TAHOE FOREST
HOSPITAL DISTRICT

2025-10-23 Regular Meeting of the Board of Directors

Thursday, October 23, 2025 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2025-10-23 Regular Meeting of the Board of Directors

Agenda Packet Contents

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, October 23, 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 SESSON**
   - **5.1. Approval of Closed Session Minutes**◈
     - **5.1.1.** 09/25/2025 Regular Meeting
   - **5.2. Public Employee Performance Evaluation (Government Code § 54957**)
     Title: President & Chief Executive Officer
   - **5.3. TIMED ITEM – 5:45 PM - 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 act 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.

◈ Denotes Action Item

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. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights .....ATTACHMENT

President & CEO Anna M. Roth will provide an update highlighting key developments, initiatives, and recent activities impacting the District.

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◈

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda .....ATTACHMENT

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

New Policies

- *Labor, Trial of Labor After Cesarean, DWFC-1502*

Departments having Policies with Changes

Summary of Changes by Department

- *Medical Staff*
- *Nursing Services*
- *Emergency Department*
- *Ambulatory Surgery Unit*
- *Operating Room*
- *Sterile Process*
- *Surgical Services*

14. CONSENT CALENDAR ◈

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

14.1. Approval of Minutes of Meetings

14.1.1. 09/25/2025 Regular Meeting .....ATTACHMENT

14.2. Financial Reports .....ATTACHMENT

14.2.1. Financial Report – September 2025 .....ATTACHMENT

14.3. Board Reports .....ATTACHMENT

14.3.1. Executive Board Report – October 2025 ..... ATTACHMENT

14.4. Board Policy Review ..... ATTACHMENT

14.4.1. TFHD Professional Courtesy Immunization Policy, ABD-24.....ATTACHMENT

14.4.2. Display of the United States Flag, AGOV-2501.....ATTACHMENT

14.4.3. Administration Policy & Procedure Manual – Table of Contents .....ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. Certified Quality Breast Center of Excellence Award Presentation .....ATTACHMENT

The Board of Directors will receive a presentation about becoming a Certified Quality Breast Center of Excellence and present an award to the staff.

◈ Denotes Action Item

15.2. Proclamation Acknowledging October as Breast Cancer Awareness Month ..... ATTACHMENT
The Chair of the Board will read into the record a proclamation acknowledging and celebrating the month of October as Breast Cancer Awareness Month throughout the Tahoe Forest Hospital District.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS

18. BOARD MEMBERS' REPORTS/CLOSING REMARKS

19. CLOSED SESSION CONTINUED, IF NECESSARY

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 November 20, 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.

President and CEO Monthly Highlights

Anna M. Roth, RN, MSN, MPH
October 2025

TAHOE FOREST
HEALTH SYSTEM

Ground Breaking

INVESTING IN OUR FUTURE

Expanding access by 34%.

50,000 new clinic visits annually.

Health Within Reach

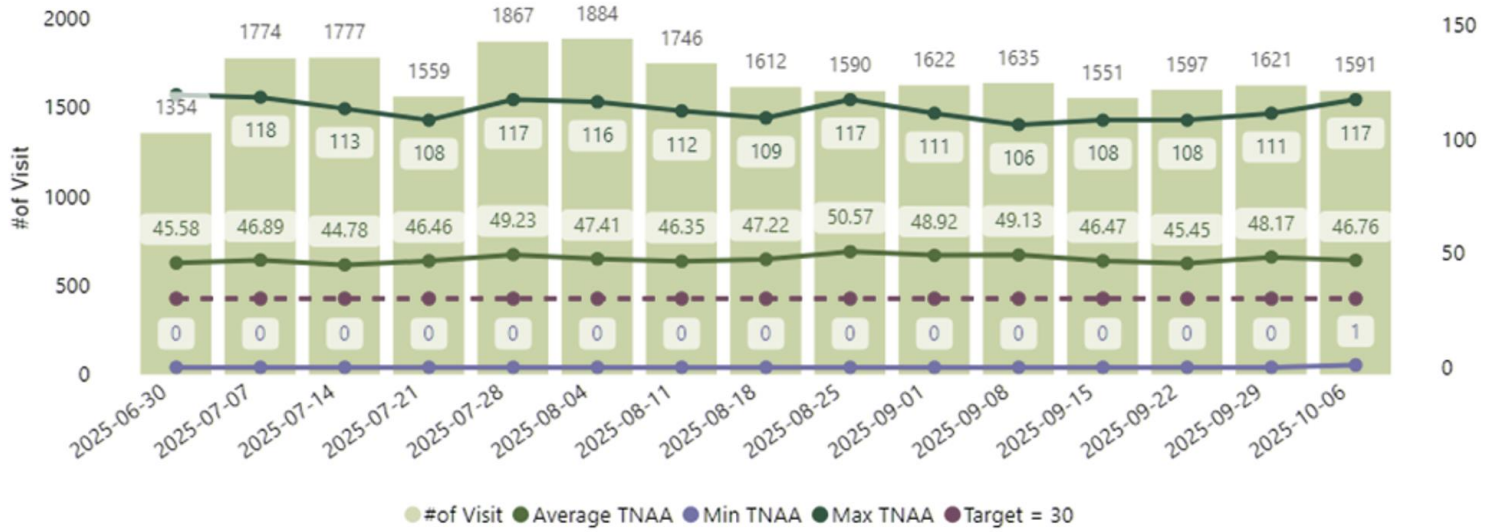
Accessible care that's timely, local and affordable

Guided by our True North Strategy—we're broadening our definition of health, ensuring timely local access to care, and addressing affordability, a concern we consistently hear from our community.

Thank you to the Truckee Foundation for funding the application for an "Age-Friendly Emergency Department."

Tahoe Forest Health System continues to partner with local ski resorts, providing on-mountain First Aid services that keep our community and visitors safe.

Health Within Reach -The Challenge



Some providers maintain immediate availability

Actual average wait time: 45-51 days

Serving More People in More Ways Than Ever

Med-Surg and ICU treated record-high patient volumes last quarter.

Faster, more efficient care helped more patients in less time.

Ongoing investments in advanced care support our community's needs.

↑ Medical Surgical 30%

↑ Intensive Care 30%

Narcan Rescue Kits 70

Transformation

Embracing bold ideas that are reshaping health care in our region.

Self-scheduling via MyChart launches in Pediatrics and Diagnostic Imaging by the end of October.

Our Pharmacy rolled out a new online clinic ordering platform, streamlining operations and ensuring accountability.

Team members joined Virginia Mason to learn from national leaders in healthcare improvement.

Community Engagement

Truckee High Homecoming — engaged attendees, gathered feedback, and raised community awareness

Building connections — strengthening trust, building local connections and helping to shape future planning

Blended approach — digital, in-person, and partnership strategies expanding reach and relationships

Next steps — outreach to North Lake Tahoe & Incline Village High Schools to continue fostering connection and dialogue.

Questions and Discussion

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 23, 2025	**ITEM:** 13.1. Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Respective Departments have reviewed Department Policies and privileges, recommended renewal to MEC with Minor Revisions. During the October 16, 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 October 23, 2025 Regular Meeting of the Board of Directors.

SUMMARY/OBJECTIVES:

New Policies

- Labor, Trial of Labor After Cesarean, DWFC-1502

Policies with Changes

- Medical Staff (attached)
- Nursing Services (attached)
- Emergency Department (attached)
- Ambulatory Surgery Unit (attached)
- Operating Room (attached)
- Sterile Process (attached)
- Surgical Services (attached)

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.

- §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:

SUMMARY/OBJECTIVES:

New Policies

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- Surgical Services (attached)

Status **Draft** PolicyStat ID **17467777**

Origination Date	N/A	Department	Women and Family Center - DWFC
Last Approved	N/A	Applicabilities	Tahoe Forest Hospital
Last Revised	N/A		
Next Review	N/A		

Labor - Trial of Labor After Cesarean, DWFC-1502

RISK:

Most maternal morbidity associated with Trial of Labor after Cesarean (TOLAC) occurs when intrapartum cesarean delivery becomes necessary, which is associated with postoperative infection and other morbidities. A less common but serious adverse outcome associated with TOLAC is uterine rupture, which can be associated with significant morbidity, particularly for the neonate in whom uterine rupture can be fatal.

Failure to offer or support a TOLAC to eligible patients presents significant clinical, legal and ethical risks. Evidence-based guidelines from major medical organization, including ACOG, support TOLAC as a safe and appropriate option for many women with prior cesarean delivery. Repeat cesarean sections are associated with higher risks of surgical complications, infections, hemorrhage, abnormal placentation in future pregnancies and longer recovery compared to vaginal births.

POLICY:

A. The decision to pursue TOLAC in a setting like TFH in which the option of emergency cesarean delivery may be limited should be carefully considered by patients and their obstetricians.

B. Discussion of the risks and benefits of both TOLAC and elective repeat cesarean delivery should occur early in the course of prenatal care. If the patient is not appropriate for care at Tahoe Forest Hospital, an effort will be made to refer the patient to higher level of care.

C. Counseling should include the availability of resources including obstetricians, pediatricians, anesthesiologists, operating room staff, and blood bank.

D. After counseling, the ultimate decision to undergo TOLAC or a repeat cesarean delivery should be made by the patient in consultation with their obstetrician.

E. TOLAC will be considered for patients with prior cesarean delivery with a low-transverse incision and no current obstetric contraindication to vaginal delivery.

F. TOLAC is contraindicated in the following situations:
    1. A previous classical, inverted T or J-shaped uterine incision. If previous incision is unknown, the patient should be counseled regarding the risk.
    2. More than two previous cesarean deliveries.
    3. Twin gestation with >1 previous cesarean deliveries.
    4. Prior uterine rupture.
    5. Known significant extension of the uterine incision.
    6. History of other uterine surgery such as hysterotomy or myomectomy entering the uterine cavity.
    7. Any medical or obstetric complication that precludes vaginal birth.

G. All patients pursuing a TOLAC should have intravenous (IV) access and continuous fetal monitoring.

H. The on-call obstetrician, anesthesiologist and OR team will be available to perform an emergency cesarean delivery for situations that pose immediate threats to the life of the patient (s) (woman or fetus).

PROCEDURE:

A. Antepartum management
    1. Documentation to be performed by the obstetrician.
        a. Previous uterine incision type and indication for cesarean delivery.
        b. Comprehensive patient education by the physician including risks, benefits and alternatives to TOLAC.
        c. Availability of resources at Tahoe Forest Hospital.
        d. TOLAC consent form has been reviewed with the patient.
    2. Consent
        a. TOLAC consent signed.
        b. Possible repeat cesarean delivery consent signed.

B. Intrapartum management
    1. RN Responsibilities
        a. Assess patient per DWFC - Standardized Procedure - Perinatal Screening by RN, (DWFC-1802).
        b. Provide SBAR report to the on-call obstetrician.
        c. Notify the arrival of TOLAC patient to:
            i. Nursing Supervisor.
            ii. Operating room charge RN.
            iii. Respiratory therapy.

iv. Pediatrician.

v. Blood Bank.

d. Verify TOLAC consent and possible repeat cesarean delivery consent are in patient's chart.

e. Complete the TOLAC checklist.

f. Epidural education (including pamphlet or video) will be given to TOLAC patient.

2. On-call obstetrician responsibilities

a. Document upon admission if the patient's risk level has changed or the patient's decision to pursue TOLAC has changed

b. If the patient has not been previously counseled regarding TOLAC and is a candidate for TOLAC this education will occur on Labor and Delivery and the appropriate consent forms signed.

c. Place orders to include:

i. IV Access.

ii. Continuous fetal monitoring.

d. Notify on-call anesthesiologist of TOLAC patient.

e. Evaluate the availability of operating room resources in the event that a cesarean delivery is necessary.

i. The surgical or clinical schedule of the on-call obstetrician may be indefinitely delayed to accommodate availability as determined by the obstetrician based on patient condition.

ii. Surgical case delays impacting the main OR require physician to physician communication whenever possible.

iii. On-call anesthesiologist will communicate with obstetrician any resource limitations, particularly outside normal business hours.

iv. In the event OR-C is in use, efforts shall be made to ensure an alternative room is available in the main OR. When moving to the main OR for a cesarean, the rapid mobilization checklist will be utilized to ensure all necessary equipment is available.

3. Labor analgesia will be mutually determined by the patient, obstetrician and anesthesiologist.

4. Medication

a. Mechanical cervical ripening may be used.

b. Low dose oxytocin protocol is recommended for induction/augmentation and should be used in the lowest possible dose to achieve labor progress.

c. Use of misoprostol is contraindicated for cervical ripening in the 3rd

trimester, but may be used postpartum for uterine atony.

5. Monitoring for evidence of uterine rupture us a critical component of intrapartum management for TOLAC patients. If uterine rupture us suspected, RN will notify on-call obstetrician immediately.
    a. Signs and symptoms of uterine rupture include:
        i. Prolonged tachysystole.
        ii. Absence of FHR, sudden onset of fetal bradycardia, significant ir worsening variable or late decelerations.
        iii. Cessation of contractions or ineffective uterine contraction pattern after having established an effective pattern.
        iv. Loss of fetal station.
        v. Abdominal pain.
        vi. Suprapubic pain at the level of the hysterotomy.
        vii. Pain despite neuraxial analgesia.
        viii. Vaginal bleeding.
        ix. Maternal hemodynamic instability.
        x. Hematuria.
        xi. Restlessness.
        xii. Shoulder pain.
        xiii. Anxiety.

Documentation:

All document will be contained in Electronic Medical Record (EMR).

Responsibility:

A. All staff who may be involved in the delivery process shall participate in drills and simulations that improve response to obstetric emergencies. This includes nurses, physicians and support staff from departments such as OB, OR, ER, anesthesiology, pediatrics, respiratory therapy, blood bank and Nursing Administration.

Related Policies/Forms:

WFC - Standardized Procedure - Perinatal Screening by RN, DWFC-1802

References:

Awhonn Templates for Protocols and Procedures for Maternity Services 3rd Ed., UpToDate: Trial of labor

after cesarean delivery: Intrapartum management, Jun 12, 2020

UpToDate: Trial of labor after cesarean delivery: Intrapartum management, July 08, 2024

ACOG Practice Bulletin no. 205: Vaginal Birth After Cesarean Delivery: Feb 2019

"Vaginal Birth After Cesarean Delivery," issued by ACOG in February 2019, issues less-restrictive guidelines for vaginal birth after cesarean (VBAC) delivery. It discusses the benefits and risks of VBAC that ob-gyns should discuss with patients, and states that attempting a VBAC is a safe and appropriate choice for most women who have had a prior cesarean delivery, including some women who have had two previous cesareans.

Attachments

Rapid Mobilization Checklist.docx

Approval Signatures

Step Description	Approver	Date

Title	Department	Change Date	Summary of Changes
Clinical Privileges for New Procedures or Treatment at Tahoe Forest Hospital District, MSCP-5	Credentialint and Privileging - MSCP	10/1/2025	Updated Risk statement, Added Definitions, Related Policies/Forms, and References.
Computerized Physician Order Entry (CPOE), MSGEN-1701	Medical Staff - MSGEN	10/1/2025	Updated Risk statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Confidentiality of Medical Staff Records, MSGEN-2	Medical Staff - MSGEN	10/1/2025	Added Risk statement, deleted SCOPE, added procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Criminal Background Checks, MSCP-2	Credentialint and Privileging - MSCP	10/1/2025	Added Risk statement, Updated policy statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Educational Assistance Fund for Employees, MSGEN-3	Medical Staff - MSGEN	10/1/2025	Added Risk statement, Updated policy statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
EKG Interpretation, MSCP-30	Credentialint and Privileging - MSCP	10/1/2025	Updated Risk statement, Updated policy statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Executive Committee Requirement: Complete Disclosure Form, MSGEN-6	Medical Staff - MSGEN	10/1/2025	Added Risk statement, Updated policy statement, Formatted procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.

Title	Department	Change Date	Summary of Changes
Expiring Documents Policy, MSGEN-3	Medical Staff - MSGEN	10/1/2025	Updated Risk statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Low Volume Policy, MSCP-11	Credentialint and Privileging - MSCP	10/1/2025	Updated Risk statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Medical Ethics Case Consultation, MSGEN-1601	Medical Staff - MSGEN	10/1/2025	Added Risk statement, Updated policy and procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes. Added a new ethics consult form.
Meetings Conducted by Electronic Methods, MSGEN-08	MSGEN-8	10/1/2025	Added Risk statement, Updated procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Orders for Outpatient Services, MSGEN-1502	Medical Staff - MSGEN	10/1/2025	Added Risk statement, Updated policy and procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Physician and Allied Health Professionals: Distribution of Approved Privileges, MSCP-4	Credentialint and Privileging - MSCP	10/1/2025	Updated Risk and policy statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.
Professional Liability Coverage, MSCP-7	Credentialint and Privileging - MSCP	10/1/2025	Added Risk statement, Updated policy and procedure statement, Added Definitions, Related Policies/Forms, and References, Formatting Changes.

Title	Department	Change Date	Summary of Changes
Standardized Procedure - Stroke Alert ANS-2201	Nursing Services - ANS	8/19/2025	Reformatted into new format per IDPC. Clarified patient status/location for stroke alert vs. code 250. Updated clinical guideline titles. Updated references. Reviewed at June Nursing POC. Reviewed at June Stoke operations committee.
Standardized Procedure - Vaccine Screening, Administration and Documentation, ANS-1601	Nursing Services - ANS	8/19/2025	Large majority of edits r/t reformatting into new standardized procedure template. Removed ACIP as approved resource (will revisit in future). Added CDC resource for review of contraindications and precautions. Reviewed at August nursing POC. Approved at August IDPC.

Title	Department	Next Review	Summary of Changes
Sexual Assault Victim, DED-30	Emergency Department - DED	9/2/2026	Reformatted current process, reporting agency for TFH updated to Truckee PD. Removed F. Discharge 1. Patient is discharged to law enforcement custody upon completion of evaluation or patient disposition.

Title	Department	Next Review	Summary of Changes
By-Pass of PACU, DASU-2202	Ambulatory Surgery Unit - DASU	2/17/2027	Risk statement changed, clearer guidelines as to when a patient can bypass the PACU based on the care area destination.
C-Section Recovery and Baby-Friendly Policy, DASU-2203	Ambulatory Surgery Unit - DASU	10/26/2026	Updated policy to reflect most recent workflow. Workflow includes L&D RNs performing recovery duties. Communication between the two departments for which staff member will be recovering.
Consent for Elective Sterilization, DASU-3	Ambulatory Surgery Unit - DASU	12/24/2026	Updated to reflect current practice in ASD. Made timeframes generic to meet CA regulations.
Consent for Hysterectomy, DASU-4	Ambulatory Surgery Unit - DASU	1/24/2027	Updated to reflect current practice, delineates elective vs medical. Includes procedure, hysterectomy, and sterilization consent. further clairification of what consents are needed for a hysterectomy based on clinical indication
Management of Endotracheal or Laryngeal Mask Airway in ASU, DASU-2204	Ambulatory Surgery Unit - DASU	3/11/2027	Risk statement changed, emphasized Anesthesiologist presence and guidance at bedside for ETT termination, updated guidelines for airway termination
Patient Preparation for Elective Surgery/Procedure, DASU-54	Ambulatory Surgery Unit - DASU	1/21/2027	updated policy to current practice, cleaned up risk statement, added pre admit program folder on G:, updated language to reflect anesthesia protocol, and timing of tasks throughout the pre procedure phase of care.
Pre-Operative Antibiotic Administration, DASU-2301	Ambulatory Surgery Unit - DASU	1/21/2027	Updated risk statement, updated policy to current practice which are: succinct language for long infusion antibiotics, reorganized duties depending on patient origin (ASD vs ED) and OR responsibilities. Included anesthesia responsibilities if provider is administering.
Preoperative Pregnancy Screening, DASU-2001	Ambulatory Surgery Unit - DASU	10/26/2026	Language in policy updated to be gender identity inclusive, updated risk statement, updated inclusion and exclusion criteria for hcg testing

Title	Department	Next Review	Summary of Changes
Structure Standards for Ambulatory Surgery Department, DASU-8	Ambulatory Surgery Unit - DASU	12/24/2026	Updated with departmental changes since last review and recent changes within Pre-Op Clinic.

Title	Department	Next Review	Summary of Changes
After-Hours Add-on Cases in EMR, DOR-2202	Operating Room - DOR	3/4/2027	Updated risk statement
Allograft Handling, DOR-3	Operating Room - DOR	7/22/2027	Updated to our own allograft freezer instead of storage in the lab. Changed leadership structure to Director of Nursing from Director of Surgical Services. Combined some options for documentation and reconstitution. Added number #7 to hold vendors accountable for a reasonable expiration date of allograft tissue. Minor changes to "Frozen log" and fresh grafts are ordered for cases not always "day of"
Bladder Instillation of Chemotherapy & Immunotherapy, DOR-2002	Operating Room - DOR	8/22/2027	Yellow bags are not used- it is a yellow chemo bin. All updated to reflect this change.
Computer Downtime Protocols, DOR-2203	Operating Room - DOR	2/17/2027	Updated language, removed Director of Surgical Services. Removed "copy and paste" of EHR record needs and updated with appropriate language for paper documentation. Ensured all abbreviations EHR not varying.
Do Not Resusitate DNR Surgical Patients, DOR-12	Operating Room - DOR	3/4/2027	Updated full policy based on ASA statement on ethical guidelines for the Anesthesia Care of Patients with Do-Not-Resuscitate Orders. Added reference as there were none listed.
Electrosurgical/Cautery Safety, DOR-15	Operating Room - DOR	4/8/2027	Removed application of Megadyne pads which we no longer use. Updated reference.
Failed Chemical Indicator/Positive Biological Result, DOR-2204	Operating Room - DOR	1/21/2027	Director of Surgical Services updated to Director of Nursing. Reporting of positive indicator to SPD staff and leadership- not just management.
Hand Scrub Policy, DOR-16	Operating Room - DOR	1/21/2027	Updated risk statement
Infection Control in the Operating Room, DOR-17	Operating Room - DOR	1/21/2027	Updated risk statement Air intakes will remain free from obstruction (they are not at the top of the walls) Combined traffic in the OR statements
Intermittent Pneumatic Compression Devices, DOR-18	Operating Room - DOR	2/11/2027	Updated application as pneumatic compression devices are typically applied intra-op not pre-operatively. No device ID is entered into EMR- just TFH as the machines move around a lot in the facility and not all SN# have an associated device #. Updated reference.

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After-Hours Add-on Cases in EMR, DOR-2202	Operating Room - DOR	3/4/2027	Updated risk statement
Allograft Handling, DOR-3	Operating Room - DOR	7/22/2027	Updated to our own allograft freezer instead of storage in the lab. Changed leadership structure to Director of Nursing from Director of Surgical Services. Combined some options for documentation and reconstitution. Added number #7 to hold vendors accountable for a reasonable expiration date of allograft tissue. Minor changes to "Frozen log" and fresh grafts are ordered for cases not always "day of"
Label Medications and Solutions on the Sterile Field, DOR-2205	Operating Room - DOR	1/21/2027	Updated risk statement Removed "tall man labeling" for look alike, sound alike medications from the Pyxis (this does not happen) Updated reference to most current AORN guidelines
Laser Safety, DOR-19	Operating Room - DOR	3/4/2027	Added closed loop communication during laser operation. Updated reference.
Maintaining Sterile Field with a Case Delay, DOR-21	Operating Room - DOR	1/21/2027	Added a two hour time frame for sterile supplies allowed to be open before the case should be disassembled and re-picked/opened. Updated reference
Malignant Hyperthermia Carts-Crisis Guidelines, DOR-2501	Operating Room - DOR	2/11/2027	Policy previously APH-22, being moved to DOR-2501 per Kate Cooper and Jim Franckum. Changed policy from a pharmacy owned policy to an OR policy in light of recent events. Removed list of cart contents as this can be adjusted based on need and available supplies and did not accurately reflect the cart content lists on top of each MH cart.
Opening of Sterile Supplies, DOR-13	Operating Room - DOR	3/11/2027	Updated some verbage-
Organ and Tissue Retrieval, DOR-22	Operating Room - DOR	3/4/2027	Changed from notification of Director to OR Manager and added terminal clean at the conclusion of the retrieval where appropriate staff will be notified.
Patients with Implanted Electronic Devices, DOR-24	Operating Room - DOR	3/4/2027	Updated risk statement and reference
Performing Surgical Cases while on Emergency/Generator Power, DOR-25	Operating Room - DOR	3/4/2027	Updated risk statement, language and formatting. Added year to AORN standards

Title	Department	Next Review	Summary of Changes
After-Hours Add-on Cases in EMR, DOR-2202	Operating Room - DOR	3/4/2027	Updated risk statement
Allograft Handling, DOR-3	Operating Room - DOR	7/22/2027	Updated to our own allograft freezer instead of storage in the lab. Changed leadership structure to Director of Nursing from Director of Surgical Services. Combined some options for documentation and reconstitution. Added number #7 to hold vendors accountable for a reasonable expiration date of allograft tissue. Minor changes to "Frozen log" and fresh grafts are ordered for cases not always "day of"
Pneumatic Tourniquets, Safe Use Plan, DOR-35	Operating Room - DOR	3/11/2027	Updated contraindications for use of pneumatic tourniquet per AORN guidelines and communication with both surgeon and anesthesiologist on contraindications for use.
Positioning Devices, DOR-111	Operating Room - DOR	3/11/2027	Updated risk statement and added details to policy to reflect current AORN recommendations.
Sharp and Splash Exposure, DOR-2012	Operating Room - DOR	3/11/2027	Updated risk statement, removed redundancies and updated reference.
Site Verification, Surgical/Procedural, DOR-2206	Operating Room - DOR	3/4/2027	Updated risk statement, changed some language and updated reference for latest version of AORN guidelines
Specimen Collection and Handling, DOR- 2015	Operating Room - DOR	9/11/2027	Updated purpose to risk statement and revised sentence
Specimens to be Submitted to Pathology, DOR 2016 20	Operating Room - DOR	3/4/2027	Updated risk statement
Structure Standards Operating Rooms, DOR-32	Operating Room - DOR	4/22/2027	Updated all Director of Surgical Services to Director of Nursing. Deleted one redundancy about visitors to the department. Updated reference to most current AORN guidelines. Updated parents accompanying minors to OR per Dr.Ward e-mail request 4/17/25
Surgical Attire, DOR-2207	Operating Room - DOR	1/24/2027	Updated risk statement, policy on nail polish and references
Surgical Count DOR-33	Operating Room - DOR	1/21/2027	Updated for new pre-printed count board items Added event reporting system Report to Director of Nursing instead of Director of Surgical Services
Surgical Preps, DOR-30	Operating Room - DOR	1/24/2027	Updated risk statement Revised vaginal prep and removal of sponge stick Updated reference

Title	Department	Next Review	Summary of Changes
After-Hours Add-on Cases in EMR, DOR-2202	Operating Room - DOR	3/4/2027	Updated risk statement
Allograft Handling, DOR-3	Operating Room - DOR	7/22/2027	Updated to our own allograft freezer instead of storage in the lab. Changed leadership structure to Director of Nursing from Director of Surgical Services. Combined some options for documentation and reconstitution. Added number #7 to hold vendors accountable for a reasonable expiration date of allograft tissue. Minor changes to "Frozen log" and fresh grafts are ordered for cases not always "day of"
Suspension of Surgical Cases When Air Handlers Fail, DOR-31	Operating Room - DOR	1/24/2027	Updated reference
Testing of Anesthesia Machines, DOR-2208	Operating Room - DOR	8/22/2027	All changes made by Tenille Bany at the request of OR Manager to reflect what actually is performed by anesthesia & recommended by anesthesia machine manufacturer and ASA. Simplified language and formatting. Testing includes verifying machine self check, observe for no air leaks, proper circuit set up, flow controls, vaporizer test, inspecting monitors for proper alarm controls.
Time Out for Surgical and Invasive Procedures, DOR-2209	Operating Room - DOR	1/24/2027	minor changes to spelling and verbage Updated from Director of Surgical Services to DON
Visitors in the Operating Room, DOR-2013	Operating Room - DOR	1/24/2027	Completely changed policy to reflect our actual process and referencing information for staff. Removed a large section of photo/video that can be found in it's own policy with legal. Formatting issue identified- corrected and re-sent for approval. Process for visitors: generally not permitted. Exception process for visitors/observers in OR includes permission from surgeon, patient, manager or director. Then OR staff ensuring the visitor is accompanied to correct OR suite and proper surgical attire is worn.
Warmers – Temperature Control, DOR-2017	Operating Room - DOR	1/24/2027	Updated risk statement, changed formatting, added discarding fluids that have exceeded recommended temperatures immediately.

Title	Department	Next Review	Summary of Changes
Chemical Monitoring of Sterilization, DSPD-65	Sterile Process - DSPD	3/21/2027	Changed risk to be more specific
Evotech Endoscope Cleaner / Reprocessor, DSPD-74	Sterile Process - DSPD	3/21/2027	Not logging water hardness as we are using a water softener, Changed notifying Tillie (previous Supervisor) to notify SPD Manager
Instrumentation Received from Outside TFHS, Processing and Sterilization, DSPD-33	Sterile Process - DSPD	1/21/2027	Changed wording from recipe to inventory sheet
SPD Structure Standards, DSPD-1	Sterile Process - DSPD	4/21/2027	IAHCSMM organization is now recognized as HSPA

Title	Department	Next Review	Summary of Changes
Bonus Policy, DSS-1	Surgical Services - DSS	3/11/2026	Updated procedure to reflect current practice with UKG and removal of variance logs from the organization. Bonus offered by leadership after all attempts to cover shift. Bonuses are reflected in payroll system directly by manager. No longer utilizing paper variance forms that were faxed to payroll.
Death in the OR or PACU, DSS-6	Surgical Services - DSS	3/11/2027	No changes
EHR Documentation Protocols, DSS-46	Surgical Services - DSS	4/6/2027	Minor changes
Monitoring of the Local Anesthesia Patient, DSS-12	Surgical Services - DSS	4/6/2026	Updated risk statement IV supplies (optional) since the policy states an IV is not necessary for local anesthesia patients
Protection from Radiation Exposure, DSS-17	Surgical Services - DSS	3/11/2027	Updated risk statement and minor updates to policy
Respiratory or Cardiac Arrest in Surgical Services, DSS-19	Surgical Services - DSS	1/24/2027	Added post-code requirements
Surgical Case 48 Hour Cancellation Based on Financial Clearance, DSS-2401	Surgical Services - DSS	4/21/2027	
Surgical Case Scheduling, DSS-2302	Surgical Services - DSS	7/9/2027	Moving policy to DSS per Trent Foust and Yvonne Sexton. Previously DOR-2302. updated formatting and placed comment here: Policy approved 8/17/23 PGC Policy DOR-2302 will replace DOR-44. punctuation, replaced Surgery Scheduler w/ Surgery Scheduling Coordinator, replaced physician w/ surgeon. punctuation, replaced Surgery Scheduler w/ Surgery Scheduling Coordinator, replaced physician w/ surgeon. Addition under POLICY B. Elective cases going past 1730 will be reviewed on a case-by-case bases with OR leadership
Surgical Services New Products and Trial, DSS-53	Surgical Services - DSS	4/8/2027	Updated Director of Surgical Services to Director of Nursing. The OR Manager or designee will determine if the need for trial instead of the Director of Surgical Services.

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, September 25, 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 in Attendance: 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; Crystal Felix, Chief Financial Officer; Matt Mushet, In-House Counsel; Sarah Jackson, Executive Assistant / Clerk of the Board; Christine O'Farrell, Risk Management; Janet Van Gelder, Director of Quality & Risk; Brian Evans, MD, Chief Medical Officer; Louis Ward, Chief Operating Officer; Kim McCarl, Administrative Services Officer; Jan Iida, Chief Nursing Officer; Karli Bunnell, Executive Director Foundations; Ted Owens, Executive Director Governance; Forhad Islam, Director Business Intelligence;

Other: David Ruderman, General Counsel;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
None

4. INPUT AUDIENCE

Open Session recessed at 4:05 p.m.

5. CLOSED SESSION
5.1. Approval of Closed Session Minutes◈
5.1.1. 08/28/2025 Regular Meeting
Discussion was held on a privileged item.

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))
A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the existing facts and circumstances, there is a significant exposure to litigation against the District.
Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code § 54956.9(e)(3))
Name of Person or Entity Threatening Litigation: LeClair, Lori

Discussion was held on a privileged item.

5.3. TIMED ITEM – 5:45PM - Hearing (Health & Safety Code § 32155)◈
Subject Matter: Medical Staff Credentials
Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)◈
Subject Matter: Clinical Contracts Quality Report
Number of items: One (1)
Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:01 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session: Closed Session Minutes Item 5.1 was approved on a 5-0 vote. There was no reportable action on Item 5.2. Items 5.3 Medical Staff Credentials and 5.4 were both 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.

None.

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.

None.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights

President & CEO Anna M. Roth will provide an update highlighting key developments, initiatives, and recent activities impacting the District.

Discussion was held.

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◈

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policies with Changes (summary attached)

- *Standardized Procedure – Occupational Health (OH) Lab Review by the Registered Nurse, DOCC-2501*
- *Standardized Procedure – Lab and Imaging Review by the Registered Nurse, DTMSC-2401*

Chief of Staff, Dr. Koch provided an overview of the policy and summary of the changes.

Discussion was held.

ACTION: Motion made by Director Wong to approve the MEC Meeting Consent Agenda as presented, seconded by Director Darzynkiewicz.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

14. CONSENT CALENDAR ◈

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

14.1. Approval of Minutes of Meetings

14.1.1. 08/28/2025 Special Meeting

14.2. Financial Reports

14.2.1. Financial Report – August 2025

14.3. Executive Reports

14.3.1. Executive Board Report – September 2025

14.4. Affirm Annual Board Charters

14.4.1. Board Community Engagement Committee Charter

ACTION: Motion made by Director Brown to approve the Consent Calendar as presented, seconded by Director Wong.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15. ITEMS FOR BOARD ACTION

15.1. Community Health Needs Assessment

The Board of Directors will review and consider acceptance of the Community Health Needs Assessment.

Maria Martin, Director of Community Health, Lizzy Martin, Population Health Analyst and Bruce Lockwood, Senior Vice President of PRC presented the 2025 Tahoe Forest Health System Community Health Needs Assessment. Discussion was held.

ACTION: Motion made by Director Brown to accept the 2025 Community Health Needs Assessment as presented, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.2. True North Update and Annual Goals

The Board of Directors will review and consider approval of the True North Leadership strategy update and the FY 2026 Annual Goals.

President & CEO with Executive Leadership team presented the Truth North Update and Annual goals. Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve the True North Leadership Strategy and FY 26 Annual Goals as presented, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.3. Beta HEART Validation & Culture of Patient Safety SCOR Action Plans

The Board of Directors will review and consider approval of the Beta HEART Validation and Culture of Patient Safety SCOR Action Plans.

Ashley Davis, Patient Safety Officer, presented the Beta HEART and Culture of Patient Safety SCOR Action Plans. Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve the approve the plans and continue the support of the Beta HEART and Patient Safety SCOR plans, seconded by Director Chamblin.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.4. FY 2025 Quality Report

The Board of Directors will review and consider approval of the FY 2025 Quality Report.

Janet Van Gelder, Director of Quality and Regulations presented the FY 2025 Quality Report. Discussion was held.

ACTION: Motion made by Director Brown to accept the FY 2025 Quality Report as presented, seconded by Director Brown.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.5. RESOLUTION 2025-08 Endorsement of the new Truckee Library and Measure G ◈

The Board of Directors will receive a presentation from the Friends of the Truckee Library regarding JPA and Measure G efforts. They will review and consider approval of a Resolution in support of the new Truckee Regional Library and Measure G.

Ted Owens, Executive Director of Governance introduced topic 15.5. Resolution 2025-08, April Cole and Kathleen Eagan. Kathleen Eagan and April Cole of the Friends of the Truckee Library provided a brief presentation regarding a potential Joint Powers Authority and Measure G efforts in support of the Truckee Library project. Discussion was held.

Resolution 2025-08 Endorsement of the new Truckee Library and Measure G was reviewed. Discussion was held.

ACTION: Motion made by Director Brown to approve Resolution 2025-08 Endorsing the new Truckee Library and Measure G, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None

17. BOARD COMMITTEE REPORTS

Director Chamblin reported on the IVCH Foundation Board Meeting.

Director Darzynkiewicz reported that the Board Community Engagement Committee continues to work on action items.

18. BOARD MEMBERS' REPORTS/CLOSING REMARKS

Chair McGarry provided closing comments.

19. CLOSED SESSION CONTINUED

20. OPEN SESSION

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

22. ADJOURN
Meeting adjourned at 8:25 p.m.

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 23, 2025	**ITEM:** 15.2 Financial Reports 15.2.1 Financial Report – September 2025
DEPARTMENT: Finance	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ 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 15.2.1 Financial Report – September 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 – September 2025 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 17 Discussion of Consent Calendar Items Pulled, If Necessary.

SUGGESTED MOTION/ALTERNATIVES:
Motion to accept the Financial Report – September 2025 as part of the Consent agenda.

Alternative:
If pulled from Consent agenda, provide discussion under Item 17 on the Board agenda. After discussion, request a motion to approve the Financial Report – September 2025 as presented.

LIST OF ATTACHMENTS: Financial Report – September 2025

TAHOE FOREST HOSPITAL DISTRICT
SEPTEMBER 2025 FINANCIAL REPORT - PRELIMINARY
INDEX

Board of Directors

Of Tahoe Forest Hospital District

SEPTEMBER 2025 FINANCIAL NARRATIVE PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the three months ended September 30, 2025.

Activity Statistics

- TFH acute patient days were 351 for the current month compared to budget of 310. This equates to an average daily census of 11.70 compared to budget of 10.3.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Hospice visits, Surgery cases, Laboratory tests, Oncology Lab, Blood units, EKGs, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical & Speech Therapies.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Radiation Oncology procedures, and Outpatient Physical Therapy Aquatic.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 49.0% in the current month compared to budget of 45.7% and to last month's 45.3%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.8% compared to budget of 45.6% and prior year's 45.4%.
- EBIDA was $3,558,936 (5.8%) for the current month compared to budget of $2,014,846 (3.4%), or $1,544,090 (2.4%) above budget. Year-to-date EBIDA was $12,945,140 (6.6%) compared to budget of $7,165,282 (3.8%), or $5,779,858 (2.8%) above budget.
- Net Income was $3,041,861 for the current month compared to budget of $1,483,899 or $1,557,963 above budget. Year-to-date Net Income was $12,033,928 compared to budget of $5,591,643 or $6,442,285 above budget.
- Cash Collections for the current month were $33,655,905 which is 110% of targeted Net Patient Revenue.
- EPIC Gross Accounts Receivables were $122,415,002 at the end of September compared to $129,814,659 at the end of August.

Balance Sheet

- Working Capital is at 51.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 231.6 days. Working Capital cash increased a net $5,507,000. Accounts Payable increased $3,793,000, Accrued Payroll & Related Costs increased $1,729,000, and Cash Collections were above target by 10%.
- Net Patient Accounts Receivable decreased a net $4,560,000. Cash collections were 110% of target. EPIC Days in A/R were 56.6 compared to 57.8 at the close of August.
- Estimated Settlements, Medi-Cal & Medicare increased a net $1,823,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs. The monthly budgeted amounts for FY26 have been revised to more accurately reflect amounts due to the District based on information received from DHLF.
- Unrealized Gain/(Loss) Cash Investment Fund increased $167,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of September.
- GO Bond Tax Revenue Fund increased $2,500 after recording Property Tax Revenues received from Placer County.
- Investment in TSC, LLC decreased $152,000 after recording the estimated loss for September.
- To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close of September.
- To comply with GASB No. 96, the District recorded Amortization Expense for September and recorded the Microsoft Licensing subscription renewal on its Right-To-Use Subscription assets, increasing the asset $101,000.
- Accounts Payable increased $3,793,000 due to the timing of the final check run in September.
- Accrued Payroll & Related Costs increased a net $1,729,000 due to additional accrued payroll days in September.
- To comply with GASB No. 96, the District recorded the Microsoft Licensing subscription renewal in its Right-To-Use Subscription Liability for September, increasing the liability $120,000.

Operating Revenue

- Current month's Total Gross Revenue was $61,736,646 compared to budget of $59,881,746 or $1,854,900 above budget.
- Current month's Gross Inpatient Revenue was $6,858,534 compared to budget of $7,278,317 or $419,783 below budget.
- Current month's Gross Outpatient Revenue was $54,878,112 compared to budget of $52,603,429 or $2,274,683 above budget.
- Current month's Gross Revenue Mix was 43.54% Medicare, 17.11% Medi-Cal, 1.00% Other, and 38.35% Commercial Insurance compared to budget of 39.34% Medicare, 16.51% Medi-Cal, 1.23% Other, and 42.92% Commercial Insurance. Last month's mix was 44.15% Medicare, 15.60% Medi-Cal, 1.31% Other, and 38.94% Commercial Insurance. Year-to-Date Gross Revenue Mix was 44.10% Medicare, 16.40% Medi-Cal, 1.26% Other, and 38.24% Commercial Insurance compared to budget of 39.09% Medicare, 16.65% Med-Cal, 1.24% Other, and 43.02% Commercial.
- Current month's Deductions from Revenue were $31,462,751 compared to budget of $32,517,811 or $1,055,060 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 4.20% increase in Medicare, a .60% increase to Medi-Cal, a 0.22% decrease in Other, and Commercial Insurance was below budget 4.57%, and 2) Revenues were above budget 3.10%.

DESCRIPTION	September 2025 Actual	September 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	12,319,949	11,529,135	(790,814)	We saw an increase in Technical, RN, and PA/NP wages.
Employee Benefits	3,533,250	3,422,703	(110,547)	Employer related payroll taxes and Physician Productivity Bonuses created a negative variance in Employee Benefits.
Benefits – Workers Compensation	165,474	90,315	(75,159)	The District has a self-insured plan and expense is based on actual claims paid.
Benefits – Medical Insurance	3,313,155	3,011,858	(301,297)	The District has a self-insured plan and expense is based on actual claims paid.
Medical Professional Fees	649,028	608,282	(40,746)	Emergency Department Physician Fees and Locums coverage for Urology were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	282,857	469,861	187,004	Budgeted Professional Fees for Information Technology, MSC Administration, Outside legal fees, Governmental Funding consulting services, Marketing, Administration, and Process Improvement were below budget, creating a positive variance in Other Professional Fees.
Supplies	4,985,106	4,833,702	(151,404)	Medical Supplies Sold to Patients and Drugs Sold to Patients revenues were above budget, creating a negative variance in Supplies.
Purchased Services	2,145,561	2,188,248	42,687	Outsourced Billing & Collection services, Medical Records Retention & Retrieval services, Wellness Bank usage, outgoing referral services for Central Scheduling, and outsourced services for Administration and Community Health were below budget, creating a positive variance in Purchased Services.
Other Expenses	1,206,606	1,185,993	(20,613)	We saw negative variances in Dues and Subscriptions, Rental rate increases, and Marketing Campaigns, creating a negative variance in Other Expenses.
Total Expenses	28,600,985	27,340,097	(1,260,888)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
SEPTEMBER 2025 PRELIMINARY

	Sep-25	Aug-25	Sep-24	
ASSETS				
CURRENT ASSETS				
* CASH	$ 48,630,439	$ 43,123,252	$ 72,310,296	1
PATIENT ACCOUNTS RECEIVABLE - NET	54,515,631	59,075,869	47,035,887	2
OTHER RECEIVABLES	11,779,398	10,324,793	9,851,593	
GO BOND RECEIVABLES	1,403,103	937,051	1,366,899	
ASSETS LIMITED OR RESTRICTED	15,009,868	11,614,070	10,599,414	
INVENTORIES	7,334,341	7,351,811	5,563,551	
PREPAID EXPENSES & DEPOSITS	5,034,370	4,882,664	4,235,380	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	32,650,365	30,827,666	21,841,756	3
TOTAL CURRENT ASSETS	176,357,515	168,137,177	172,804,775	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	10,672,429	1
* CASH INVESTMENT FUND	93,927,825	93,818,288	106,501,373	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	7,732,365	7,565,696	3,927,819	4
MUNICIPAL LEASE 2025	4,593,879	4,593,879	-	
TOTAL BOND TRUSTEE 2017	23,361	23,361	22,405	
TOTAL BOND TRUSTEE 2015	517,211	406,467	452,783	
GO BOND TAX REVENUE FUND	1,279,329	1,276,856	1,305,974	5
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,574	
DONOR RESTRICTED FUND	1,202,650	1,202,650	1,179,803	
WORKERS COMPENSATION FUND	490	(4,821)	17,793	
TOTAL	183,599,295	183,204,561	124,083,952	
LESS CURRENT PORTION	(15,009,868)	(11,614,070)	(10,599,414)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	168,589,427	171,590,491	113,484,538	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,865,962)	(5,714,079)	(4,207,338)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	200,809,860	197,102,391	195,026,411	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,872,828	1,872,828	1,891,576	
TOTAL ASSETS	543,480,640	534,705,779	480,716,934	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	184,246	187,478	223,034	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	221,741	200,168	154,402	7
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,920,778	3,944,483	4,205,235	
GO BOND DEFERRED FINANCING COSTS	382,065	384,386	409,916	
DEFERRED FINANCING COSTS	96,746	97,786	109,229	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	14,130,169	14,318,792	11,369,439	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	23,095,924	22,995,198	26,160,899	8
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 42,031,669	$ 42,128,291	$ 42,632,154	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	13,622,679	9,829,986	$ 10,880,607	9
ACCRUED PAYROLL & RELATED COSTS	24,108,208	22,379,270	32,698,195	10
INTEREST PAYABLE	188,186	133,904	200,024	
INTEREST PAYABLE GO BOND	480,155	240,078	502,905	
SUBSCRIPTION LIABILITY	25,034,228	24,913,831	27,806,158	11
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,102,931	6,102,931	4,087,698	
HEALTH INSURANCE PLAN	4,128,800	4,128,800	2,939,536	
WORKERS COMPENSATION PLAN	2,315,069	2,315,069	2,297,841	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,876,447	2,876,447	2,771,063	
CURRENT MATURITIES OF GO BOND DEBT	2,730,000	2,730,000	2,440,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	5,139,974	5,139,974	4,126,098	
TOTAL CURRENT LIABILITIES	86,726,676	80,790,289	90,750,126	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	31,495,749	31,799,375	26,274,912	
GO BOND DEBT NET OF CURRENT MATURITIES	84,569,475	84,587,431	87,804,943	
DERIVATIVE INSTRUMENT LIABILITY	221,741	200,168	154,402	7
TOTAL LIABILITIES	203,013,641	197,377,263	204,984,382	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	381,296,018	378,254,158	317,184,903	
RESTRICTED	1,202,650	1,202,650	1,179,803	
TOTAL NET POSITION	$ 382,498,668	$ 379,456,807	$ 318,364,706	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
SEPTEMBER 2025 PRELIMINARY

1. Working Capital is at 51.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 231.6 days. Working Capital cash increased a net $5,507,000. Accounts Payable increased $3,793,000 (See Note 9), Accrued Payroll & Related Costs increased $1,729,000 (See Note 10) and Cash Collections were above target by 10% (See Note 2).

2. Net Patient Accounts Receivable decreased a net $4,560,000. Cash collections were 110% of target. EPIC Days in A/R were 56.6 compared to 57.8 at the close of August.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $1,823,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs. The monthly budgeted amounts for FY26 have been revised to more accurately reflect amounts due to the District based on information received from DHLF.

4. Unrealized Gain/(Loss) Cash Investment Fund increased $167,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of September.

5. GO Bond Tax Revenue Fund increased $2,500 after recording Property Tax Revenues received from Placer County.

6. Investment in TSC, LLC decreased $152,000 after recording the estimated loss for September.

7. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close September.

8. To comply with GASB No. 96, the District recorded Amortization Expense for September and recorded the Microsoft Licensing subscription renewal on its Right-To-Use Subscription assets, increasing the asset $101,000.

9. Accounts Payable increased $3,793,000 due to the timing of the final check run in September.

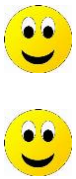
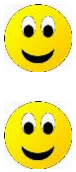
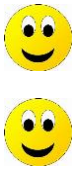
10. Accrued Payroll & Related Costs increased a net $1,729,000 due to additional accrued payroll days in September.

11. To comply with GASB No. 96, the District recorded the Microsoft Licensing subscription renewal in its Right-To-Use Subscription Liability for September, increasing the liability $120,000.

Tahoe Forest Hospital District
Cash Investment
September 30, 2025

WORKING CAPITAL				
US Bank	$ 47,315,466	3.80%		
US Bank/Incline Village Thrift Store	45,533			
US Bank/Truckee Thrift Store	221,166			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,048,274	1.91%		
Total			$	48,630,439
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -			
Chandler Cash Portfolio Fund	914,074	3.72%		
Chandler Investment Fund	93,013,750	VAR		
Total			$	93,927,825
Building Fund	$ -			
Cash Reserve Fund	74,318,485	4.19%		
Local Agency Investment Fund			$	74,318,485
Municipal Lease 2018			$	4,593,879
Bonds Cash 2017			$	23,361
Bonds Cash 2015			$	517,211
GO Bonds Cash 2008			$	1,279,329
DX Imaging Education	$ 3,700			
Workers Comp Fund - B of A	490			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	4,190
TOTAL FUNDS			$	223,294,719
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,386	0.09%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,166,955	4.19%		
TOTAL RESTRICTED FUNDS			$	1,202,650
TOTAL ALL FUNDS			$	224,497,369

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
SEPTEMBER 2025 PRELIMINARY

	Current Status	Desired Position	Target	Bond Covenants	FY 2026 Jul 25 to Sept 25	FY 2025 Jul 24 to June 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20
Return On Equity: Increase (Decrease) in Net Position Net Position		⇧	FYE 7.0% Budget 1st Qtr 1.4%		3.1%	17.3%	12.4%	11.2%	13.0%	12.3%	17.1%
EPIC Days in Accounts Receivable (excludes SNF) Gross Accounts Receivable 90 Days Gross Accounts Receivable 365 Days		⇩	FYE 60 Days		57 60	59 64	69 71	59 62	63 67	65 67	89 73
Days Cash on Hand Excludes Restricted: Cash + Short-Term Investments (Total Expenses - Depreciation Expense)/ by 365		⇧	Budget FYE 189 Days Budget 1st Qtr 218 Days Projected 1st Qtr 219 Days	Bond Covenant 60 Days A- 243 Days BBB- 112 Days	232	245	229	197	234	272	246
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		⇩	22%		38%	31%	31%	24%	27%	26%	31%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		⇩	27%		41%	34%	35%	33%	36%	32%	40%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)		⇧	FYE Budget $944,810 End 1st Qtr Based on Budgeted Net Revenue $899,780 End 1st Qtr Based on Actual Net Revenue $985,437		$1,046,287	$913,700	$804,216	$713,016	$634,266	$603,184	$523,994
Debt Service Coverage: Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense		⇧	Without GO Bond 12.67 With GO Bond 5.43	1.95	14.34 6.08	28.32 9.83	15.47 6.88	9.74 5.25	9.72 5.22	8.33 4.49	9.50 5.06

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
SEPTEMBER 2025 PRELIMINARY

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD SEPT 2024
				OPERATING REVENUE						
$ 61,736,646	$ 59,881,746	$ 1,854,900	3.1%	Total Gross Revenue	$ 197,226,865	$ 190,266,679	$ 6,960,186	3.7%	1	$ 176,272,898
				Gross Revenues - Inpatient						
$ 3,348,557	$ 3,045,656	$ 302,901	9.9%	Daily Hospital Service	$ 11,108,176	$ 10,307,506	$ 800,670	7.8%		$ 10,334,378
3,509,977	4,232,661	(722,684)	-17.1%	Ancillary Service - Inpatient	14,610,390	13,497,425	1,112,965	8.2%		13,228,611
6,858,534	7,278,317	(419,783)	-5.8%	Total Gross Revenue - Inpatient	25,718,566	23,804,931	1,913,635	8.0%	1	23,562,989
54,878,112	52,603,429	2,274,683	4.3%	Gross Revenue - Outpatient	171,508,299	166,461,748	5,046,551	3.0%		152,709,909
54,878,112	52,603,429	2,274,683	4.3%	Total Gross Revenue - Outpatient	171,508,299	166,461,748	5,046,551	3.0%	1	152,709,909
				Deductions from Revenue:						
31,146,036	30,400,975	(745,061)	-2.5%	Contractual Allowances	102,450,770	96,697,701	(5,753,069)	-5.9%	2	93,906,897
17,046	1,197,635	1,180,589	98.6%	Charity Care	841,597	3,805,334	2,963,737	77.9%	2	1,129,986
299,669	919,201	619,532	67.4%	Bad Debt	1,634,776	2,917,924	1,283,148	44.0%	2	1,271,896
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
31,462,751	32,517,811	1,055,060	3.2%	Total Deductions from Revenue	104,927,143	103,420,959	(1,506,184)	-1.5%		96,308,779
105,908	126,666	20,758	16.4%	Property Tax Revenue- Wellness Neighborhood	293,937	379,305	85,368	22.5%		320,529
1,780,118	1,864,342	(84,224)	-4.5%	Other Operating Revenue	5,882,333	5,819,220	63,113	1.1%	3	5,429,349
32,159,921	29,354,943	2,804,978	9.6%	TOTAL OPERATING REVENUE	98,475,992	93,044,245	5,431,747	5.8%		85,713,997
				OPERATING EXPENSES						
12,319,949	11,529,135	(790,814)	-6.9%	Salaries and Wages	36,573,478	36,417,020	(156,458)	-0.4%	4	32,153,468
3,533,250	3,422,703	(110,547)	-3.2%	Benefits	11,872,056	11,119,267	(752,789)	-6.8%	4	11,417,301
165,474	90,315	(75,159)	-83.2%	Benefits Workers Compensation	519,564	270,945	(248,619)	-91.8%	4	148,819
3,313,155	3,011,858	(301,297)	-10.0%	Benefits Medical Insurance	9,515,577	9,035,574	(480,003)	-5.3%	4	7,035,049
649,028	608,282	(40,746)	-6.7%	Medical Professional Fees	1,770,987	1,877,894	106,907	5.7%	5	1,538,711
282,857	469,861	187,004	39.8%	Other Professional Fees	955,399	1,379,583	424,184	30.7%	5	878,500
4,985,106	4,833,702	(151,404)	-3.1%	Supplies	14,834,209	15,526,446	692,237	4.5%	6	13,520,929
2,145,561	2,188,248	42,687	2.0%	Purchased Services	6,108,525	6,688,868	580,343	8.7%	7	5,586,292
1,206,606	1,185,993	(20,613)	-1.7%	Other	3,381,057	3,563,366	182,309	5.1%	8	3,081,881
28,600,985	27,340,097	(1,260,888)	-4.6%	TOTAL OPERATING EXPENSE	85,530,852	85,878,963	348,111	0.4%		75,360,950
3,558,936	**2,014,846**	**1,544,090**	**76.6%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**12,945,140**	**7,165,282**	**5,779,858**	**80.7%**		**10,353,047**
				NON-OPERATING REVENUE/(EXPENSE)						
826,630	805,872	20,758	2.6%	District and County Taxes	2,503,676	2,418,309	85,367	3.5%	9	2,619,364
468,526	468,525	1	0.0%	District and County Taxes - GO Bond	1,405,577	1,405,576	1	0.0%		1,366,899
362,076	378,932	(16,856)	-4.4%	Interest Income	1,224,297	1,172,523	51,774	4.4%	10	1,102,630
121,489	119,538	1,951	1.6%	Donations	340,513	359,756	(19,243)	-5.3%	11	228,515
(151,882)	(151,882)	-	0.0%	Gain/(Loss) on Joint Investment	(455,647)	(455,647)	0	0.0%	12	(265,595)
341,762	300,000	41,762	-13.9%	Gain/(Loss) on Market Investments	1,319,101	900,000	419,101	-46.6%	13	3,369,952
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	15	2,750
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-		-	100.0%	15	-
(2,023,571)	(1,995,743)	(27,828)	-1.4%	Depreciation	(5,857,115)	(5,987,229)	130,114	2.2%	16	(5,354,752)
(213,957)	(208,041)	(5,916)	-2.8%	Interest Expense	(635,795)	(631,108)	(4,687)	-0.7%	17	(552,792)
(248,148)	(248,148)	0	0.0%	Interest Expense-GO Bond	(755,818)	(755,819)	1	0.0%		(788,734)
(517,075)	(530,947)	13,873	2.6%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(911,212)	(1,573,639)	662,427	42.1%		1,728,237
$ 3,041,861	**$ 1,483,899**	**$ 1,557,963**	**105.0%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 12,033,928**	**$ 5,591,643**	**$ 6,442,285**	**115.2%**		**$ 12,081,284**
				NET POSITION - BEGINNING OF YEAR	**370,464,740**					
				NET POSITION - AS OF SEPTEMBER 30, 2025	**$ 382,498,668**					
5.8%	**3.4%**	**2.4%**		**RETURN ON GROSS REVENUE EBIDA**	**6.6%**	**3.8%**	**2.8%**			**5.9%**

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

		Variance from Budget Fav / <Unfav> SEPT 2025	YTD 2026
1) Gross Revenues			
Acute Patient Days were above budget 13.2% or 41 days. Swing Bed days were below budget 94.5% or 17 days.	Gross Revenue -- Inpatient	$ (419,783)	$ 1,913,635
	Gross Revenue -- Outpatient	2,274,683	5,046,551
	Gross Revenue -- Total	$ 1,854,900	$ 6,960,186
Outpatient volumes were 5% or more above in the following departments: Hospice visits, Surgery cases, Laboratory tests, Oncology Lab, Blood units, EKGs, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical & Speech Therapies.			
Outpatient volumes were below budget 5% or more in the following departments: Emergency Department visits, Home Health visits, Radiation Oncology procedures, and Outpatient Physical Therapy Aquatic.			
2) Total Deductions from Revenue			
The payor mix for September shows a 4.20% increase to Medicare, a .60% increase to Medi-Cal, 0.22% decrease to Other, and a 4.57% decrease to Commercial when compared to budget. Revenues were above budget 3.1% and we saw a shift from Commercial into Medicare.	Contractual Allowances	$ (745,061)	$ (5,753,069)
	Charity Care	1,180,589	2,963,737
	Bad Debt	619,532	1,283,148
	Prior Period Settlements	-	-
	Total	$ 1,055,060	$ (1,506,184)
3) Other Operating Revenue	Community Pharmacy	$ 39,900	$ 350,540
Community Pharmacy revenues were above budget 4.7%.	Miscellaneous	(120,326)	(252,492)
	Hospice Thrift Stores	9,642	6,889
A revision to the estimated FY26 HQAF and QIP budgeted receivables was made based on recent models received from DHLF. This is causing a negative variance in Miscellaneous, and will remain a variance through FY26. There is a positive variance in Rate Range and DHDP funding that reduces Contractual Allowances for the remainder of FY26, offsetting the negative variance in this category.	Grants	-	13,832
	The Center (non-therapy)	8,409	8,738
	IVCH ER Physician Guarantee	235	(1,539)
	Children's Center	(22,084)	(62,855)
	Total	$ (84,224)	$ 63,113
Child Care days were below budget 9.7%.			
4) Salaries and Wages	Total	$ (790,814)	$ (156,458)
We saw an increase in Technical, RN, and PA/NP wages, creating a negative variance in Salaries and Wages.			
Employee Benefits	PL/SL	$ 11,015	$ (772,309)
Employer related payroll taxes created a negative variance in Other.	Other	(42,046)	(76,458)
	Pension/Deferred Comp	-	3
Accrued Physician Productivity Bonuses were above budget, creating a negative variance in Nonproductive.	Standby	7,568	15,803
	Nonproductive	(87,084)	80,172
	Total	$ (110,547)	$ (752,789)
Employee Benefits - Workers Compensation	Total	$ (75,159)	$ (248,619)
The District has a self-insured plan and expense is based on actual claims paid.			
Employee Benefits - Medical Insurance	Total	$ (301,297)	$ (480,003)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	TFH Locums	$ (35,205)	$ (70,058)
Emergency Department physician fees for call, tele-neurology, and virtual radiology were above budget creating a negative variance in TFH Locums.	Multi-Specialty Clinics	(48,765)	(58,226)
	Information Technology	18,391	(32,333)
	Oncology	52	(9,543)
Locums coverage for Urology created a negative variance in Multi-Specialty Clinics.	IVCH ER Physicians	4,503	(197)
	Corporate Compliance	-	-
Professional services provided by Mercy Health for implementation of new modules within EPIC were below budget, creating a positive variance in Information Technology.	Multi-Specialty Clinics Administration	12,664	2,406
	Patient Accounting/Admitting	2,000	6,000
	Human Resources	(393)	16,632
Physician Compensation consulting fees were below budget, creating a positive variance in Multi-Specialty Clinics Administration.	Medical Staff Services	13,393	22,335
	Managed Care	11,311	23,723
	Financial Administration	27,167	46,062
Outside legal fees were below budget, creating a positive variance in Medical Staff Services.	Marketing	20,579	80,653
	Administration	48,363	160,739
	Miscellaneous	72,199	342,898
Governmental funding consulting services were below budget, creating a positive variance in Financial Administration.	Total	$ 146,258	$ 531,091
Contracted services for Media/Internet support were below budget, creating a positive variance in Marketing.			
Strategic Planning consulting services were below budget, creating a positive variance in Administration.			
Anesthesia Physician Fees and budgeted consulting services for Process Improvement were below budget, creating a positive variance in Miscellaneous.			

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

		Variance from Budget Fav / <Unfav>	
		SEPT 2025	YTD 2026
6) Supplies	Patient & Other Medical Supplies	$ (184,451)	$ (672,970)
Medical Supplies Sold to Patients revenues were above budget 6.2%, creating a negative variance in Patient & Other Medical Supplies.	Office Supplies	390	203
	Food	3,917	7,479
	Other Non-Medical Supplies	45,389	35,002
Drugs Sold to Patients revenues were above budget 10.3%, creating a negative variance in Pharmacy Supplies.	Minor Equipment	24,528	72,293
	Pharmacy Supplies	(41,176)	1,250,229
	Total	$ (151,404)	$ 692,237
7) Purchased Services	Laboratory	$ (49,313)	$ (33,618)
Outsourced lab testing created a negative variance in Laboratory for TFH and IVCH.	Diagnostic Imaging Services - All	(29,994)	(16,761)
	Pharmacy IP	(2,094)	(13,243)
Software licensing fees and radiology reads were above budget, creating a negative variance in Diagnostic Imaging - All.	The Center	(8,008)	(10,632)
	Department Repairs	(29,177)	(8,998)
	Home Health/Hospice	(4,054)	(1,982)
District wide maintenance projects and repairs created a negative variance in Department Repairs.	Community Development	-	-
	Multi-Specialty Clinics	(3,565)	13,637
	Information Technology	5,972	40,727
Outsourced billing and collections services were below budget, creating a positive variance in Patient Accounting.	Patient Accounting	24,599	47,026
	Medical Records	15,965	50,601
	Human Resources	14,781	61,131
Record retrieval and retention services were below budget, creating a positive variance in Medical Records	Miscellaneous	107,575	452,456
	Total	$ 42,687	$ 580,343
Decreased use of the Employee Wellness Bank funds created a positive variance in Human Resources.			
Outgoing referral services for Central Scheduling, Outsourced services for Administration, and Community Health Index support services were below budget, creating a positive variance in Miscellaneous.			
8) Other Expenses	Dues and Subscriptions	$ (21,752)	$ (41,098)
UC Davis Cancer Care Network fees were above budget, creating a negative variance in Dues and Subscriptions.	Other Building Rent	(16,294)	(32,192)
	Equipment Rent	(7,781)	(31,031)
	Multi-Specialty Clinics Bldg. Rent	(9,341)	(11,873)
Rental rate increases for the District's employee housing units and common area maintenance services created a negative variance in Other Building Rent.	Human Resources Recruitment	3,126	(11,586)
	Insurance	(3,857)	(8,416)
	Marketing	(43,824)	(6,906)
Marketing Campaigns for Orthopedics and Community sponsorships created a negative variance in Marketing.	Multi-Specialty Clinics Equip Rent	(98)	(2,176)
	Physician Services	2,112	3,559
	Miscellaneous	15,396	71,516
Physician recruitment expenses were below budget, creating a positive variance in Miscellaneous.	Utilities	36,786	90,189
	Outside Training & Travel	24,914	162,323
	Total	$ (20,613)	$ 182,309
Natural Gas/Propane and Electricity costs were below budget, creating a positive variance in Utilities.			
9) District and County Taxes	Total	$ 20,758	$ 85,367
10) Interest Income	Total	$ (16,856)	$ 51,774
11) Donations	IVCH	$ (23,543)	$ (71,770)
	Operational	25,494	52,527
	Total	$ 1,951	$ (19,243)
12) Gain/(Loss) on Joint Investment	Total	$ -	$ -
13) Gain/(Loss) on Market Investments	Total	$ 41,762	$ 419,101
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
14) Gain/(Loss) on Sale or Disposal of Assets	Total	$ -	$ -
15) Gain/(Loss) on Sale or Disposal of Equipment	Total	$ -	$ -
16) Depreciation Expense	Total	$ (27,828)	$ 130,114
GASB 96 Amortization Expense was above budget with the implementation of the new Microsoft Licensing subscription renewal.			
17) Interest Expense	Total	$ (5,916)	$ (4,687)
GASB 96 Interest Expense was above budget with the implementation of the new Microsoft Licensing subscription renewal.			

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
SEPTEMBER 2025 PRELIMINARY

	Current Status	Desired Position	Target	FY 2026 Jul 25 to Sept 25	FY 2025 Jul 24 to June 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20
Total Margin: Increase (Decrease) In Net Position Total Gross Revenue		⇧	FYE 3.1% 1st Qtr 2.9%	6.1%	8.6%	5.9%	6.3%	6.2%	5.8%	8.5%
Charity Care: Charity Care Expense Gross Patient Revenue		⇩	FYE 2.0% 1st Qtr 2.0%	.0%	.0%	.1%	.6%	2.6%	3.4%	4.0%
Bad Debt Expense: Bad Debt Expense Gross Patient Revenue		⇩	FYE 1.5% 1st Qtr 1.5%	.1%	.1%	1.2%	1.2%	-.01%	1.2%	1.4%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue	 	⇧	FYE 14.2% 1st Qtr 13.6%	13.9%	15.7%	12.0%	12.2%	12.2%	13.7%	.1%
Operating Expense Variance to Budget (Under<Over>)		⇧	-0-	$348,111	$(4,833,941)	$380,780	$(1,499,954)	$(10,431,192)	$(8,685,969)	$(9,484,742)
EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue		⇧	FYE 3.6% 4th Qtr 3.8%	6.6%	8.8%	6.1%	6.3%	7.9%	7.8%	6.2%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 2025 PRELIMINARY

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD SEPT 2024
				OPERATING REVENUE						
$ 4,553,202	$ 4,781,875	$ (228,673)	-4.8%	Total Gross Revenue	$ 15,418,031	$ 14,964,843	$ 453,188	3.0%	1	$ 14,370,949
				Gross Revenues - Inpatient						
$ -	$ -	$ -	0.0%	Daily Hospital Service	$ -	$ -	$ -	0.0%		$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,553,202	4,781,875	(228,673)	-4.8%	Gross Revenue - Outpatient	15,418,031	14,964,843	453,188	3.0%		14,370,949
4,553,202	4,781,875	(228,673)	-4.8%	Total Gross Revenue - Outpatient	15,418,031	14,964,843	453,188	3.0%	1	14,370,949
				Deductions from Revenue:						
2,092,558	2,325,163	232,605	10.0%	Contractual Allowances	7,488,768	7,256,257	(232,511)	-3.2%	2	6,957,112
90,793	95,638	4,844	5.1%	Charity Care	268,838	299,297	30,459	10.2%	2	133,675
86,265	71,728	(14,537)	-20.3%	Bad Debt	342,084	224,473	(117,611)	-52.4%	2	324,020
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
2,269,616	2,492,529	222,912	8.9%	Total Deductions from Revenue	8,099,690	7,780,027	(319,663)	-4.1%	2	7,414,807
47,259	11,719	35,540	303.3%	Other Operating Revenue	185,777	152,290	33,487	22.0%	3	114,079
2,330,845	2,301,066	29,780	1.3%	TOTAL OPERATING REVENUE	7,504,118	7,337,106	167,012	2.3%		7,070,221
				OPERATING EXPENSES						
870,240	684,027	(186,213)	-27.2%	Salaries and Wages	2,511,917	2,383,247	(128,670)	-5.4%	4	2,049,135
195,912	192,741	(3,170)	-1.6%	Benefits	684,812	676,524	(8,288)	-1.2%	4	675,384
4,119	1,957	(2,162)	-110.5%	Benefits Workers Compensation	12,356	5,871	(6,485)	-110.5%	4	6,276
195,944	178,944	(17,000)	-9.5%	Benefits Medical Insurance	564,315	536,832	(27,483)	-5.1%	4	439,424
174,794	178,640	3,846	2.2%	Medical Professional Fees	536,586	535,920	(666)	-0.1%	5	532,133
5,856	6,140	284	4.6%	Other Professional Fees	14,520	18,420	3,900	21.2%	5	6,820
97,755	142,861	45,107	31.6%	Supplies	394,187	453,914	59,727	13.2%	6	311,251
85,667	82,227	(3,440)	-4.2%	Purchased Services	288,582	341,469	52,887	15.5%	7	247,541
121,521	114,207	(7,314)	-6.4%	Other	361,312	347,448	(13,863)	-4.0%	8	294,811
1,751,807	1,581,744	(170,062)	-10.8%	TOTAL OPERATING EXPENSE	5,368,587	5,299,645	(68,942)	-1.3%		4,562,775
579,039	**719,321**	**(140,282)**	**-19.5%**	**NET OPERATING REV(EXP) EBIDA**	**2,135,531**	**2,037,461**	**98,070**	**4.8%**		**2,507,446**
				NON-OPERATING REVENUE/(EXPENSE)						
-	23,543	(23,543)	-100.0%	Donations-IVCH	-	71,770	(71,770)	-100.0%	9	4,798
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(206,191)	(207,021)	830	-0.4%	Depreciation	(618,574)	(621,064)	2,490	0.4%	11	(610,491)
(3,167)	(2,059)	(1,108)	53.8%	Interest Expense	(9,569)	(6,250)	(3,319)	53.1%	12	(3,489)
(209,358)	(185,538)	(23,821)	-12.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(628,143)	(555,544)	(72,599)	-13.1%		(609,182)
$ 369,680	**$ 533,784**	**$ (164,103)**	**-30.7%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,507,388**	**$ 1,481,917**	**$ 25,471**	**1.7%**		**$ 1,898,264**
12.7%	**15.0%**	**-2.3%**		**RETURN ON GROSS REVENUE EBIDA**	**13.9%**	**13.6%**	**0.2%**			**17.4%**

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

		Variance from Budget Fav<Unfav> SEPT 2025	YTD 2026
1) Gross Revenues			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	$ -	$ -
	Gross Revenue -- Outpatient	(228,673)	453,188
Outpatient volumes were below budget in the following departments: Surgery cases, Lab Send Out tests, EKGs, Diagnostic Imaging, Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Occupational Therapy.	Total	$ (228,673)	$ 453,188
Outpatient volumes were above budget in the following departments: Gastroenterology cases, Physical Therapy, and Speech Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 11.27% increase in Medicare, a 1.54% decrease in Medicaid, a 10.35% decrease in Commercial insurance, and a .63% increase in Other. Revenues were below budget 4.80% and we saw a shift from Commercial to Medicare.	Contractual Allowances	$ 232,605	$ (232,511)
	Charity Care	4,844	30,459
	Bad Debt	(14,537)	(117,611)
	Prior Period Settlement	-	-
	Total	$ 222,912	$ (319,663)
3) Other Operating Revenue			
	IVCH ER Physician Guarantee	$ 235	$ (1,539)
	Miscellaneous	35,305	35,026
	Total	$ 35,540	$ 33,487
4) Salaries and Wages	Total	$ (186,213)	$ (128,670)
We saw increases in Technical, RN, Physician, and Management salaries.			
Employee Benefits	PL/SL	$ (5,399)	$ (15,796)
	Other	(6,153)	(3,162)
	Standby	2,806	(9,777)
	Pension/Deferred Comp	0	0
	Nonproductive	5,576	20,447
	Total	$ (3,170)	$ (8,288)
Employee Benefits - Workers Compensation	Total	$ (2,162)	$ (6,485)
Employee Benefits - Medical Insurance	Total	$ (17,000)	$ (27,483)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	Miscellaneous	$ (656)	$ (468)
We saw a decrease in Radiology Reads, creating a positive variance in IVCH ER Physicians.	IVCH ER Physicians	4,503	(197)
	Administration	-	-
	Multi-Specialty Clinics	-	-
	Foundation	283	3,899
	Total	$ 4,130	$ 3,234
6) Supplies	Office Supplies	$ (16)	$ (542)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were below budget 61.4%, creating a positive variance in Pharmacy Supplies.	Minor Equipment	(168)	203
	Food	68	532
	Non-Medical Supplies	4,174	9,595
Patient Chargeable Supplies were below budget, creating a positive variance in Patient & Other Medical Supplies	Pharmacy Supplies	34,847	18,938
	Patient & Other Medical Supplies	6,201	31,001
	Total	$ 45,107	$ 59,727

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

		Variance from Budget Fav<Unfav>	
		SEPT 2025	YTD 2026
7) Purchased Services	Laboratory	$ (11,985)	$ (12,994)
Outsourced lab testing created a negative variance in Laboratory.	Diagnostic Imaging Services - All	1,796	(1,372)
	Multi-Specialty Clinics	(268)	(752)
Repairs/maintenance costs for Surgery, Sterile Processing, and Facilities were below budget, creating a positive variance in Department Repairs.	Pharmacy	(331)	(685)
	Engineering/Plant/Communications	(804)	1,501
	Miscellaneous	1,540	2,731
	EVS/Laundry	1,301	4,049
	Department Repairs	4,370	20,647
	Foundation	942	39,763
	Total	$ (3,440)	$ 52,887
8) Other Expenses	Other Building Rent	$ (9,322)	$ (26,258)
Common Area Maintenance costs and a rental increase for an employee housing unit created a negative variance in Other Building Rent.	Miscellaneous	(2,173)	(22,260)
	Multi-Specialty Clinics Bldg. Rent	(1,087)	(3,524)
	Insurance	(578)	722
Community Sponsorships created a negative variance in Miscellaneous.	Equipment Rent	91	848
	Dues and Subscriptions	(1,256)	1,388
ORA System subscription fees for Ophthalmology created a negative variance in Dues and Subscriptions.	Outside Training & Travel	(257)	5,748
	Marketing	5,922	11,768
	Utilities	1,347	17,705
Marketing campaigns were below budget, creating a positive variance in this category.	Total	$ (7,314)	$ (13,863)
Natural Gas/Propane costs were below budget, creating a positive variance in Utilities.			
9) Donations	Total	$ (23,543)	$ (71,770)
The timing of donation transfers from the Foundation to the District created a negative variance in Donations.			
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ 830	$ 2,490
12) Interest Expense	Total	$ (1,108)	$ (3,319)

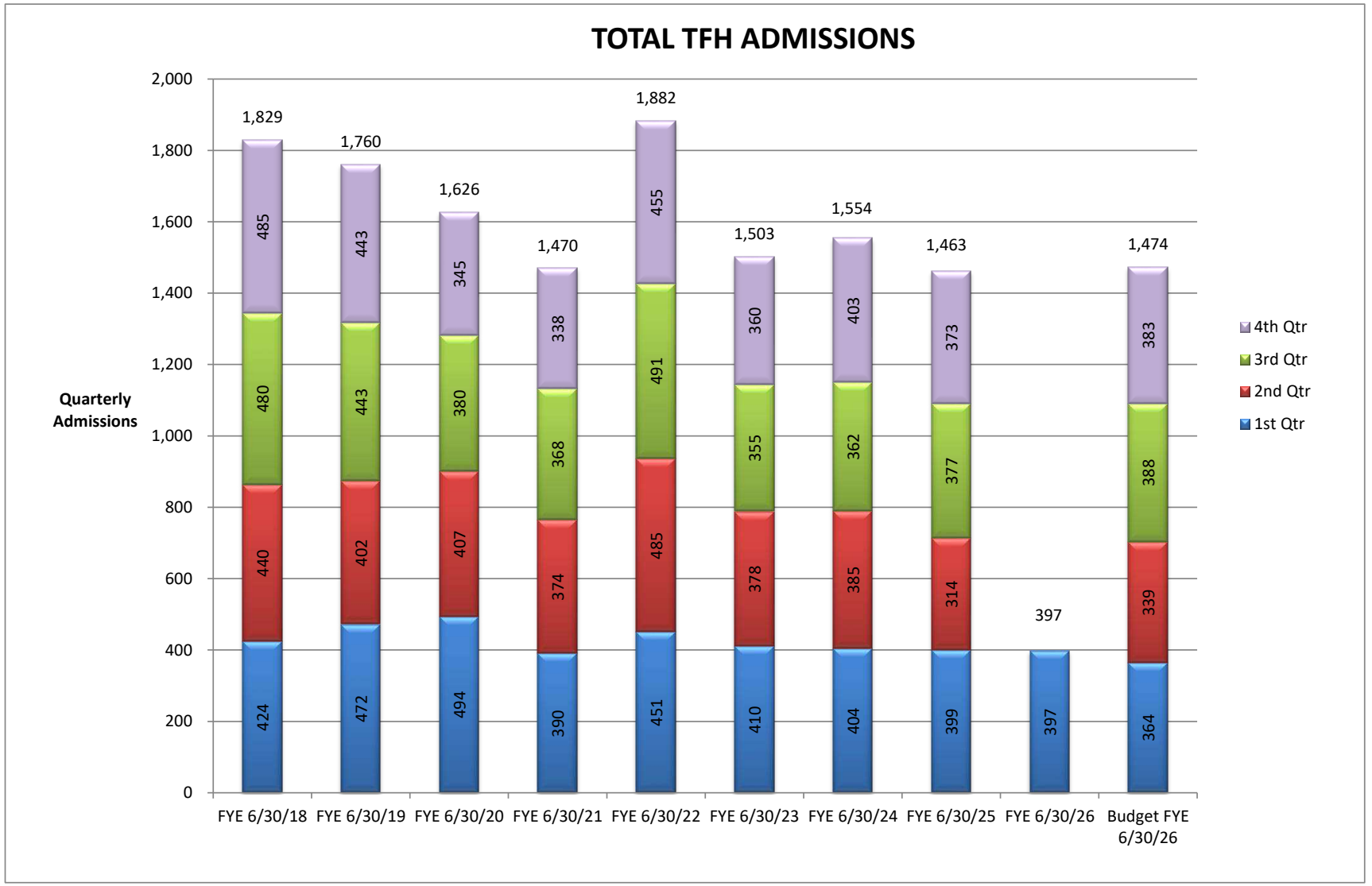
TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

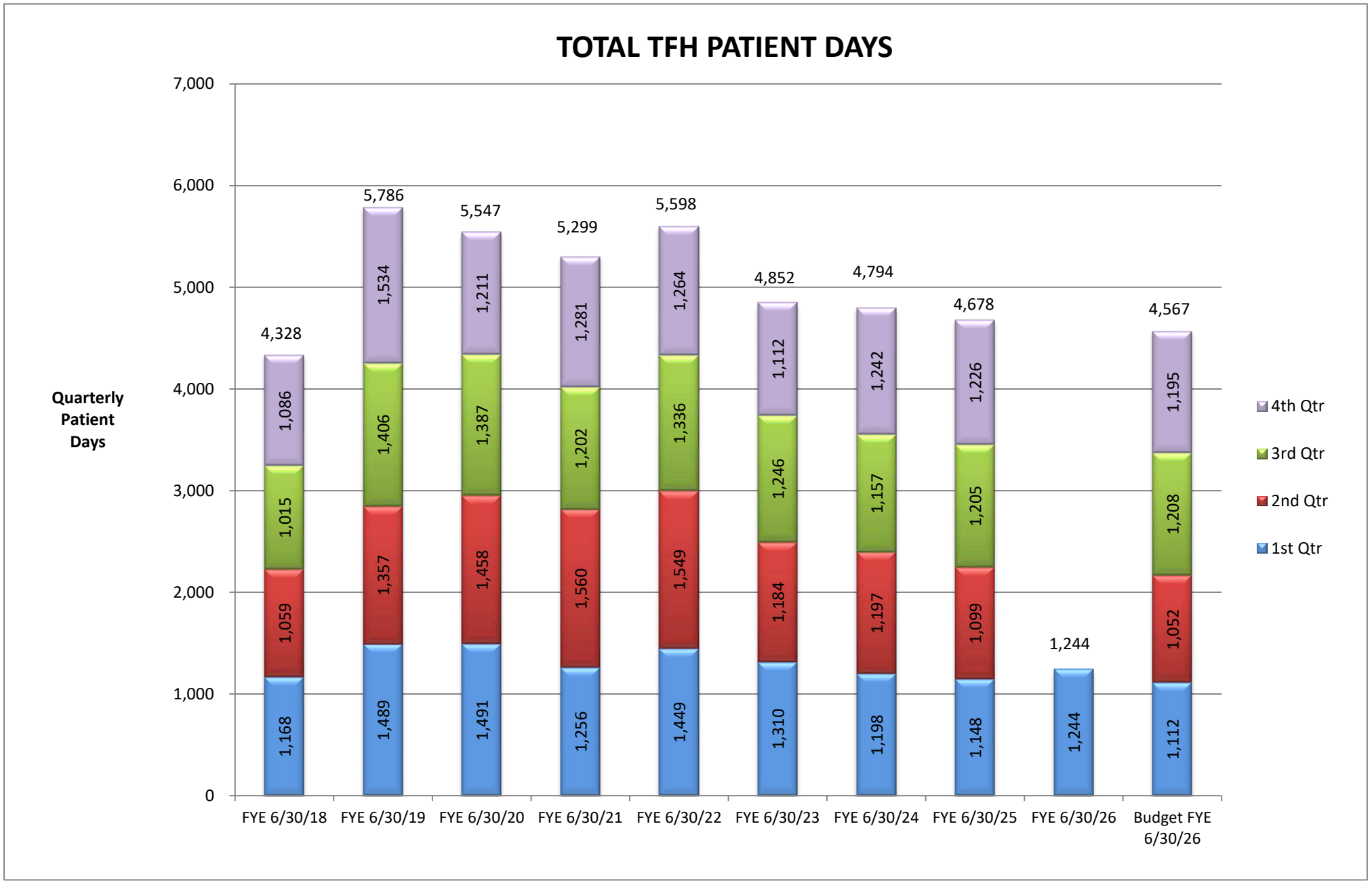
	PRELIMINARY FYE 2025		**BUDGET** FYE 2026	PROJECTED FYE 2026	ACTUAL SEPT 2025	PROJECTED SEPT 2025	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	65,341,408		27,556,243	33,336,102	$ 3,558,936	$ 2,014,846	$ 1,544,090	12,945,140	7,556,441	8,340,006	4,494,515
Interest Income	3,958,656		3,622,400	3,793,393	94,753	250,000	(155,247)	1,076,593	905,600	905,600	905,600
Property Tax Revenue	11,279,104		11,320,000	11,320,757	5,704	-	5,704	587,757	133,000	6,100,000	4,500,000
Donations	1,193,437		5,037,312	4,738,455	-	119,538	(119,538)	60,899	359,756	358,615	3,959,185
Debt Service Payments	(3,516,862)		(3,876,518)	(3,817,228)	(261,815)	(288,169)	26,354	(1,484,229)	(864,507)	(806,968)	(661,525)
Property Purchase Agreement	(811,927)		(473,624)	(473,624)	(67,661)	(67,661)	-	(202,982)	(202,982)	(67,661)	-
Municipal Lease 2025	(333,643)		(1,000,932)	(1,000,931)	(83,411)	(83,411)	0	(250,232)	(250,233)	(250,233)	(250,233)
Copier	-		-	-		-	-	-	-	-	-
2017 VR Demand Bond	(795,185)		(756,793)	(750,211)	-	-	-	(672,429)	-	(77,782)	-
2015 Revenue Bond	(1,576,107)		(1,645,169)	(1,592,462)	(110,744)	(137,097)	26,353	(358,585)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(121,333)		(521,000)	(388,000)	(33,000)	(66,334)	33,334	(88,000)	(100,000)	(100,000)	(100,000)
Investment in Capital											
Equipment	(4,700,844)		(5,613,300)	(5,613,300)	(432,128)	(826,793)	394,666	(1,247,350)	(2,281,350)	(1,359,900)	(724,700)
Municipal Lease Reimbursement	1,340,632		4,780,000	4,780,000	-	400,000	(400,000)	-	850,000	1,400,000	2,530,000
IT/EMR/Business Systems	-		(5,027,825)	(5,027,825)	-	(464,090)	464,090	-	(3,335,718)	(1,449,607)	(242,500)
Building Projects/Properties	(12,436,705)		(55,592,169)	(55,592,169)	(4,697,973)	(6,534,653)	1,836,679	(5,592,451)	(18,550,236)	(16,551,974)	(14,897,508)
Change in Accounts Receivable	(8,996,668)	N1	(328,792)	3,347,553	4,560,238	817,035	3,743,203	6,006,700	(2,908,089)	1,176,221	(927,279)
Change in Settlement Accounts	(7,772,399)	N2	(5,011,279)	(10,147,468)	(1,822,699)	(1,022,699)	(800,000)	(5,260,008)	(9,494,097)	258,048	4,348,589
Change in Other Assets	(6,415,659)	N3	(2,248,346)	(4,818,928)	(1,031,931)	(348,346)	(683,585)	(3,518,928)	(900,000)	(200,000)	(200,000)
Change in Other Liabilities	(9,395,358)	N4	(7,815,000)	(7,513,024)	5,676,638	1,000,000	4,676,638	(664,024)	(8,950,000)	(4,375,000)	6,476,000
Change in Cash Balance	29,757,408		(33,718,273)	(31,601,682)	5,616,722	(4,949,666)	10,566,388	2,822,100	(37,579,200)	(6,304,958)	9,460,377
Beginning Unrestricted Cash	184,297,240		214,054,647	214,054,647	211,260,025	211,260,025	-	214,054,647	216,876,748	179,297,547	172,992,589
Ending Unrestricted Cash	214,054,647		180,336,374	182,452,966	216,876,748	206,310,360	10,566,388	216,876,748	179,297,547	172,992,589	182,452,966
Operating Cash	214,054,647		180,336,374	182,452,966	216,876,748	206,310,360	10,566,388	216,876,748	179,297,547	172,992,589	182,452,966
Expense Per Day	873,497		956,582	955,641	936,594	940,327	(3,733)	936,594	935,995	948,120	955,641
Days Cash On Hand	245		189	191	232	219	12	232	192	182	191

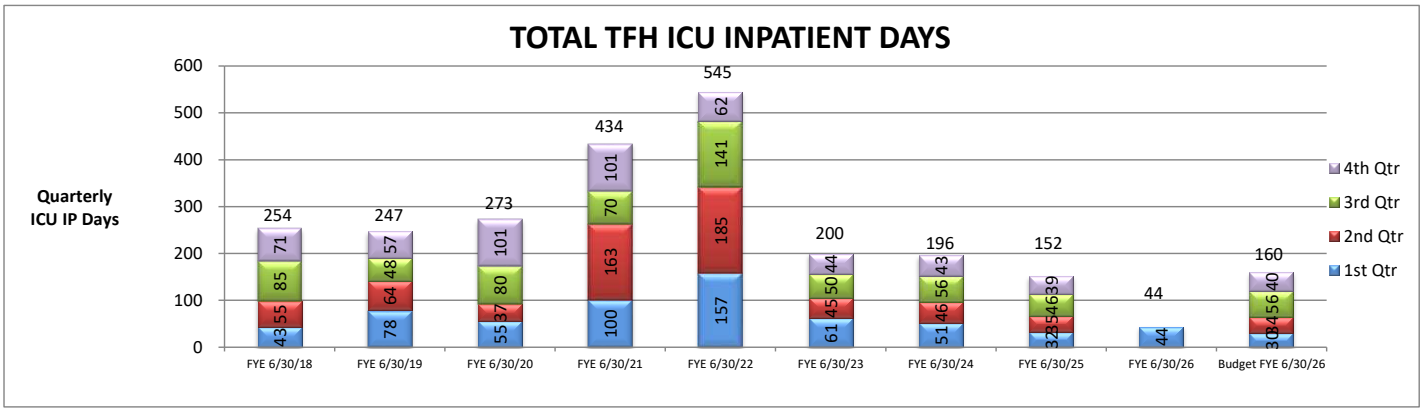
Footnotes:

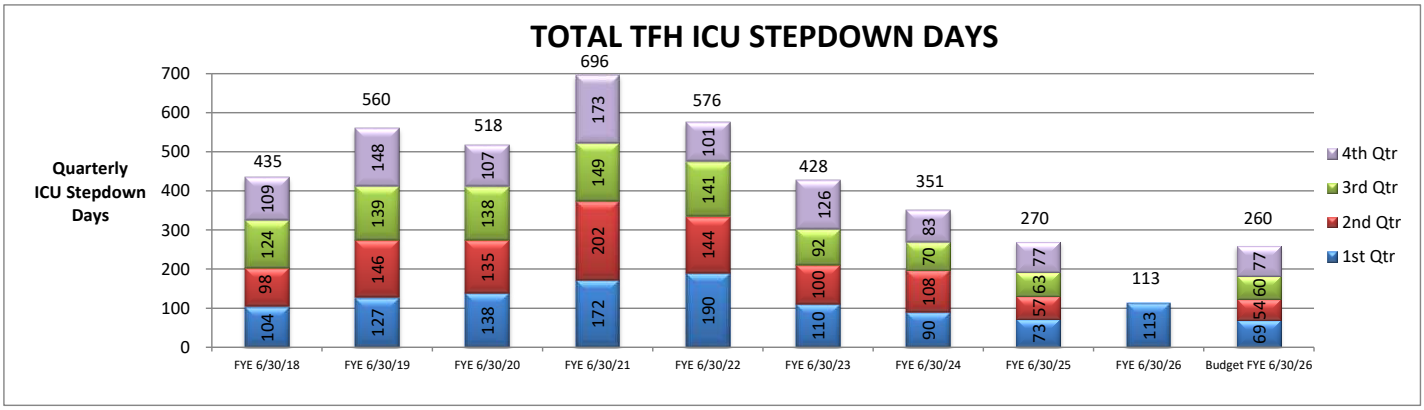
Budget - Beginning Unrestricted Cash amount for Budget FYE 2026 has been restated to match the Ending Unrestricted Cash from Preliminary FYE 2025.

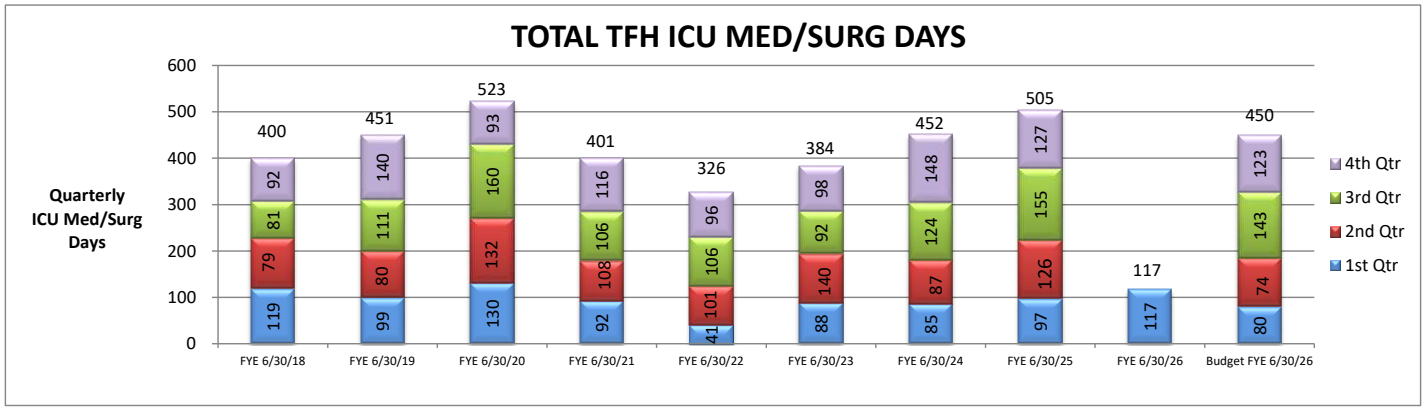
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

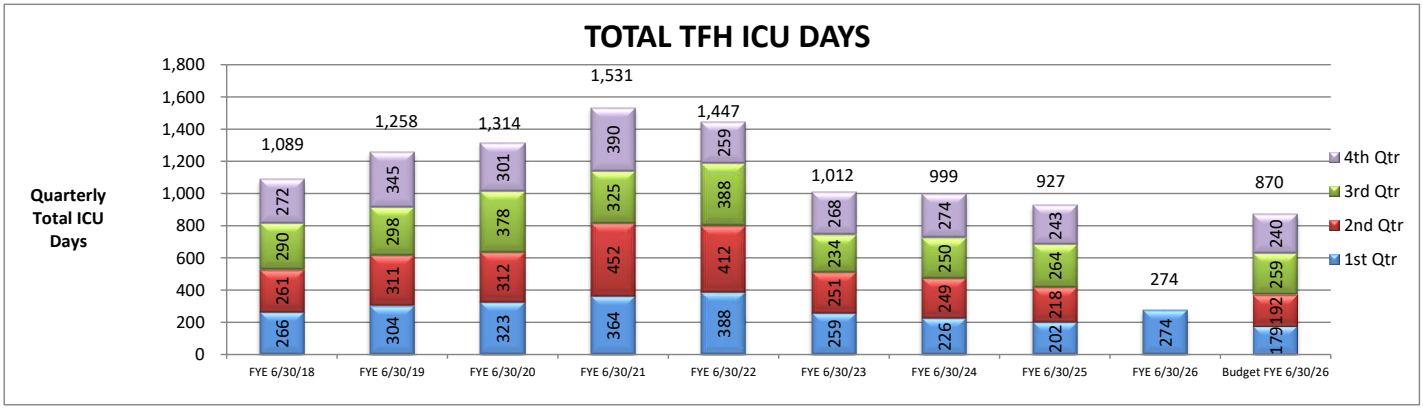

TOTAL TFH ADMISSIONS
Quarterly Admissions
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1,829
1,760
1,626
1,470
1,882
1,503
1,554
1,463
397
1,474
485
480
440
424
443
443
402
472
345
380
407
494
338
368
374
390
455
491
485
451
360
355
378
410
403
362
385
404
373
377
314
399
383
388
339
364
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

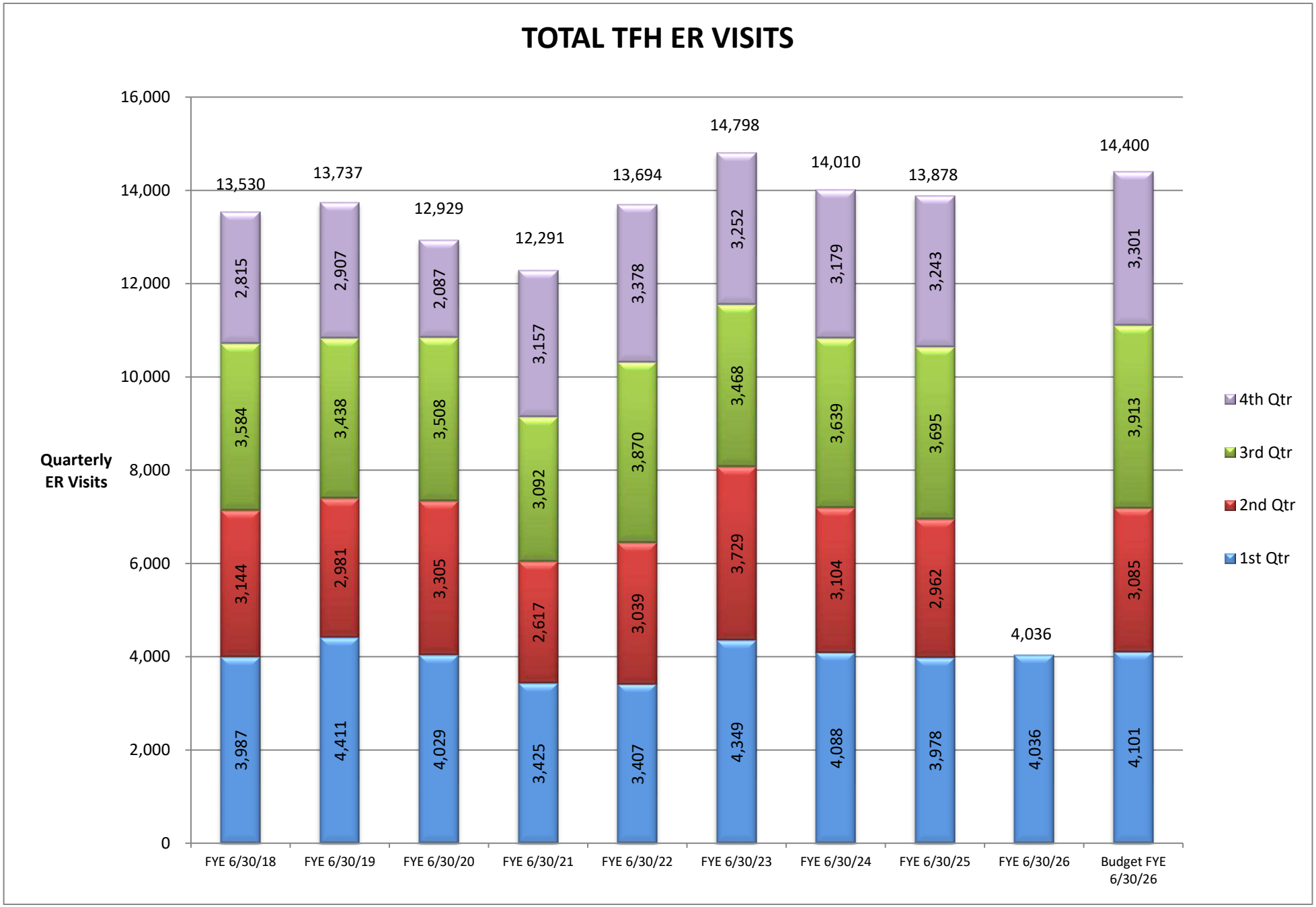

TOTAL TFH PATIENT DAYS
Quarterly Patient Days
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
4,328
5,786
5,547
5,299
5,598
4,852
4,794
4,678
1,244
4,567
1,086
1,534
1,211
1,281
1,264
1,112
1,242
1,226
1,195
1,015
1,406
1,387
1,202
1,336
1,246
1,157
1,205
1,208
1,059
1,357
1,458
1,560
1,549
1,184
1,197
1,099
1,052
1,168
1,489
1,491
1,256
1,449
1,310
1,198
1,148
1,244
1,112
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

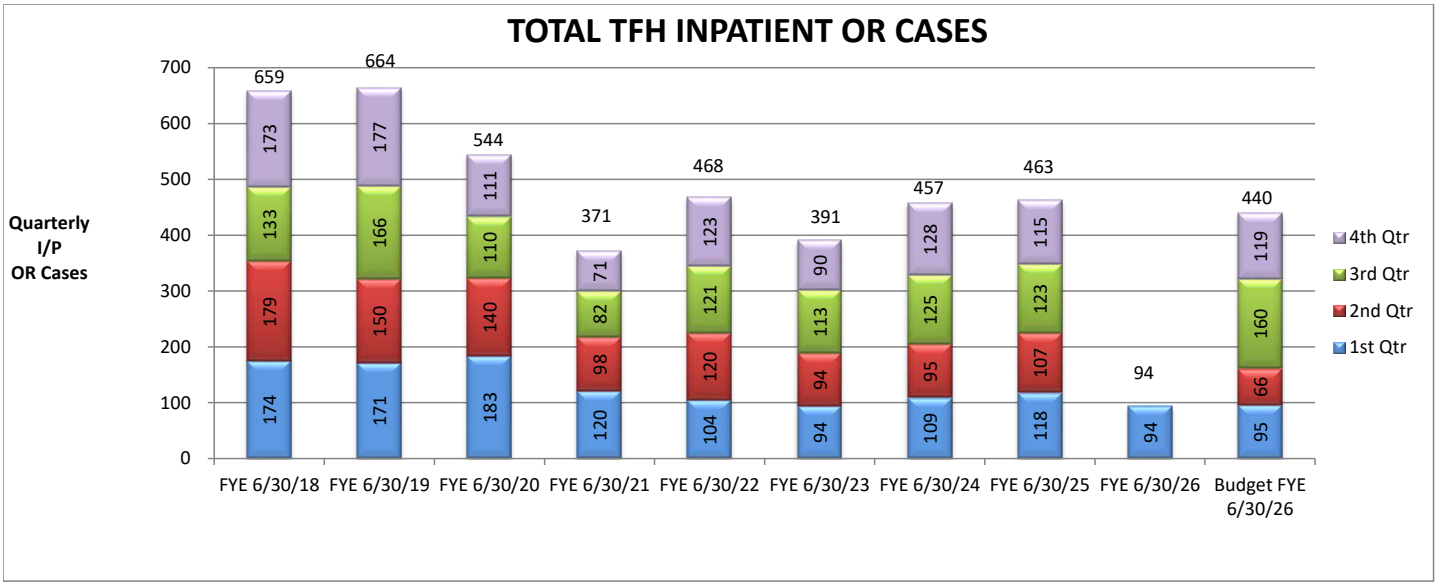

TOTAL TFH ICU INPATIENT DAYS
Quarterly ICU IP Days
FYE 6/30/18: 254 (43, 55, 85, 71)
FYE 6/30/19: 247 (78, 64, 48, 57)
FYE 6/30/20: 273 (55, 37, 80, 101)
FYE 6/30/21: 434 (100, 163, 70, 101)
FYE 6/30/22: 545 (157, 185, 141, 62)
FYE 6/30/23: 200 (61, 45, 50, 44)
FYE 6/30/24: 196 (51, 46, 56, 43)
FYE 6/30/25: 152 (32, 54, 39)
FYE 6/30/26: 44 (44)
Budget FYE 6/30/26: 160 (30, 45, 56, 40)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

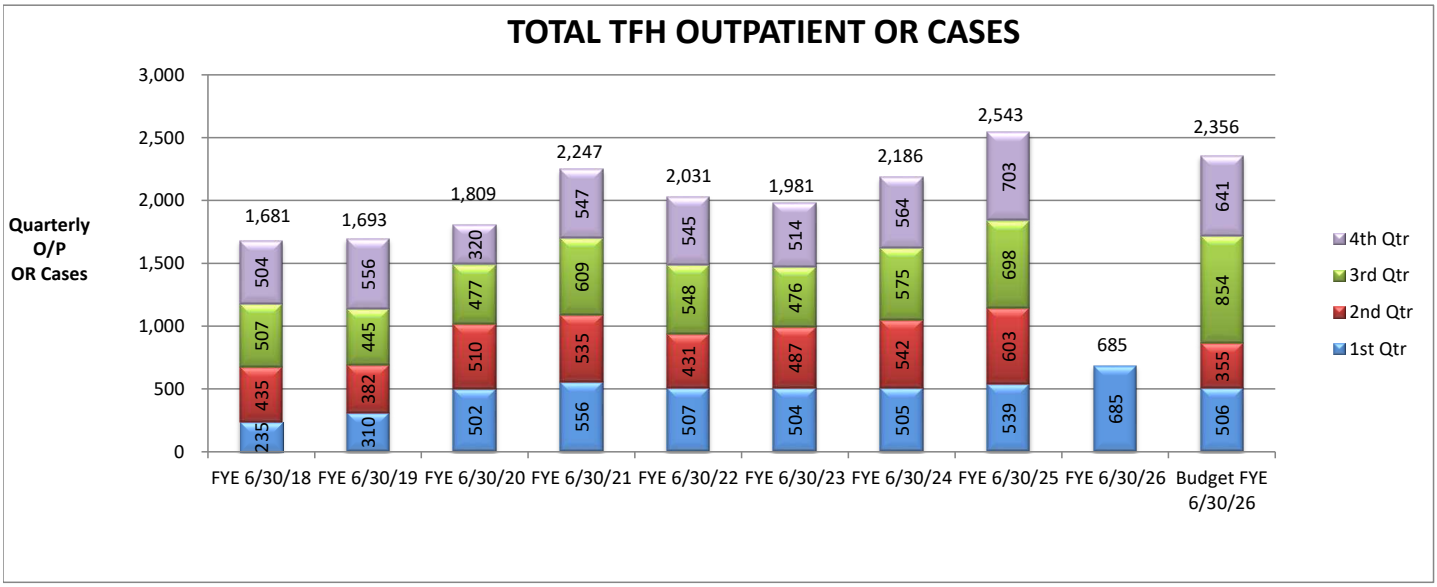

TOTAL TFH ICU STEPDOWN DAYS
Quarterly ICU Stepdown Days
FYE 6/30/18: 435 (104, 98, 124, 109)
FYE 6/30/19: 560 (127, 146, 139, 148)
FYE 6/30/20: 518 (138, 135, 138, 107)
FYE 6/30/21: 696 (172, 202, 149, 173)
FYE 6/30/22: 576 (190, 144, 141, 101)
FYE 6/30/23: 428 (110, 100, 92, 126)
FYE 6/30/24: 351 (90, 108, 70, 83)
FYE 6/30/25: 270 (73, 57, 63, 77)
FYE 6/30/26: 113 (113)
Budget FYE 6/30/26: 260 (69, 54, 60, 77)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

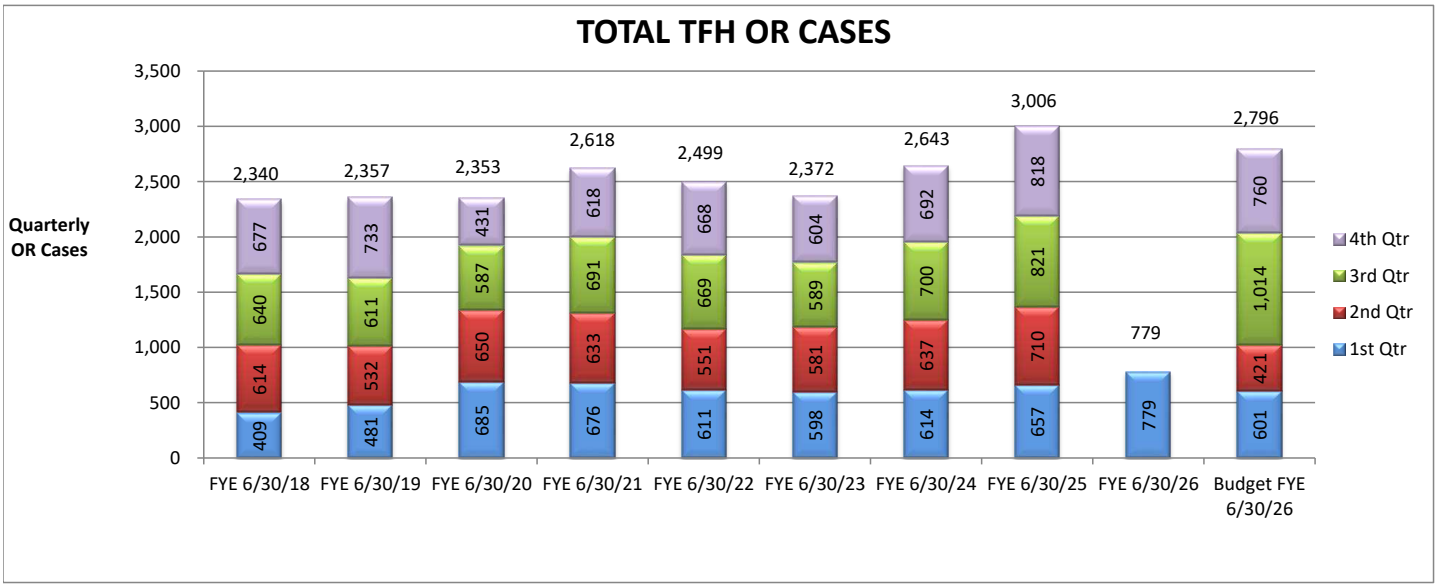

TOTAL TFH ICU MED/SURG DAYS
Quarterly ICU Med/Surg Days
FYE 6/30/18: 400 (119, 79, 81, 92)
FYE 6/30/19: 451 (99, 80, 111, 140)
FYE 6/30/20: 523 (130, 132, 160, 93)
FYE 6/30/21: 401 (92, 108, 106, 116)
FYE 6/30/22: 326 (41, 101, 106, 96)
FYE 6/30/23: 384 (88, 140, 92, 98)
FYE 6/30/24: 452 (85, 87, 124, 148)
FYE 6/30/25: 505 (97, 126, 155, 127)
FYE 6/30/26: 117 (117)
Budget FYE 6/30/26: 450 (80, 74, 143, 123)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

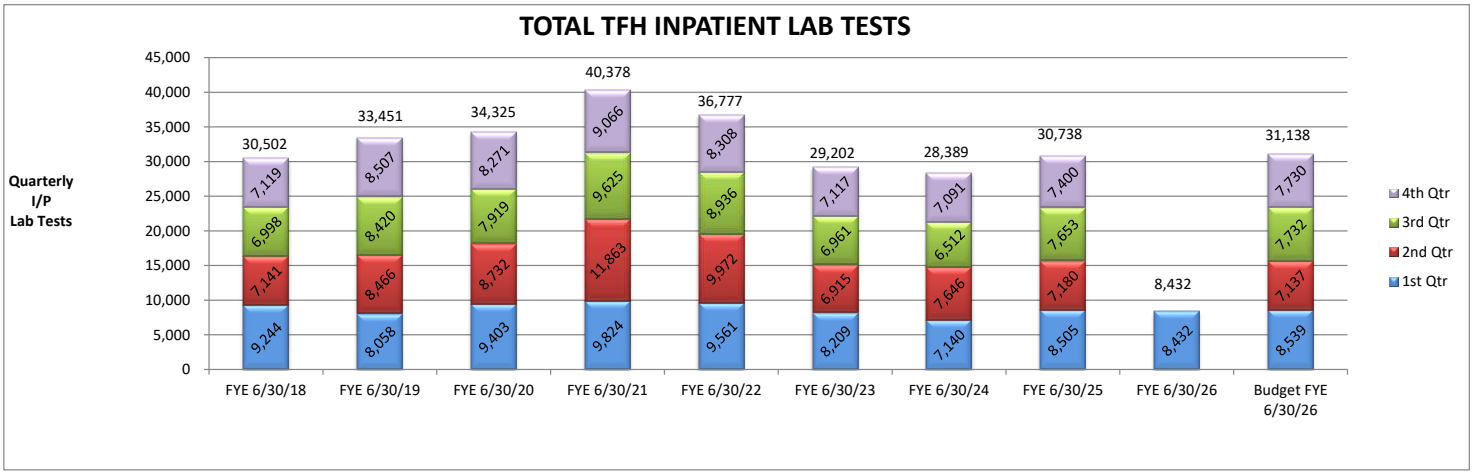

TOTAL TFH ICU DAYS
Quarterly Total ICU Days
FYE 6/30/18: 1,089 (266, 261, 290, 272)
FYE 6/30/19: 1,258 (304, 311, 298, 345)
FYE 6/30/20: 1,314 (323, 312, 378, 301)
FYE 6/30/21: 1,531 (364, 452, 325, 390)
FYE 6/30/22: 1,447 (388, 412, 388, 259)
FYE 6/30/23: 1,012 (259, 251, 234, 268)
FYE 6/30/24: 999 (226, 249, 250, 274)
FYE 6/30/25: 927 (202, 218, 264, 243)
FYE 6/30/26: 274 (274)
Budget FYE 6/30/26: 870 (179, 192, 259, 240)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

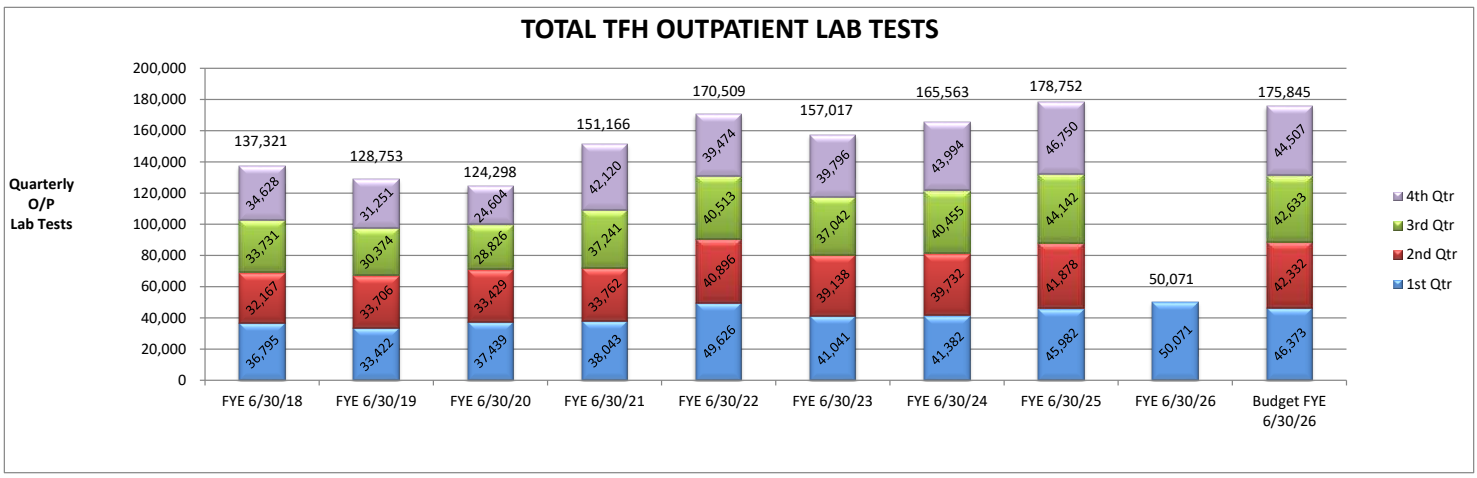

TOTAL TFH ER VISITS
Quarterly ER Visits
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
13,530
13,737
12,929
12,291
13,694
14,798
14,010
13,878
4,036
14,400
2,815
2,907
2,087
3,157
3,378
3,252
3,179
3,243
3,301
3,584
3,438
3,508
3,092
3,870
3,468
3,639
3,695
3,913
3,144
2,981
3,305
2,617
3,039
3,729
3,104
2,962
3,085
3,987
4,411
4,029
3,425
3,407
4,349
4,088
3,978
4,036
4,101
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26

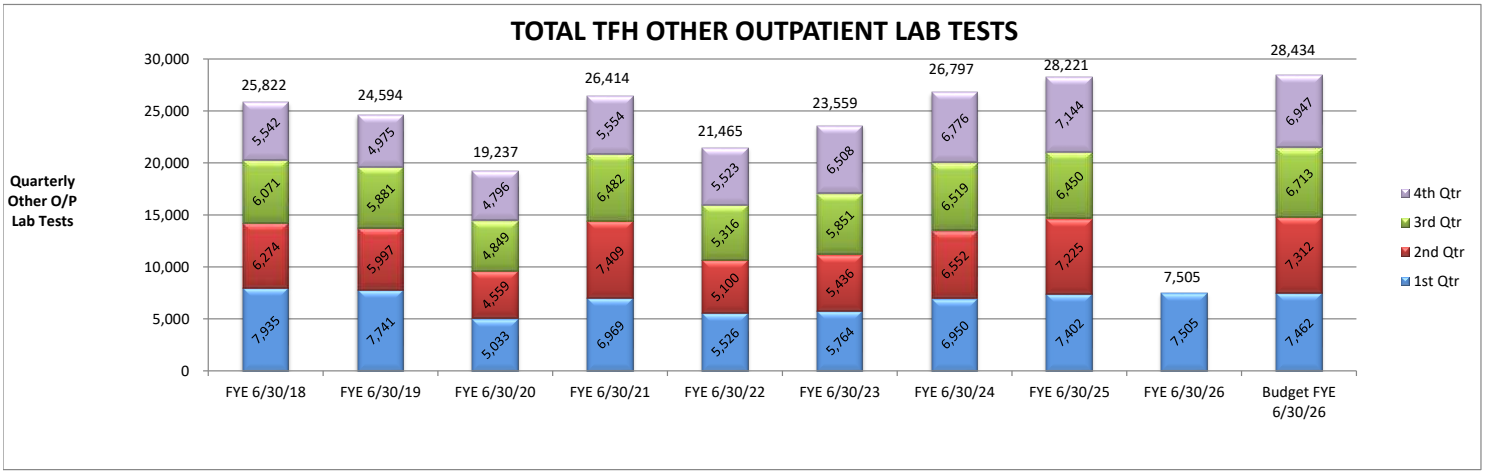

TOTAL TFH INPATIENT OR CASES
Quarterly I/P OR Cases
700
600
500
400
300
200
100
0
659
664
544
371
468
391
457
463
440
94
173
177
111
71
123
90
128
115
119
133
166
110
82
121
113
125
123
160
179
150
140
98
120
94
95
107
66
174
171
183
120
104
94
109
118
95
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

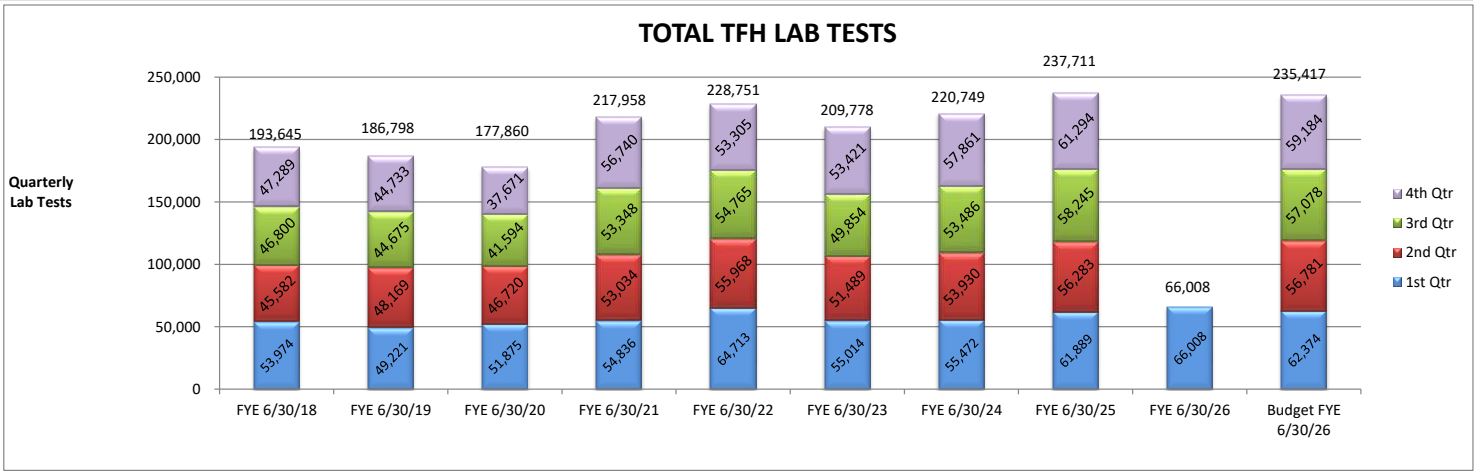

TOTAL TFH OUTPATIENT OR CASES
Quarterly O/P OR Cases
3,000
2,500
2,000
1,500
1,000
500
0
1,681
1,693
1,809
2,247
2,031
1,981
2,186
2,543
2,356
685
504
556
320
547
545
514
564
703
641
507
445
477
609
548
476
575
698
854
435
382
510
535
431
487
542
603
355
235
310
502
556
507
504
505
539
685
506
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH OR CASES
Quarterly OR Cases
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,340
2,357
2,353
2,618
2,499
2,372
2,643
3,006
2,796
779
677
733
431
618
668
604
692
818
760
640
611
587
691
669
589
700
821
1,014
614
532
650
633
551
581
637
710
421
409
481
685
676
611
598
614
657
779
601
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

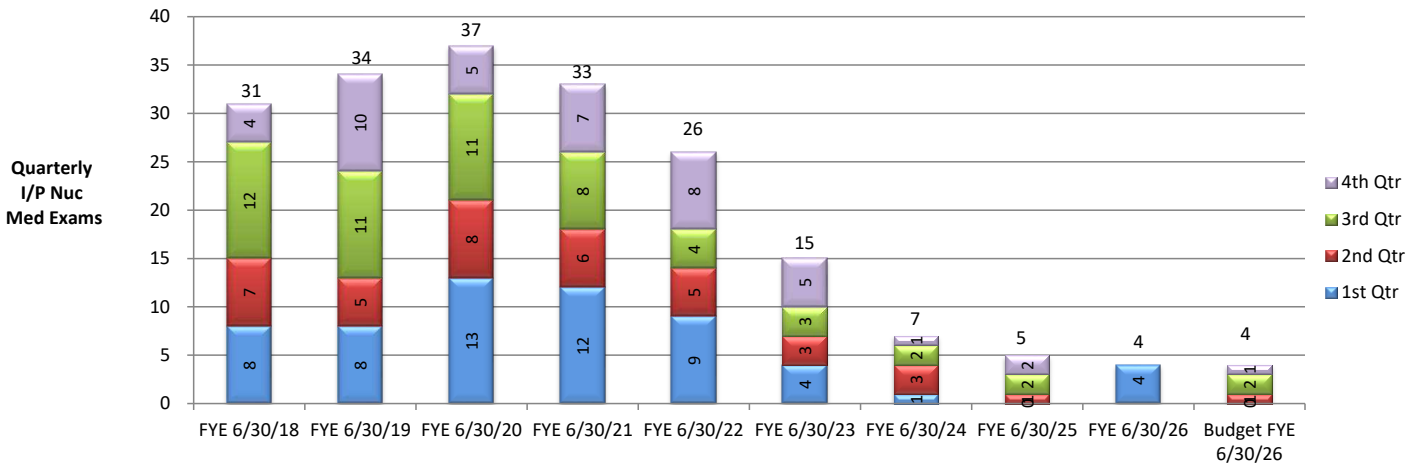

TOTAL TFH INPATIENT LAB TESTS
Quarterly I/P Lab Tests
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
30,502
33,451
34,325
40,378
36,777
29,202
28,389
30,738
8,432
31,138
7,119
8,507
8,271
9,066
8,308
7,117
7,091
7,400
7,730
6,998
8,420
7,919
9,625
8,936
6,961
6,512
7,653
7,732
7,141
8,466
8,732
11,863
9,972
6,915
7,646
7,180
7,137
9,244
8,058
9,403
9,824
9,561
8,209
7,140
8,505
8,432
8,539
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH OUTPATIENT LAB TESTS
Quarterly O/P Lab Tests
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
137,321
128,753
124,298
151,166
170,509
157,017
165,563
178,752
50,071
175,845
34,628
31,251
24,604
42,120
39,474
39,796
43,994
46,750
44,507
33,731
30,374
28,826
37,241
40,513
37,042
40,455
44,142
42,633
32,167
33,706
33,429
33,762
40,896
39,138
39,732
41,878
42,332
36,795
33,422
37,439
38,043
49,626
41,041
41,382
45,982
50,071
46,373
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

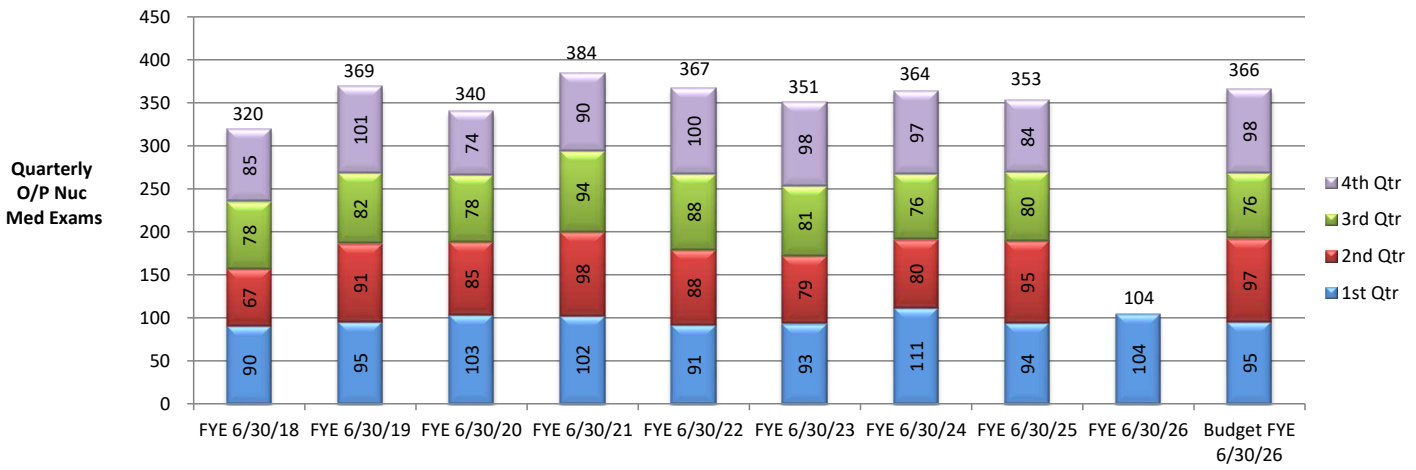

TOTAL TFH OTHER OUTPATIENT LAB TESTS
Quarterly Other O/P Lab Tests
30,000
25,000
20,000
15,000
10,000
5,000
0
25,822
24,594
19,237
26,414
21,465
23,559
26,797
28,221
7,505
28,434
5,542
4,975
4,796
5,554
5,523
6,508
6,776
7,144
6,947
6,071
5,881
4,849
6,482
5,316
5,851
6,519
6,450
6,713
6,274
5,997
4,559
7,409
5,100
5,436
6,552
7,225
7,312
7,935
7,741
5,033
6,969
5,526
5,764
6,950
7,402
7,505
7,462
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH LAB TESTS
Quarterly Lab Tests
250,000
200,000
150,000
100,000
50,000
0
193,645
186,798
177,860
217,958
228,751
209,778
220,749
237,711
66,008
235,417
47,289
44,733
37,671
56,740
53,305
53,421
57,861
61,294
59,184
46,800
44,675
41,594
53,348
54,765
49,854
53,486
58,245
57,078
45,582
48,169
46,720
53,034
55,968
51,489
53,930
56,283
56,781
53,974
49,221
51,875
54,836
64,713
55,014
55,472
61,889
66,008
62,374
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

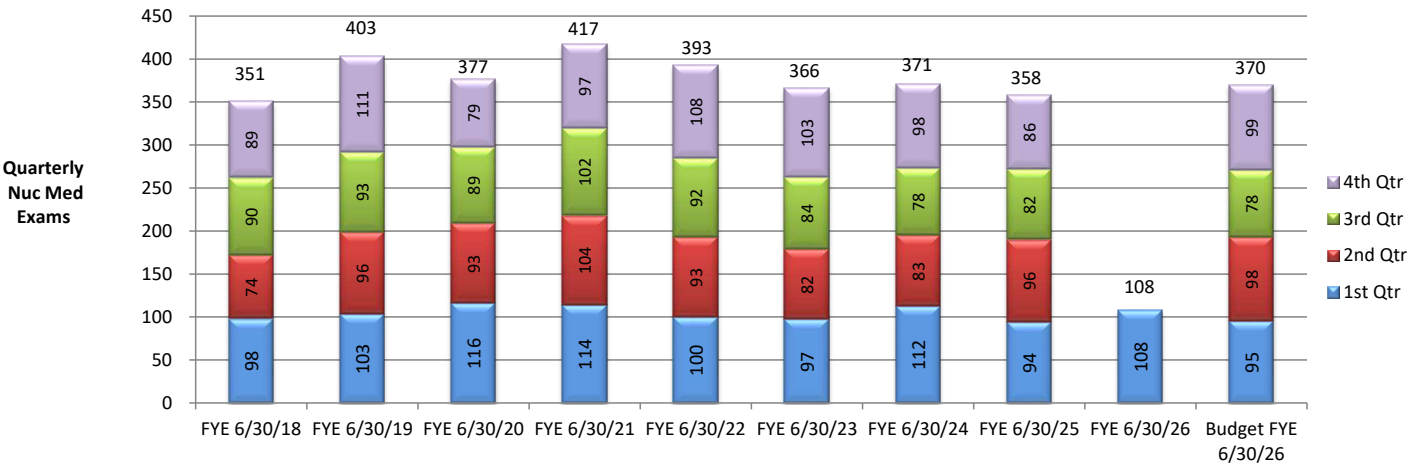
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS

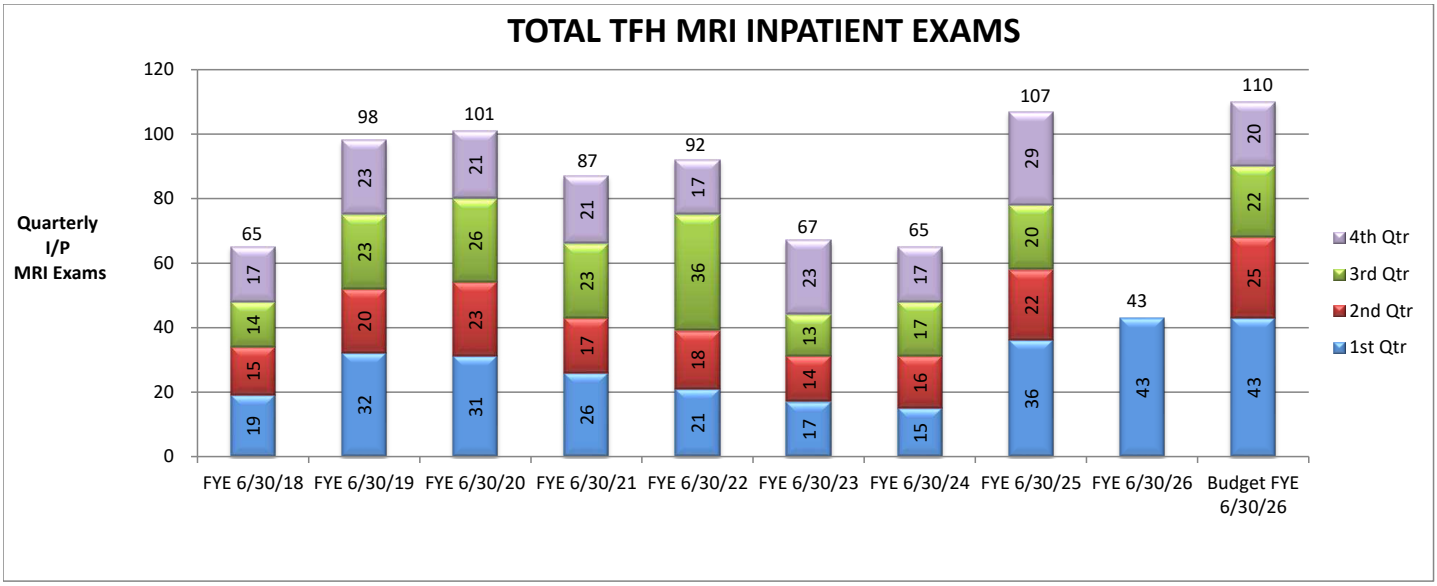


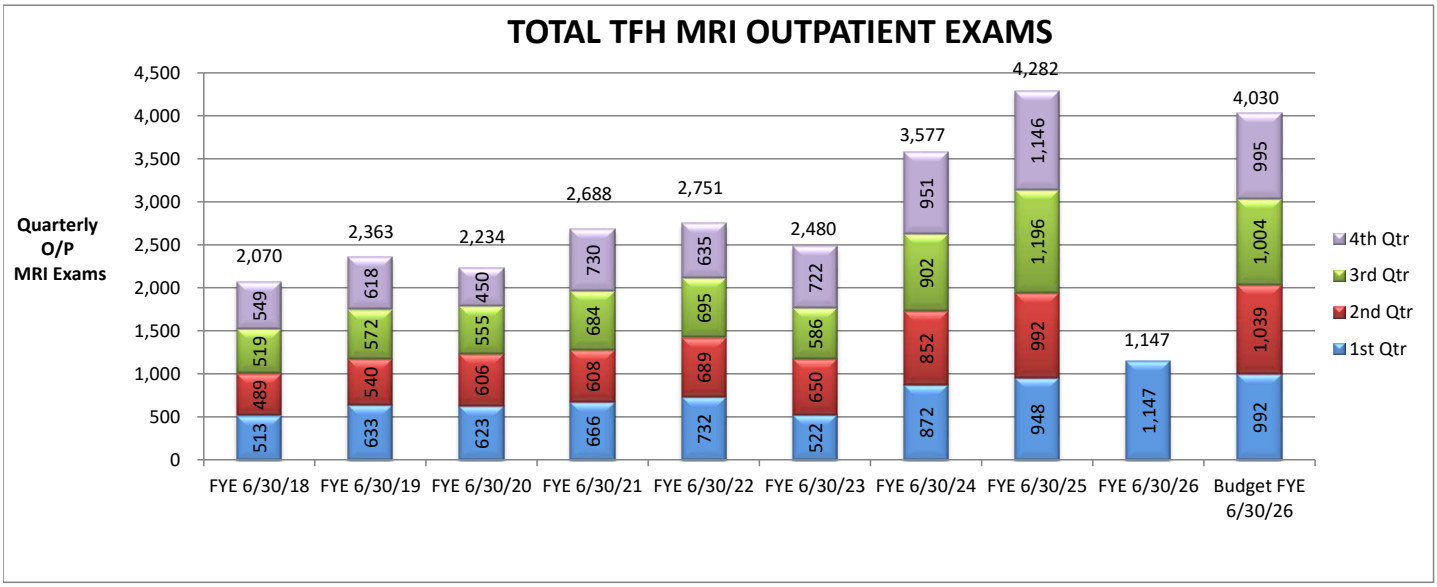
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS

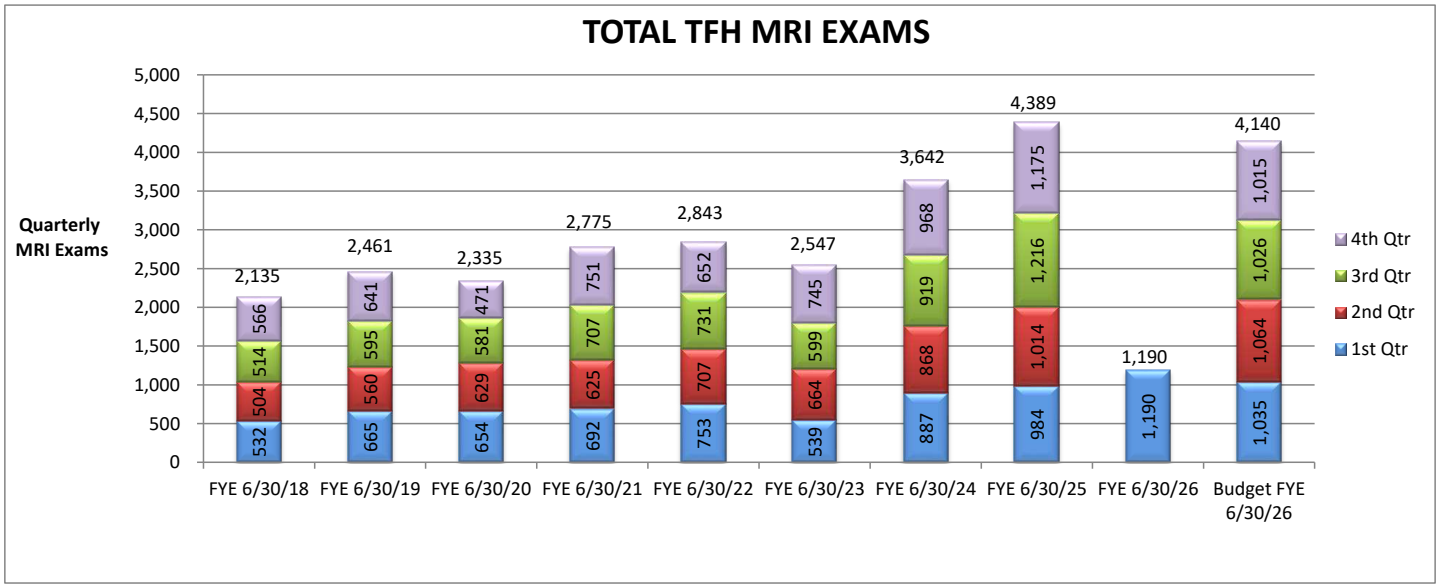


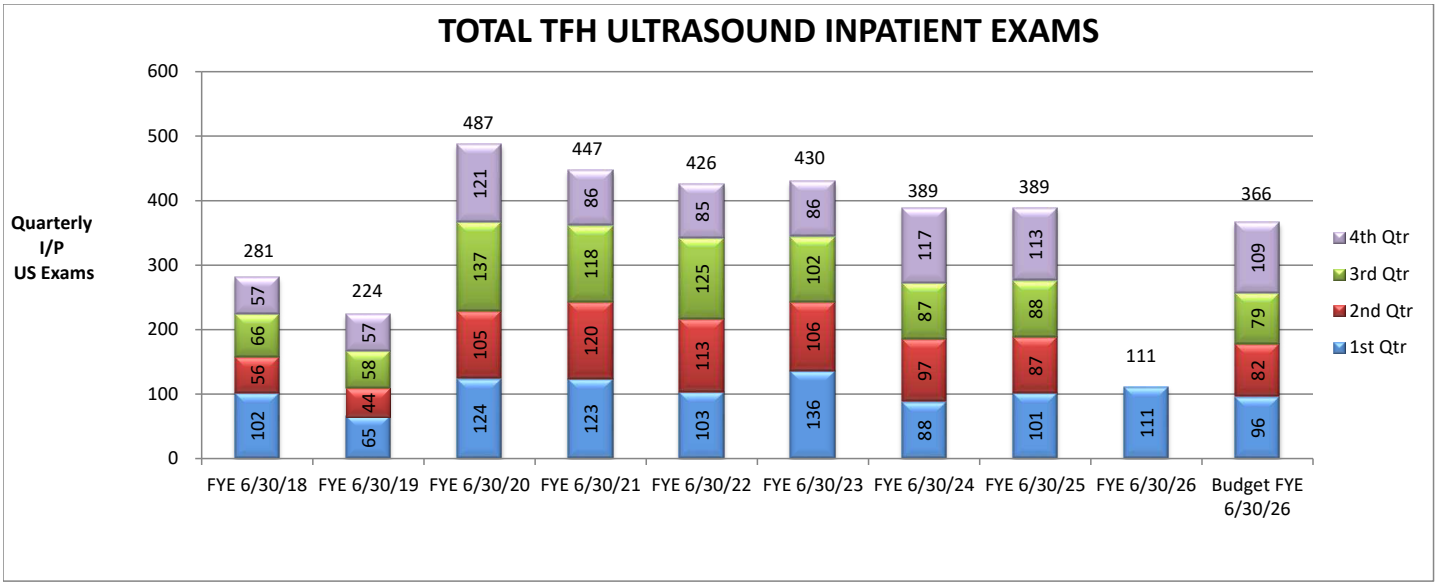
TOTAL TFH NUCLEAR MEDICINE EXAMS

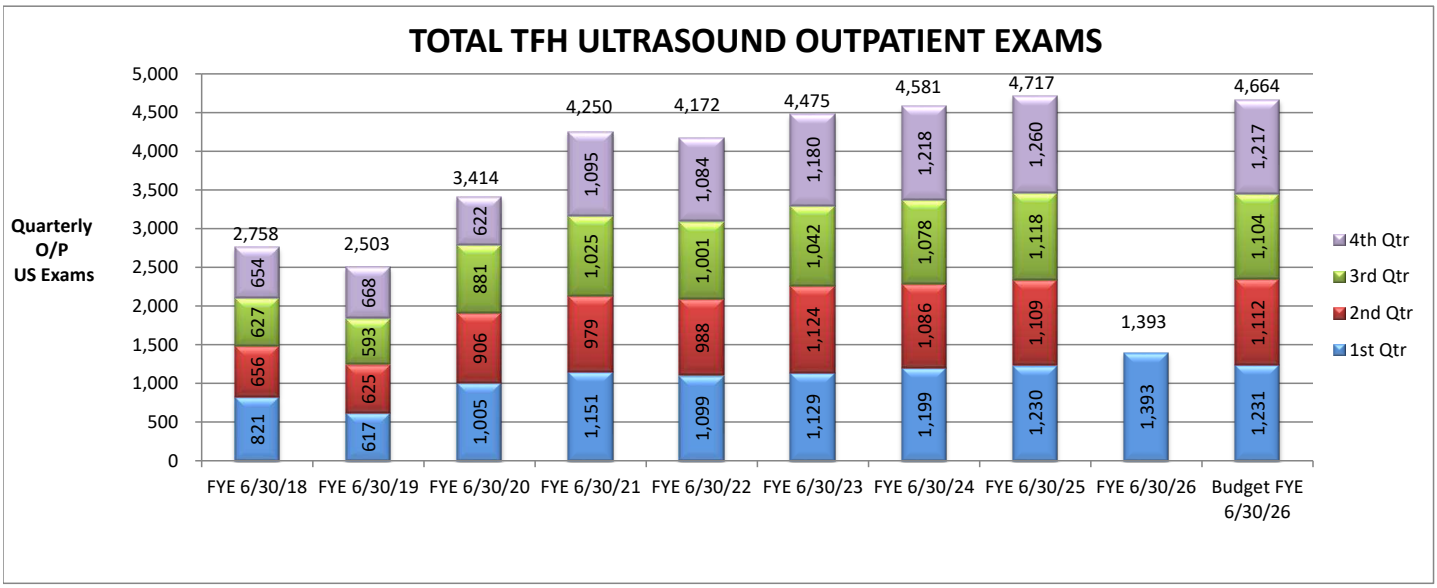


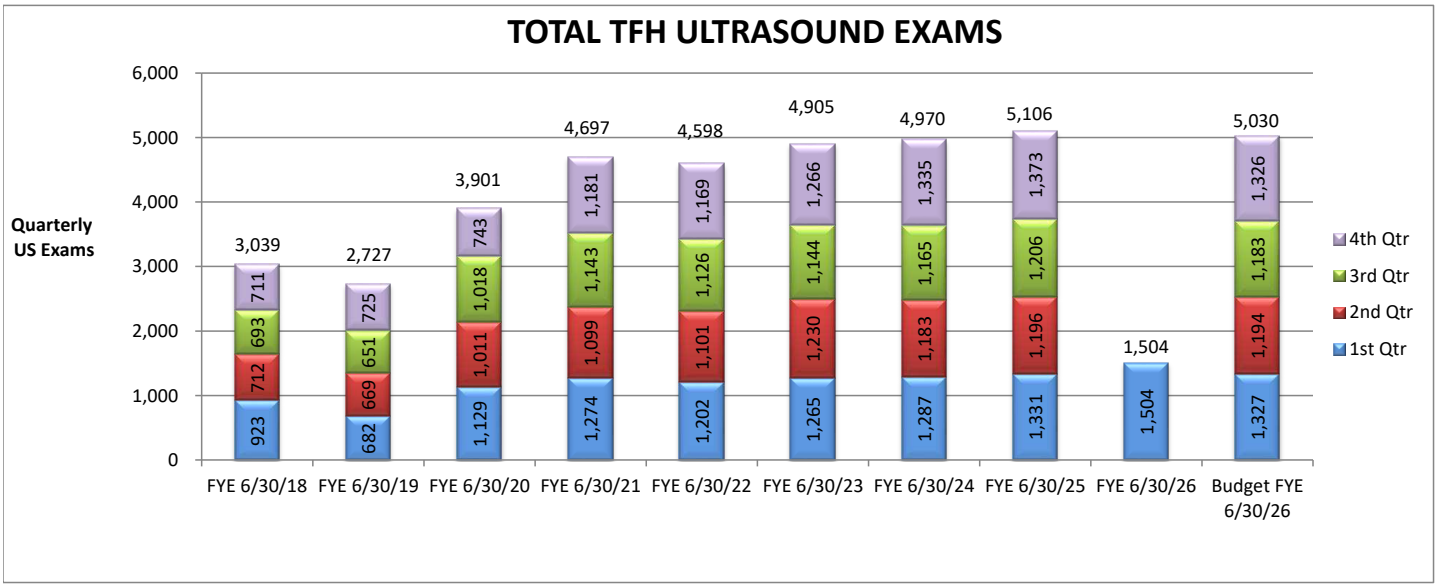

TOTAL TFH MRI INPATIENT EXAMS
Quarterly I/P MRI Exams
120
100
80
60
40
20
0
65
98
101
87
92
67
65
107
43
110
19
15
14
17
32
20
23
23
31
23
26
21
26
17
23
21
21
18
36
17
17
14
13
23
15
16
17
17
36
22
20
29
43
43
25
22
20
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

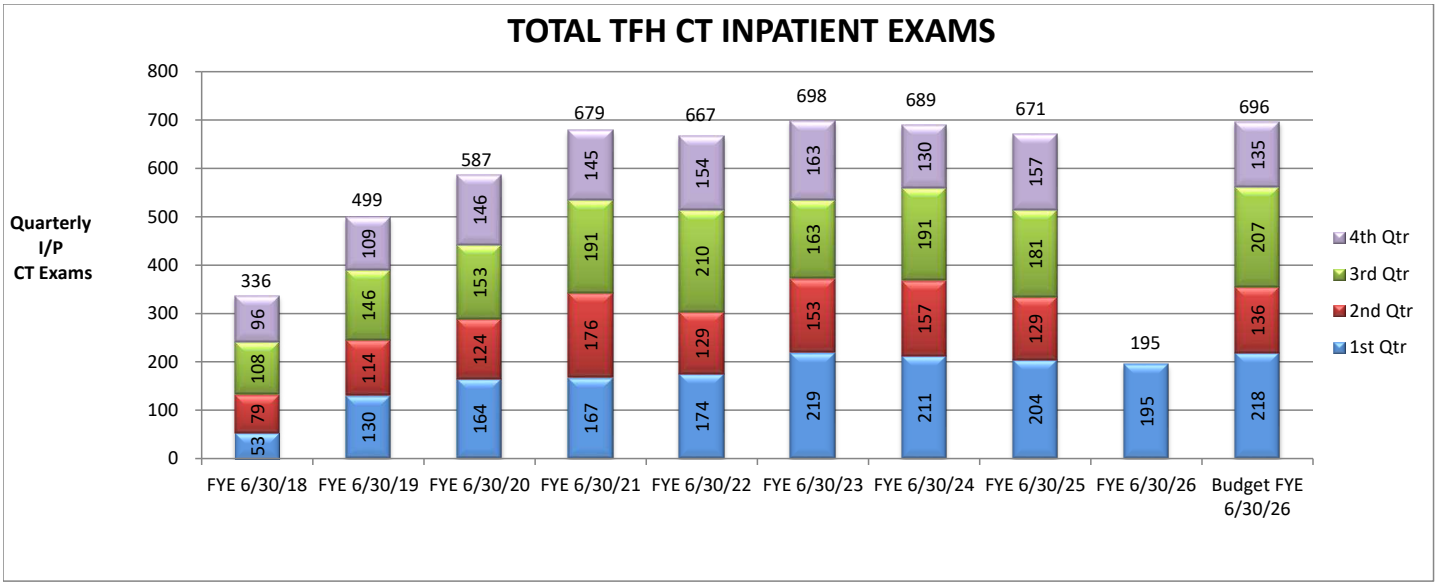

TOTAL TFH MRI OUTPATIENT EXAMS
Quarterly O/P MRI Exams
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,070
2,363
2,234
2,688
2,751
2,480
3,577
4,282
1,147
4,030
513
489
519
549
633
540
572
618
623
606
555
450
666
608
684
730
732
689
695
635
522
650
586
722
872
852
902
951
948
992
1,196
1,146
1,147
992
1,039
1,004
995
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

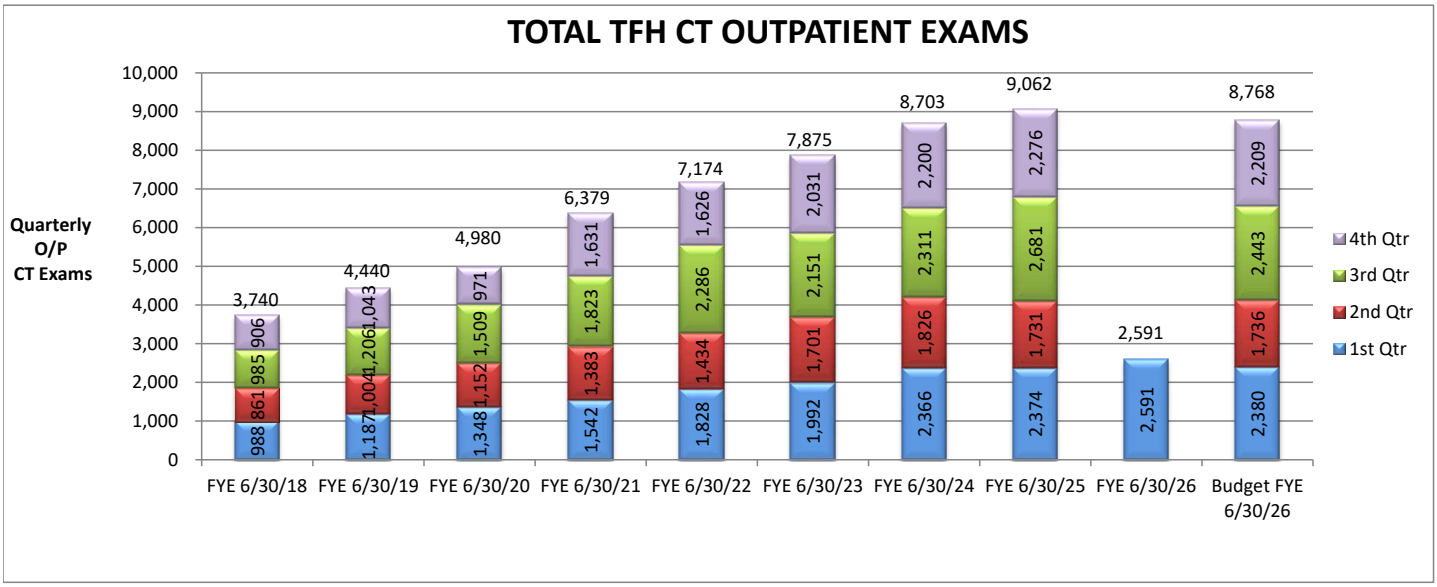

TOTAL TFH MRI EXAMS
Quarterly MRI Exams
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,135
2,461
2,335
2,775
2,843
2,547
3,642
4,389
1,190
4,140
532
504
514
566
665
560
595
641
654
629
581
471
692
625
707
751
753
707
731
652
539
664
599
745
887
868
919
968
984
1,014
1,216
1,175
1,190
1,035
1,064
1,026
1,015
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

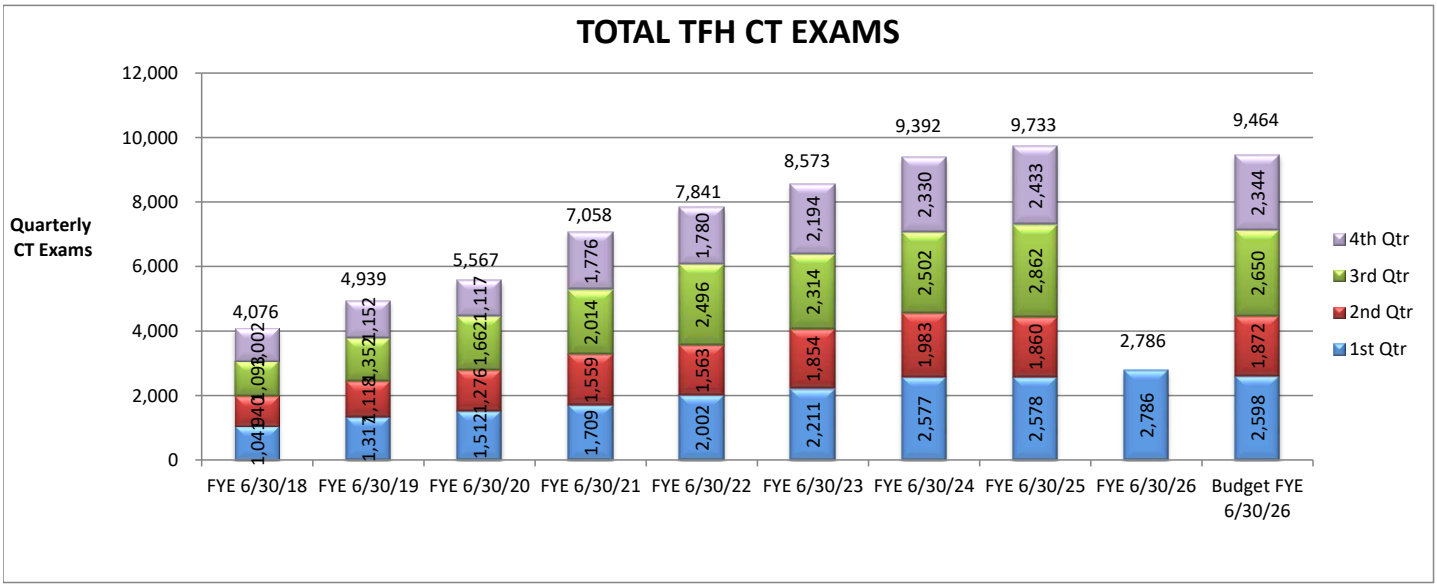

TOTAL TFH ULTRASOUND INPATIENT EXAMS
Quarterly I/P US Exams
600
500
400
300
200
100
0
281
224
487
447
426
430
389
389
111
366
102
56
66
57
65
44
58
57
124
105
137
121
123
120
118
86
103
113
125
85
136
106
102
86
88
97
87
117
101
87
88
113
111
96
82
79
109
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ULTRASOUND OUTPATIENT EXAMS
Quarterly O/P US Exams
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,758
2,503
3,414
4,250
4,172
4,475
4,581
4,717
1,393
4,664
821
656
627
654
617
625
593
668
1,005
906
881
622
1,151
979
1,025
1,095
1,099
988
1,001
1,084
1,129
1,124
1,042
1,180
1,199
1,086
1,078
1,218
1,230
1,109
1,118
1,260
1,393
1,231
1,112
1,104
1,217
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

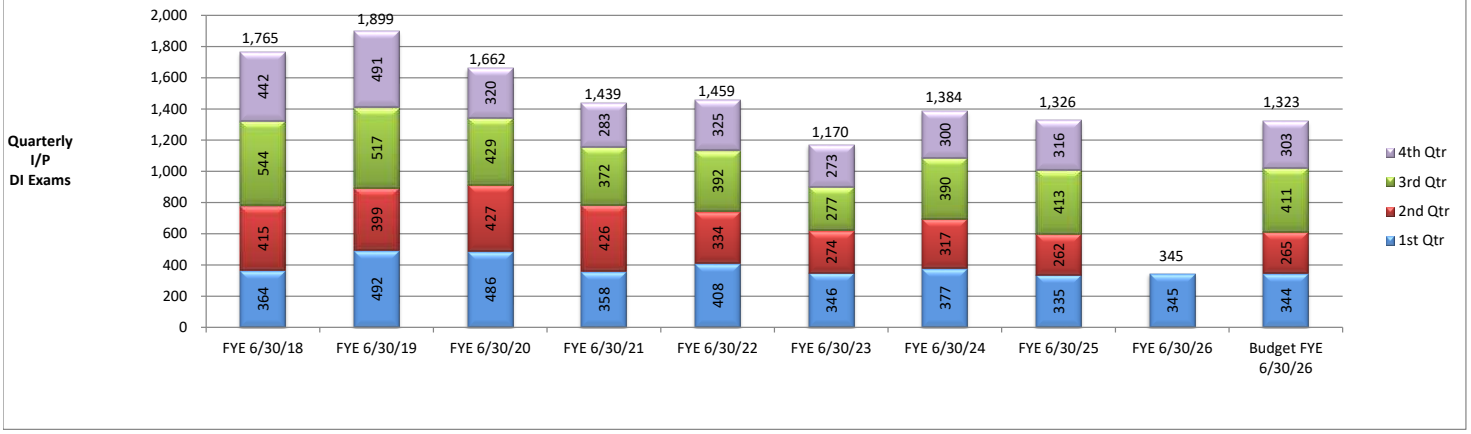

TOTAL TFH ULTRASOUND EXAMS
Quarterly US Exams
6,000
5,000
4,000
3,000
2,000
1,000
0
3,039
2,727
3,901
4,697
4,598
4,905
4,970
5,106
1,504
5,030
923
712
693
711
682
669
651
725
1,129
1,011
1,018
743
1,274
1,099
1,143
1,181
1,202
1,101
1,126
1,169
1,265
1,230
1,144
1,266
1,287
1,183
1,165
1,335
1,331
1,196
1,206
1,373
1,504
1,327
1,194
1,183
1,326
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH CT INPATIENT EXAMS
Quarterly I/P CT Exams
800
700
600
500
400
300
200
100
0
336
499
587
679
667
698
689
671
195
696
53 79 108 96
130 114 146 109
164 124 153 146
167 176 191 145
174 129 210 154
219 153 163 163
211 157 191 130
204 129 181 157
195
218 136 207 135
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

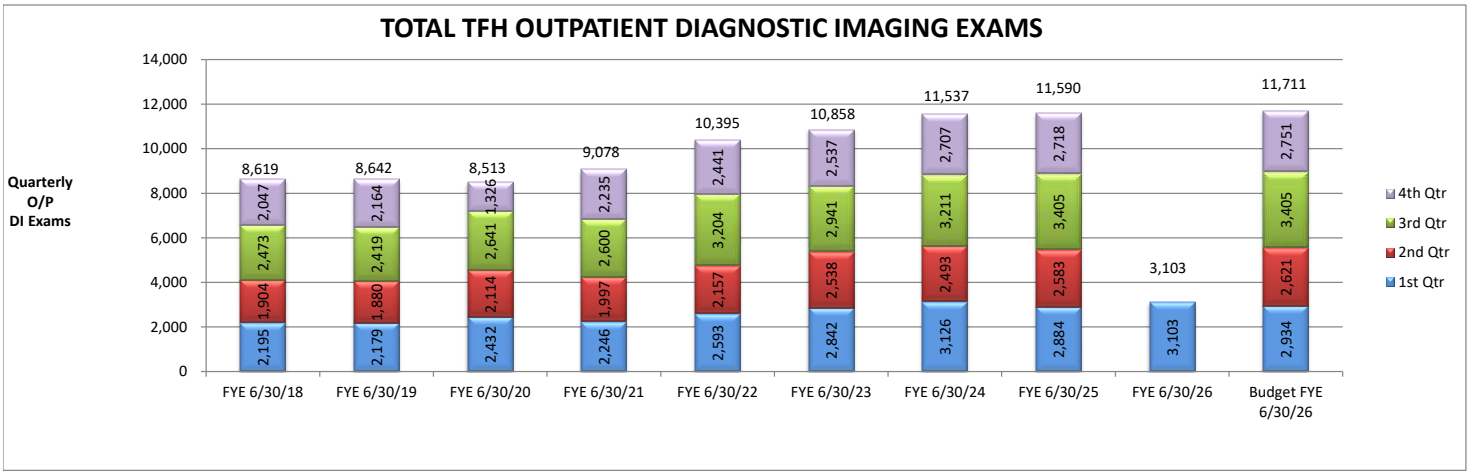

TOTAL TFH CT OUTPATIENT EXAMS
Quarterly O/P CT Exams
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
3,740
4,440
4,980
6,379
7,174
7,875
8,703
9,062
2,591
8,768
988 861 985 906
1,187 1,004 1,206 1,043
1,348 1,152 1,509 971
1,542 1,383 1,823 1,631
1,828 1,434 2,286 1,626
1,992 1,701 2,151 2,031
2,366 1,826 2,311 2,200
2,374 1,731 2,681 2,276
2,591
2,380 1,736 2,443 2,209
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH CT EXAMS
Quarterly CT Exams
12,000
10,000
8,000
6,000
4,000
2,000
0
4,076
4,939
5,567
7,058
7,841
8,573
9,392
9,733
2,786
9,464
1,041 940 1,093 1,002
1,317 1,118 1,352 1,152
1,512 1,276 1,662 1,117
1,709 1,559 2,014 1,776
2,002 1,563 2,496 1,780
2,211 1,854 2,314 2,194
2,577 1,983 2,502 2,330
2,578 1,860 2,862 2,433
2,786
2,598 1,872 2,650 2,344
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

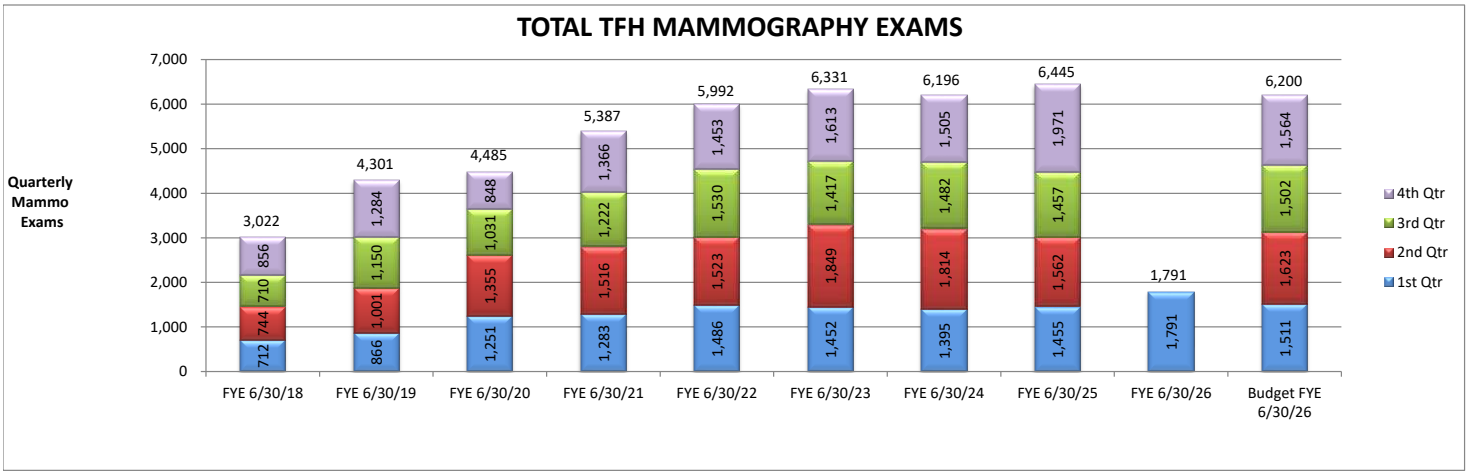
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



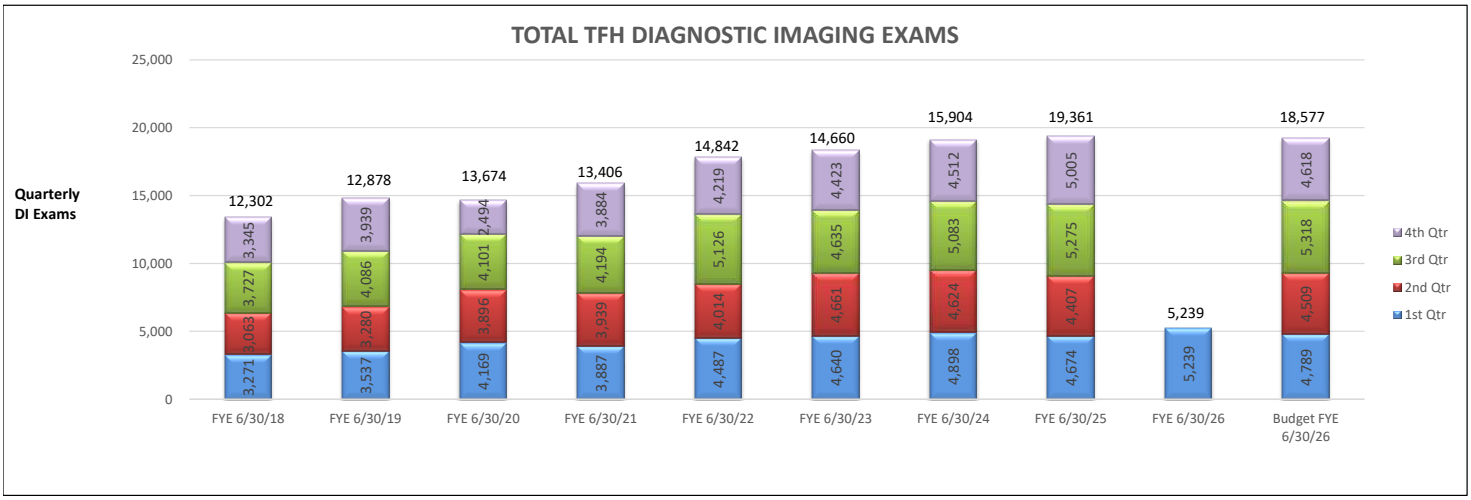
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



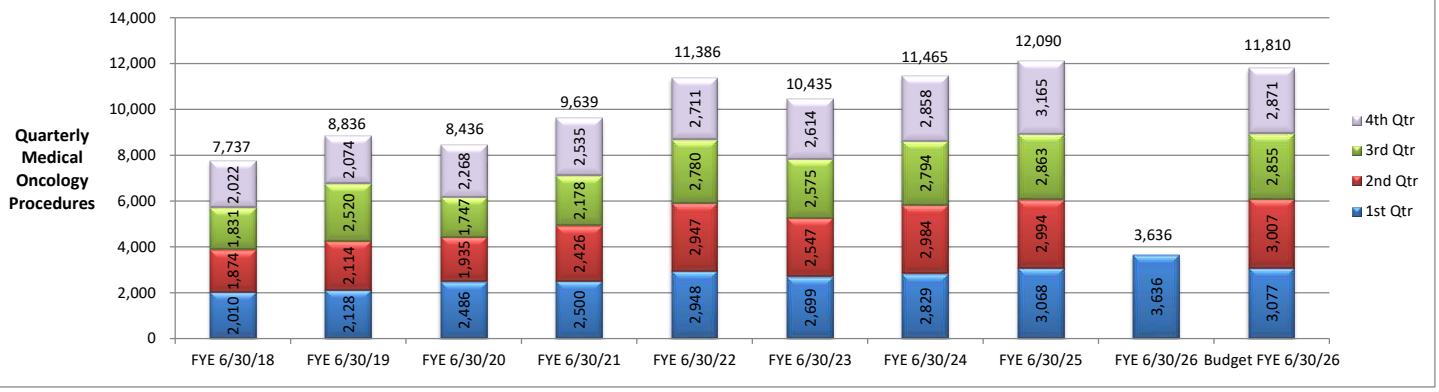
TOTAL TFH MAMMOGRAPHY EXAMS



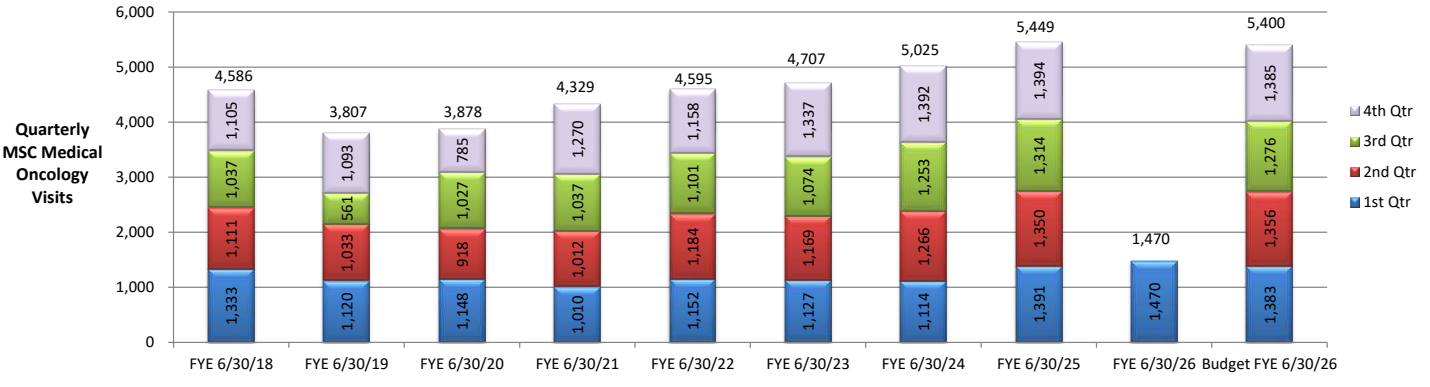
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



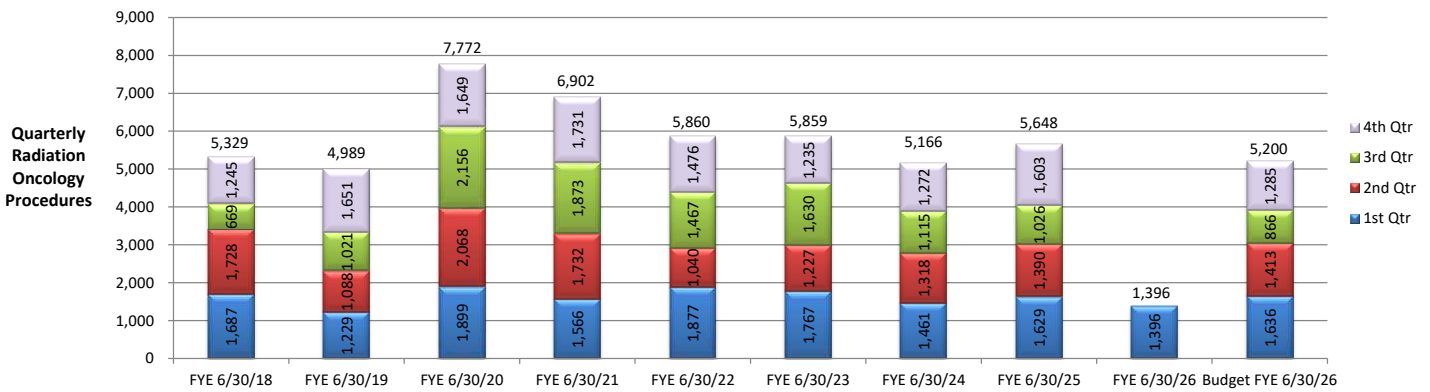
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



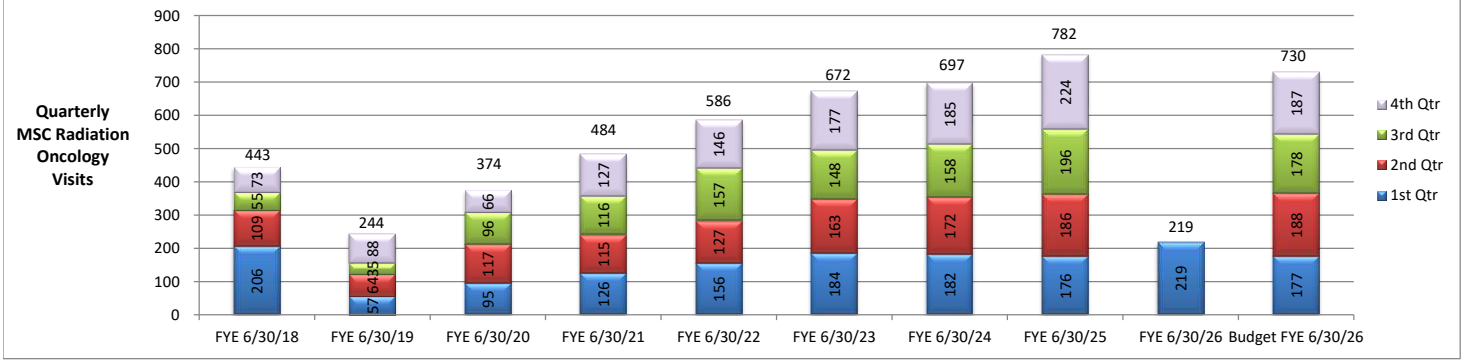
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS

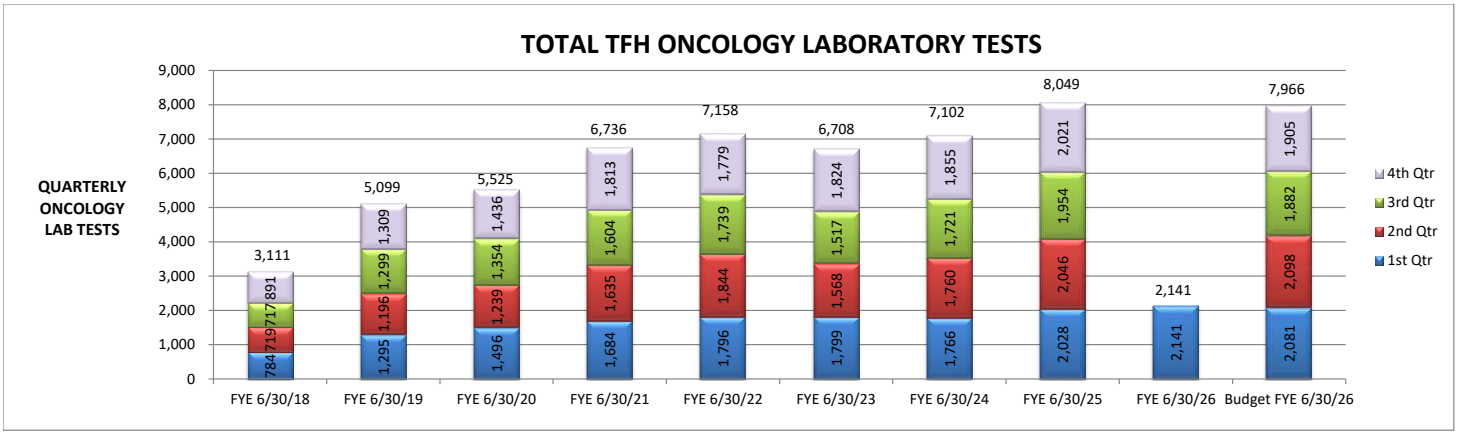


TOTAL TFH RADIATION ONCOLOGY PROCEDURES



TOTAL TFH MSC RADIATION ONCOLOGY VISITS




TOTAL TFH ONCOLOGY LABORATORY TESTS
QUARTERLY ONCOLOGY LAB TESTS
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
3,111
784 719 717 891
5,099
1,295 1,196 1,299 1,309
5,525
1,496 1,239 1,354 1,436
6,736
1,684 1,635 1,604 1,813
7,158
1,796 1,844 1,739 1,779
6,708
1,799 1,568 1,517 1,824
7,102
1,766 1,760 1,721 1,855
8,049
2,028 2,046 1,954 2,021
2,141
2,141
7,966
2,081 2,098 1,882 1,905
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
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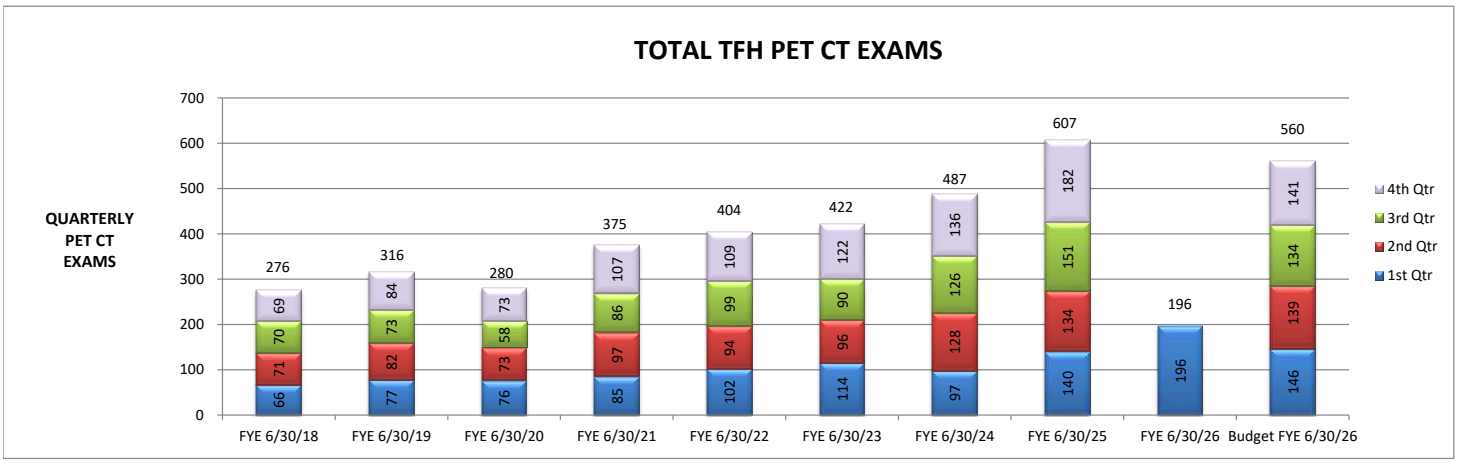
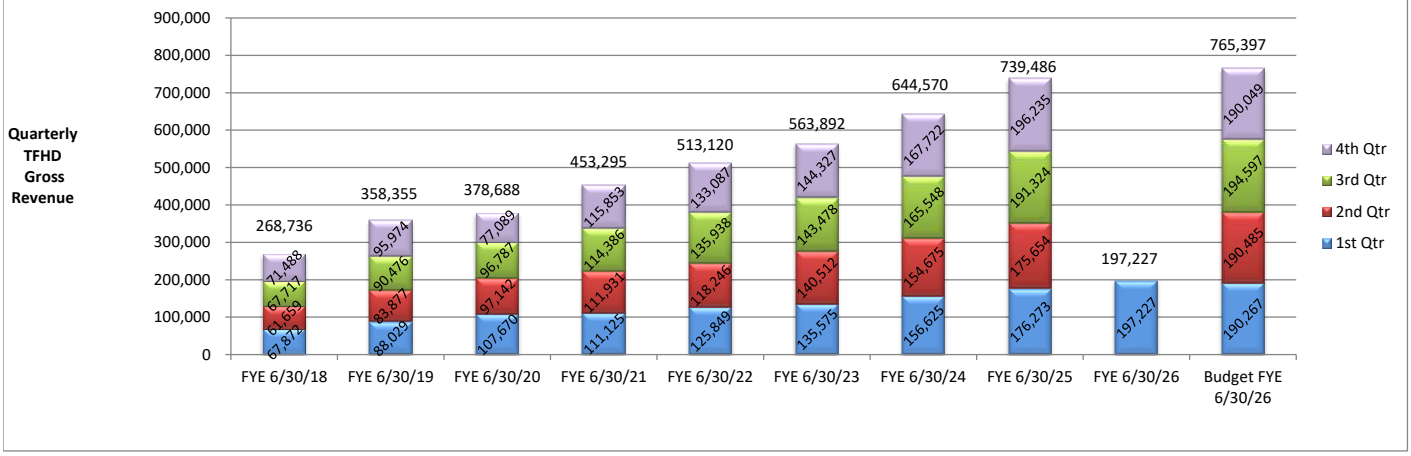
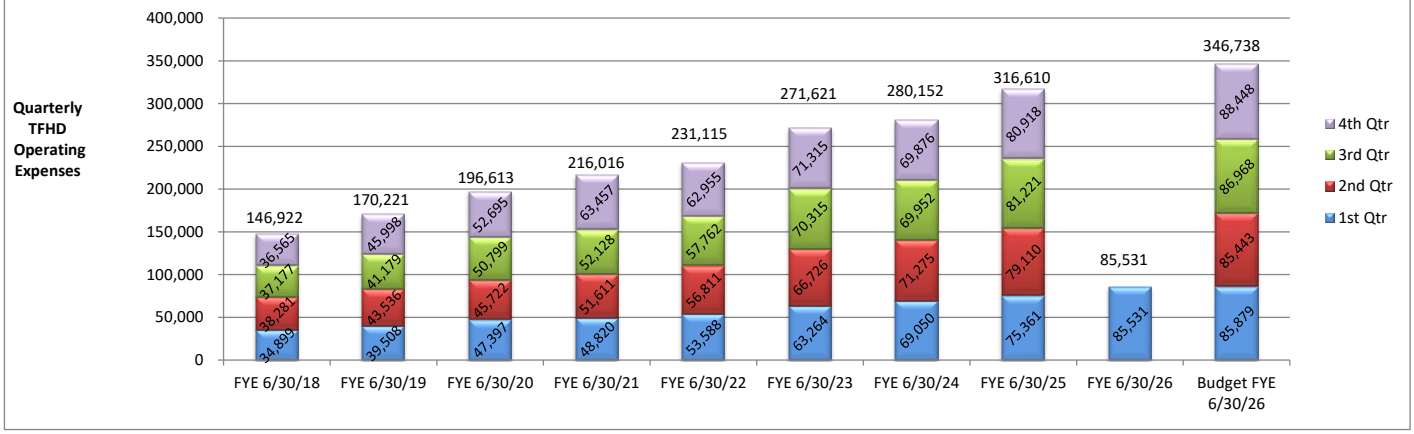
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH PET CT EXAMS
QUARTERLY PET CT EXAMS
700
600
500
400
300
200
100
0
276
66 71 70 69
316
77 82 73 84
280
76 73 58 73
375
85 97 86 107
404
102 94 99 109
422
114 96 90 122
487
97 128 126 136
607
140 134 151 182
196
196
560
146 139 134 141
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
Budget FYE 6/30/26
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

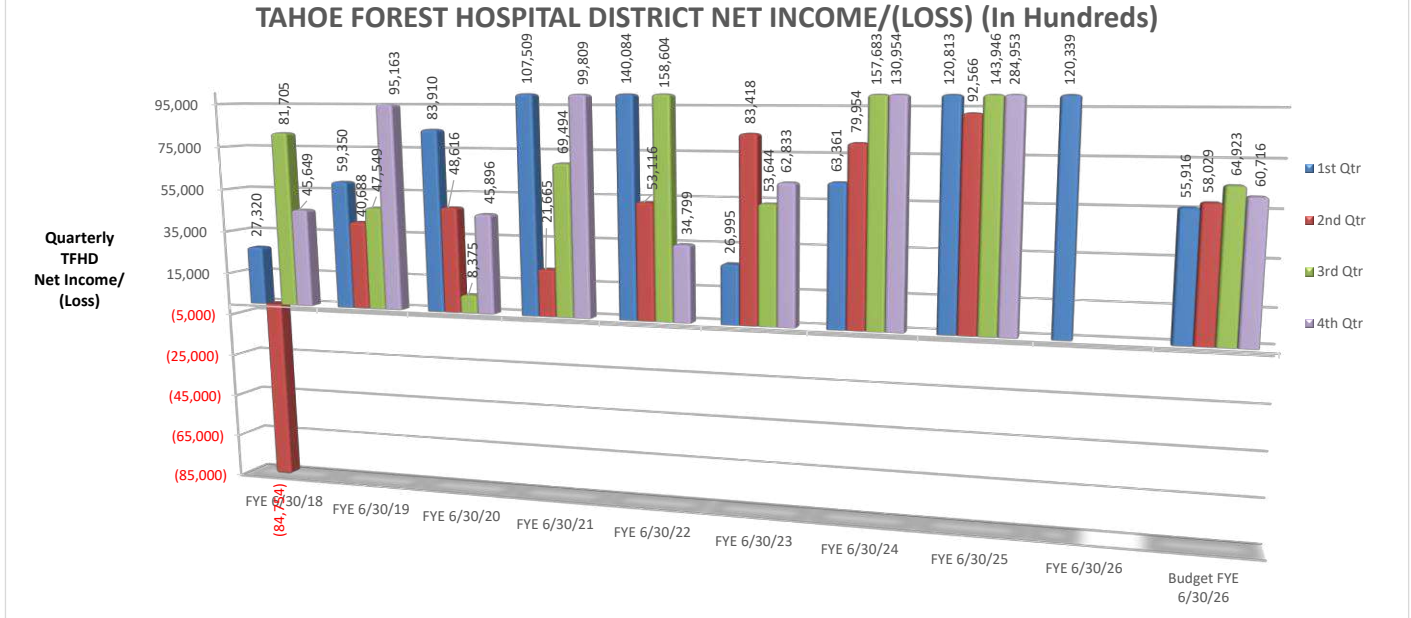
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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



TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 23, 2025	**ITEM:** 14.3. Executive Reports
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Administration	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Executive Updates**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ 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:

Health Within Reach – Third Next Available Appointment tracking, expanding access, growing hospital stays, and working towards Age Friendly Emergency Department Certification.
Transformation – Fast Pass and trialing Self-Scheduling in MyChart, learning from others (Virginia Mason Institute).
Peaks of Excellence – High Quality Care, On-line Pharmacy ordering system, building tomorrow's healthcare workforce.

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 Reports – October 2025
Individual Board Reports hyperlinked in Appendix

TAHOE FOREST
HOSPITAL DISTRICT

Executive Board Report
October 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, MBA – Chief Information & Innovation Officer
Dylan Crosby, MSF – Vice President of Facilities & Construction Management

Executive Summary

September was a month of progress and purpose for Tahoe Forest Health System (TFHS), reflecting steady advancement toward our True North vision. Across every department, the organization demonstrated meaningful movement in three focus areas: Health Within Reach, Peaks of Excellence, and Transformation.

TFHS continued to expand access to care through major facility projects, enhanced imaging technology, and improved scheduling systems. Construction on the Gateway Project in Truckee and the North Shore Clinic in Tahoe City advances the goal of bringing high-quality primary, specialty, and behavioral health services closer to home. Technology-driven improvements, including EPIC Fast Pass, self-scheduling, and eCheck-In are reducing wait times and increasing convenience for patients. Quality and safety remained at the forefront through implementation of standardized Respiratory Therapy protocols, physician-entered therapy plans, and renewed focus on Safe Opioid Use. These initiatives, supported by data-driven collaboration across departments, ensure consistent, evidence-based care and strengthen TFHS's position as a regional leader in clinical excellence.

What Guides Us
Everything Tahoe Forest Health System does is grounded in two essential commitments:

- **Community Engagement**: Listening to the people we serve, meeting them where they are, and shaping priorities based on their needs.
- **Data-Driven Insight**: Using accurate, timely data to guide decisions, measure progress, and continuously improve the care we deliver.

These guiding principles inform every area of our work, from expanding access to care and advancing clinical quality to strengthening trust and transparency across our region.

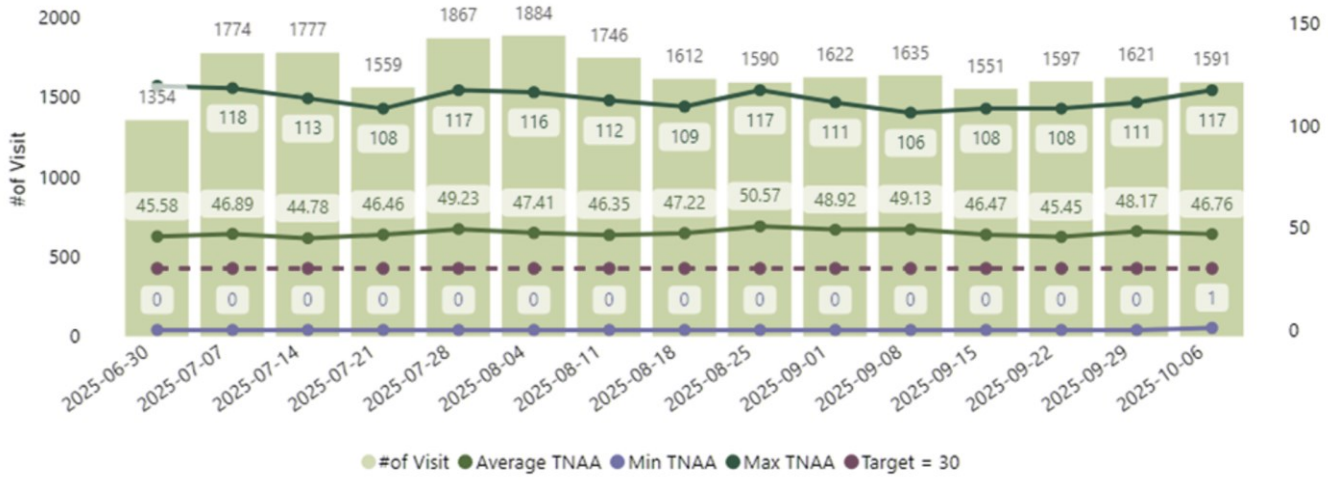
Community engagement continued to expand through partnerships, outreach, and educational initiatives. TFHS deepened its local connections by sponsoring Truckee High School's Homecoming football game. Similar events are planned for North Tahoe and Incline High Schools. The 2nd Annual Fall Fun Run and the 2025 Community

Health Needs Assessment Forum also saw strong participation, reflecting the community's growing involvement with TFHS.

Together, these efforts underscore TFHS's dedication to partnering with our communities to deliver compassionate, accessible, and innovative care, ensuring health within reach for every member of the Truckee-Tahoe community.

Health Within Reach

- **The Challenge - Increasing Access, Reducing Delays**
  - Our Third Next Available Appointment (TNAA) tracking system tells us how long patients typically wait to see a provider. Instead of counting the very next open appointment, which could be a cancellation, TNAA measures the third next opening to reflect true appointment availability and overall access to care.
  - From July to early October, the number of weekly visits ranged between about 1,350 and 1,880, showing variability in demand. On average, patients waited 45 to 51 days for an appointment, still above our goal of 30 days. A few providers had openings right away, while others had wait times of up to one hundred–120 days.



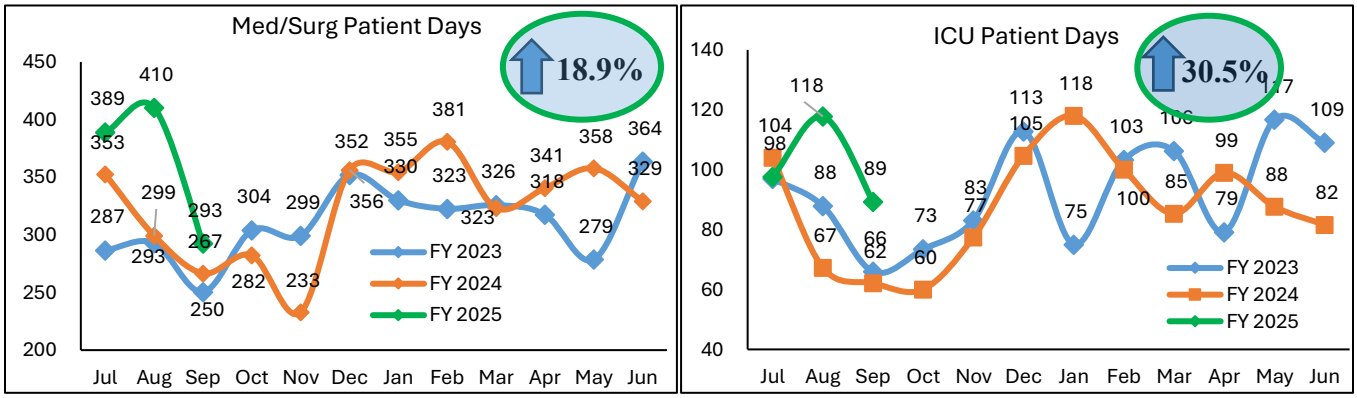
- Our Access to Care and Business Intelligence teams analyzed appointment patterns to pinpoint where provider wait times were highest and address specific bottlenecks, enabling targeted solutions.
- A new visit category, "Office Visit – Extended," was launched for patients with complex needs, freeing up standard appointment slots and leading several clinics to report a measurable reduction in wait times for other patients.
- These process changes, monitored through real-time dashboards, have helped several clinics shorten their longest wait times by up to two weeks, and continue to guide further scheduling improvements.

- **Expanding Local Clinics and Services**

Construction continues on two major clinic projects, the Gateway Project in Truckee and the North Shore Clinic in Tahoe City. Together with the Sierra Center project, these expansions will make it possible to accommodate 40,000 to 60,000 additional patient appointments over the next two years, directly increasing access to care for local residents.

That means shorter travel times, more specialty options, and easier access to behavioral health and primary care services for families throughout the region.

- **Growing Hospital Stays:**
  - Inpatient care continues to see robust growth. Compared to last year's same quarter, Medical-Surgical patient days rose by more than 18%, and ICU days increased by over 30%. These numbers reflect our community's growing trust and reliance on local hospital services.
  - We are also working toward Age-Friendly Emergency Department certification, ensuring older adults receive care designed specifically for their needs — a project funded by the Tahoe Forest Health System Foundation.



Transformation

- **Smarter Scheduling and Faster Access:**

We are making it easier for patients to take control of their appointments.

- Patients now have more control over their appointments through tools like EPIC **Fast Pass** and **self-scheduling** in MyChart. **Fast Pass** alerts patients when earlier slots open, while **self-scheduling** lets them book directly online. These features are live for Imaging and Pediatrics and will expand to other areas this year.
- **MyChart eCheck-In** lets patients for Pediatrics and Diagnostic Imaging complete check-in before arrival, reducing front-desk wait times.

- **Technology That Works for People**

Our IT team is upgrading systems to make care more secure and connected:

- Microsoft 365 rollout continues district-wide, improving communication.
- Cybersecurity testing found zero vulnerabilities in our network, confirming strong data protection.

- We are exploring Artificial Intelligence options to reduce clinician workload through voice transcription and decision-support tools.

- **Learning from Others – Not Reinventing the Wheel**

A team of Tahoe Forest Health System leaders visited Virginia Mason to learn from national improvement experts, part of our ongoing effort to bring proven, patient-centered ideas back home to Tahoe.

Peaks of Excellence

- **Delivering Safe, High-Quality Care**
  - Respiratory Therapy Protocols have been standardized across hospital units to ensure consistent, evidence-based treatment for patients who need breathing support.
  - Safe Use of Opioids Initiative continues in partnership between Pharmacy and Quality teams, helping reduce risks and improve outcomes.
  - Pharmacy Improvements include stronger sterile compounding standards, a new online ordering system, and clearer workflows for clinical teams--all part of our ongoing commitment to continuous improvement in patient care delivery.

- **Building Tomorrow's Healthcare Workforce**
  - TFHS launched a high school shadowing program, giving 5–10 students from Truckee and North Tahoe High Schools a first-hand look at careers in nursing and patient care. Investing in local youth helps build a stronger, homegrown healthcare workforce for the future.

Conclusion

Tahoe Forest Health System is growing with purpose—continuing to deliver exceptional care close to home while preparing for the future. The progress made this fall reflects how our teams are expanding access, improving quality, and leveraging innovation to make care easier and more accessible for all. From opening new clinics and upgrading technology to strengthening our presence at local community events and supporting environmental initiatives, every effort helps build a stronger connection between TFHS and the people we serve.

As we look ahead, our **True North** strategy continues to guide us: bringing health within reach, striving for excellence, transforming through innovation, and staying deeply connected to our community. Together, we are building a healthier, stronger Truckee–Tahoe region for generations to come.

Appendix

CIIO Board Report – October 2025

CMO Board Report – October 2025

CNO Board Report – October 2025

COO Board Report – October 2025

VP FM&CM Board Report – October 2025

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 23, 2025	**ITEM:** 14.4 Board & Governance Policy Review
DEPARTMENT: Medical Staff	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Executive Assistant / Clerk of the Board	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Respective Departments have reviewed Policies, recommended renewal to Governance Committee with Minor Revisions or No Changes. During the October 15, 2025 Board Governance Committee Meeting, the Committee reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the October 23, 2025 Regular Meeting of the Board of Directors.

SUMMARY/OBJECTIVES:

Policies minor Changes (attached)
- TFHD Professional Courtesy Immunization Policy, ABD-24

New Policy (attached)
- Display of the United States Flag, AGOV-2501

Administration Policy & Procedure Manual Table of Contents & Signature Page (attached)
- Table of Contents and signature page

SUGGESTED DISCUSSION POINTS:
For non-clinical policies and procedures, the appropriate Board Committee will review every three years and make appropriate recommendations in open session on the Consent Agenda to the Board of Directors.

For Clinical Policies the Medical Executive Committee has reviewed the Department recommendations on policies, procedures and forms. The committee makes the following open session recommendation for consent agenda to the Board of Directors.

Governance Committee has reviewed the Department recommendations on policies. The committee makes the following open session recommendation for consent agenda to the Board of Directors.

- §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 consent agenda as presented.

LIST OF ATTACHMENTS:

Policies with Changes (summary attached)

- TFHD Professional Courtesy Immunization Policy, ABD-24
- Display of the United States Flag, AGOV-2501
- Table of Contents and signature page

Status **Pending** PolicyStat ID **19083937**

Origination Date	09/2016
Last Approved	N/A
Last Revised	10/2025
Next Review	3 years after approval
Department	Board - ABD
Applicabilities	System

TFHD Professional Courtesy Immunization Policy, ABD-24

RISK:

Tahoe Forest ~~Health System~~Hospital District has the right to provide no-cost immunization to credentialed, non-employed Physicians, and Allied Health Professional Staff, as permitted by Stark regulations, or we risk staff not obtaining routine screening and immunization, which may cause patient, or employee harm, and violate regulatory standards.

POLICY:

This policy is to establish guidelines for the extension of professional courtesy discounts to Physicians and Allied Health Professionals Staff for immunizations.

A. Tahoe Forest ~~Health System~~Hospital District (~~TFHS~~TFHD) will offer no-cost immunization to credentialed, non-employed Physicians and Allied Health Staff, as permitted by Stark regulations.

B. ~~TFHS~~TFHD will offer discounts on bills for immunization to credentialed Physicians and Allied Health Staff, who are not employees of an Affiliate or TFHS, only as permitted by this policy.

C. Any immunization discounts offered or provided pursuant to this policy comply with applicable laws and regulations, including the federal Anti-Kickback law, and the Stark law.

D. Under no circumstances will any discount involve ~~TFHS~~TFHD paying remuneration to a physician or any other individual or entity, directly or indirectly, with the intent to induce the physician or other individual or entity to refer patients to, or otherwise generate business for ~~TFHS~~TFHD.

Definitions:

A. **"Remuneration"** means anything of value, including, but not limited to, cash, items or services.

B. "**Physician**" means a duly licensed and authorized doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatric medicine, doctor of optometry, or chiropractor.

C. "**Other potential referral source**" means an Allied Health Staff (AHS) and any individual ~~[~~other than a licensed physician, dentist, chiropractor, optometrist or podiatrist~~]~~ or entity in a position to make or influence referrals to, or otherwise generate business for, a provider.

D. **Professional Courtesy discount is:** the provision of free or discounted health care items or services to physician or allied health staff

E. **"Immunization"** means:

1. routine screening and immunization for Hepatitis B, influenza (annual flu shots), COVID, and TB screening;
2. other screening and immunization necessary due to exposure from a dangerous virus, including COVID-19, or disease while providing physician/AHS services as a Provider; and
3. screening and immunization for MMR, Varicella, and Tdap.

POLICY:

A. The Professional Courtesy Policy must be approved by the Tahoe Forest Hospital District governing board prior to offering the discount.

B. This policy applies to the ~~TFHS~~TFHD, which includes following entities of Tahoe Forest Hospital District (the "District") with a formal medical staff: (1) Tahoe Forest Hospital and Incline Village Community Hospital (each, an "Affiliate"); and (2) any hospital or healthcare facility in which an Affiliate either manages or controls the day-to-day operations of the facility (each, a "Provider").

C. Immunization described in Definitions E.1 and E.2 above may be offered at no cost to physicians and AHS, as permitted by Stark regulations. These Immunization are not considered to be provided at a discount.

D. ~~TFHS~~TFHD and Affiliates with a formal medical staff may offer a discount on Immunization described in Definitions E.3 above, to non-employed physicians and Allied Health Staff, provided that it follows all the steps set forth in this policy and the discount is offered without regard to the volume or value of referrals or other business generated between the parties. Unless permitted by this policy, Affiliates or Providers may not offer or provide discounts to any other potential referral source.

E. The discount on immunization described in Definitions E.3 above will be 100%.

F. The discount on immunization described in Definitions E.3 are the only discounts that can be offered on services provided to non-employed physicians and AHS.

G. Discounts may not be offered pursuant to this policy to any individual who is a federal health care program beneficiary, e.g., Medicare or Medi-Cal/Medicaid.

H. ~~TFHS~~TFHD elects to offer discounts permitted by this policy, the ~~TFHS~~TFHD and its Affiliates is required to offer discounts to all current members of its medical and Allied Health ~~Staffs~~Staff.

I. Non-employed physicians not eligible for immunization as a courtesy discount defined in Definitions E.3 above, may receive the immunization, with the value of the services tracked as part the District's Non-Monetary Compensation policy. The value of the immunization shall be the acquisition cost of the vaccine/screening test incurred by the District.

J. ~~TFHS~~TFHD shall advise all eligible individuals of the availability of and limitations on the discounts set forth in this policy. Notification may be made in person, in writing, or other form of private communication.

K. ~~TFHS~~TFHD will implement a procedure for approving in writing all discounts offered and provided to individual pursuant to this policy.

L. The Affiliate's or ~~TFHS~~TFHD COO is responsible for ensuring that all individuals adhere to the requirements of this policy. If the COO identifies a violation of this policy, the COO shall immediately report the violation to the District's Compliance Officer.

M. Adherence to this policy shall be monitored as part of the District's Corporate Compliance ~~Annual Work Plan~~Department.

Related Policies/Forms:

Non-Monetary Compensation for Physicians and Medical Staff Incidental Benefits, ALG-1913

References:

CDPH Immunizations and Immunity Testing Recommendations for California Healthcare Personnel and Health Science Students 2015

All Revision Dates

10/2025, 12/2022, 01/2020, 09/2016, 09/2016

Attachments

HCWIZRecs 2020.pdf

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Executive Assistant, Clerk of the Board	10/2025

Status **Pending** PolicyStat ID **19095739**

Origination Date	N/A
Last Approved	N/A
Last Revised	N/A
Next Review	3 years after approval
Department	Governance - AGOV
Applicabilities	System

Display of the United States Flag, AGOV-2501

RISK:

Failure to establish and follow consistent standards for displaying, raising, lowering, and positioning the United States Flag at Tahoe Forest Hospital District facilities may result in non-compliance with the U.S. Flag Code and California state requirements, leading to regulatory violations, reputation harm, and community dissatisfaction.

POLICY:

A. The United States Flag shall be displayed in accordance with the United States Flag Code and California law.

B. The Flag shall be treated with the utmost respect and dignity as a symbol of the nation.

C. The District shall maintain the Flag in good condition and replace it when it is worn, faded, or otherwise unfit for display.

D. The District will use www.halfstaff.org for Half-Staff Federal and State (California and Nevada) notifications.

SCOPE:

This policy applies to all Tahoe Forest Hospital District facilities, including Tahoe Forest Hospital, Incline Village Community Hospital, and all administrative and support buildings under the jurisdiction of the District.

PROCEDURE:

A. Raising and Lowering the Flag

1. The Flag shall be raised briskly at sunrise (or the start of normal business hours) and lowered ceremoniously at sunset (or the close of business).
2. The Flag may be displayed 24 hours a day if properly illuminated during hours of darkness.
3. Only trained District staff designated by Administration or Facilities shall handle the raising and lowering of the Flag.

B. Half-Staff Protocol
    1. The Flag shall be flown at half-staff upon official proclamation by the President of the United States, the Governor of California, Governor of Nevada, or when otherwise required by law.
    2. When lowering to half-staff:
        a. The Flag shall first be hoisted briskly to the peak.
        b. It shall then be slowly and ceremoniously lowered to the half-staff position (one-half the distance between the top and bottom of the staff).
    3. When raising from half-staff to full-staff:
        a. The Flag shall first be raised briskly to the peak.
        b. It shall then be lowered ceremoniously for removal or remain at the peak for normal display.

C. Local Observances
    1. The CEO or designee may direct the Flag to be flown at half-staff in observance of the death of a District employee, Board member, or other individual of local significance, consistent with federal and state law.

D. Maintenance and Replacement
    1. Flags that are no longer serviceable shall be retired in a dignified manner.
    2. Replacement flags shall be ordered by Facilities as needed to ensure compliance with this policy.

Responsibilities:

A. District Administration: Ensure compliance with this policy.
B. Facilities Department: Carry out daily raising, lowering, illumination, maintenance, and adherence to notifications.
C. Employees: Report any damage or concerns regarding flag display.

References:

A. United States Flag Code (4 U.S.C. §§ 1–10)
B. California Government Code § 430
C. Presidential Proclamations regarding Flag observances

D. Half-Staff American Flag Notifications (Federal and State specific)
    1. https://halfstaff.org/state/ca/
    2. https://halfstaff.org/state/nv/

Appendix A

Standard Operating Procedure (SOP): Raising, Lowering, and Half-Staff Display of the U.S. Flag

Daily Procedures:

A. Morning (Raising the Flag)
    1. Retrieve the Flag from secure storage if not flown overnight.
    2. Inspect the Flag for tears, fading, or damage. If unserviceable, report and replace immediately.
    3. Attach the Flag securely to halyard clips.
    4. Hoist the Flag briskly to the top of the pole (or to half-staff if directed).
    5. Ensure halyard is secured to prevent slipping.

B. Evening (Lowering the Flag)
    1. Lower the Flag ceremoniously (slow and respectful).
    2. Detach the Flag carefully, preventing it from touching the ground.
    3. Fold the Flag in the traditional triangular manner.
    4. Store in designated clean, dry storage area.

Half-Staff Procedures:

A. Lowering to Half-Staff
    1. Raise the Flag briskly to the peak of the staff.
    2. Lower the Flag slowly to the halfway point.
    3. Secure halyard.

B. Returning to Full-Staff
    1. Raise the Flag briskly from half-staff to the peak.
    2. Lower ceremoniously at the end of the day (if being taken down).

Special Instructions:

A. When multiple flags are displayed (e.g., California State Flag, District Flag), the U.S. Flag must always be hoisted first and lowered last.

B. If flown at night, ensure proper illumination.

C. During inclement weather, only display all-weather Flags.

D. If an order for half-staff display is issued (Presidential, Gubernatorial, or CEO authorized for local observance), Facilities staff will receive direct notice from Administration, or www.halfstaff.org.

Maintenance & Retirement:

A. Inspect Flag daily for wear.

B. Order replacements as soon as deterioration is observed.

C. Retire unserviceable Flags respectfully, preferably through a formal ceremony (e.g., coordination with American Legion, Veterans of Foreign Wars, or Scouts).

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Executive Assistant, Clerk of the Board	10/2025

Title	Department	Next Review
Business Plan Development, AFIN-01	Finance-AFIN	10/1/2028
Management Strategies for Low Census, AFIN-02	Finance-AFIN	10/1/2028
340B Program Compliance, AGOV-1501	Governance - AGOV	4/24/2028
A Culture of Safety, AGOV-01	Governance - AGOV	8/22/2026
Administrative Delegation of Authority, AGOV-14	Governance - AGOV	10/31/2026
Available CAH Services, TFH & IVCH, AGOV-06	Governance - AGOV	4/25/2026
Civil Rights Grievance Procedure, AGOV-08	Governance - AGOV	4/24/2028
Code 250 - Hospital Emergency Response Team, AGOV-2201	Governance - AGOV	2/15/2027
Decorations and Displays, AGOV-1802	Governance - AGOV	3/23/2028
Display of the United State Flag, AGOV-2501	Governance - AGOV	10/1/2028
Disruption of Service, AGOV-16	Governance - AGOV	4/24/2028
Emergency Medical Services (EMS) of Patients on Hospital Property, AGOV-19	Governance - AGOV	2/21/2026
Hand-Off Communications, SBAR and C-U-S Reports, AGOV-1504	Governance - AGOV	1/8/2026
Management and Screening of Mental Health Patients at Risk for Suicide/Self-Harm/Harm to Others , AGOV-2101	Governance - AGOV	2/21/2026
Management of Disruptive Behavior Patient/Visitor, AGOV-2401	Governance - AGOV	10/2/2027
Medical Device Tracking, AGOV-1605	Governance - AGOV	1/16/2026
Nondiscrimination, AGOV-21	Governance - AGOV	4/24/2028
Organizational Structure, AGOV-22	Governance - AGOV	2/14/2027
Patient Identification and Arm Banding, AGOV-1801	Governance - AGOV	7/31/2026
Peer Support (Care for the Caregiver), AGOV-1602	Governance - AGOV	11/12/2026
Plan for the Provision of Care to Patients, AGOV-26	Governance - AGOV	1/25/2026
Policy & Procedure Structure and Approval, AGOV-9	Governance - AGOV	8/27/2028
Posting of Information in Public Areas of the Hospital, AGOV-28	Governance - AGOV	2/14/2027
Professional Expectations, AGOV-1505	Governance - AGOV	3/13/2027
Requests for Public Funds (Grants) and Community Sponsorships, AGOV-2402	Governance - AGOV	2/6/2027

Title	Department	Next Review
Searching of Patient's Personal Belongings, AGOV-2001	Governance - AGOV	11/25/2027
Service Animals & Pet Assisted Therapy, AGOV-1901	Governance - AGOV	2/4/2028
Sharps Security, AGOV-47	Governance - AGOV	4/24/2028
Smoke Free Environment, AGOV-37	Governance - AGOV	2/14/2027
Social Media Policy, AGOV-44	Governance - AGOV	2/25/2027
Solicitation, AGOV-38	Governance - AGOV	2/14/2027
Telephone/Verbal Orders - Receiving and Documenting, AGOV-2202	Governance - AGOV	8/27/2028
Electronic Signature, AIT-106	Information Technology-AIT and DIT	12/1/2028
Community Involvement, APR-01	Public Relations-APR	8/1/2026*
Logo Use, APR-02	Public Relations-APR	8/1/2026*
Marketing Plan, APR-03	Public Relations-APR	11/21/2026*
Media Communications, APR-04	Public Relations-APR	11/25/2027*
Speakers Policy, APR-05	Public Relations-APR	1/12/2026*
Event Reporting (Electronic Eent Reporting System), AQPI-06	Quality Assurance / Performance Improvmement - AQPI	12/9/2027
Patient Safety Plan, AQPI-02	Quality Assurance / Performance Improvmement - AQPI	1/21/2026
Quality Assessment / Performance Improvement (QA/PI) Plan, AQPI-05	Quality Assurance / Performance Improvmement - AQPI	4/7/2026

TAHOE FOREST
HOSPITAL DISTRICT

ADMINISTRATION
POLICY & PROCEDURE
MANUAL

APPROVED:

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

Date:

Michael McGarry
Chair, Board of Directors

Date:

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 23, 2025	**ITEM:** Briner Imaging Award Presentation
DEPARTMENT: Administration; Diagnostic Imaging	**TYPE OF AGENDA ITEM:** ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: CEO, COO, Director of Imaging – Sadie Voigtlander	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Tahoe Forest Health System's Briner Imaging Center has earned the prestigious Certified Quality Breast Center of Excellence™ designation from the National Quality Measures for Breast Centers™ (NQMBC), the highest recognition possible within the program. This distinction places Tahoe Forest among only six Diagnostic Breast Centers nationwide to achieve this elite status out of 641 participants. The designation reflects the center's outstanding performance across nine quality measures and its commitment to data-driven, patient-centered breast care. By meeting rigorous national benchmarks, Tahoe Forest continues to demonstrate excellence, transparency, and dedication to delivering superior breast health services to the community.

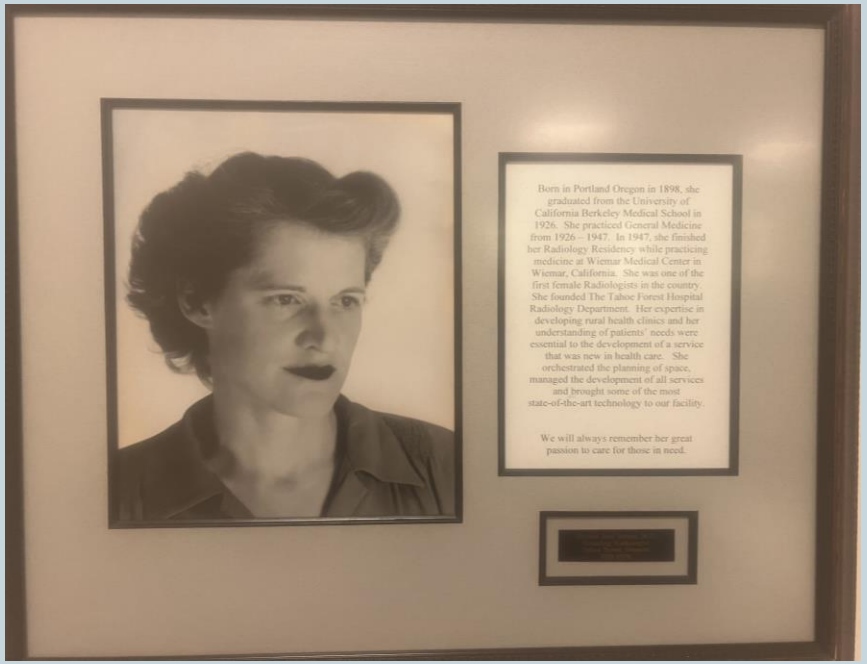
SUGGESTED MOTION/ALTERNATIVES:
Presentation of Certified Quality Breast Center of Excellence™ Award and Proclamation by the Board Chair, Michael McGarry.

LIST OF ATTACHMENTS:
Briner Imaging Award Presentation PowerPoint

Tahoe Forest Health System Celebrates National Breast Cancer Awareness Month

History of Briner Imaging

- Founded by Monica Stoy Briner; 1951-1970
- She was one of the first female Radiologists in the country and she founded the Tahoe Forest Hospital Radiology Department.
- She orchestrated the space, managed the development of all services, and brought some of the most state-of-the-art technology to Tahoe Forest Hospital.



In the United States

- 1 in 8 women will be diagnosed with breast cancer within their lifetime.
- About every 2 minutes someone is diagnosed with breast cancer.
- In 2025 about 317,000 new cases of breast cancer are expected to be diagnosed.
- 44% decline in breast cancer death rate with improvements in early detection and treatment.

*Komen.org

NQMBC – National Quality Measures for Breast Centers

Who They Are:

- National benchmarking program by the **National Consortium of Breast Centers (NCBC).**
- Uses **standardized, evidence-based metrics** to assess breast center quality.

Why It Matters:

- **Focus metrics on impacts to patient outcome!**
- Demonstrates **commitment to quality and transparency/ data-driven improvement.**
- Supports **accreditation readiness** and best-practice alignment.
- Builds **patient trust** and strengthens hospital reputation.

NQMBC®
National Quality Measures for Breast Centers™

Certified Quality Breast Center of Excellence

- **Tahoe Forest Health System's Briner Imaging Center** has achieved the prestigious Certified Quality Breast Center of Excellence™ designation from the **National Quality Measures for Breast Centers™ (NQMBC)** – The highest recognition possible.
- Diagnostic Breast Centers must submit data on **≥90% of quality measures** and perform **above the 25th percentile** on **90%** of them.
- **1 of only 6** Diagnostic Breast Centers nationwide (out of **641**) to achieve this top-tier status.
- Demonstrates our **commitment to excellence**, **data-driven care**, **and leadership in breast health quality**.

Briner Imaging Team Members

Shayna Vosburgh, Ginger Sugrue-Trimbach, Sheila Kintz

Tori Abarca-Sanchez, Ginger Sugrue-Trimbach, Sheila Kintz, Shayna Vosburgh, Dr. Schlund

A Message From Dr. Schlund

Medical Director of Mammography

Congratulations Briner Imaging Team!

TAHOE FOREST HOSPITAL DISTRICT

PROCLAMATION

PROCLAMATION TO ACKNOWLEDGE AND CELEBRATE THE MONTH OF OCTOBER AS BREAST CANCER AWARENESS MONTH THROUGHOUT TAHOE FOREST HOSPITAL DISTRICT

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

WHEREAS, Breast Cancer Awareness Month was established in the United States in 1985 making this the fortieth year of recognition; and

WHEREAS, breast cancer affects people of all genders and remains one of the most commonly diagnosed cancers and a leading cause of cancer death; and

WHEREAS, early detection and timely, evidence-based treatment significantly reduce the risk of dying from breast cancer; and

WHEREAS, education about personal risk, screening options, and symptoms paired with access to high-quality imaging and compassionate care helps our community make informed health decisions; and

WHEREAS, Tahoe Forest Hospital District (TFHD), including Tahoe Forest Hospital, Incline Village Community Hospital, and the Gene Upshaw Memorial Tahoe Forest Cancer Center, is committed to providing patient-centered cancer prevention, screening, diagnosis, treatment, and survivorship services close to home; and

WHEREAS, TFHD values the contributions of clinicians, staff, volunteers, patients, survivors, and caregivers who advance awareness, reduce stigma, and support those impacted by breast cancer; and

WHEREAS, Breast Cancer Awareness Month each October unites communities to promote education, encourage appropriate screening in consultation with a healthcare provider, and honor those we have lost;

Now, therefore be it proclaimed, by the Chairperson of the Tahoe Forest Hospital District, a most sincere recognition and celebration of October as Breast Cancer Awareness Month throughout the District's service area.

Done this the 23rd day of October 2025.

Michael C McGarry

Michael McGarry, Chair of the Board

ATTEST: Sarah Jackson

Sarah Jackson, Clerk of the Board