply with the requirements of Chapter 4.7 of the Public Contract Code, § 22185 et seq.
- B. **Request for Qualification.** The District shall prepare and issue a request for qualifications in order to select a design-build entity to execute the project. The District may elect to prepare and issue a request for proposals following the request for qualifications as part of the selection process. The request for qualifications shall comply with the requirements of Public Contract Code section 22185.3 and include at minimum the following elements:
 - 1. Documentation of the size, type, and desired design character of the project and any other information deemed necessary to describe adequately the District’s needs and inform interested parties of the contracting opportunity.
 - 2. Significant factors that the District reasonably expects to consider in evaluating qualifications, including technical design, construction expertise, and other non-price-related factors. The District may require that a preliminary cost estimate be included.
 - 3. The relative importance or the weight assigned to each of the factors identified in the request for qualifications.
 - 4. A standard template request for statements of qualifications prepared by the District. In preparing the standard template, the District may consult with the construction industry, the building trades and surety industry, and other Districts interested in using the authorization provided by this chapter. The template shall require the information specified in Public Contract Code section 22185.3, subdivision (a)(4):

- a. Ownership Structure: If privately held, listing of all shareholders, partners, or members who will perform project work
- b. Experience and Capacity:
 - i. Evidence of completed projects of similar size, scope, or complexity
 - ii. Key personnel experience and training
 - iii. Financial statements demonstrating capacity to complete the project
- c. Licensing and Credentials:
 - i. Required licenses, registrations, and credentials
 - ii. Information on any revocations or suspensions
- d. Financial Capacity:
 - i. Evidence of ability to obtain required bonding
 - ii. Liability insurance capacity
 - iii. Errors and omissions insurance capacity
- e. Safety Information:
 - i. Workers' compensation experience history
 - ii. Worker safety program
 - iii. Safety record meeting statutory standards
- f. Organizational Documents: Copy of organizational documents or agreement to form the organization

5. The information required under the Request for Qualification shall be certified under penalty of perjury by the design-build entity and its general partners or joint venture members.

C. Certification. Unless authorized under Public Contract Code section 22185.3, subdivision (b)(2), a design-build entity shall not be evaluated for selection unless the entity provides an enforceable commitment to the District that the entity and its subcontractors at every tier will use a skilled and trained workforce to perform all work on the project or contract that falls within an apprenticeable occupation in the building and construction trades, in accordance with Chapter 2.9 (commencing with Section 2600) of Part 1 of the Public Contract Code.

D. Solicitation and Evaluation

- 1. Advertisement: The RFQ shall be advertised in accordance with applicable public notice requirements
- 2. Submission Period: Allow sufficient time for thorough response preparation
- 3. Evaluation Process:
 - a. Review submissions based on RFQ criteria
 - b. May conduct interviews with some or all entities

- c. Select qualified design-build entity based on published criteria to contractor offering the best value based upon qualifications

E. Preconstruction Services Contract

1. Contract Elements. Upon selection, the District shall enter into a preconstruction services contract that includes:
 - a. Scope of Preconstruction Services:
 - i. Design development
 - ii. Value engineering
 - iii. Constructability review
 - iv. Scheduling
 - v. Cost estimating
 - vi. Permitting assistance
 - b. Compensation Structure:
 - i. Fixed fee for preconstruction services
 - ii. Reimbursable expenses (if applicable)
 - iii. Method for tracking costs
 - c. Design Development Process:
 - i. Design milestones and deliverables
 - ii. District review and approval procedures
 - iii. Design modification procedures
2. Guaranteed Maximum Price (GMP) Negotiation. During preconstruction services, the parties shall negotiate:
 - a. Project Scope: Final scope of work and specifications
 - b. Schedule: Construction schedule and milestones
 - c. GMP Amount: Maximum price for construction including:
 - i. Direct costs
 - ii. General conditions
 - iii. Contractor overhead and profit
 - iv. Contingencies

E. Construction Contract Decision

1. GMP Agreement Process. If the parties reach agreement on scope, schedule, and GMP:
 - a. Contract Amendment: Execute amendment adding construction services
 - b. Performance Security: Design-build entity shall provide required bonds
 - c. Insurance: Verify required insurance coverage is in place

2. B. Alternative if No Agreement. If parties cannot reach agreement:
 - a. Contract Termination: District may terminate preconstruction contract
 - b. Compensation: Pay for completed preconstruction services
 - c. Alternative Procurement: District may pursue alternative delivery methods
 - d. Work Product: District retains rights to design work product (subject to contract terms)

- G. Public Disclosure. Upon issuance of a contract award, the District shall publicly announce its award, identifying the design-build entity to which the award is made, along with a statement regarding the basis of the award. The statement regarding the District’s contract award and the contract file shall provide sufficient information to satisfy an external audit.

- H. Payment and Bonds. The selected contractor shall provide all required bonding and insurance information as required by the District and comply with all bonding and insurance requirements pursuant to Public Contract Code section 22185.4.

- I. Reporting. No later than December 31, 2028, the District shall submit, to the appropriate policy and fiscal committees of the Legislature, a report on the use of the progressive design-build process. The report shall include the information required under Public Contract Code section 22185.8.

Approval Signatures		
Step Description	Approver	Date
	Harry Weis: CEO	04/2022
	Martina Rochefort: Clerk of the Board	03/2022

Status **Draft** PolicyStat ID **18335462**



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

Department **Board - ABD**

Awarding Public Construction Projects, ABD-26

RISK:

Without a process consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.) or the Local Agency Design-Build Contracting statute (Public Contracts Code § 22185 et seq.), inherent bias or inequitable bidding practices for public contracts could result.

PURPOSE:

This policy is intended to establish regulations to apply to all public contracts at Tahoe Forest Hospital District ("District") in a manner that is consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.) and, where applicable, the best value construction contracting procedures in Public Contract Code Chapter 4.7 (§§ 22185–22185.11).

POLICY:

- A. **Public Projects.** The term "public project" shall have the definition set forth in Public Contract Code §22002, with the exception of medical-surgical equipment or supplies, data processing or telecommunication goods or services governed by California Health and Safety Code § 32132.
- B. **Bidding Not Required.** Except as provided in subsection E, the Chief Executive Officer (CEO) or his or her designee, may cause public projects of sixty thousand dollars (\$60,000.00) or less to be performed by employees of the District by force account, by negotiated contract, or by purchase order.
- C. **Informal Bidding.** Except as provided in subsection E, public projects of two hundred thousand dollars (\$200,000.00) or less, may be let to contract by informal procedures as set forth below.

- D. **Formal Bidding.** Except as provided in subsection E, public projects of more than two hundred thousand dollars (\$200,000.00) shall be let to contract by the formal bidding procedure outlined in DMM-22.
- E. **Automatic Adjustments.** The dollar limits set forth in subsections B, C and D of this section shall adjust without District action as necessary to comply with any adjustment mandated by the Controller pursuant to the authority granted by Public Contract Code § 22020.
- F. **List of Contractors.** A list of contractors shall be developed and maintained in accordance with Public Contracts Code § 22034(a) and any criteria promulgated from time to time by the California Uniform Construction Cost Accounting Commission (Commission). Such list will be maintained by the Facilities Department.
- G. **Sole-source purchasing.** Prior to submitting a purchase request, the requesting department shall conduct a survey of available sources to determine whether there is only one source capable of competently and efficiently providing the required supplies, equipment or service. If it is determined that there is only a single source for the purchasing of a particular item or service, the Facilities Department shall prepare a waiver of bid and the contract may be awarded to the sole source vendor without competition. In this case, the relevant Director shall conduct negotiations, as appropriate, as to price, delivery, and terms.
- H. Design-Build “Best Value” Bidding

1. The District may use the progressive design-build, also known as best value, bidding procedures in compliance with Chapter 4.7 of the Public Contract Code (Pub. Contract Code, § 22185 et seq.) as an alternative to the Uniform Public Construction Cost Accounting Act bidding procedures, when authorized by Chapter 4.7.
 - a. The District may use progressive design-build delivery when the President & CEO(or designee) determines that this method is appropriate based on factors including:
 - i. Project complexity requiring early contractor involvement
 - ii. Accelerated delivery schedule requirements
 - iii. Innovative design or construction techniques needed
 - iv. Risk allocation benefits
 - v. Life-cycle cost considerations
 - vi. Stakeholder coordination requirements
2. The District may procure progressive design-build contracts and use the progressive design-build contracting process described in Chapter 4.7 of the Public Contract Code for up to 10 public works projects in excess of five million dollars (\$5,000,000) for each project.
3. The District shall develop guidelines for a standard organizational conflict-of-interest policy, consistent with applicable law, regarding the ability of a person or entity that performs services for the District relating to the solicitation of a design-build project, to submit a proposal as a design-build entity, or to join a design-build team.
4. The District and any design build entity must comply with all requirements of Chapter 4.7 of the Public Contract Code and the design build “best value” bidding

requirements outlined in section II of the procedure section of this policy.

5. This policy's progressive design-build authorization expires on January 1, 2030, consistent with the statutory sunset provision in Public Contract Code section 22185.11. The District should monitor legislative developments regarding potential extension or modification of the progressive design-build authorization.

- I. **Bid Conditions.** All bids submitted to the District shall be subject to the following general conditions:

1. Contracts for work shall be awarded to the lowest responsive responsible bidder. The Facilities Department reserves the right to determine the conditions of responsibility, including matters such as delivery date, products quality and the service and reliability of the supplier.
2. The District is under no obligation, express or implied, to accept the lowest bid received. The Facilities Department reserves the right to reject all bids if it so desires.
3. No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by Tahoe Forest Hospital District.
4. If bids on more than one kind of item are solicited at the same time by the district, the Facilities Department shall have the right to accept parts of one or more bids, unless the bidder has specified otherwise.

PROCEDURE:

A. **Informal Bidding Procedures**

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

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

1. **Preparation of Plans, Specifications or Description of Proposed Work.** ~~Upon determination that work is required and that formal bidding is required, the responsible staff or consultants selected by the Facilities Department shall prepare, or cause to be prepared, plans, specifications or descriptions of the work in such detail and with such specificity as the nature of the work may require. If the nature of the work so requires, such plans, specifications or descriptions shall include requirements for bid bonds and/or requirements for performance and completion bonds.~~

2. **Timing of Bids.** The plans, specifications or descriptions shall also set forth the procedure and final date and time for submission of bids.
 3. **Copies.** Copies of the plans, specifications or descriptions may be sold to potential bidders at cost
- C. **Request for Bids.** In instances where formal bidding is required by law, or where it is otherwise deemed desirable or appropriate to obtain formal bids, such bids shall be invited as follows:
1. A notice inviting bids from qualified bidders, published in a newspaper of general circulation, printed and published in the District's jurisdiction; and
 2. Mail and, if available in electronic format, by facsimile or electronic mail to all construction trade journals specified by the Commission in accordance with Public Contract Code § 22036.
 3. The District may provide additional notice.
- D. **Timing of Notice.** The last such published notice or such announcement shall be published or mailed at least three (3) weeks prior to the date fixed for opening of the bids.
- E. **Requirements of Notice.** The notice required in Procedure Section C shall:
1. Describe the contemplated work,
 2. Set forth the procedure by which potential bidder may obtain copies of the plans, specifications, or descriptions,
 3. State the final date and address for submission of bids, and the date, time and place for opening of bids; and
 4. Set forth such other matters, if any, as would reasonably enhance the number and quality of bids.
- F. **Preparation of Submission of Bids.** Bids shall be in writing and shall refer specifically to the contemplated work. They shall be transmitted to a person or office designated by the District in the notice described in Procedure Section C. All bids shall remain sealed until the date and time set forth in such notice.
1. If the nature or performance of the work is such that pre-qualification may be required, is necessary or desirable, such procedures for such pre-qualification, shall be set forth in or provided with the plans, specifications or descriptions outlined in the notice described in Procedure Section C.
 2. **Examination and Evaluation of Bids.** All bids timely filed or, if applicable, all pre-qualified bids, shall be publicly opened by the Facilities Department on the date and time and at the place specified for the opening of bids. Bidders, or their representatives, may be present at the time the bids are opened. The amount of each bid shall be read or a copy made available to any bidder or representative then present.
 3. The bids and District's evaluation of them and the recommendations shall be presented to the Board of Directors at its next regular meeting, provided that the Board may delegate to the Director of Facilities the power to approve bids, pursuant to these policies and procedures.

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

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

H. **Bidder's Security**

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

I. **Failure to Perform:**

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

- J. **Tie Bids.** If two or more bids are submitted in the same total amount or unit price, quality and service being equal, and if the public interest will not permit the delay of re-advertising for bids,

the officer or agency of the District authorized to award the contract may accept either bid.

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

L. **Emergencies**

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

M. **Uniform Public Construction Cost Accounting Act Bidding**

1. **Informal Bidding Procedures**

- a. **Required Noticing.** When a public contract is to be bid pursuant to the procedures in this Policy, a notice inviting informal bids shall be mailed to all construction trade journals specified by the Commission in accordance with Public Contract Code § 22036.
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- c. **Copies.** Copies of the plans, specifications or descriptions may be sold to potential bidders at cost
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 3. The District may provide additional notice.
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 - b. Set forth the procedure by which potential bidder may obtain copies of the plans, specifications, or description's.
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6. **Preparation of Submission of Bids.** Bids shall be in writing and shall refer specifically to the contemplated work. They shall be transmitted to a person or office designated by the District in the notice described in Procedure Section C. All bids shall remain sealed until the date and time set forth in such notice.
- a. If the nature or performance of the work is such that pre-qualification may be required, is necessary or desirable, such procedures for such pre-qualification, shall be set forth in or provided with the plans, specifications or descriptions outlined in the notice described in Procedure Section C.
 - b. Examination and Evaluation of Bids. All bids timely filed or, if applicable, all pre-qualified bids, shall be publicly opened by the Facilities Department on the date and time and at the place specified for the opening of bids. Bidders, or their representatives, may be present at the time the bids are opened. The amount of each bid shall be read or a copy made available to any bidder or representative then present.
 - c. The bids and District's evaluation of them and the recommendations shall be presented to the Board of Directors at its next regular meeting, provided that the Board may delegate to the Director of Facilities the power to approve bids, pursuant to these policies and procedures.
7. **Awarding of Contracts.** The Board of Directors, or the Board's designee, shall award

the contract for the performance of work to the lowest responsible bidder who has furnished such security as may have been specified by the Board of Directors. In the alternative, the Board may reject all bids.

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

8. Bidder's Security

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

9. Failure to Perform:

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

10. **Tie Bids.** If two of more bids are submitted in the same total amount or unit price, quality and service being equal, and if the public interest will not permit the delay of re-advertising for bids, the officer or agency of the District authorized to award the contract may accept either bid.
11. **No Bids Received.** If no bids are received following compliance with the requirements of this section, the officer or agency of the District authorized to award the contract may procure the requested supplies, equipment, or services through force account or negotiated contract without further compliance with this chapter.
12. **Emergencies**
 - a. In cases of emergency when repair or replacements are necessary, the District may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, or giving notice for bids to let contracts. The work may be done by day labor under the direction of the Facilities Department, by contractor, or by a combination of the two.
 - b. In case of an emergency, if notice for bids to let contracts will not be given, the District shall comply with Chapter 2.5 of Part 3 of Division 2 of the Public Contracting Code (commencing with Section 22050).
 - c. When making an emergency purchase, the requesting department shall complete a waiver of bid form and submit it to the Director of Facilities.

N. Progressive Design-Build “Best Value” Bidding

1. Applicable law. The procedure for selecting a contractor under the best value bidding process must comply with the requirements of Chapter 4.7 of the Public Contract Code, § 22185 et seq.
2. **Request for Qualification.** The District shall prepare and issue a request for qualifications in order to select a design-build entity to execute the project. The District may elect to prepare and issue a request for proposals following the request for qualifications as part of the selection process. The request for qualifications shall comply with the requirements of Public Contract Code section 22185.3 and include at minimum the following elements:
 - a. Documentation of the size, type, and desired design character of the project and any other information deemed necessary to describe adequately the District’s needs and inform interested parties of the contracting opportunity.
 - b. Significant factors that the District reasonably expects to consider in evaluating qualifications, including technical design, construction expertise, and other non-price-related factors. The District may require that a preliminary cost estimate be included. The relative importance or the weight assigned to each of the factors identified in the request for qualifications.
 - c. A standard template request for statements of qualifications prepared by the District. In preparing the standard template, the District may consult with the construction industry, the building trades and surety industry, and

other Districts interested in using the authorization provided by this chapter. The template shall require the information specified in Public Contract Code section 22185.3, subdivision (a)(4):

i. Ownership Structure: If privately held, listing of all shareholders, partners, or members who will perform project work

ii. Experience and Capacity:

a. Evidence of completed projects of similar size, scope, or complexity

b. Key personnel experience and training

c. Financial statements demonstrating capacity to complete the project

iii. Licensing and Credentials:

a. Required licenses, registrations, and credentials

b. Information on any revocations or suspensions

iv. Financial Capacity:

a. Evidence of ability to obtain required bonding

b. Liability insurance capacity

c. Errors and omissions insurance capacity

v. Safety Information:

a. Workers' compensation experience history

b. Worker safety program

c. Safety record meeting statutory standards

vi. Organizational Documents: Copy of organizational documents or agreement to form the organization.

d. The information required under the Request for Qualification shall be certified under penalty of perjury by the design-build entity and its general partners or joint venture members.

3. **Certification.** Unless authorized under Public Contract Code section 22185.3, subdivision (b)(2), a design-build entity shall not be evaluated for selection unless the entity provides an enforceable commitment to the District that the entity and its subcontractors at every tier will use a skilled and trained workforce to perform all work on the project or contract that falls within an apprenticeship occupation in the building and construction trades, in accordance with Chapter 2.9 (commencing with Section 2600) of Part 1 of the Public Contract Code.

4. **Solicitation and Evaluation**

a. **Advertisement:** The RFQ shall be advertised in accordance with applicable public notice requirements.

b. **Submission Period:** Allow sufficient time for thorough response

preparation.

c. Evaluation Process:

- i. Review submissions based on RFQ criteria**
- ii. May conduct interviews with some or all entities**
- iii. Select qualified design-build entity based on published criteria to contractor offering the best value based upon qualifications**

5. Preconstruction Services Contract

a. Contract Elements. Upon selection, the District shall enter into a preconstruction services contract that includes:

i. Scope of Preconstruction Services:

- a. Design development**
- b. Value engineering**
- c. Constructability review**
- d. Scheduling**
- e. Cost estimating**
- f. Permitting assistance**

ii. Compensation Structure:

- a. Fixed fee for preconstruction services**
- b. Reimbursable expenses (if applicable)**
- c. Method for tracking costs**

iii. Design Development Process:

- a. Design milestones and deliverables**
- b. District review and approval procedures**
- c. Design modification procedures**

b. Guaranteed Maximum Price (GMP) Negotiation. During preconstruction services, the parties shall negotiate:

- i. Project Scope: Final scope of work and specifications**
- ii. Schedule: Construction schedule and milestones**
- iii. GMP Amount: Maximum price for construction including:**
- iv. Direct costs**
- v. General conditions**
- vi. Contractor overhead and profit**
- vii. Contingencies**

6. Construction Contract Decision

- a. **GMP Agreement Process.** If the parties reach agreement on scope, schedule, and GMP:
 - i. Contract Amendment: Execute amendment adding construction services
 - ii. Performance Security: Design-build entity shall provide required bonds
 - iii. Insurance: Verify required insurance coverage is in place
 - b. **B. Alternative if No Agreement.** If parties cannot reach agreement:
 - i. Contract Termination: District may terminate preconstruction contract
 - ii. Compensation: Pay for completed preconstruction services
 - iii. Alternative Procurement: District may pursue alternative delivery methods
 - iv. Work Product: District retains rights to design work product (subject to contract terms)
7. **Public Disclosure.** Upon issuance of a contract award, the District shall publicly announce its award, identifying the design-build entity to which the award is made, along with a statement regarding the basis of the award. The statement regarding the District's contract award and the contract file shall provide sufficient information to satisfy an external audit.
 8. **Payment and Bonds.** The selected contractor shall provide all required bonding and insurance information as required by the District and comply with all bonding and insurance requirements pursuant to Public Contract Code section 22185.4.
 9. **Reporting.** No later than December 31, 2028, the District shall submit, to the appropriate policy and fiscal committees of the Legislature, a report on the use of the progressive design-build process. The report shall include the information required under Public Contract Code section 22185.8.

Approval Signatures

Step Description

Approver

Date



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

Inspection and Copying of Public Records, ABD-14

RISK

Failure to follow requirements relating to the disclosure of public records could result in legal ramifications.

POLICY

Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District

The following Guidelines shall govern the accessibility for inspection and copying of all public records of the Tahoe Forest Hospital District (District). These Guidelines have been set by the Board of Directors (Board) and are to be administered by the President and Chief Executive Officer (CEO).

A. Purpose of Guidelines

The Guidelines are general rules to be followed by those charged with administration of the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** adopted by the Board of Directors. Certain legal requirements (Government Code section ~~6250~~7920.000, et seq.) must be followed relating to the disclosure of records and the protection of the confidentiality of records. These Guidelines set forth the general rules contained in those laws and are not intended to conflict with state or federal law.

B. Definitions

1. "Person" and "public records" are defined in the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** (Procedures). Those definitions apply here.
2. "Writing" means any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and

any record thereby created, regardless of the manner in which the record has been stored.

3. "Computer Records" means writings stored or maintained on a computer. Computer records are subject to disclosure as otherwise required or exempted by these guidelines. However, computer software, including computer mapping systems, computer programs and computer graphics systems, developed by the District, are not "public records," and are not subject to disclosure. The District may sell, lease, or license such software for commercial or noncommercial use.

C. Questions of Interpretation

1. If there is a good faith dispute concerning whether District records should be disclosed under these Guidelines, the records should not be made accessible to the public until the CEO has reviewed and made a decision. The decision may be reviewed by the Board upon its own initiative, or upon the applicant's petition to the Board, within ten (10) days of the CEO's decision. If the Board reviews the decision, it may affirm or reject the decision, in its sole discretion, and the Board's decision is final. If the Board does not review the decision, the CEO's decision is final.
2. The District shall justify the withholding of any record, or part thereof, by demonstrating that the record requested and withheld is exempt under Section E of these Guidelines.
3. With any denial of an Application for Inspection or Copying of Records, the District shall, within the period allowed under Section F of the **Procedures**, notify the applicant of the decision to deny the application and state the names and positions of each person responsible for the denial of the request.

D. Following Procedures for Inspection and Copying

The Procedures referred to herein shall be followed at all times. Records of inspections shall be accurately maintained.

E. Records Subject to Inspection

All public records of the District are subject to inspection under these Guidelines except:

1. Records subject to inspection only with authorization, under Section F below;
2. Records **NOT SUBJECT** to inspection, unless by Court Order under Section G below;
3. Public records pertaining to financial or utilization data, unless permitted by Section H below; or
4. Records which may be withheld by exercise of judgment, under Section I below.

F. Records Subject to Inspection Only with Authorization

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), any records relating to patients of the District (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under these conditions:

1. Upon presentation of a **written** authorization signed and presented by an adult patient, the guardian or conservator of his or her person or estate, the personal representative or an heir of a deceased patient, or, in the case of a minor, by a parent or guardian of such minor. Written authorization may be presented by an attorney at

law representing such person described above.

- a. Where records relating to a minor patient are sought by a representative and the minor is authorized by law to consent to medical treatment, or the District determines that access to the information would have a detrimental effect on the patient-provider relationship or the minor's physical or psychological well-being, the District shall not permit inspection of such records, absent a court order.
- b. Except when requested by a licensed physician, surgeon, psychologist, marriage and family therapist, clinical social worker, or professional clinical counselor designated by request of the patient, the District may decline to permit inspection of mental health records sought by a patient or representative if the District determines that access to records by the patient poses a substantial risk of significant adverse or detrimental consequences to the patient. The District must place a written record of the reason for refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code section 123115, subdivision (b).

2. The following information must be provided for disclosure under this Section F:

- a. The name of the patient whose records are requested.
- b. The name and signature of the requestor.
- c. A statement of the relationship to the patient (if the requestor is a patient representative).
- d. Identification of the portion of the patient record to be inspected or copied.
- e. The date of the request.

G. Records Not Subject to Inspection (Unless by Court Order)

The following District records are **not subject to inspection** by any person without a written order issued by a Court of the State of California or of the United States of America):

1. Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the District having the responsibility of evaluation and improvement of the quality of care rendered in the District.
2. Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, until such litigation or claim has been finally adjudicated or otherwise settled.
3. Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
4. Records of complaints to, investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
5. Test questions, scoring keys, and other examination data used to administer a

licensing examination, examination for employment, or academic examination.

6. The contents of real estate appraisals, engineering or feasibility estimates, and evaluations made for or by the District relative to acquiring property, or to prospective public supply and construction contracts, until the property has been acquired or the contract agreement has been fully executed.
7. Records the disclosure of which is exempted or prohibited under provisions of federal or state law, including, but not limited to, provisions of the Evidence Code relating to privilege (e.g., privileges are conditionally provided for communications between lawyer and client, physician and patient, and psychotherapist and patient).
8. Library circulation and patron use records that identify the borrower of items available in any District libraries and the borrower's use of library resources.
9. Preliminary drafts, notes, or interdistrict, intra-district or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.
10. Records in the custody of or maintained by legal counsel to the District.
11. Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualification for the license, certificate or permit applied for.
12. Within one (1) year of full execution, records relating to any contract or amendment thereof, for inpatient services governed by Articles 2.6, 2.8 and 2.91 of Chapter 7 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, except for the portion of the contract containing rates of payment, which shall be open to inspection three (3) years after the full execution of the contract. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
13. Within one (1) year of full execution, records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates under section 10133 of the Insurance Code.
14. Within one (1) year of full execution, records relating to any contract, or amendment thereof, with the Major Risk Medical Insurance Program for health coverage under former Parts 6.3, 6.5, 6.6 or 6.7 of Division 2 of the Insurance Code, or Chapter 2 or Chapter 4 of Part 3.3 of Division 9 of the Welfare and Institutions Code, except for the portion of the contract containing rates of payment, which shall be open to inspection three (3) years after the full execution of the contract. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
15. "Trade secrets," including but not limited to any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information not patented, which is known only to certain individuals within the District who are using it to fabricate, produce, or compound an article or service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

16. Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or which provide instruction, advice or training to employees.
17. A final accreditation report of the American Osteopathic Association transmitted to the State Department of Health Services under subdivision (b) of section 1282 of the Health and Safety Code.
18. Any other records the disclosure of which is prohibited or restricted by law.

H. Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals

In addition to the limitations upon disclosure of public records otherwise contained in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization data is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development under Health and Safety Code sections 128675, et seq., known as the Health Data and Advisory Council Consolidation Act. In case of doubt, consult the District legal counsel.

I. Discretionary Withholding of Records

In addition to the limitations upon disclosure of records otherwise contained in these Guidelines, the District may, in its judgment, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such judgment shall be exercised by the District in accordance with Section C of these Guidelines.

J. Compliance with Subpoena Duces Tecum

While a Subpoena Duces Tecum (Subpoena) (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is **not** a court order declaring that the records are subject to disclosure. The existence of a privilege or other legal excuse may still subject the records to protection against disclosure. Receipt of a Subpoena does not permit disclosure of records in and of itself, but requires the District to follow these rules:

1. **Subpoena in action where District is a party:**
Immediately consult with legal counsel representing the District as to the proper response.
2. **Subpoena in other actions:**
 - a. If the records sought to be produced fall within Paragraphs F, G, or H above, consult with the District's counsel before responding to the Subpoena.
 - b. If the records sought to be produced are those which can be inspected and does not specify that "testimony" or "examination upon such records" will be required, it is sufficient to deliver a copy by mail or otherwise,

following the procedure in Exhibit "A" to these Guidelines.

3. If only a portion of the records may be disclosed or inspected:

If only portions of any requested records may be disclosed or inspected, any reasonably segregable portions shall be provided to the applicant after deletion or redaction of portions which are exempt and the segregated nondisclosable portions will be withheld unless a court orders their production.

4. Procedure in Subpoena Compliance:

- a. Except as provided in subsection 'e' below, when a Subpoena is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of District records, it is sufficient if the custodian or other qualified witness, no sooner than 20 days after the subpoena's issuance, or 15 days after service, whichever is later, or as otherwise agreed by the subpoenaing party, but in no case earlier than the time specified in the subpoena, delivers by mail or otherwise, a true, legible, and durable copy of all the records described in such subpoena in the manner described in subsection 'b' below, , with the affidavit described in subsection 'c', below.
- b. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness or custodian, and date of subpoena clearly inscribed thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed, and directed as follows:
 - a. If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk at the place designated in the subpoena.
 - b. If the subpoena directs attendance at a deposition, to the officer taking the deposition at the place designated in the subpoena.
 - c. In other cases, to the officer, body, or tribunal conducting the hearing, at the place designated in the subpoena.
- c. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance the following:
 - a. The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.
 - b. The copy is a true and correct copy of all the records described in the subpoena.
 - c. The records were prepared by the personnel of the District, in the ordinary course of business, at or near the time of the act, condition, or event.
- d. If the District has none of the records described, or only part thereof, the custodian or other qualified witness shall so state in the affidavit and deliver the affidavit and any available records in the manner provided in

subsection 'b' above.

- e. The personal attendance of the custodian or other qualified witness and the production of the original records as described above, is required at the time and place designated if the Subpoena contains a clause which reads:
"The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562, of the Evidence Code will not be deemed sufficient compliance with this subpoena."
- f. In addition to copying costs, if any, under Section G of the Procedures, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such Subpoena is provided by Evidence Code section 1563.
- g. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District's facilities with their own copy equipment, the sole fee for complying with the subpoena is provided by Evidence Code section 1563.
- h. In addition to copying costs, if any, under Section G of Procedures, when the personal attendance of the custodian of a record or other qualified witness is required, he or she shall be entitled to reimbursement under Government Code section 68093 as may be amended from time to time but which, at the time of last adoption of these Guidelines, provides for reimbursement at \$0.20 per mile traveled, round trip, and to thirty-five dollars (\$35.00) for each day of actual attendance.

PROCEDURE

Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District

- A. The following Procedures govern the inspection and copying of all Tahoe Forest Hospital District (District) public records. These Procedures have been set by the District Board of Directors (Board) and are administered by the District President and Chief Executive Officer (CEO) under the **Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District** (Guidelines) adopted by the Board.
- B. **Definitions**
 - 1. "Person" includes any natural person, corporation, partnership, limited liability company, firm or association.
 - 2. "Public records" includes any writing containing information relating to the conduct of the business of the District prepared, owned, used, or retained by the District regardless of physical form or characteristics.

C. Time of Inspection

The public records of the District subject to inspection and copying pursuant to the Guidelines may be inspected during the regular office hours of the District's administrative office, i.e., Monday through Friday (holidays excepted) between 9:00 AM and 5:00 PM.

D. Place of Inspection

The public records of the District may be inspected at the administrative office of Tahoe Forest Hospital, Truckee, California.

E. Application For Inspection

Every person desiring to inspect the public records will be requested to fill out an Application for Inspection or Copying of Records, which may be obtained at the place of inspection and on the District's website. The form shall state:

1. The name, address, and telephone number of the applicant.
2. Purpose of the request (response is optional).
3. Date of the application.
4. The date that inspection is requested to occur.
5. An exact as possible description of the records which the applicant desires to inspect.
6. Whether the applicant desires a copy of such records, with disclosure of costs to be borne by the applicant given, unless the applicant will use his or her own equipment to copy the records under Government Code section ~~6253~~7922.530 for which no costs shall apply.
7. Whether the applicant has specific authorization to inspect the records (when such authorization is required pursuant to District Guidelines or other law). If applicable, a copy of such authorization must accompany the application and shall be permanently affixed thereto.

F. District's Response to Application For Inspection

1. Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date it receives the application and determine within ten (10) days after receiving such application whether the request seeks copies of disclosable public records. The District shall immediately thereafter notify the applicant of the District's determination and the reasons therefore.
2. In unusual circumstances, the CEO, or his or her designee, can extend the ten (10) day period by written notice to the applicant stating the reasons for the extension and the date on which a determination is expected to be made. Any such extension will not exceed fourteen (14) days. As used in this paragraph, "unusual circumstances" means, to the extent reasonably necessary to the proper processing of the particular request, the need:
 - a. To search for and collect the requested records from field facilities or other establishments separate from the office processing the request; or
 - b. To search for, collect and appropriately examine a voluminous amount of separate and distinct records demanded in a single request; or

- c. For consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application; or
 - d. To compile data, to write programming language or a computer program, or to construct a computer report to extract data.
- 3. To assist an applicant in making a focused and effective request that reasonably describes an identifiable record or records, the District shall do all of the following, to the extent reasonable under the circumstances:
 - a. Assist the applicant to identify records and information that are responsive to the request or to the purpose of the request, if stated.
 - b. Describe the information technology and physical location in which the records exist.
 - c. Provide suggestions for overcoming any practical basis for denying access to the records or information sought

G. Fee for Copying and Certifying Records

- 1. District to Make Copy. When the applicant requests a copy of an identifiable public record, the record shall be copied (if it can be done so with equipment then available at the place of inspection) by the District for a charge of 25 cents (\$0.25) per page. The District shall request a deposit before copying any public records. If copying cannot be done by the District, , the District will obtain an estimate of the cost of copying from an available source and the applicant will have to deposit the estimated amount with the District before copying.
- 2. Applicant to Make Copy. Government Code section ~~6253~~7922.530, subdivision (b) permits an applicant to use his or her equipment to copy a record free of charge so long as the applicant does not come into physical contact with the record, except if the copy would result in:
 - a. Damage to the record; or
 - b. Unauthorized access to the District's computer system or software.
- 3. Copying records shall be accomplished by the District as soon as possible after the request without disruption of the normal business of the District. The applicant shall be given an estimate of the time needed to make the copies.
- 4. When the applicant desires a certified copy of a record(s), a fee of \$1.75 shall be paid for each certification.
- 5. When the applicant requests a copy of identifiable and disclosable public records stored in electronic format, the District will charge the direct cost to produce the record, including, but not limited to any CD, flash drive or other storage device necessary to provide documents to the applicant. The District shall not charge per page of the record requested or include such time spent searching for, compiling, and retrieving electronic records, except as otherwise provided in subsection '6' below. The applicant shall be provided with an estimate of the total charge for a records request before any costs are incurred.

- 6. Under Government Code section ~~6253~~7922.9~~575~~, the District can require the applicant to bear the actual cost of producing the record in an electronic format, including staff time and any specialized programming and computer services necessary to produce the record, if either:
 - a. the record is only produced at otherwise regularly scheduled intervals; or
 - b. the request requires data compilation, extraction, or programming.
 - c. The District will provide the applicant with an estimate of the total charge for a records request before any costs are incurred. Such charges shall not include costs associated with:
 - i. Maintaining and storing information;
 - ii. Redacting exempt information from the record;
 - iii. The initial conversion into electronic format; or
 - iv. The initial gathering of the information.

H. Records Not to Be Removed

Inspecting parties cannot remove any records from the place of inspection whatsoever without a court order.

I. Guidelines Available

A copy of the District's Guidelines is available upon request.

Related Policies/Forms:

~~Subpoenas ALG-1920~~ Subpoenas ALG-1920 ; ~~Release of Protected Health Information DHIM-3~~ Release of Protected Health Information DHIM-3

Approval Signatures

Step Description	Approver	Date
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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



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 13.8 Governance Policies
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Executive Assistant / Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Administrative and departmental operating policies must be reviewed <i>at least once every three years</i> , more often as necessary. AGOV - Governance P&P's describe the services provided and basic principles that direct the provision of care at all levels within the organization.	
SUMMARY/OBJECTIVES: <u>Policies – Major Changes</u> 13.8.1. Telephone/Verbal Orders – Receiving and Documenting, AGOV-2202	
SUGGESTED DISCUSSION POINTS: Policies have been reviewed by Department Directors, Administrative Council Members, In-House Counsel, and General Counsel as appropriate, followed by review they have been recommended for approval by Governance Committee on 06/10/2025.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternate Motion: Alternative: pull individual policy from the consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the the policy as presented.	
LIST OF ATTACHMENTS: Telephone/Verbal Orders – Receiving and Documenting, AGOV-2202	



**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

	BY:				
Registered Nurse	California or Nevada RN License specific to the hospital where the nurseRN is working	All products	All treatments	All tests	All consultations
Licensed Licensed Vocational or Practical Nurse (ECC Only)	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 pharmacistPharmacist 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 Therapists Therapists	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

Attachments

 [b64_8117b414-e1a8-4365-91b8-878e02a5d314](#)

Approval Signatures

Step Description

Approver

Date

Sarah Jackson: Executive
Assistant, Clerk of the Board

Pending

COPY



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: Governance Committee Charter
DEPARTMENT: Board of Directors	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Executive Assistant / Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Committee Charter
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Each Board Committee will annually review and recommend for approval the Committee Charter with changes as needed.	
SUMMARY/OBJECTIVES: <u>Board Governance Committee Charter</u> Committee reviewed the charter on 06/10/2025. Committee recommends attached updated to Charter for 2025.	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the updated Governance Committee Charter as presented. (includes all consent items) Alternate: Pull the Board Governance Committee Charter from consent for further discussion under section 16.	
LIST OF ATTACHMENTS: Board Governance Committee Charter – Draft	

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.
8. Direct staff to ensure and oversee a comprehensive board orientation process.
- 8.9. Direct staff to ensure and oversee ongoing board education and development.

Composition:

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

Meeting Frequency:

The Committee shall meet as needed.

REVISÉ ~~05/25/2023~~06/10/2025



AGENDA ITEM COVER SHEET

MEETING DATE: June 16, 2025	ITEM: Legislative Report – State(s) & Federal
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
RESPONSIBLE PARTY: Ted Owens, Executive Director Governance & Business Development	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: A legislative report is given annually in May. Due to the political environment of rapidly changing conditions, both at the State and Federal level, this report is given in June, hopefully with more clarity.	
SUMMARY/OBJECTIVES: The objective is to provide the board legislative data regarding threats, beneficial advantages and background information that may impact TFHD in both positive and negative ways in the future. The information is intended to support the board of directors with information that may better enable the board to make future decisions on behalf of the District.	
SUGGESTED DISCUSSION POINTS: <ul style="list-style-type: none">- Impact of Office of Health Care Affordability (OHCA) decisions on Hospitals and Health Systems?- Impact of OHCA rate caps on Health Systems? Are they commensurate with the rate of medical labor and supply inflation?- Impact to the Medi-Cal program caused by the potential changes at the Federal level. The Governor's press release from the first week in June stated that \$30 billion in cuts, 3.4 million people will lose Medi-Cal coverage. This means a significant increase in uninsured, leading to increased utilization of ED's across the state for health care needs.- How will the legislature design the budget with all of the unknowns coming from Federal potential policy changes that may be contained in the "Big Beautiful Bill" final draft?- What does the future look like for Seismic Compliance? Funding support by the State? Impact on rural hospitals?- Are there any efforts to examine the Health Insurance industry? Regulatory? Premium/out of pocket caps?	

SUGGESTED MOTION/ALTERNATIVES:

Discussion item – no motion needed

LIST OF ATTACHMENTS:

None



AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 14.2 Annual Foundation Update
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
RESPONSIBLE PARTY: Karli Bunnell, Foundation Executive Director	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: Annual Foundation Update	
SUMMARY/OBJECTIVES: Overview of Health System Fundraising Results and Programs	
SUGGESTED DISCUSSION POINTS:	
SUGGESTED MOTION/ALTERNATIVES: n/a	
LIST OF ATTACHMENTS: Foundation Presentation for District Board	

WELCOME TO THE FOUNDATION

The mission of the Foundations is to assist our communities in delivering the highest quality health care services by procuring financial resources, improving community awareness and involving community residents and visitors in developing a long-term vision for comprehensive health care.



TAHOE FOREST
HEALTH SYSTEM FOUNDATION

Tahoe Forest Health System Foundation

Tahoe Forest Health System Foundation was established in 1987 as a philanthropic branch of Tahoe Forest Health System.

Over the last few years, the foundation has raised funds for the following projects:

- Support for the Gene Upshaw Memorial Cancer Center
- Oncology Support Services
- Behavioral Health Services
- Belmont Rapid Infuser for Joseph Family Center for Women and Newborn Care
- Powered Air Purifying Respirators (PAPR's)
- Glidescope for TFI ED
- 3T MRI for TFH DI
- LUCAS Chest Compressor for TFH ED, MedSurg and ICU
- VELYS Robotic Knee Replacement Device for Ortho
- VICTORIA S2200, a maternal manikin for Joseph Family Center for Women and Newborn Care





3T MRI

Is state-of-the-art equipment offers improved image quality and provides faster imaging times.



Victoria

Will advance the capabilities of ER and OB drills to enhance the emergencies that land on our doorstep.



TFHS Foundation Impact

3T MRI

Funds from the Foundation's Area of Greatest Need will be used to purchase a new 3T MRI for the TFH Diagnostic Imaging Department. With this technology, our clinicians now have access to upgraded resources, delivering timely, targeted care, which will optimize patient outcomes.

Victoria S2200

A maternal manikin that simulates a broad spectrum of obstetrical scenarios, from early pregnancy complications to high-risk deliveries and postpartum emergencies. This is the main piece of the perinatal emergency preparedness toolkit.

TFHS Foundation Major Gifts

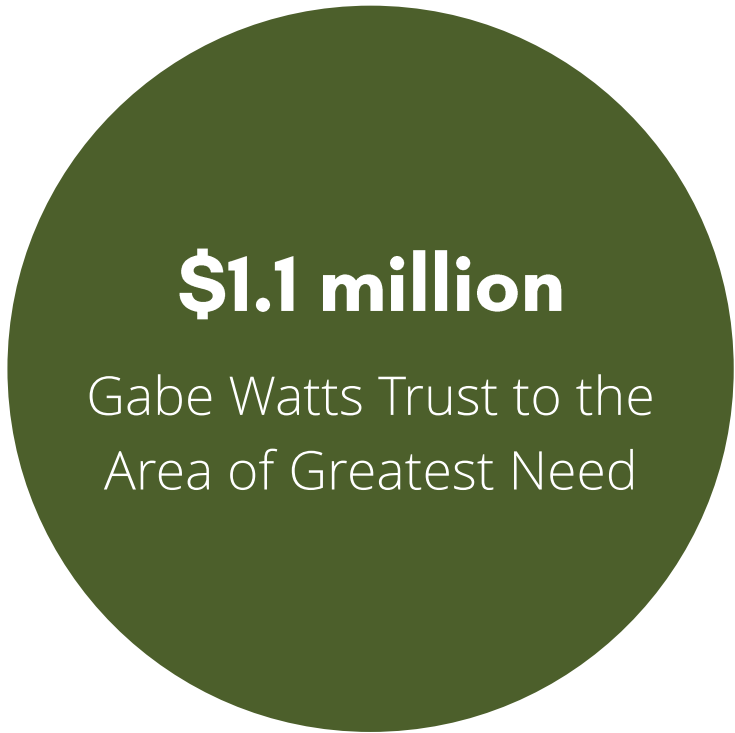
Investing in the
future of healthcare.

Major gifts to the Tahoe Forest Health System Foundation are considered those who meet or exceed \$50,000.



\$1 million

The Weakleys
to the Cancer Center



\$1.1 million

Gabe Watts Trust to the
Area of Greatest Need



\$150,000

William & Kristin
Loomis to Cardiology



\$60,000

Martis Camp Foundation
to the Joseph Family
Center for Women &
Newborn Care



\$50,000

Roxie & Azad Joseph
Foundation Trust to
the Area of Greatest
Need



\$50,000

Richard Green to the
Cancer Center

Incline Village Community Hospital Foundation was established in 2004 as a philanthropic branch of Incline Village Community Hospital.

Over the last few years, the foundation has raised funds for the following projects:

- Upgrades to the Sterile Processing Department and Surgical Suite
- Incline Health Center
- Incline Emergency Department
- Zeiss Microscope for Incline Lakeside Clinic Eye Care Center
- Diagnostic Imaging Improvement project including the following: 128 Slice CT, Fixed Xray Device, Point of Care Ultrasound (POCUS), 3D Mammography
- Surgery Enhancement Project

Incline Village Community Hospital Foundation





Sterile Processing

is a complex - but often unseen - operation. They are required for the sterilization of instruments for all surgical procedures



DI Revitalization

is state-of-the-art technology to improve speed and accuracy in diagnostic testing, minimizing the delay between the onset of symptoms and the start of treatment



IVCH Foundation Impact

Sterile Processing Department

Renovations and upgrades to the IVCH Sterile Processing department plays a pivotal role in safe and effective surgical patient care. By following strict protocol and using only the best equipment, they are able to provide clinicians with sterile, properly operating instruments for every surgical procedure.

Diagnostic Imaging & Mammography

The Foundation partnered closely with The Helmsley Charitable Trust to acquire and install innovative DI equipment, enabling us to procure advanced diagnostic and radiology equipment. The project brought the following to our hospital: 128-slice CT scanner, fixed X-ray equipment, Point of Service Ultrasound and 3D Mammography.

IVCH Foundation Transformational Gifts

Investing in the future of
healthcare.

These transformational gifts to incline Village Community Hospital help fund critical upgrades, expand essential services, and ensure access to high-quality, compassionate care.

\$7.8 million

The Dave & Cheryl
Duffield Foundation to the
Surgery Enhancement
Project

DAVE & CHERYL
DUFFIELD
FOUNDATION

\$3.8 million

The Leona M. and Harry B.
Helmsley Charitable Trust to
the DI Enhancement Project

THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST

Financials

Together, the Tahoe Forest Health System and Incline Village Community Hospital Foundations raised significant joint net funds to support vital healthcare programs and services across our region. This collaborative effort strengthens our shared mission to deliver exceptional, community-focused care.

\$31 million
raised from FY19 - FY25
in joint net funds for
programs and services



TAHOE FOREST
HEALTH SYSTEM FOUNDATION

\$148,073
Dollars raised in FY19

\$2.7 million
Dollars raised in FY25



INCLINE VILLAGE
COMMUNITY HOSPITAL FOUNDATION

\$146,394
Dollars raised in FY19

\$8.7 million
Dollars raised in FY25

“Well, I’ve been thinking ‘bout all the faces we’ve missed so let’s get back together and do it again”

Mike Love

Our Events

- Previously Best of Tahoe Chefs benefiting the Gene Upshaw Memorial Tahoe Forest Cancer Center
- Previously Gene Upshaw Memorial Golf Classic benefiting cancer programs and research
- Previously Beach Boys Benefit Concert and Fundraiser benefiting the IVCH DI Expansion Project
- 75th Anniversary Celebration benefiting capital needs for TFHD
- 4th of July Party in the USA benefiting the IVCH Surgery Enhancement Project
- Tahoe Forest Health System Foundation Signature Fundraiser benefiting the TFHSF Area of Greatest Need

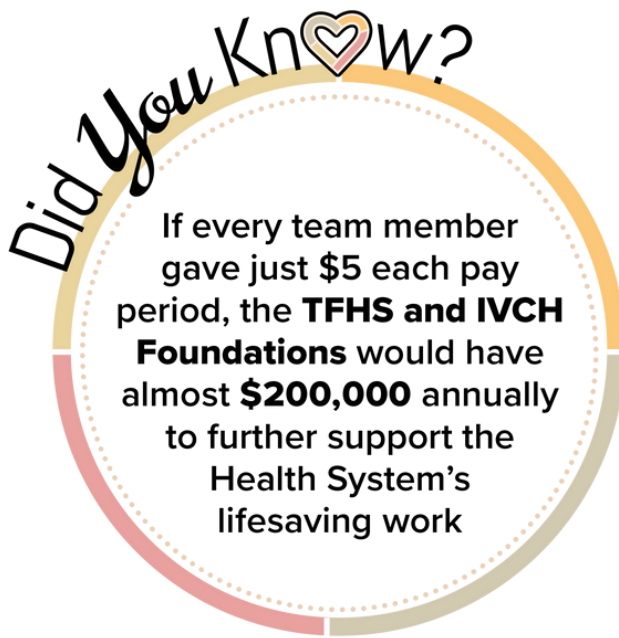
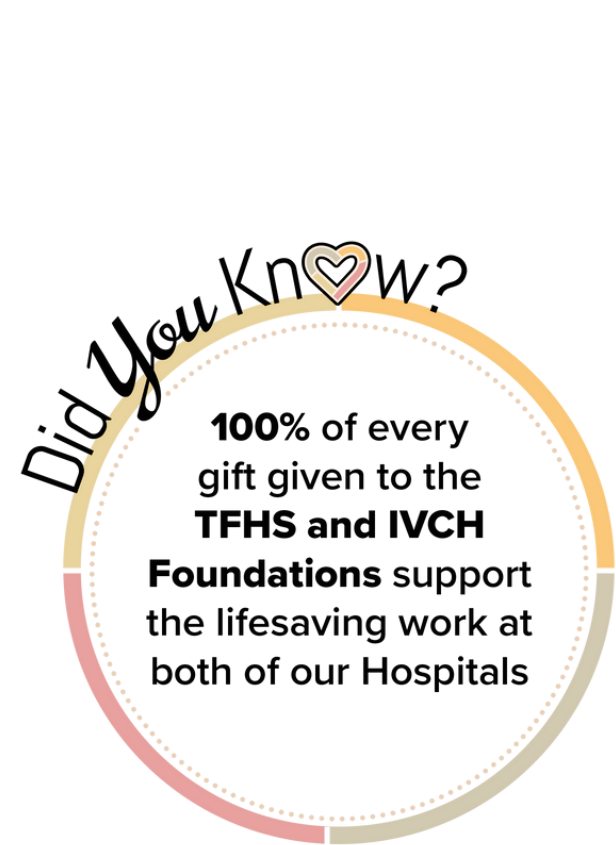


Team Member Giving

Every Gift Matters

The Team Member Giving program was revamped and re-launched 7 years ago. In the last 5 years Team Member Giving Funds have purchased PAPRs for both TF and IVCH, LUCAS chest compressor for TF ED, and GE Panda Baby Warmer for both ED's as well as the funds towards Patient Emergency Assistance.

Team Member Giving donors include all gifts given by employees. Our health system strives to reach 100% employee participation. If every team member gave \$5 a pay period it would provide almost \$200,000 to support the vital work of the Health System.



Gift Benefits

Both Foundations are 501(c)(3) organizations and operate under the TFHS and IVCH umbrellas so operating costs are do not affect the gift amount. 100% of every gift goes directly back to our Hospitals.

Gifting Options

Employees have options to give through a Payroll Deduction, as a one time or recurring gift by credit card, as a one time check, or through a PL Donation for those who meet the qualifications.



Gene Upshaw Memorial Tahoe Forest Cancer Center

Oncology Support Services

Oncology Support Services address a cancer patient’s social, psychological, emotional, and functional needs before, during, and after treatment. Using a whole-person approach to supportive care, the goal of this program is to improve life for patients and the loved ones who care for them. Because the Foundation exclusively funds this program through fundraising, the Cancer Center can provide these services at no cost to patients or their families!

Community for Cancer Center Endowment

As of the latest report from the Tahoe Truckee Community Foundation (TTCF) as of December 31, 2024, the endowment fund balances were:

- Tahoe Forest Cancer Care General Fund (TFCCGF) \$959,472
- Tahoe Forest Cancer Center Patient & Family Fund (TFCCPF) \$497,277
- Tahoe Forest Cancer Center Sustainability Fund (TFCCSF) \$167,900

The current amount in the endowment funds therefore are \$1,624,649

Massage Therapy	Acupuncture	Counseling /Therapy Services
Mileage Support	Hotel Stays	Safeway Gift Cards
Biofeedback	Exercise for Energy	Wig Bank

Annual Campaigns

Doctors' Day Grams



Recognizing our local providers and the difference they make in our community is incredibly important. Patients are given an opportunity to recognize their beloved physicians on National Doctors' Day on March 30th. Doctors receive a personalized message and gratitude gram.

Grateful Patient Program



The Grateful Patient Program gives patients an opportunity to share their appreciation and recognize staff for the support that they - or a loved one - have received. Patients can give a gift of gratitude. The Foundation shares the acknowledgments with the staff and which helps strengthen our team's purpose of provide exceptional care.

#GivingTuesday



#GIVINGTuesday

A day of generosity designed to bring individuals and organizations together to support causes they care about, making a positive difference in their communities and beyond. Each year gifts support a different program.

Annual Campaigns (continued)

Team Member Giving

Our internal giving program is launched annually to engage our staff to be involved in the program. We hope to reach 100% participation one day but truly celebrate the culture of giving. Every donor has a voice in deciding what initiatives the TMG funds will support.

TFHS team member *Giving*

Grateful Team Member

The Foundation collaborates with the Values Advocacy Committee, to spread gratitude amongst the staff. Recognize co-workers by sending a personalized Grateful Team Member certificate. Funds raised go directly back to the Employee Assistance Fund for employee holiday help.



End of Year Appeal

The Foundation's goal is to continue building awareness focused on our mission of providing the best rural healthcare in the nation. The year end appeal shares the resources we provide in hopes to receive help to safeguard our patient care services with donations.



Areas of Giving



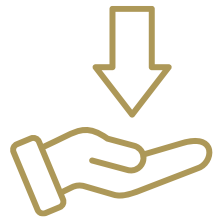
Area of Greatest Need

Supports the mission critical capital equipment and technology needs. This includes recent support of 3D Mammography, VELYS and 3T MRI.



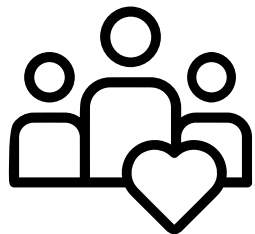
Cancer Center

Team Member Giving Donors have a voice in how funds are spent in order to make the greatest impact on the lives of our patients and their families.



Oncology Support Svcs

Providing supportive and compassionate rural cancer treatment. Cancer-specific support programs offer an integrated approach to psychosocial needs before, during, and after treatment at no cost to the patient.



Team Member Giving Fund

An internal giving program that focuses on a goal and fund each year in order to make the greatest impact on the lives of our patients and their families.



Patient Emergency Assistance Fund

Funding is used to purchase clothing for our homeless patients and car seats for our Emergency and Women and Family departments.



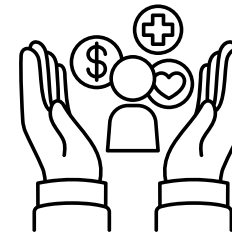
Emergency Department

Contributions made by team member donors provide a limited financial assistance program for eligible employees in emergency situations.



Joseph Family Center for Women and Newborn Care

The Joseph Family Center for Women and Newborn Care is certified Baby-Friendly. They provide excellent maternal and newborn care. Donations support educational tools and technology for perinatal care.



Employee Assistance Fund

Contributions made by team member donors provide a limited financial assistance program for eligible employees in emergency situations.

Grants

Martis Camp Foundation



The TFHS Foundation recently received a \$60,000 grant to support the purchase of VICTORIA S2200, a lifelike maternal manikin that can simulate obstetric medical emergencies. This advanced tool will enable our team to practice collaborative obstetric emergency drills to help improve quality of care provided for pregnancy and postpartum women and their babies. In 2023, Martis Camp Fund also gave \$30,000 to support PMAD services, for under and uninsured.

State Opioid Response Grant (SOR)



The TFHS Foundation received \$748,991 from the California Department of Health Care Services (DHCS) to address the opioid overdose crisis and for the continued support of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

HRSA



The TFHS foundation is in the third year of a four year \$2,000,000.00 grant from Rural Communities Opioid Response Program to fund the MAT Program and other community initiatives designated for patients and community members receiving substance use treatment services and other behavioral health care support.



Membership Benefits

- Invitations to Exclusive Donor Events
- Early Access to Ticket Sales
- Insider Updates
- Personalized Stewardship

Joseph Family Giving Circle

The health system began with a profound commitment to philanthropy, rooted in the generosity of the Joseph Family, who donated the land upon which our hospital stands. The Joseph Family Giving Circle honors our most dedicated donors- those who contribute \$1,000 or more in a calendar year.

Impact

Membership in the Joseph Family Giving Circle is more than just a recognition- it's an opportunity to make a profound difference. Your generosity helps ensure that high-quality care, innovative programs, and essential services remain accessible to residents and visitors alike. Together, we're investing in the health and well-being of our community/

Legacy Partner in Health Program

Leaving a legacy is one of the most impactful ways to shape the future of healthcare in our community. Through our TFHSF Legacy Partner in Health program, you have the opportunity to ensure that future generations continue to have access to exceptional medical care by including Tahoe Forest Health System Foundation in your estate plans. Whether through a bequest, charitable trust, or other planned giving options, your generosity will provide vital resources to sustain and enhance patient care, medical advancements, and innovative programs for years to come. Your legacy can make a difference in shaping the future of healthcare.

Donors who inform the Foundation of their intention to include the TFHS Foundation in their will or trust will be honored as a TFHSF Legacy Partner in Health member. We are grateful to recognize (based on donor preference) supporters for their intention to give while they are still living.

Thompson & Associates

- Complimentary estate planning services
- Provides expert guidance on estate planning, charitable giving, tax-efficient strategies and legacy planning
- Consultant will be onsite monthly starting in August
- Reach out to the Foundation for more information

Patient Care Enhancement Program

PATIENT CARE ENHANCEMENT PROGRAM REQUEST FORM

DATE: _____

REQUESTING DEPARTMENT: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

MONETARY AMOUNT REQUESTED*: _____

*\$5,000 or less including tax and shipping

REQUESTED ITEM: _____

Please include a purpose and impact statement including how the item will enhance patient care and the community.

Please include a prepared purchase requisition with name of company, address, phone number, item number, amount, etc.

DIRECTOR SIGNATURE: _____

DATE: _____

AC SIGNATURE: _____

DATE: _____

SEND COMPLETED REQUESTS TO:

Christina Lee
Donor Relations Coordinator
Christinalee@tfhd.com
530-582-6375



Designating \$100,000 from previous Gift Tree proceeds


This initiative aims to efficiently allocate funds to departments with request of \$5,000 or less, inclusive of tax and shipping costs.

Departments interested in accessing these funds may submit a request to the TFHS Foundation once annually within the calendar year. Each request must include a purpose statement detailing how the requested item will positively impact patient care, approval from the department's AC member and a purchase requisition for the item.

Requests should focus on mission-critical capital equipment that enhances patient care but may not be included in the department's budget. The TFHS Foundation Board of Directors will review requests, with recipients notified of their selection within 30 days.

Together, we save lives. Join us in this important work.

For more information :

 530-582-6277

 foundation@tfhd.com

tfhd.com/giving or inclinehospital.com/giving

DONATE

SCAN HERE





AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: Annual Home Health, Hospice, & Palliative Care Summary Report
DEPARTMENT: Home Health/Hospice/Palliative Care Thrift Stores	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion – Regulatory Requirement
RESPONSIBLE PARTY: Jim Sturtevant, RN, MSN, Director	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other:
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: Tahoe Forest Home Health provides a wide range of health care services for homebound patients in their home during an illness or during recovery from an injury. Home Health provides Nursing, Therapies (Physical, Occupational, Speech, Dietary), Social Workers, Home Health Aides, and DME in the home. Home health care is less expensive, more convenient, and reduces ED visits and unnecessary admissions. Tahoe Forest Hospice is a specialized program that strives to promote dignity, emotional, spiritual and physical well-being for patients facing end of life. This support also includes the patient's families and loved ones. Service Area Includes: <ul style="list-style-type: none">• HH: Truckee, North & West Lake Tahoe, Incline Village, Verdi, Floriston, Emigrant Gap, Donner Summit• Hospice: Above areas as well as the Sierra Valley (to Graeagle, Beckwourth, and Chilcoot)	
SUMMARY/OBJECTIVES: This annual presentation to our Governing board will provide a brief update on Home Health, Hospice, & Palliative Care Quality initiatives and outcomes. It is a Medicare Condition of Participation that our Home Health and Hospice Agencies come before the Governing Board annually with this presentation.	
SUGGESTED DISCUSSION POINTS: <ul style="list-style-type: none">• Additional goals to improve Quality outcomes?• Does the BOD have any questions/concerns regarding the presentation?	
SUGGESTED MOTION/ALTERNATIVES: Approve the 2024 Annual Home Health, Hospice, & Palliative Care Summary Report	
LIST OF ATTACHMENTS: PowerPoint – BOD Annual HH-Hospice Presentation 2025	



Annual Home Health/Hospice
Thrift Stores/Palliative Care
BOD Summary June 26, 2025

Jim Sturtevant RN, MSN -
Administrative Director of Transitions



Home Health 2024 Review

Tahoe Forest Home Health provides multidisciplinary services in the home setting. These disciplines include, Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, and Certified Nursing Aid care.

- Home Health served 134 unduplicated patients in 2024
- Home Health Provided 3,161 individual visits 2024.
- Average length of service was 49 days



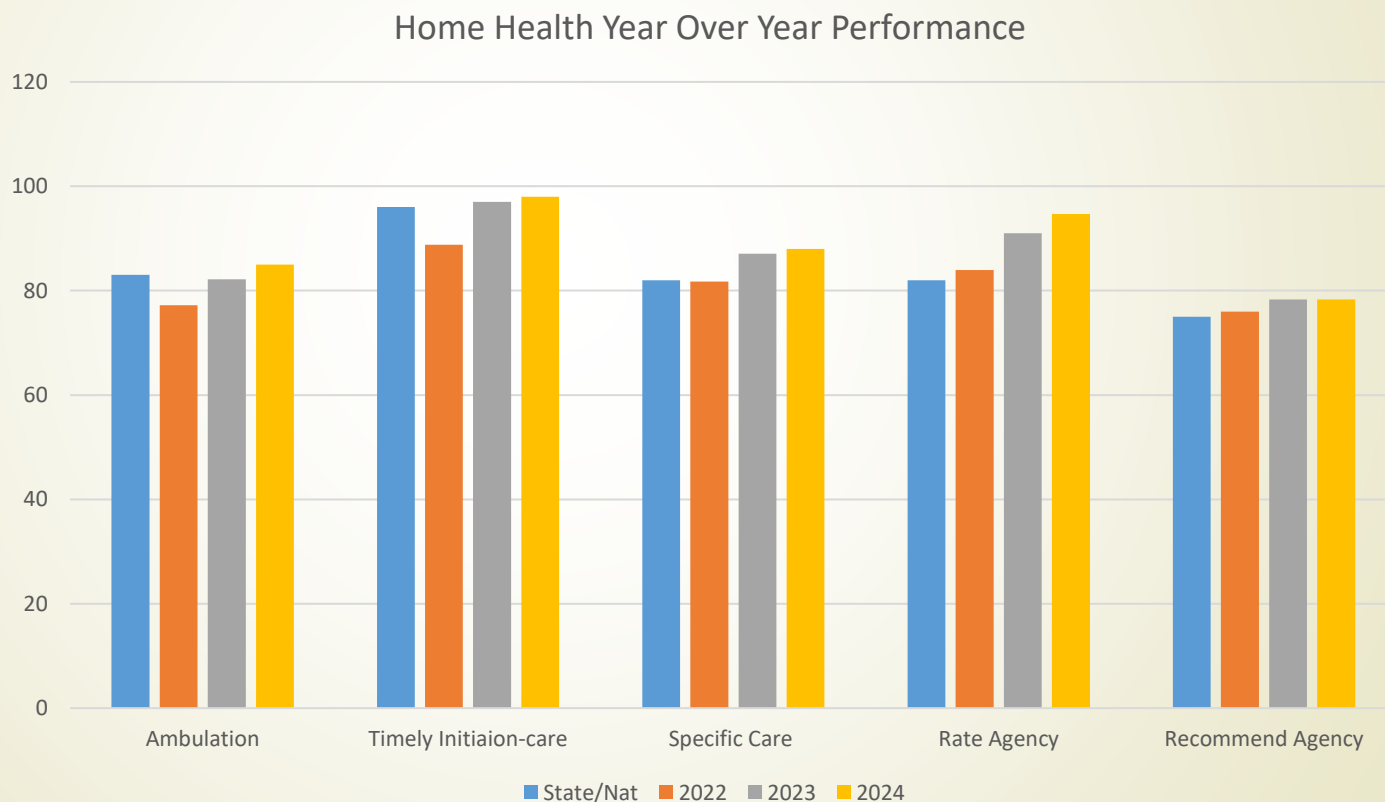
Home Health 2024 Review

- Home Health Outcome Measures demonstrated scores above the state and national average throughout 2024
- Education to staff was given regarding select scores and areas for improvement through individual and staff meetings throughout 2024.
- All staff had an active participation in quality meetings throughout the year. There were no noted infections of pattern identified over 2024.
- Home health tracked complaints, grievances, and implement improvement initiatives to address trends identified as needed throughout 2024. Review of such items are located in the Grievance/Complaint binder within the department.
- Policies are reviewed annually and staff education was provided related to any changes. There were no ethical Issues, and no adverse events for 2024.

Home Health QAPI 2024 Review

- Overall 2024 annual average for the following scores are as follows:
 - Care of patients 89% (State - 87.6% National – 88%)
 - Communication between pts and providers - 91% (State - 85.3% National – 85%)
 - Specific Care issues - 91% (State – 81% National – 82%)
 - Rate agency 9 or 10 - 87% (State - 81% National – 84%)
 - Recommend this agency – 82% (State - 75% National – 78%)
- 2024 brought updates with Oasis E documentation.
- Home Health had an increased in reimbursement case weight to above national and state averages through the entire year.
- The department stayed consistent with total patients served and visits across all disciplines.

Home Health Year Over Year Performance



Home Health Compare

Reporting period July 1, 2021 to June 30, 2023

Patient survey summary rating



Star ratings are only displayed for home health agencies that submit at least 40 completed home health patient surveys in the reporting period. More stars are better.

Number of completed surveys 47 ¹¹

Survey response rate 27% ¹¹

How often the home health team gave care in a professional way

92% ¹¹

National average: 88%
California average: 86%

How well did the home health team communicate with patients

88% ¹¹

National average: 85%
California average: 83%

Did the home health team discuss medicines, pain, and home safety with patients

85% ¹¹

National average: 81%
California average: 81%

How do patients rate the overall care from the home health agency

87% ¹¹

National average: 84%
California average: 81%

At or Above
ALL National
and State
averages!

Home Health Compare June 2024

Reporting period July 1, 2023 to June 30, 2024

Home Health star rating remained at **3.5 stars** during the 2024 year.

- In benchmarking other mountain home health agencies, we have the highest star rating! (Barton is 3 stars, Quincy 2 stars, and Butte 2 stars)

Tahoe Forest Hhs

Quality of patient care

 Print

While the quality of patient care star rating provides a summary of agency performance, you may prefer to compare agencies on the individual measures that are related to the types of services you'll need, based on your own condition.

[Find out why these measures are important](#)

[Get more information about the data](#)

[Get current data collection period](#)

Quality rating



The star ratings are based on 7 measures of quality that give a general overview of performance. Measures that are included in the star ratings are identified in the results table below.

Your Overall Star Rating				Quality of Patient Care: ☆☆☆☆									
Managing Daily Activities				You			State (CA)		National		Your % Rank		
DC/TRF 01/24-01/25 (CMS Unavailable)				Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Ambulation	(Risk-Adj)	☆☆☆	⊙ +	169	86.4%	-	87.2%	-	89.0%	-	31%	-	
Bed Transferring	(Risk-Adj)	☆☆☆	⊙ +	170	90.7%	-	87.6%	-	89.6%	-	57%	-	
Bathing	(Risk-Adj)	☆☆☆☆	⊙ +	171	94.7%	-	89.6%	-	90.7%	-	80%	-	
Discharge Function Score	(DFS)		⊙ +	175	80.0%	-	68.4%	-	73.3%	-	74%	-	
Preventing Harm				You			State (CA)		National		Your % Rank		
DC/TRF 01/24-01/25 (CMS Unavailable)				Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Timely Initiation of Care		☆☆☆	PM +	226	98.2%	-	95.3%	-	96.9%	-	37%	-	
Mgmt of Oral Meds	(Risk-Adj)	☆☆☆	⊙ +	161	89.7%	-	86.6%	-	87.6%	-	61%	-	
Flu Vaccine Received			PM +	154	79.9%	-	74.6%	-	66.9%	-	77%	-	
Drug Regimen Review w/ Follow-Up			PM +	228	97.4%	-	95.4%	-	95.1%	-	54%	-	


- We achieved **4 STARS in Quality of Patient Care** for 2024! We have made improvements in Ambulation, Bed Transferring and Bathing. We saw improvement in all areas that we focused on in 2024! Why aren't we 5 stars? :
Contributing factor to our overall rating is the high acuity patients that we admit to service. Since we lack resources (assisted living, rehab centers, senior/extended care centers...) we do our best to meet the needs of these complex patients in the home setting. The limitations that exist in the home setting effect our results. Therefore, we see an overall limit to improvements in ambulation, bed transferring and bathing but we are very proud of the improvements we can demonstrate! Other rural Home Health facilities face the same limitations.

Avoiding Unplanned Hospital Care

- ▶ We have made great progress in avoiding unplanned Hospital Care of our Home Health patients achieving

5 Stars

in this Metrix!

Preventing Unplanned Hospital Care	High/Low Better(+/-)	You			State (CA)		National		Your % Rank	
DC/TRF 01/24-12/24 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
PPH Stay (CMS)	☆☆☆☆☆  -	145	4.1%	-	7.8%	-	9.2%	-	88%	-

Hospice 2024 Review

Tahoe Forest Hospice had 38 admissions in the 2024 calendar year. There were 31 discharges where the patients expired at home. 7 additional patients were discharged, revoked from service, or transferred out of the area. 10 patients resided within the state of Nevada.

Tahoe Forest Hospice continued to have a vibrant volunteer program during 2024 with a savings of \$4,730.00 for the department.

Hospice tracked complaints, grievances, and implement improvement initiatives to address trends identified as needed throughout 2024. Review of such items are located in the Grievance/Complaint binder within the department



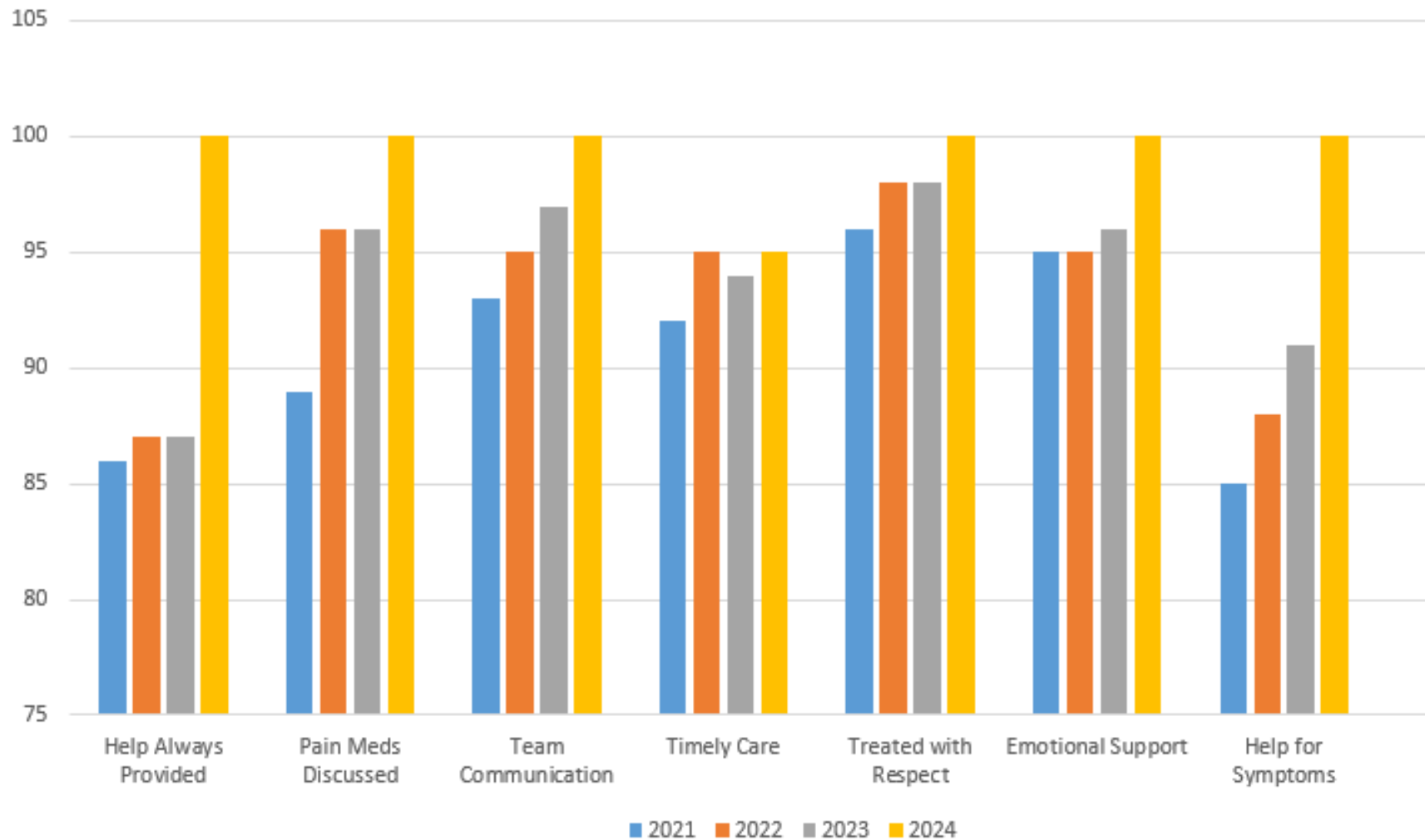
Hospice QAPI 2024 Review

- Overall average score for 2023: (data from 1/21-12/22)
 - Hospice Team Communication 94.75% 1.85% increase from 2022
 - Getting Timely Care 83.33% 1.02% increase from 2022
 - Treating family member with respect 97.5% Remained the same
 - Providing emotional support 95.73% .05% increase from 2022
 - Getting help for symptoms 87% Remained the same
 - Getting hospice care training 93.52% 2.88% increase from 2022

6 survey responses for 2024 rated us at 100% on these metrics but – not statistically relevant. Not enough surveys received to update Hospice Compare.

Hospice saw 38 different patients over the course of 2024.

Hospice - Year Over Year Comparison of Performance



Based on 6 responses for 2024

Hospice Clinical Metrics

Last Refresh: 01:28:33 PM



2 Average Daily Active Episodes
Dec 24



28.7 Hospice Average Days in Care
Dec 24



0.80 Order Turnaround in Days
Dec 24

Hospice First Visit
Timeliness
MTD

	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Hospice Average Census	6	5	6	5	6	5	4	5	4	3	6	4
Average Daily Active Episodes	4	2	3	2	4	3	2	3	4	1	4	2
Hospice Days in Care	20.3	11.7	21.3	51.3	16.3	32.8	10.8	7.3	16.6	6.5	20.3	28.7
Order Turnaround in Days	1.19	6.33	2.52	1.19	2.29	2.05	1.61	1.30	1.38	2.14	1.14	0.80

Hospice Compare

July – 2023
to
June 2024

Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements

↑ Higher percentages are better

89.8%

National average: 92.1%
California average: 90.5%

This comprehensive measure helps hospices meet the patient's physical and emotional needs, and ensures that patients and caregivers are involved in end-of-life decision making. The measure shows how often a hospice completed all 7 HIS care processes when a patient was admitted to hospice care.

Calendar year
2022

Percentage of patients who received visits from a registered nurse or medical social worker on at least 2 of the final 3 days of their life

↑ Higher percentages are better

12%

National average: 47.4%
California average: 20.8%

June 2022 to
December 2023

Hospice Care Index score (0-10)

↑ Higher index scores are better

6

National average: 8.8
California average: 8.2

Hospice Thrift Stores!

15



Hospice Thrift Stores Locations

16

Truckee



10338 River Park Pl, Truckee

Incline Village



**893 Tahoe Blvd, Suite 1500
Entrance: Corner of Tanager St and
Enterprise St, Incline Village**

**Fiscal 2024 Contribution to Hospice:
\$215,459!**

Fiscal 2025 so far: \$205,741!

Thank you for your support!

Palliative Care 2024 Update

Provides patients and families a multidisciplinary team approach that strives to meet the physical, psychological, spiritual, and social needs of patients and families.

- ▶ Dr. Nicole Jernick continues as the Medical Director of The Palliative Care program.
- ▶ We now provides support to all of TFHS including referrals made by MSC MD's, Oncologists, and inpatient support.
- ▶ Home visits – are being provided on an as needed basis by Dr. Jernick

Palliative Care Components

- ▶ Team consists of multidisciplinary team of health care providers.
- ▶ Palliative Care provides support to all of TFHS providing:
 - ▶ Pain/Symptom Management
 - ▶ Psychosocial patient and family support
 - ▶ Medication Review
 - ▶ POLST and Advance Directive support

Palliative Care Quality Goals

- ▶ Provide Advance Directive and/or POLST Support to all PC patients
- ▶ Follow-up calls for all no show appointments to assure follow-up
- ▶ Provide annual case review at Cancer Committee

- 100% compliance for 2024

Questions?





AGENDA ITEM COVER SHEET

MEETING DATE: June 26, 2025	ITEM: 15.2. Tahoe Forest Hospital District Board Retreat Report Memo
DEPARTMENT: Board of Directors	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
RESPONSIBLE PARTY: Ted Owens, Executive Director Governance & Business Development	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Memorandum
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The Board of Directors met in a two-day facilitated retreat on April 1 st and 2 nd , 2025. During the facilitated retreat the Board engaged in discussion surrounding Community Health Improvement Partnerships, Community Engagement, the Health System's Foundations of Excellence Community Peak, the role of Philanthropy and Foundations, and the role of the Board in Community Engagement and Community Health Improvement projects.	
SUMMARY/OBJECTIVES: Per Accord Ltd. the Board made Key Decisions (summarized in the memorandum attached) including determining TFHS' need to determine one "True North," creating individualized Board Education plans, exploring new or different versions of Board Self-Assessments and Committees, and aiding Board leaders moving forward in a more modern and strategic manner.	
SUGGESTED DISCUSSION POINTS: Review discussion from Governance Committee 06/10/2025. Review Key Decisions listed. Review Recommended Next Steps listed.	
SUGGESTED MOTION/ALTERNATIVES: Motion to direct staff to proceed with (specific / all / none) of the recommended next steps listed.	
LIST OF ATTACHMENTS: MEMORANDUM: ACCORD LIMITED's Observations and Recommendations from April Retreat Tahoe Forest Health System Detailed Board Retreat Report	

MEMORANDUM

DATE: June 16, 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

This memorandum has been created based on the Tahoe Forest Health System (TFHS) Board retreat on April 1 and 2, 2025 and a subsequent meeting with the TFHS Governance Committee on June 10, 2025. It includes the key decisions made in the retreat and Governance Committee; **ACCORD LIMITED's** (**ACCORD's**) observations of the current situation; and **ACCORD's** recommendations for the next steps. Three other documents include more detailed information related to the retreat: *Detailed Board Retreat Report*; *Retreat Evaluation Summary*; and the *Retreat PowerPoint Slides*.

Key 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.
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.

The Governance Committee added a fourth goal during its June 10th meeting:

- d. Provide additional training on Board development in general (e.g., becoming a more modern and strategic Board that functions well at the governance, not operational level.)

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.

(ACCORD's Observations)

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.

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 seem to dive too often 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").

(ACCORD's Observations)

- 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. 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 defining TFHS’ True North.
 - b. 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.)
2. Enhance the TFHS Board’s effectiveness through achieving these four (4) Board development goals:
 - a. Creating individualized Board member education plans.
 - b. Determining how the Board can best assess the performance of the full Board, Board committees, and Board leaders moving forward.
 - c. Determining the processes for setting the President/CEO’s goals and assessing performance vis-à-vis those goals.
 - d. Providing additional training on Board development in general (e.g., becoming a more modern and strategic Board that functions well at the governance, not operational level.)
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. Rely on the President and CEO to hold the Administrative Council accountable to the agreed upon staff’s action steps.
5. Utilize the Governance Committee to hold the Board accountable for accomplishing its development goals.



AGENDA ITEM COVER SHEET

MEETING DATE: June 16, 2025	ITEM: 15.3. Placer County LAFCO Alternate Member Nomination Form
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Ted Owens, Executive Director Governance & Business Development	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Nomination Form
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: There is a vacancy for the alternate member seat representing special districts on the Placer County Local Agency Formation Commission (LAFCO).	
SUMMARY/OBJECTIVES: If desired, the THFD Board of Directors may consider nominating a Director to run for the upcoming vacant Special District alternate member seat on the placer County LAFCO Commission.	
SUGGESTED DISCUSSION POINTS:	
SUGGESTED MOTION/ALTERNATIVES:	
LIST OF ATTACHMENTS: LAFCO Alternate Special District Nominee Form LAFCO Alternate Special District Notice dated June 10, 2025	



June 10, 2025

COMMISSIONERS

Cindy Gustafson
*Chair
(County)*

Joshua Alpine
*Vice Chair
(Special District)*

Whitney Eklund
(City)

Judy Friedman
(Special District)

Shanti Landon
(County)

Sean Lomen
(City)

Susan Rohan
(Public)

**ALTERNATE
COMMISSIONERS**

David Bass
(City)

Anthony DeMattei
(County)

Cherri Spriggs
(Public)

Stephanie
Youngblood
(City)

Vacant
(Special District)

COUNSEL

Michael Walker
General Counsel

STAFF

Michelle McIntyre
Executive Officer

Amanda Ross
*Acting Assistant
Executive Officer*

Amy Engle
Commission Clerk

To: Presiding Officer
Independent Special Districts of Placer County

Subject: **Call for Nominations to Fill Vacant Alternate Seat on
LAFCO**

Dear Presiding Officer,

I hope this letter finds you well. I am writing to inform you that there is currently a vacancy for the alternate member seat representing independent special districts on the Placer County Local Agency Formation Commission (LAFCO).

I am pleased to invite each board presiding officer (Board Chair) to nominate a candidate to fill this vacancy. You may nominate any director —yourself included— currently serving on an independent special district board. The selected candidate will serve the remaining term of the vacant seat, which ends in May 2028.

To ensure the validity of your nomination, please adhere to the guidelines outlined below:

➤ **Presiding Officer Signature:** You, the presiding officer of your special district, must sign the nomination form. (The nomination does not require action by the full board at a district meeting.)

➤ **Delegation of Authority:** *If* the presiding officer has delegated the authority to nominate a candidate to another director on the District Board, a copy of the relevant meeting minutes or minute order documenting this delegation must be included.

➤ **Nomination Period:** begins today, June 10, 2025, and will **close on Thursday, July 10, 2025, at 4:00 PM.**

Nominations must be submitted via email using the attached nomination form. Each nominee should also include a one-page statement of qualifications and the nomination form. Please be aware

Call for Nominations to Fill Vacant Alternate Seat on LAFCO

June 10, 2025

that nominations received after the deadline will not be accepted. Once the nomination period concludes, LAFCO staff will email ballots, statements of qualifications, and voting instructions to each district.

If you have any questions or need further assistance, please do not hesitate to contact LAFCO staff at (530) 889-4097 or lafco@placer.ca.gov. Thank you for your attention to this important matter, and I look forward to your participation.

Sincerely,

Michelle McIntyre

Michelle McIntyre, Executive Officer
Placer LAFCO



Placer County Independent Special District Selection Committee
Nomination Form
Alternate Member

Please use this form to nominate a director on a Placer County Independent Special District board to run for the upcoming vacant alternate member seat on the LAFCO Commission.

Nominee's Name	Position of Nominee	Originating District

Name of Nominating District: _____

Printed Name of Presiding Officer: _____

Signature of Presiding Officer: _____
(Signature Required)¹

- ☐ Minutes Attached (Optional)
☐ Statement of Qualifications Attached

Please email completed nomination forms to lafco@placer.ca.gov

by **Thursday, July 10, 2025, at 4 PM**

¹ The nominating district's presiding officer must sign this form unless the district's board has delegated authority to another person to nominate a director on behalf of the district. If this form is signed by such a delegee, please include the district's meeting minutes or minute order evidencing the delegation.