TAHOE FOREST
HOSPITAL DISTRICT

2025-12-18 Regular Meeting of the Board of Directors

Thursday, December 18, 2025 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

PACKET REVISED 12/16/2025 at 2:00 p.m.

Meeting Book - 2025-12-18 Regular Meeting of the Board of Directors

Agenda Packet Contents

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, December 18, 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.** 11/20/2025 Regular Meeting
     - **5.1.2.** 11/20/2025 Special Meeting
   - **5.2. Conference with Labor Negotiator (Gov. Code § 54957.6**)
     Name of District Negotiator(s) to Attend Closed Session: Louis Ward and Lauren Caprio
     Employee Organization(s): Employees Association and Employees Association of Professionals
   - **5.3. TIMED ITEM – 5:45PM - 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

◈ Denotes Action Item

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.

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 Policy

Refusal to Permit Care or Treatment, AGOV-2502

Policies with Changes

Credentialing and Privileging Policy
DWFC Policies
Emergency Department Policies
Nursing Services Policies

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. 11/20/2025 Regular Meeting .....ATTACHMENT
14.1.2. 11/20/2025 Special Meeting .....ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – November 2025 .....ATTACHMENT*

14.3. Board Reports.....ATTACHMENT

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

14.4. Ratify Tahoe Forest Health System Foundation Board Member ..... ATTACHMENT

14.4.1. Heather Boger.....ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. 2025 Gene Upshaw Memorial Tahoe Forest Cancer Center Annual Report.....ATTACHMENT

The Board of Directors will receive an annual quality report from the District's Gene Upshaw Memorial Tahoe Forest Cancer Center.

15.2. ACHC Primary Stroke Receiving Center Accreditation.....ATTACHMENT

The Board of Directors will receive a presentation on becoming an accredited ACHC Primary Stroke Receiving Center.

15.3. Patient & Family Advisory Council Presentation .....ATTACHMENT

The Board of Directors will receive a presentation on the recent work and accomplishments of the Patient & Family Advisory Council.

◈ Denotes Action Item

16. ITEMS FOR BOARD ACTION◈

16.1. Memorandum of Understanding◈ .....ATTACHMENT

The Board of Directors will review and consider approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals, Tahoe Forest Hospital District Employees' Association, and AFSCME Council 57, Local 3254.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS' REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

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

23. ADJOURN

ACCESSING PUBLIC MEETINGS

As a public service to the community, The Tahoe Forest Hospital District Board of Directors meetings are held in-person, and viewable through a live webcast on the District's website at: https://www.youtube.com/playlist?list=PLr_DSJ6rtN1ZhLFh9EOu-oyKQBRZQGyd-

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is January 22, 2026 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.

◈ Denotes Action Item

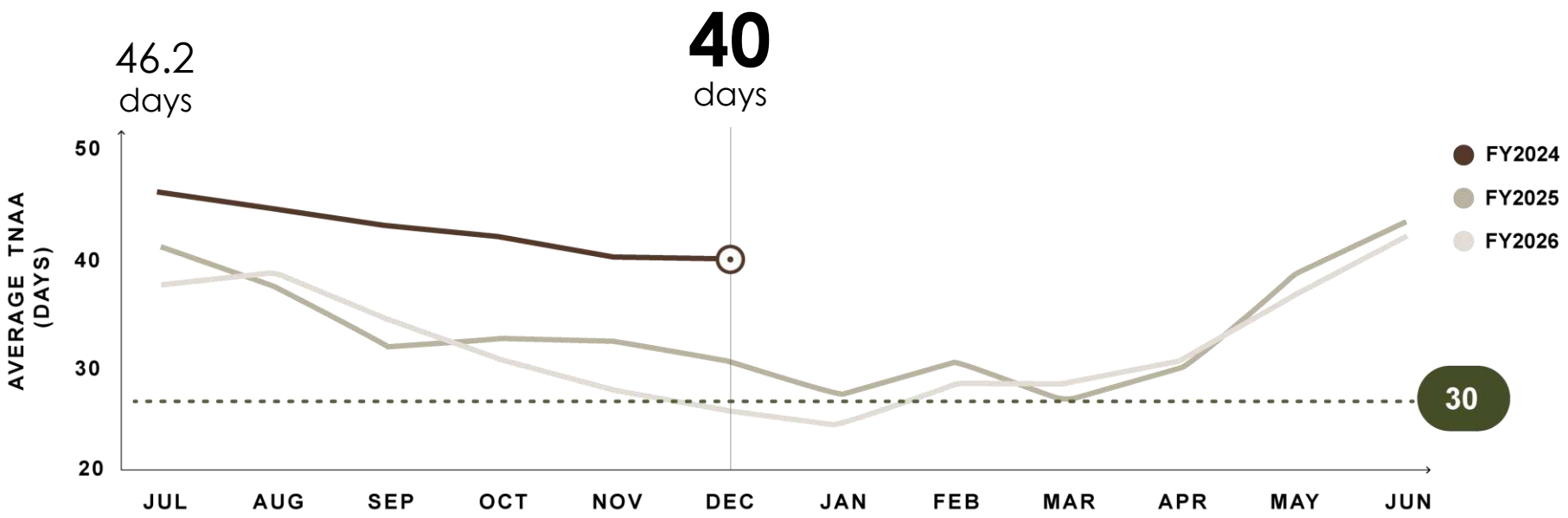
President and CEO Monthly Highlights

Anna M. Roth, RN, MSN, MPH

December 2025

TAHOE FOREST
HEALTH SYSTEM

Third Next Available Appointment (TNAA) Progress

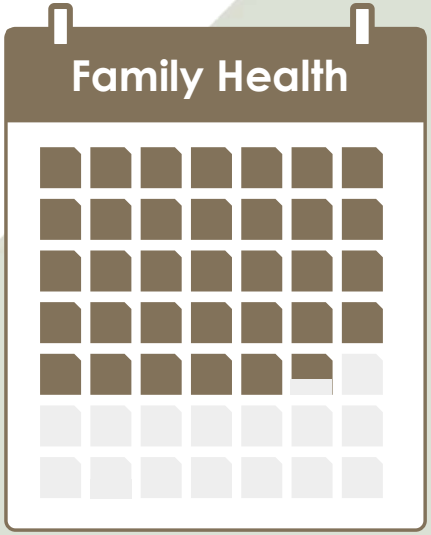


Average Days Saved using FastPass

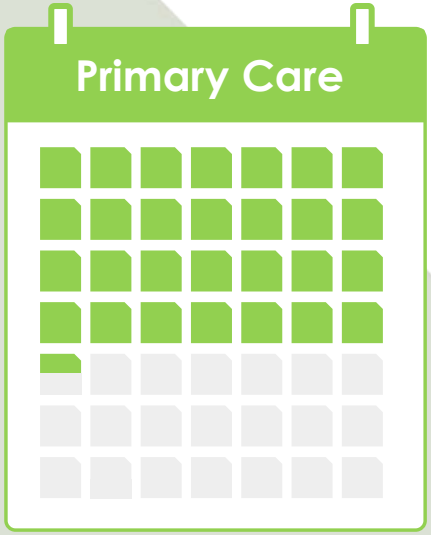
Average Days Saved by 66 patients: **30**

-42.64
days

-34.6
days

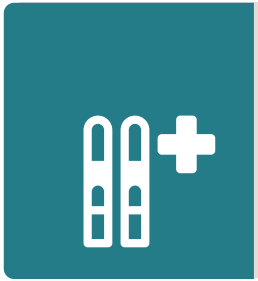


-29.5
days



-15.45
days

Health for All



Teams from ER and trauma provided ski patrol seasonal training for ~ 40 staff members at 4 local ski areas

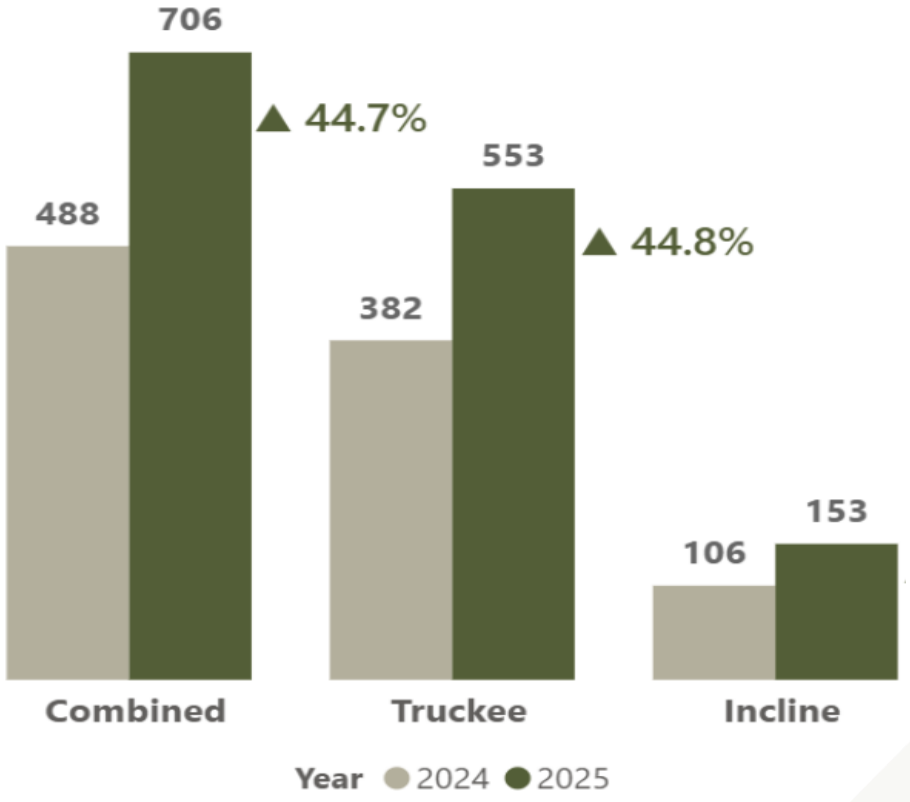
- Trauma protocols
- How to prepare patients for travel

Every Woman Counts Breast cancer screening

- Target 80.3% screening participation
- Hispanic women are at 72.6%, low-income women at 74.8%

Community Health Lab Appointments

(Jan-Nov)



Transformation: Care Transitions

only

204

hospitals nationwide

CMS 5-Star rating for Care Transitions

1 of 6

hospitals in California

Transformation

Primary Stroke Accreditation

The Emergency Department (ED) and Trauma teams completed a Primary Stroke Accreditation Survey with zero deficiencies, confirming adherence to national best practices

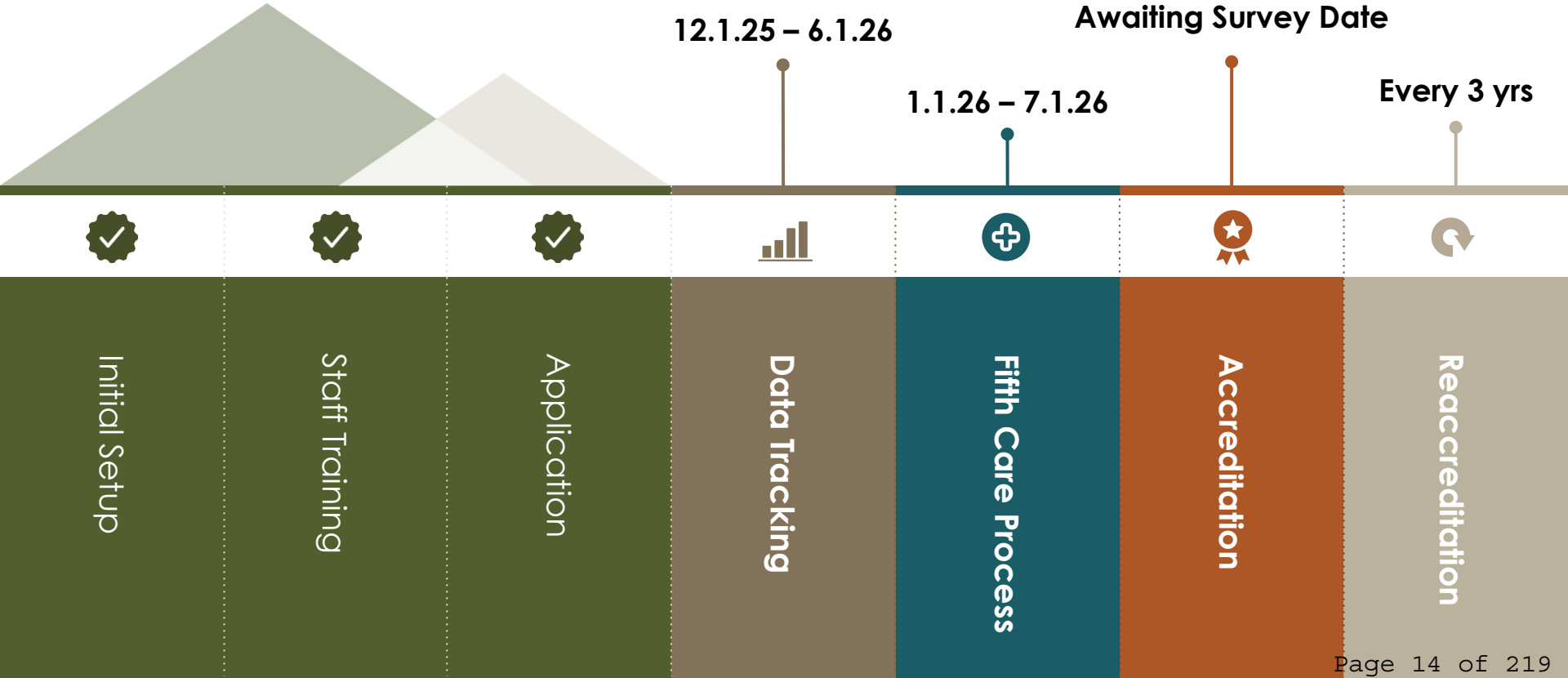
Critical Blood Bank upgrades for rapid response to trauma, obstetric emergencies, and surgical cases

- Cold-stored platelets
- Liquid plasma

Youth job-shadow program at Incline Village HS

- Emergency care
- Imaging
- Sterile processing
- 6 student participants

Geriatric ED Program Accreditation Timeline & Milestones



CredibleMind Mental-Wellness Platform

CredibleMind since October 1

1,169
users

1,352
sessions

Outreach included

- Radio ads
- Social media posts
- Waiting room video monitor announcements
- Info blasts

Most-viewed topics

- Depression
- Resilience
- Stress
- Social support

Community Engagement: Progress to 5,000 Voices

September 2025

TFHS Board of Directors:
9/25/25 – **Attendance: 50**

Community Forum:
9/26/25 – **Attendance: 68**

Lions Club:
9/27/25 – **Attendance: 114**

October 2025

Good Morning Truckee
10/21/25 – **Attendance: 50**

Nevada County Board of Supervisors & Joint Truckee Town Council
10/28/25 – **Attendance: ~100**

Patient & Family Advisory Council:
10/28/25 – **Attendance: 14**

Golden Hour:
10/30/25 – **Attendance: 31**

November 2025

Community Collaborative Leadership Council:
11/20/25 – **Attendance: 20**

December 2025

Nevada County Health Collaborative:
12/2/25 – **Attendance: ~20**

Community Health Improvement Plan Task Force Launch:
12/10/25 – **Attendance: 23**

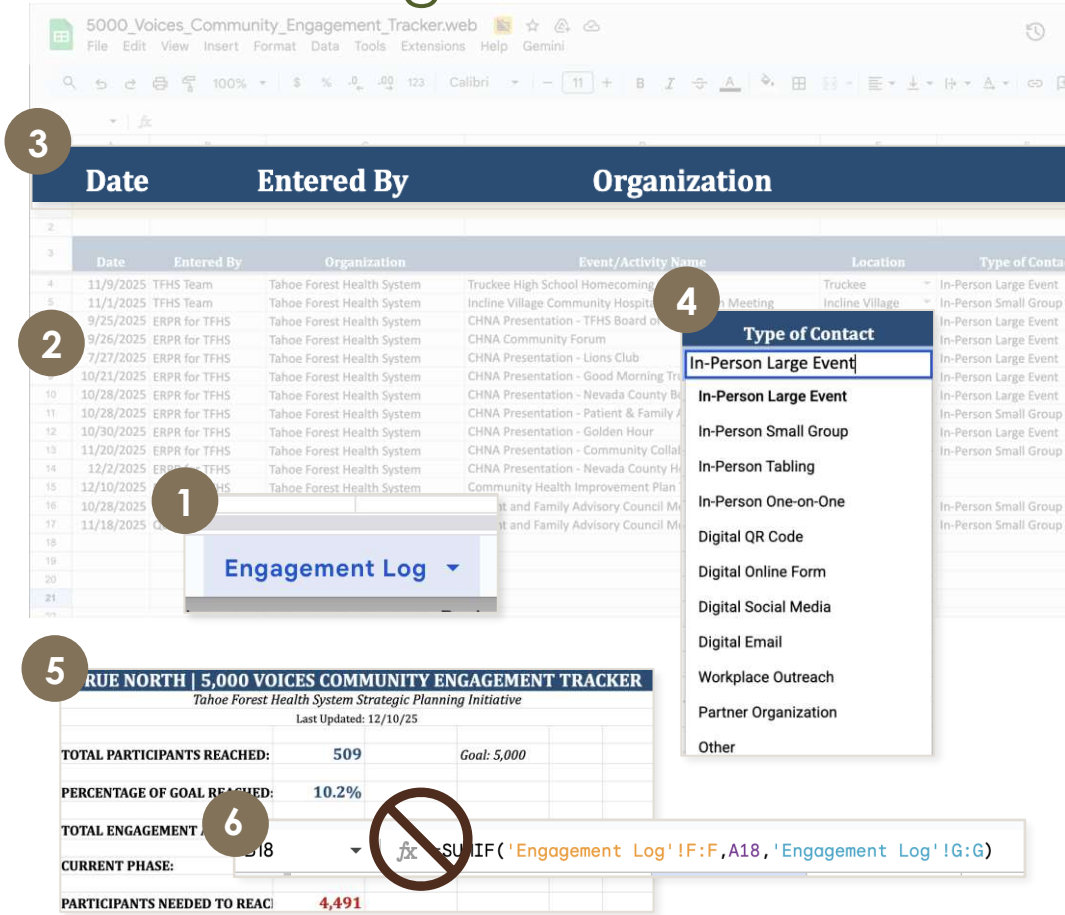
Total attendance in Q4 : **470**

Community Engagement: Tracking 5,000 Voices

Sneak Peek

Engagement Tracking tool

Full presentation coming in January 2026



Training Data – July 1 – Dec. 1, 2025

Compliance Training

180

Continuing Education through HealthStream

88

Mandatory Competencies Completed in HealthStream

3713

Managers took Leadership Institute Classes

61

Questions?

AGENDA ITEM COVER SHEET

MEETING DATE: December 18, 2025	**ITEM:** 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, recommended approval to MEC. During the December 11, 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 December 18, 2025 Regular Meeting of the Board of Directors.

SUMMARY/OBJECTIVES:

New Policy

- Refusal to Permit Care or Treatment, AGOV-2502

Policies with Changes

- Credentialing and Privileging Policy
- DWFC Policies
- Emergency Department Policies
- Nursing Services Policies

SUGGESTED DISCUSSION POINTS:
Medical Executive Committee has reviewed the Department recommendations on privileges and 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 Policy

- Refusal to Permit Care or Treatment, AGOV-2502

Policies with Changes

- Credentialing and Privileging Policy
- DWFC Policies
- Emergency Department Policies
- Nursing Services Policies

Status **Pending** PolicyStat ID **19098842**

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

Refusal to Permit Care or Treatment, AGOV-2502

RISK:

A patient's refusal of treatment must be informed. If a hospital fails to properly educate a patient about the medically significant risks of refusing a procedure or treatment, it can be held liable for malpractice or negligence if the patient suffers an adverse event.

POLICY:

Every patient has the right to accept or refuse medical care or treatment, even when refusal may lead to harm, disability, or death, provided that the patient is competent and the refusal is voluntary and informed.

PROCEDURE:

A. When this should be considered
   1. Based on the Provider's medical decision making process, the refusal has the risk to cause serious harm to a patient.
   2. If there are questions the Medical Director should be contacted.
   3. See section F below '*Notification to Administration*" for further guidance.

B. Evaluation of decision-making capacity
   1. Initial Assessment: The physician, or other licensed independent practitioner, must assess the patient's capacity to make an informed decision.
   2. Indicators of potential incapacity: Conditions that may impair capacity include, but are not limited to, altered mental status, severe mental illness, intoxication from drugs or alcohol, or serious physical impairment.

3. Referral: If there is doubt about a patient's capacity, a referral may be made to a psychiatrist, ethicist, or other qualified professional for further evaluation. A psychiatric diagnosis alone does not automatically mean a patient lacks capacity.

C. Process for documenting informed refusal

1. Provide information: The physician must provide the patient with a clear explanation of:
    a. Their current medical condition and diagnosis
    b. The proposed treatment, including its risks and potential benefits
    c. The risks, complications, and potential consequences of refusing the recommended treatment
    d. Any alternative treatments and the risks involved with each option
2. Opportunity for questions: The patient must be given a reasonable opportunity to ask questions and have them answered in a way they can understand.
3. Documentation: All conversations regarding informed refusal must be documented in the patient's medical record. The documentation should include:
    a. That the patient was determined to have capacity
    b. The information provided to the patient about the treatment, risks, and alternatives
    c. The patient's clear and specific statement of refusal
    d. The patient's understanding of the potential consequences
    e. The signature of the patient and the physician
    f. Use of interpreter: If the patient has a language or communication barrier, a qualified interpreter must be used, and this must be documented in the medical record.

D. Refusal of treatment by an incapacitated patient

1. Hierarchy of decision-makers: If a patient is deemed incapacitated and has no advance health care directive (AHCD), decisions regarding care should be sought from a legally authorized surrogate, such as a conservator, an agent under a Power of Attorney for Health Care, or a qualified family member, in accordance with the Health Care Decisions Law.
2. Implied consent in emergencies: In a life-threatening emergency where the patient is incapacitated and no surrogate is available, treatment may be provided under the doctrine of implied consent.

E. Exceptions and special considerations

1. Emergency medical treatment: In an emergency where a sudden, marked change in a patient's condition requires immediate action to preserve life or prevent serious harm, treatment may proceed without consent.
2. Mental health treatment

a. In California (Welfare & Institutions Code § 5250): Specific rules apply to the refusal of treatment for involuntary mental health patients who are deemed a danger to themselves or others, or are gravely disabled. These cases involve a certification review hearing and specific procedures to determine capacity. See link below.

b. In Nevada: NRS: Chapter 433A Admission to mental health facilities or assisted outpatient treatment; hospitalization. See link below.

3. Minors: Generally, a parent or legal guardian must consent to treatment for a minor. However, California law provides specific exceptions for emancipated minors or for certain medical conditions, such as pregnancy, sexually transmitted infection (STI), or mental health treatment, where a minor can consent on their own.

4. No punishment for refusal: The patient's refusal of treatment cannot be a basis for punishment, coercion, or transfer to a more restrictive setting, unless justified by a valid medical or psychiatric reason.

F. Notification to Administration

1. Inform administration whenever refusal of treatment may result in significant adverse consequences, in case the hospital wishes to seek a court order that:

a. Permits treatment,

b. Declares that the patient does indeed have the capacity to make his or her own medical decisions, or

c. Permits a legal representative to make the decision.

2. Process to notify administration

a. The Director/Manager (or House Supervisor after hours) will notify their Executive Team member, and the Risk Manager or Director of Quality and Regulations.

b. The Executive Team member is responsible for notifying the CEO/ President, as deemed appropriate.

c. The Director of Quality & Regulations or Risk Manager will notify the respective Medical Staff Department Chair, Medical Director, and Chief of Staff, as appropriate.

3. The hospital should consider requiring consultation with hospital administration in specific situations, including those:

a. In which refusal of treatment may cause serious harm to a minor (see II. H. “Where Refusal of Treatment May Cause Harm to a Minor”);

b. Which have been created or aggravated by a medical incident or error;

c. In which the patient is pregnant;

d. Which involve a parent (male or female) with custody or responsibility for the care and support of young children;

e. In which a dispute exists about the desires or the best interests of an incapacitated patient

4. An Emergency Ethics Committee may also be requested by contacting the Medical Staff Director.
5. The rationale for this consultation requirement is that these situations involve either significant legal ramifications and/or the rights of others (e.g., the fetus or children). Accordingly, a decision to refuse care or to withhold or withdraw life-sustaining treatment should not be made until the relevant legal implications have been considered. The hospital's legal counsel should be consulted in these situations.

Special Instructions / Definitions:

A. **Capacity:** The patient's ability to understand the nature of their medical condition, the purpose and risks of the proposed treatment, the consequences of refusing treatment, and to make and communicate a reasoned decision.

B. **Informed Refusal:** A competent patient's decision to decline a recommended course of treatment after being informed of the risks, benefits, and alternatives.

C. **Against Medical Advice (AMA):** A patient's decision to leave the hospital or a medical facility against the advice of their physician. See policy AMA Patient Leaving Against Medical Advice, Left Without Being Seen, Left Without Treatment and Elopement, ANS-211

D. **Advance Health Care Directive (AHCD):** A legal document, such as a Power of Attorney for Health Care or a Living Will, that allows an adult to give instructions about their future medical care.

Related Policies/Forms:

Patient Capacity Competency, ANS-287

Medical Ethics Case Consultation, MSGEN-1601

Refusal to Permit Medical Treatment form

References:

NRS: Chapter 449A-Care and Rights of: patients: https://www.leg.state.nv.us/nrs/nrs-449a.html

Nevada NRS 433A ADMISSION TO MENTAL HEALTH FACILITIES OR ASSISTED OUTPATIENT TREATMENT; HOSPITALIZATION: https://www.leg.state.nv.us/nrs/nrs-433a.html

Cal. Code Regs. Tit. 22, § 70707 - Patients' Rights: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-08-Attachment-02.pdf

California (Welfare & Institutions Code § 5250: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=5.&title=&part=1.&chapter=2.&article=4.

CHA 2024 Consent Manual: https://calhospital.org/publications/consent-manual-2/

National Library of Medicine: Refusal of Care July 24, 2023 https://www.ncbi.nlm.nih.gov/books/NBK560886/

Attachments

Refusal to Permit Medical Treatment Form- English.docx

Refusal to Permit Medical Treatment Form- Spanish

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Janet VanGelder: Director	10/2025

Title	Department	Last Approved	Next Review	Summary of Changes
Proctoring for Medical Staff and Allied Health Professionals - MSCP - 1602	Credentialing and Prvileging - MSCP	2/1/2023	2/28/2026	• A new risk statement explains how inadequate or inconsistent proctoring can impact patient safety and delay identification of competency concerns. • Proctoring is now formally defined as part of the Focused Professional Practice Evaluation process. • Practitioner responsibilities are expanded and clarified, including arranging their own proctoring, timely notification of proctors for scheduled and urgent cases, and submitting all completed forms to Medical Staff Services. • Medical Staff Services responsibilities are clearly defined, including tracking all documentation and notifying department chiefs when files are complete. • Proctor eligibility now requires that the proctor has completed their own proctoring and holds similar or identical privileges. Proctors should not be in the same practice when practical. • A full specialty specific table has been added to standardize minimum proctoring requirements across all disciplines, including proceduralists, non proceduralists, surgical specialties, medical specialties, obstetrics, podiatry, radiology, dental services, psychology, and telepsychiatry. • Observation periods are clarified with a minimum of six months and a maximum of twenty four months unless the Medical Executive Committee approves an extension. • The process for discontinuing proctoring has been restructured.

Title	Department	Last Approved	Next Review	Summary of Changes
Patient Transfer to Higher Level of Care, DWFC 1475	Women and Family Center - DWFC	11/1/2022	11/30/2024	Risk Statement, Interhospital patient transfers, while sometimes necessary for specialized care, can present risks including increased morbidity, mortality, and resource utilization due to delays, communication breakdowns, and potential complications during transport.
Neonate, Sepsis Prevention and Management of, DWFC 1447	Women and Family Center - DWFC	9/1/2022	9/30/2024	The revised version now includes a link to the Kaiser Sepsis Calculator and reads as follows: A. Intrapartum antibiotic prophylaxis is most effective if intravenous penicillin, ampicillin, or cefazolin are administered at least four hours before delivery. 1. Per ACOG and AAP guidelines, Clindamycin is recommended for GBS IAP for women with penicillin allergy who are at high risk for anaphylaxis and who are colonized with GBS known to be susceptible to clindamycin. 2. Vancomycin is recommended for use as GBS IAP for women with a penicillin allergy who are at high risk for anaphylaxis if colonized with clindamycin-resistant GBS isolates. 3. Neither clindamycin or vancomycin has been evaluated with use of Kaiser EOS calculator. Mothers that receive vancomycin or clindamycin should be considered as “no antibiotics” when calculating neonate EOS risk with Kaiser EOS calculator. Kaiser's Neonatal Early-Onset Sepsis Calculator

Title	Department	Last Approved	Next Review	Summary of Changes
Neonate Level of Care Guidelines, DWFC 1446	Women and Family Center - DWFC	11/1/2025	11/30/2027	1. Continuous oxygen administration via Pediatric/Neonate flow meter, Bubble Continuous Positive Airway Pressure (bCPAP), High-flow nasal cannula (HFNC) delivery devices: a. When High-flow nasal cannula (HFNC) delivery devices are utilized, humidified air should not exceed 4L/min following resuscitation and/or stabilization. b. When Bubble Continuous Positive Airway Pressure (bCPAP) delivery devices are utilized flow should not exceed 6cc and should not exceed 4 hours of use following resuscitation and/or stabilization. Difficulties in transitioning – Although most newborns successfully transition from intrauterine to extrauterine life, approximately 10 percent have some difficulty and require resuscitative measures at birth. The transition/stabilization period as it applies to this policy is from birth to 4 hours of life.
Neonate Oxygen Administration, DWFC 1448	Women and Family Center - DWFC	11/1/2025	11/30/2027	a. Bubble Continuous Positive Airway Pressure (bCPAP) may be initiated by the RT under direction of the physician. i. A neonatology consultation shall be initiated with transport to a tertiary care center requested, in the absence of clinical improvement of symptoms or successful weening to HFNC with flow of ≤ 4L/min despite 4 hours of continuous respiratory support. ii. The prongs/mask require equipment exchange every 4-6 hours to prevent pressure point skin breakdown. b. Chest x-ray and capillary blood gas should be considered with initiation of High-flow NC (HFNC) or Bubble Continuous Positive Airway Pressure (bCPAP). Difficulties in transitioning – Although most newborns successfully transition from intrauterine to extrauterine life, approximately 10 percent have some difficulty and require resuscitative measures at birth. The transition/stabilization period as it applies to this policy is from birth to 4 hours of life.

Title	Department	Last Approved	Next Review	Summary of Changes
Neonate Passive Cooling Prior to Transfer, DWFC 1801	Women and Family Center - DWFC	11/1/2025	11/30/2027	Rapid assessment – Term newborns presenting with encephalopathy may require immediate resuscitation and should be triaged as quickly as possible to determine eligibility for therapeutic hypothermia, which must be started within six hours of birth.
Magnesium Sulfate Administration, DWFC 1499	Women and Family Center - DWFC	11/1/2025	11/30/2027	Rapid infusion of magnesium sulfate can cause common side effects such as flushing, warmth, and a drop in blood pressure. Other symptoms may include nausea, headache, and muscle weakness. Rarely, serious side effects can occur, including pulmonary edema, respiratory depression, or altered cardiac function. The drug can also cause a temporary decrease in serum calcium, which in rare cases may become symptomatic, requiring rapid administration of calcium gluconate. In newborns, magnesium freely crosses the placenta and can result in a decrease in fetal heart rate and a loss of fetal heart rate variability. Consider pediatric attendance at delivery. A. P. Monitor vital signs every two hours while the postpartum patient remains on magnesium sulfate. B. Q. Repeat laboratory tests (platelet count, creatinine, liver transaminases) daily as directed by physician with the goal of obtaining two consecutive sets of data which are normal or trending to normal. C. R. Postpartum Analgesia – Although nonsteroidal anti-inflammatory drugs (NSAIDs) sometimes exacerbate hypertension, NSAIDs should be used preferentially over opioid analgesics. 1. Postpartum patients receiving both magnesium
Labor--Pre Eclamptic Patient, DWFC 1427	Women and Family Center - DWFC	11/1/2025	11/30/2027	Formatting updates-- management dependent on provider preference

Title	Department	Last Approved	Next Review	Summary of Changes
Care of the Mother During the Recovery Phase of Birth, DWFC 1501	Women and Family Center - DWFC	11/1/2025	11/30/2027	A. Provide vigorous fundal massage while assessing fundal tone and position every 15 min for 2 hours after birth (more frequently or longer duration if complications should arise). 1. Fundal assessment and massage may be indicated as often as every five minutes when an increased risk for hemorrhage is identified. A. Assess fundal tone and position every 15 min for 2 hours after birth (more frequently or longer duration if complications should arise). 1. Fundal assessment may be indicated as often as every five minutes when an increased risk for hemorrhage is identified. 2. Fundal massage stimulates the atonic uterus to contract and should be maintained while other interventions are being initiated, and continued until the uterus remains firm and bleeding has abated. 3. If the fundus is well contracted but bleeding continues unabated, then further massage is not likely to be effective and progression to other methods of hemorrhage control should occur promptly.
Antepartum - External Cephalic Version, DWFC-1496	Women and Family Center - DWFC	8/22/2025	8/22/2027	NO content changes, ready for approval
Labor - Breech Presentation, DWFC-1407	Women and Family Center - DWFC	8/22/2025	8/22/2027	verbiage changes, no content changes, ready for approval.
Labor - Cervical Ripening with Prostaglandin E1(Cytotec) DWFC-1488	Women and Family Center - DWFC	8/22/2025	8/22/2027	shortened risk statement, please review and decide if this requires committee approval.
Labor - Fetal Spiral Electrode Insertion and Removal, DWFC-1491	Women and Family Center - DWFC	3/31/2025	3/31/2027	references updated
Labor - Induction and Augmentation Pitocin, DWFC-1415	Women and Family Center - DWFC	8/22/2025	8/12/2027	approved by the Board October 2024, new high dose and low dose regimen included.
Labor - Intrauterine Catheters and Amnioinfusion Guidelines, DWFC-1418	Women and Family Center - DWFC	3/31/2025	3/31/2027	no changes
Labor - Medicaly Indicated Termination of Pregnancy-Cytotec, DWFC-1429	Women and Family Center - DWFC	4/21/2025	4/11/2027	reference updated

Title	Department	Last Approved	Next Review	Summary of Changes
Labor - Patient Pain Management, DWFC-1423	Women and Family Center - DWFC	3/4/2025	3/4/2027	awaiting final approval from Anna Olsen. I added hyperlinks to related policies and updated the contacting the on-call anesthesia provider piece to reflect current practice.
Labor - Precipitous Delivery by the RN, DWFC-1426	Women and Family Center - DWFC	3/4/2025	3/4/2027	cleaned up the RN delivery of the placenta. The physician needs to inspect the placenta after delivery, not the RN.
Labor - Second Stage Management, DWFC-1484	Women and Family Center - DWFC	3/4/2025	3/4/2027	references validated and updated no content changes
Labor - Shoulder Dystocia, DWFC-1505	Women and Family Center - DWFC	3/4/2025	3/4/2027	ACOG reaffirmed in 2024. no updates needed at this time
Labor - Support Person Attendance, DWFC-1428	Women and Family Center - DWFC	3/31/2025	3/21/2027	Adjustment made to include Doula presence during cesarean.
Labor - Umbilical CordGas Collection, DWFC-1430	Women and Family Center - DWFC	3/4/2025	3/4/2027	improved information regarding delayed cord clamping and the little effect thereof on cord gas values. references updated
Labor - Vacuum Extraction Guidelines, DWFC-1431	Women and Family Center - DWFC	3/31/2025	3/21/2027	no changes, reference updated
Neonate - Abduction prevention and plan, DWFC-1445	Women and Family Center - DWFC	3/4/2025	3/4/2027	NO content changes
Neonate - Circumcision Procedure, DWFC-1438	Women and Family Center - DWFC	3/4/2025	3/4/2027	references validated no content changes necessary
Neonate - Critical Congenital Heart Defect Screening, DWFC-1439	Women and Family Center - DWFC	3/4/2025	2/22/2027	New AAP guidelines from Jan 1 2025 added, hyperlinks added for algorithm.
Neonate - Infant Formula, DWFC-1443	Women and Family Center - DWFC	3/4/2025	3/4/2027	minor edits made to reflect the sixth edition changes in language. Hyperlinks updated.
Neonate - Neonatal Abstinence Syndrome, DWFC-1805	Women and Family Center - DWFC	8/22/2025	8/12/2027	formatting changes only
Neonate - Neonatal Hypoglycemia Management Guideline, DWFC-1506	Women and Family Center - DWFC	8/22/2025	8/22/2026	I have made edits to match the lab policy and align with new glucometer reportable values.
Neonate - Patient Admission Care and Discharge of, DWFC-1449	Women and Family Center - DWFC	8/22/2025	8/22/2027	No content changes, formating changes made
Neonate - Preparation for and Management at Delivery, DWFC-1456	Women and Family Center - DWFC	3/31/2025	3/31/2027	STABLE updated to reflect 7th edition
Postpartum - Release of Placenta to Requesting Parents, DWFC-1503	Women and Family Center - DWFC	3/31/2025	3/31/2027	No changes

Title	Department	Last Approved	Next Review	Summary of Changes
Postpartum - Teaching Postpartum and Newborn Care, DWFC-1468	Women and Family Center - DWFC	1/24/2025	1/14/2027	I edited the education of moms regarding emergency signs that require a call to the physician to detail education per the AWHONN Post Birth Warning Signs rather than the limited information we previously provided. I updated the hyperlinks at the bottom of the policy. This will need OB/Peds Committee approval due to the PBWS change. I will send this to the Chair to send out. Please delay final approval, pending approval at OB/Peds
Postpartum - Uterine Tamponade for Postpartum Hemorrhage Management, DWFC-1485	Women and Family Center - DWFC	3/31/2025	3/31/2027	no changes
WFC - Admission Criteria for Obstetrical Patients, DWFC-1470	Women and Family Center - DWFC	1/24/2025	1/24/2027	I cleaned up the responsibilities section and made some formatting changes including hyperlinks to related policies. No content changes requiring committee approval
WFC - Structure Standards, DWFC-1481	Women and Family Center - DWFC	3/31/2025	3/31/2027	Minor content adjustments

Title	Department	Last Approved	Next Review	Summary of Changes
Students: EMT, AEMT, Paramedic Guidelines, DED-34	Emergency Department - DED	12/8/2025	12/8/2026	Added: Perform lab draws for patients when ordered. Added EMT, AEMT to the paramedic student policy.
Sexual Assault Victim, DED-30	Emergency Department - DED	9/2/2025	9/2/2026	updated for current process, reporting agency for TFH updated to Truckee PD
Standardized Procedure - Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation, DED-1803	Emergency Department - DED	9/2/2025	9/2/2026	Changed format to match other standardized procedures. Updated Formatting
"Time-Out" for Invasive Procedures, DED-36	Emergency Department - DED	4/25/2025	4/25/2026	Change "MD" to "physician" (some are DOs) Change "time out" to "Time Out"
EMS Diversion, DED-2001	Emergency Department - DED	4/25/2025	4/25/2026	updated to match current S-SV policy
Reportable Events, DED-27	Emergency Department - DED	4/25/2025	4/25/2026	Change "MD" to "physician" (some are DOs) Change "DHS" to whatever it is supposed to stand for Delete "whenever a patient is hospitalized whose physician confirms that the patient has a diagnosis of AIDS" – it is redundant Change "Rape cases" to "Sexual Assault cases"
Scribes, Use of in the Emergency Department, DED-	Emergency Department - DED	4/25/2025	4/25/2026	added an s on the end of Tahoe Forest Health System Emergency Department
Staff Safety Guidelines, DED-29	Emergency Department - DED	4/25/2025	4/25/2026	Procedure A.5. "Call 5-911 or 911" Procedure A.5. "All doors into the TFH ED and IVCH ED are accessed only with a valid card reader" (we got rid of the combo numbers)
Student Guidelines EMT 1, DED-33	Emergency Department - DED	4/25/2025	4/25/2026	Patients will be informed that there is an EMT student involved in their care and may refuse.

Title	Department	Last Approved	Next Review	Summary of Changes
Triage: General, DED-42	Emergency Department - DED	4/25/2025	4/25/2026	Added : Trauma (TFH only) and Stroke alerts will be activated based on algorithm and appropriate staff will be called. To external triage and under section A for internal triage. 1. Edited bullet 1 to say the following: when ED patient surges occur, RNs will collaborate to complete a quick start triage, prioritize interventions accordingly, and monitor patients in the waiting room. 2. At IVCH, EKG will be completed where space is available. If a patient needs a 12 lead EKG, then the patient will be brought right back and the EKG will be performed where space is available. The 12 lead will then be shown to the ED MD on duty and evaluate for any life threatening arrhythmias. Any lethal arrhythmias will be brought back to ED asap. Added! Add Related Polices/Forms: Standardized Procedure - Stroke Alert ANS-2201; Level 3 Trauma Activation, DED-1901; Standardized Procedure - Ordering and Performing Guideline for EKG in Emergency Department, DED-1801
Structure Standards, DED-32	Emergency Department - DED	4/24/2025	4/24/2026	minor grammar errors
Admission of Emergency Department Patient, DED-2	Emergency Department - DED	3/11/2025	3/11/2026	removed requirement for defibrillator for transport.
Laboratory Tests, DED-14	Emergency Department - DED	12/18/2024	12/18/2025	no changes
Multi-Casualty Incidents, DED-19	Emergency Department - DED	12/18/2024	12/18/2026	updated formatting to put Risk at top of policy
Fall Prevention, DED-11	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Family Presence During Invasive Procedures, DED-12	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Laboratory Results Culture Screening, DED-13	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Law Enforcement Medical Clearances, DED-15	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Rabies Series Vaccinations, DED-25	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Video Surveillance, DED-1807	Emergency Department - DED	12/18/2024	12/18/2026	no changes
Patient Ratio Compliance, DED-21	Emergency Department - DED	12/18/2024	12/18/2026	no changes

Title	Department	Last Approved	Next Review	Summary of Changes
Standardized Procedure - Stroke Alert, ANS-2201	Nursing Services - ANS	8/1/2025	8/31/2026	The revised policy expands and clarifies: When and how Stroke Alerts are activated Which staff can initiate them Required competencies Cross-department processes (Rapid Response → Stroke Alert) Tele-neurology expectations IVCH service limitations Documentation and review processes Alignment with current certification and AHA guidelines The update improves coordination, standardization, and speed of care for acute stroke patients across all TFHS facilities.
Standardized Procedure - Vaccine Screening - Adminisstration and Documentation, ANS-1601	Nursing Services - ANS	8/1/2025	8/31/2026	The revised policy strengthens clarity around several key areas, including which staff members are authorized to screen, order, and administer vaccines, as well as the supervision requirements for different license types. It enhances consistency by reinforcing the use of standardized national guidelines and EMR-embedded tools for vaccine screening and eligibility determination. Documentation expectations—such as verifying VIS distribution and recording vaccine details—are more clearly defined. The policy also outlines improved processes for managing contraindications, precautions, and adverse events. Additionally, it clarifies review timelines and administrative oversight responsibilities. Overall, these revisions promote safer and more consistent vaccine practices across all district hospitals and clinics while supporting RN-driven vaccine order placement under standardized procedures.

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, November 20, 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 4:05 p.m.

2. ROLL CALL
Board in Attendance: Michael McGarry, Board Chair; Alyce Wong, Secretary; Mary Brown, Treasurer Dale Chamblin, Board Member

Board Member Absent: Dr. Robert Darzynkiewicz, Vice Chair

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer; Janet Van Gelder, Director of Quality & Regulations; Christine O'Farrell, Risk Management, Matt Mushet, In-House Counsel; Sarah Jackson, Executive Assistant / Clerk of the Board;

Other: David Ruderman, General Counsel; Steven Chandler, BETA (zoom); Emily Solomon, BETA (zoom); Sean Weiss, DoctorsManagement, LLC; Scott Kraft, DoctorsManagement, LLC;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
Closed session items 5.4 and 5.5 were pulled from the agenda

4. INPUT AUDIENCE

Open Session recessed at 4:06 p.m.

5. CLOSED SESSION
5.1. Approval of Closed Session Minutes◈
5.1.1. 10/23/2025 Regular Meeting
Discussion was held on a privileged item.

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2))◈
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. Hearing (Health & Safety Code § 32155)◈
Subject Matter: Third Quarter Corporate Compliance Report
Discussion was held on a privileged item.

5.4. Public Employee Performance Evaluation (Government Code § 54957)◈
Title: President & Chief Executive Officer
Item was pulled from the agenda.

5.5. Conference with Labor Negotiator (Government Code § 54957.6)◈
Name of District Negotiator(s) to Attend Closed Session: Alyce Wong
Unrepresented Employee: President & Chief Executive Officer
Item was pulled from the agenda.

5.6. TIMED ITEM – 5:45PM - Hearing (Health & Safety Code § 32155)◈
Subject Matter: Medical Staff Credentials
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 6:05 p.m.

Dr. Robert Darzynkiewicz, Vice Chair joined via zoom

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session from 2:00 pm Special Meeting. No reportable action from that meeting.

At the 4:00 p.m. Closed Session the Closed Session Minutes, Item 5.1 was approved on a 4-0-1 vote. Not reportable action for item 5.2. Item 5.3 was approved with a vote of 4-0-1, Items 5.4 and 5-5 were removed from the agenda. Item 5.6 Medical Staff Credentials were both approved with a vote of 4-0-1.

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 provided an update highlighting Health Within Reach, Peaks of Excellence, Transformation, key developments, initiatives, and recent activities impacting the District.

President & CEO noted a point of correction in the Monthly Highlights report. On the People report page, the number "more than 70 staff members completing training" has not been validated and will be brought back for reporting at the next meeting.

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:

New Privileges

- *Rheumatology Privileges*

Privileges with Changes

- *Critical Care Privileges*
- *Family Medicine Privileges*
- *Pulmonary Disease Privileges*
- *Urgent Care Privileges*

New Policies

- *Medical Staff Meetings, MSREG-2501*
- *Respiratory Therapy Protocol*
- *Standardized Procedure – Oxygen Administration & Pulse Oximetry Monitoring*
- *Code C, ANS-2501*

Policies with Changes

- *Intensive Care Unit and Medical Surgical*
- *Lab Services*
- *Case Management*
- *Nursing Services*
- *Cancer Center*

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

Dr. Robert Darzynkiewicz, Vice Chair joined the meeting in person at 6:42 p.m.

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. 10/23/2025 Regular Meeting
14.1.2. 10/28/2025 Joint Town Council and TFHD Special Meeting
14.2. Financial Reports
14.2.1. Financial Report – October 2025
14.3. Board Reports
14.3.1. Executive Board Report – November 2025
14.4. Board Policy Review
14.4.1. President and Chief Executive Officer Performance Evaluation, ABD-01
14.4.2. President & Chief Executive Officer Compensation, ABD-02
14.5. President and Chief Executive Officer Job Description
14.6. Affirm Annual Board Charters
14.6.1. Board Finance Committee Charter
14.6.2. Board Quality Committee Charter
14.7. Approve Quarterly Compliance Report
14.7.1. Third Quarter Corporate Compliance Report

Discussion was held.

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

15. ITEMS FOR BOARD ACTION◈

15.1. FY 2025 Audited Financial Statements◈

The Board of Directors will review and consider approval of the Fiscal Year 2025 Audited Financial Statements**.**

Brian Conner, Justen Gomes, and Bradyn Stowe of Baker Tiller presented the FY 2025 Audited Financial Statements. The Scope of Services was reviewed. The Executive Session packet was thoroughly reviewed.

Discussion was held.

ACTION: Motion made by Director Brown to approve the Fiscal Year 2024-2025 Audited Financial Statements as presented, seconded by Director Darzynkiewicz.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.2. FY 2025 President & Chief Executive Officer Incentive Compensation ◈

The Board of Directors will review and approve the Fiscal Year 2025 President and Chief Executive Officer Incentive Compensation.

Director Wong, Chair of the Executive Compensation Committee reviewed the process for establishing Fiscal Year 2025 President & CEO Incentive Compensation. Executive Compensation Committee recommends that the Board consider all the goals 100 % met and that CEO receive the full 30% of base salary for Incentive Compensation.

Discussion was held.

ACTION: Motion made by Director Chamblin based on the results of the revised Incentive Criteria, it is clear that the Board believes the CEO has met or exceeded the revised FY 2025 goals, and we suggest that the full Board approve an incentive compensation of 30% of her base salary, using the tax pay day methodology, for the period she was employed, March 10 – June 30, 2025 during the fiscal year ending 2025, specifically $60,577.02. Seconded by Director Brown.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

Additional commentary was made thanking the CEO for exceptional performance.

15.3. FY 2026 President & Chief Executive Officer Incentive Compensation Metrics ◈

The Board of Directors will review and consider approval of Fiscal Year 2026 President & CEO Incentive Compensation Metrics.

Director Wong, Chair of the Executive Compensation Committee reviewed the recommendations for FY 2026 President & CEO Incentive Compensation. Executive Compensation Committee recommends approval of these goals and metrics.

Discussion was held about the percentages and the metrics and goals. Director McGarry and Director Brown concurs with recommending all percentages to 20% equally.

ACTION: Motion made by Director Wong to approve an updated FY 2026 President and CEO Incentive Compensation Goals/Metrics with equal percentages (20% each), seconded by Director Darzynkiewicz.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.4. Resolution 2025-09 Authorizing the Use of Design-Build Contracting Procedures◈
The Board of Directors will review and consider approval a Resolution authorizing the use of Design-Build contracting procedures in accordance with Health & Safety code section 32132.6 and delegating certain responsibilities to the President & CEO.

VP of Facilities and Construction reviewed the changes in legislation that prompted changes to the Health and Safety Code and Design-Build procedures that will go into effect January 1, 2026.

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve Resolution 2025-09 incorporating Option 3 of Section 2.D. delegating the authority to award an execute construction contracts within the amount approved in the fiscal year budget to the President & CEO, seconded by Director Wong.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.5. Awarding Public Construction Projects, ABD-26◈
The Board of Directors will review and consider approval updates to a Board Policy relating to awarding public construction projects.

VP of Facilities and Construction reviewed the changes in legislation that prompted changes to the Health and Safety Code and Design-Build procedures that will go into effect January 1, 2026. There is a sunset date on this legislation of 2031.

Discussion was held.

ACTION: Motion made by Director Chamblin to approve the updated Board Policy, ABD-26 as presented, seconded by Director Wong.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

15.6. 2026 Board Officer Elections

The Board Chair will preside over the Board Officer elections of the Chair, Vice Chair, Secretary and Treasurer of the Tahoe Forest Board of Directors for the 2026 calendar year.

Chair McGarry noted that Board Officer elections are normally held in December, but he will not be present. Discussion was held.

ACTION: Nomination made by Director Chamblin for Director McGarry to fill the office 2026 Board Chair, accepted. No other nominations. No discussion.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

ACTION: Nomination made by Director Brown for Director Darzynkiewicz to fill office of 2026 Board Vice-Chair, accepted. No other nominations. No discussion.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

ACTION: Nomination made by Director Darzynkiewicz for Director Wong to fill the office 2026 Board Secretary, accepted. No other nominations. No discussion.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry
Abstention: None
NAYS: None
Absent: None

ACTION: Nomination made by Director Chamblin for Director Brown to fill the office of 2026 Board Treasurer, accepted. No other nominations. No discussion.
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 Wong gave committee reports on: Board Executive Compensation Committee, Board Quality Committee and PFAC.

Director Darzynkiewicz gave committee reports on: Board Community Engagement Committee, Board Quality Committee, and TTHAC.

Director Chamblin provided a report on the IVCH Foundation.

Director Brown would like the topic of Aging to be considered a future topic or presentation at the Board meeting with Dr. Gladman.

Director Chamblin would also like to hear Dr. Fountain's presentation on AI.

18. BOARD MEMBERS' REPORTS/CLOSING REMARKS

Chair McGarry provided closing comments. The December Board meeting will be held 12/18/2025 due to the Christmas holiday.

19. CLOSED SESSION CONTINUED

20. OPEN SESSION

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

22. ADJOURN

Meeting adjourned at 8:29 p.m.

TAHOE FOREST
HOSPITAL DISTRICT

SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, November 20, 2025 at 2:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 2:08 p.m.

2. ROLL CALL
Board: Board in Attendance: Michael McGarry, Board Chair; Alyce Wong, Secretary; Mary Brown, Treasurer Dale Chamblin, Board Member

Board Members Absent: Dr. Robert Darzynkiewicz, Vice Chair

Staff in attendance: Crystal Felix, Chief Financial Officer; Sarah Jackson, Clerk of the Board / Executive Assistant

Other: David Ruderman, General Counsel; Tere LeBarron, Senior Director-Alvarez & Marsal

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA
No changes were made to the 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.

Open Session Recessed at 2:10 p.m.

5. CLOSED SESSION
5.1. Public Employee Performance Evaluation (Government Code § 54957)◈
Title: President & Chief Executive Officer
Discussion was held a privileged item.

5.2. Conference with Labor Negotiator (Government Code § 54957.6)◈
Name of District Negotiator(s) to Attend Closed Session: Alyce Wong
Unrepresented Employee: President & Chief Executive Officer
Discussion was held a privileged item.

6. OPEN SESSION – CALL TO ORDER
Open Session reconvened at 3:49 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Report out from Closed Session deferred until the Regular Meeting of the Board of Directors.

8. ADJOURN

Meeting adjourned at 3:50 p.m.

◈ Denotes Action Item

AGENDA ITEM COVER SHEET

MEETING DATE: December 18, 2025	**ITEM:** 14.2 Financial Reports 14.2.1 Financial Report – November 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 14.2.1 Financial Report – November 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 – November 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 – November 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 – November 2025 as presented.

LIST OF ATTACHMENTS: Financial Report – November 2025

TAHOE FOREST HOSPITAL DISTRICT
NOVEMBER 2025 FINANCIAL REPORT
INDEX

Board of Directors

Of Tahoe Forest Hospital District

NOVEMBER 2025 FINANCIAL NARRATIVE

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

Activity Statistics

- TFH acute patient days were 270 for the current month compared to budget of 268. This equates to an average daily census of 9.0 compared to budget of 8.9.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Laboratory tests, Lab Send Out tests, EKGs, Mammography, MRI, Ultrasound, Cat Scans, PET CT, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Physical Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Hospice visits, Oncology Lab, Pathology, Blood units, Diagnostic Imaging, Nuclear Medicine, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical Therapy, and Outpatient Physical Therapy Aquatic.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 47.1% in the current month compared to budget of 45.6% and to last month's 44.7%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.4% compared to budget of 45.6% and prior year's 46.0%.
- EBIDA was $416,307 (.7%) for the current month compared to budget of $901,888 (1.5%), or $(485,581) (-.8%) below budget. Year-to-date EBIDA was $17,906,371 (5.6%) compared to budget of $11,500,241 (3.7%), or $6,406,129 (1.9%) above budget.
- Net Income was $298,117 for the current month compared to budget of $297,532 or $585 above budget. Year-to-date Net Income was $16,796,792 compared to budget of $8,767,290 or $8,029,501 above budget.
- Cash Collections for the current month were $23,836,340 which is 79% of targeted Net Patient Revenue.
- EPIC Gross Accounts Receivables were $125,119,724 at the end of November compared to $125,497,229 at the end of October.

Balance Sheet

- Working Capital is at 24.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 205.0 days. Working Capital cash decreased a net $24,583,000. Decrease in Cash is related to: Accounts Payable decreased $675,000, Accrued Payroll & Related Costs decreased $11,004,000, Capital Project expenditures of $4,200,000, and the District remitted $5,019,000 to the State for participation in the CY24 Voluntary Rate Range program. Cash Collections were also below target by 21%.
- Net Patient Accounts Receivable decreased a net $291,000. Cash collections were 79% of target. EPIC Days in A/R were 61.3 compared to 57.4 at the close of October.
- Estimated Settlements, Medi-Cal & Medicare increased a net $7,408,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and remitted $5,019,000 to the State for participation in the CY24 Voluntary Rate Range program. The As-Filed Medicare Cost Reports for FY25 were completed with the final Gain Share/Incentive Comp figures, resulting in additional monies due to the District from the Program.
- Unrealized Gain/(Loss) Cash Investment Fund increased $499,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of November.
- Investment in TSC, LLC decreased $7,700 after recording the estimated loss for November and trueing up the losses for October.
- To comply with GASB No. 96, the District recorded Amortization Expense for November, decreasing its Right-To-Use Subscription asset $369,000.
- Accounts Payable decreased $675,000 due to the timing of the final check run in November.
- Accrued Payroll & Related Costs decreased a net $11,004,000. The District paid out the Gain Share and Incentive Comp Bonuses along with recording additional accrued payroll days in November.
- To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for November, decreasing the liability $352,000.
- Estimated Settlements, Medi-Cal & Medicare decreased $1,002,000. The As-Filed Medicare Cost Reports for FY25 were completed with the final Gain Share/Incentive Comp figures, resulting in a receivable due from the Program. The Interim Medicare Cost Reports with estimated Gain share/Incentive Comp figures had originally resulted in a payable due to the Program.

Operating Revenue

- Current month's Total Gross Revenue was $56,333,094 compared to budget of $58,524,048 or $2,190,954 below budget.
- Current month's Gross Inpatient Revenue was $5,710,401 compared to budget of $6,764,262 or $1,053,861 below budget.
- Current month's Gross Outpatient Revenue was $50,622,693 compared to budget of $51,759,786 or $1,137,093 below budget.
- Current month's Gross Revenue Mix was 40.68% Medicare, 19.29% Medi-Cal, 1.20% Other, and 38.83% Commercial Insurance compared to budget of 39.72% Medicare, 16.41% Medi-Cal, 1.11% Other, and 42.76% Commercial Insurance. Last month's mix was 43.36% Medicare, 17.79% Medi-Cal, 1.62% Other, and 37.23% Commercial Insurance. Year-to-Date Gross Revenue Mix was 43.35% Medicare, 17.20% Medi-Cal, 1.32% Other, and 38.13% Commercial Insurance compared to budget of 39.39% Medicare, 16.54% Med-Cal, 1.19% Other, and 42.88% Commercial.
- Current month's Deductions from Revenue were $29,824,588 compared to budget of $31,808,303 or $1,983,715 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with .96% increase in Medicare, a 2.88% increase to Medi-Cal, a .09% increase in Other, and Commercial Insurance was below budget 3.92%, 2) Revenues were below budget 3.70%, and 3) the District trued-up amounts due from the Medicare program based on the FY25 As-Filed Cost Reports, resulting in a positive pickup in Prior Period Settlements.

DESCRIPTION	November 2025 Actual	November 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	12,899,984	11,445,713	(1,454,271)	We saw an increase in Technical, RN, Clerical, Physician and PA/NP wages along with additional accrued payroll days in November.
Employee Benefits	3,730,764	3,856,060	125,296	Accrued Physician Productivity Bonuses were below budget, creating a positive variance in Employee Benefits.
Benefits – Workers Compensation	128,233	90,315	(37,918)	The District has a self-insured plan and expense is based on actual claims paid.
Benefits – Medical Insurance	1,702,021	3,011,858	1,309,837	The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in November.
Medical Professional Fees	521,993	610,388	88,394	Anesthesia and Radiology Physician fees were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	586,799	382,361	(204,438)	Strategic Planning consulting for Human Resources, Mercy Health professional fees for implementation of new modules in EPIC, Compliance consulting and Cost Report preparation for Financial Administration, Outsourced Legal services for Medical Staff, and High Reliability Transformation consulting for Administration were above budget, creating a negative variance in Other Professional Fees.
Supplies	4,697,161	5,004,784	307,624	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were below budget, creating a positive variance in Supplies.
Purchased Services	2,485,303	2,242,493	(242,810)	Department repairs, outsourced Laboratory testing, excess order volumes for IP Pharmacy, Employee Health Screenings and Wellness Bank usage, and outsourced billing and collection services for the Business Office were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,168,202	1,185,524	17,322	Marketing campaigns and Utility costs were below budget, creating a positive in Other Expenses.
Total Expenses	27,920,460	27,829,495	(90,965)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
NOVEMBER 2025

	Nov-25	Oct-25	Nov-24	
ASSETS				
CURRENT ASSETS				
* CASH	$ 22,839,625	$ 47,422,221	$ 57,493,761	1
PATIENT ACCOUNTS RECEIVABLE - NET	54,210,038	54,501,322	47,655,006	2
OTHER RECEIVABLES	13,325,917	11,926,275	11,706,381	
GO BOND RECEIVABLES	2,280,530	1,812,004	2,222,392	
ASSETS LIMITED OR RESTRICTED	15,294,476	15,392,913	10,703,870	
INVENTORIES	7,330,955	7,338,121	5,569,388	
PREPAID EXPENSES & DEPOSITS	4,589,527	4,816,673	4,427,599	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	41,078,567	33,670,178	26,887,973	3
TOTAL CURRENT ASSETS	160,949,635	176,879,706	166,666,369	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	10,799,062	1
* CASH INVESTMENT FUND	93,947,034	93,885,701	106,648,030	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	8,642,140	8,143,629	3,242,388	4
MUNICIPAL LEASE 2025	4,593,879	4,593,879	-	
TOTAL BOND TRUSTEE 2017	23,513	23,439	22,586	
TOTAL BOND TRUSTEE 2015	740,884	628,892	707,016	
GO BOND TAX REVENUE FUND	1,338,953	1,338,953	1,361,748	
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,616	
DONOR RESTRICTED FUND	1,202,651	1,202,651	1,187,427	
WORKERS COMPENSATION FUND	(6,204)	(16,165)	19,336	
TOTAL	184,805,036	184,123,164	123,991,209	
LESS CURRENT PORTION	(15,294,476)	(15,392,913)	(10,703,870)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	169,510,560	168,730,251	113,287,339	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,882,599)	(5,874,885)	(4,292,817)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	207,053,173	204,110,027	195,309,137	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,927,710	1,889,548	1,915,497	
TOTAL ASSETS	535,275,451	547,451,620	474,602,496	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	177,781	181,013	216,570	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	221,741	221,741	154,402	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,873,369	3,897,074	4,157,825	
GO BOND DEFERRED FINANCING COSTS	377,424	379,744	405,274	
DEFERRED FINANCING COSTS	94,665	95,705	107,148	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,752,923	13,941,546	11,095,567	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	22,358,708	22,727,316	25,523,517	6
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 40,856,611	$ 41,444,140	$ 41,660,303	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	12,848,606	13,523,106	$ 9,766,461	7
ACCRUED PAYROLL & RELATED COSTS	28,320,783	39,324,710	23,994,359	8
INTEREST PAYABLE	297,361	243,079	317,090	
INTEREST PAYABLE GO BOND	960,310	720,233	1,005,810	
SUBSCRIPTION LIABILITY	24,331,114	24,683,311	27,227,747	9
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	2,645,263	3,647,687	3,226,634	10
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	86,593,727	99,332,416	80,112,641	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,886,417	31,191,587	25,871,753	
GO BOND DEBT NET OF CURRENT MATURITIES	84,533,564	84,551,520	87,769,031	
DERIVATIVE INSTRUMENT LIABILITY	221,741	221,741	154,402	
TOTAL LIABILITIES	202,235,449	215,297,264	193,907,828	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	372,693,961	372,395,845	321,167,545	
RESTRICTED	1,202,651	1,202,651	1,187,427	
TOTAL NET POSITION	$ 373,896,613	$ 373,598,496	$ 322,354,972	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 24.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 205.0 days. Working Capital cash decreased a net $24,583,000. Decrease in Cash is related to: Accounts Payable decreased $675,000 (See Note 7), Accrued Payroll & Related Costs decreased $11,004,000 (See Note 8), Capital Project expenditures of $4,200,000, and the District remitted $5,019,000 to the State for participation in the CY24 Voluntary Rate Range program (See Note 3). Cash Collections were also below target by 21% (See Note 2).

2. Net Patient Accounts Receivable decreased a net $291,000. Cash collections were 79% of target. EPIC Days in A/R were 61.3 compared to 57.4 at the close of October.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $7,408,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and remitted $5,019,000 to the State for participation in the CY24 Voluntary Rate Range program. The As-Filed Medicare Cost Reports for FY25 were completed with the final Gain Share/Incentive Comp figures, resulting in additional monies due to the District from the Program.

4. Unrealized Gain/(Loss) Cash Investment Fund increased $499,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of November.

5. Investment in TSC, LLC decreased $7,700 after recording the estimated loss for November and trueing up the losses for October.

6. To comply with GASB No. 96, the District recorded Amortization Expense for November, decreasing its Right-To-Use Subscription asset $369,000.

7. Accounts Payable decreased $675,000 due to the timing of the final check run in November.

8. Accrued Payroll & Related Costs decreased a net $11,004,000. The District paid out the Gain Share and Incentive Comp Bonuses along with recording additional accrued payroll days in November.

9. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for November, decreasing the liability $352,000.

10. Estimated Settlements, Medi-Cal & Medicare decreased $1,002,000. The As-Filed Medicare Cost Reports for FY25 were completed with the final Gain Share/Incentive Comp figures, resulting in a receivable due from the Program. The Interim Medicare Cost Reports with estimated Gain Share/Incentive Comp figures had originally resulted in a payable due to the Program.

Tahoe Forest Hospital District
Cash Investment
November 30, 2025

WORKING CAPITAL				
US Bank	$ 21,668,193	3.58%		
US Bank/Incline Village Thrift Store	20,510			
US Bank/Truckee Thrift Store	99,547			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,051,375	1.75%		
Total			$	22,839,625
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -			
Chandler Cash Portfolio Fund	919,758	3.77%		
Chandler Investment Fund	93,027,277	VAR		
Total			$	93,947,034
Building Fund	$ -			
Cash Reserve Fund	74,318,485	4.08%		
Local Agency Investment Fund			$	74,318,485
Municipal Lease 2018			$	4,593,879
Bonds Cash 2017			$	23,513
Bonds Cash 2015			$	740,884
GO Bonds Cash 2008			$	1,338,953
DX Imaging Education	$ 3,700			
Workers Comp Fund - B of A	(6,204)			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	(2,504)
TOTAL FUNDS			$	197,799,870
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,387	0.09%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,166,955	4.08%		
TOTAL RESTRICTED FUNDS			$	1,202,651
TOTAL ALL FUNDS			$	199,002,521

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

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 NOV 2024
				OPERATING REVENUE						
$ 56,333,094	$ 58,524,048	$ (2,190,954)	-3.7%	Total Gross Revenue	$ 321,879,694	$ 314,402,881	$ 7,476,813	2.4%	1	$ 290,259,387
				Gross Revenues - Inpatient						
$ 2,726,083	$ 2,869,691	$ (143,609)	-5.0%	Daily Hospital Service	$ 17,728,854	$ 16,453,058	$ 1,275,796	7.8%		$ 16,428,333
2,984,318	3,894,571	(910,253)	-23.4%	Ancillary Service - Inpatient	21,036,535	21,696,575	(660,040)	-3.0%		20,263,437
5,710,401	6,764,262	(1,053,861)	-15.6%	Total Gross Revenue - Inpatient	38,765,389	38,149,633	615,756	1.6%	1	36,691,770
50,622,693	51,759,786	(1,137,093)	-2.2%	Gross Revenue - Outpatient	283,114,306	276,253,248	6,861,058	2.5%		253,567,617
50,622,693	51,759,786	(1,137,093)	-2.2%	Total Gross Revenue - Outpatient	283,114,306	276,253,248	6,861,058	2.5%	1	253,567,617
				Deductions from Revenue:						
30,021,593	29,738,986	(282,607)	-1.0%	Contractual Allowances	169,145,298	159,923,371	(9,221,927)	-5.8%	2	155,021,780
550,566	1,170,481	619,915	53.0%	Charity Care	1,821,569	6,288,058	4,466,489	71.0%	2	1,000,973
548,481	898,836	350,355	39.0%	Bad Debt	2,834,853	4,821,917	1,987,064	41.2%	2	1,576,695
(1,296,052)	-	1,296,052	0.0%	Prior Period Settlements	(1,296,052)	-	1,296,052	0.0%	2	(988,772)
29,824,588	31,808,303	1,983,715	6.2%	Total Deductions from Revenue	172,505,668	171,033,346	(1,472,322)	-0.9%		156,610,676
78,273	121,655	43,382	35.7%	Property Tax Revenue- Wellness Neighborhood	444,412	624,276	179,864	28.8%		526,946
1,749,987	1,893,983	(143,996)	-7.6%	Other Operating Revenue	9,673,536	9,631,422	42,114	0.4%	3	9,023,464
28,336,767	28,731,383	(394,616)	-1.4%	TOTAL OPERATING REVENUE	159,491,975	153,625,233	5,866,742	3.8%		143,199,121
				OPERATING EXPENSES						
12,899,984	11,445,713	(1,454,271)	-12.7%	Salaries and Wages	61,846,912	60,019,193	(1,827,719)	-3.0%	4	54,898,418
3,730,764	3,856,060	125,296	3.2%	Benefits	19,243,068	18,496,688	(746,379)	-4.0%	4	18,470,303
128,233	90,315	(37,918)	-42.0%	Benefits Workers Compensation	792,502	451,575	(340,927)	-75.5%	4	318,469
1,702,021	3,011,858	1,309,837	43.5%	Benefits Medical Insurance	14,045,686	15,059,290	1,013,604	6.7%	4	12,332,908
521,993	610,388	88,394	14.5%	Medical Professional Fees	2,863,342	3,114,289	250,947	8.1%	5	2,553,427
586,799	382,361	(204,438)	-53.5%	Other Professional Fees	1,916,505	2,200,105	283,600	12.9%	5	1,658,513
4,697,161	5,004,784	307,624	6.1%	Supplies	24,765,834	25,982,668	1,216,834	4.7%	6	22,277,288
2,485,303	2,242,493	(242,810)	-10.8%	Purchased Services	10,721,533	11,108,473	386,940	3.5%	7	9,854,142
1,168,202	1,185,524	17,322	1.5%	Other	5,390,223	5,692,710	302,487	5.3%	8	4,961,633
27,920,460	27,829,495	(90,965)	-0.3%	TOTAL OPERATING EXPENSE	141,585,605	142,124,992	539,387	0.4%		127,325,101
416,307	**901,888**	**(485,581)**	**-53.8%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**17,906,371**	**11,500,241**	**6,406,129**	**55.7%**		**15,874,020**
				NON-OPERATING REVENUE/(EXPENSE)						
854,265	810,883	43,382	5.3%	District and County Taxes	4,218,277	4,038,414	179,863	4.5%	9	4,372,876
468,526	468,526	-	0.0%	District and County Taxes - GO Bond	2,342,628	2,342,628	-	0.0%		2,278,166
549,599	296,394	253,205	85.4%	Interest Income	2,253,677	1,818,476	435,201	23.9%	10	1,970,875
50,347	119,538	(69,191)	-57.9%	Donations	589,254	599,403	(10,149)	-1.7%	11	443,911
(7,714)	(151,882)	144,168	94.9%	Gain/(Loss) on Joint Investment	(472,284)	(759,412)	287,128	37.8%	12	(351,074)
404,156	300,000	104,156	-34.7%	Gain/(Loss) on Market Investments	2,064,503	1,500,000	564,503	-37.6%	13	2,592,244
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	20,732	-	20,732	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	15	37,450
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-		-	100.0%	15	-
(1,980,904)	(1,995,743)	14,839	0.7%	Depreciation	(9,818,923)	(9,978,715)	159,792	1.6%	16	(8,925,341)
(208,316)	(203,923)	(4,393)	-2.2%	Interest Expense	(1,055,329)	(1,041,629)	(13,700)	-1.3%	17	(913,798)
(248,148)	(248,148)	0	0.0%	Interest Expense-GO Bond	(1,252,113)	(1,252,115)	2	0.0%		(1,307,779)
(118,190)	(604,356)	486,166	80.4%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(1,109,579)	(2,732,951)	1,623,372	59.4%		197,530
$ 298,117	**$ 297,532**	**$ 585**	**0.2%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 16,796,792**	**$ 8,767,290**	**$ 8,029,501**	**91.6%**		**$ 16,071,550**
				NET POSITION - BEGINNING OF YEAR	**357,099,821**					
				NET POSITION - AS OF NOVEMBER 30, 2025	**$ 373,896,613**					
0.7%	**1.5%**	**-0.8%**		**RETURN ON GROSS REVENUE EBIDA**	**5.6%**	**3.7%**	**1.9%**			**5.5%**

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

		Variance from Budget Fav / <Unfav> NOV 2025	YTD 2026
1) Gross Revenues			
Acute Patient Days were above budget .01% or 2 days. Swing Bed days were below budget 35.3% or 6 days. Skilled Nursing days were below budget 9.7% or 95 days.	Gross Revenue -- Inpatient	$ (1,053,861)	$ 615,756
	Gross Revenue -- Outpatient	(1,137,093)	6,861,058
	Gross Revenue -- Total	$ (2,190,954)	$ 7,476,813
Outpatient volumes were 5% or more below in the following departments: Home Health visits, Hospice visits, Oncology Lab, Pathology, Blood units, Diagnostic Imaging, Nuclear Medicine, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical Therapy, and Outpatient Physical Therapy Aquatic.			
Outpatient volumes were above budget 5% or more in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, EKGs, Mammography, MRI, Ultrasound, Cat Scans, PET CT, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Physical Therapy.			
2) Total Deductions from Revenue			
The payor mix for November shows a .96% increase to Medicare, a 2.88% increase to Medi-Cal, .09% increase to Other, and a 3.92% decrease to Commercial when compared to budget. Revenues were below budget 3.7%. We saw a shift from Commercial into Medicare and Medi-Cal.	Contractual Allowances	$ (282,607)	$ (9,221,927)
	Charity Care	619,915	4,466,489
	Bad Debt	350,355	1,987,064
	Prior Period Settlements	1,296,052	1,296,052
	Total	$ 1,983,715	$ (1,472,322)
The FY2025 Medicare Cost Report was filed with the finalized Gain Share/Incentive Comp numbers, creating additional funds due back to the District. This is causing a positive variance in Prior Period Settlements.			
3) Other Operating Revenue	Community Pharmacy	$ (24,928)	$ 439,727
Community Pharmacy revenues were below budget 2.9%.	Miscellaneous	(136,131)	(452,846)
	Hospice Thrift Stores	(9,111)	(3,344)
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.	Grants	0	32,082
	The Center (non-therapy)	7,953	29,318
	IVCH ER Physician Guarantee	48,136	117,573
	Children's Center	(29,915)	(120,396)
Child Care days were below budget 8.9%.	Total	$ (143,996)	$ 42,114
4) Salaries and Wages	Total	$ (1,454,271)	$ (1,827,719)
We saw an increase in Technical, RN, Clerical, Physician, and PA/NP wages, creating a negative variance in Salaries and Wages. Negative variance is also attributed to additional Accrued Payroll Days in November as well as staff wage increases effective 7/1/25 exceeding budget assumptions by 4%.			
Employee Benefits	PL/SL	$ (24,316)	$ (1,002,935)
Employer Payroll Taxes created a negative variance in Other.	Other	(145,368)	(259,670)
	Pension/Deferred Comp	0	3
Accrued Physician Productivity Bonuses were below budget, creating a positive variance in Nonproductive.	Standby	8,666	23,416
	Nonproductive	286,313	492,807
	Total	$ 125,296	$ (746,379)
Employee Benefits - Workers Compensation	Total	$ (37,918)	$ (340,927)
The District has a self-insured plan and expense is based on actual claims paid.			
Employee Benefits - Medical Insurance	Total	$ 1,309,837	$ 1,013,604
The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in November.			
5) Professional Fees	Multi-Specialty Clinics	$ (61,397)	$ (132,120)
Locums coverage for Urology created a negative variance in Multi-Specialty Clinics.	Human Resources	(129,000)	(98,157)
	Information Technology	(47,799)	(86,134)
Strategic Planning consulting services created a negative variance in Human Resources.	TFH Locums	11,274	(79,902)
	Multi-Specialty Clinics Administration	(11,958)	(30,838)
Professional services provided by Mercy Health for implementation of new modules within EPIC were above budget, creating a negative variance in Information Technology.	Financial Administration	(47,164)	(2,170)
	Oncology	6,121	(1,300)
	Corporate Compliance	-	-
Compliance consulting and Medicare/Medi-Cal cost report preparation created a negative variance in Financial Administration.	Patient Accounting/Admitting	2,000	10,000
	IVCH ER Physicians	13,452	14,377
	Medical Staff Services	(10,050)	14,831
Outsourced legal services created a negative variance in Medical Staff.	Managed Care	5,534	37,673
	Marketing	25,332	127,131
Graphic Design consulting services were below budget, creating a positive variance in Marketing.	Administration	(15,594)	177,372
	Miscellaneous	143,206	583,781
	Total	$ (116,044)	$ 534,547
High Reliability Transformation consulting services created a negative variance in Administration.			
Anesthesia and Radiology Physician Fees were below budget, creating a positive variance in Miscellaneous.			

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

		Variance from Budget Fav / <Unfav> NOV 2025	YTD 2026
6) Supplies	Patient & Other Medical Supplies	$ (152,788)	$ (874,257)
Medical Supplies Sold to Patients revenues were above budget, creating a negative variance in Patient & Other Medical Supplies.	Office Supplies	792	(70)
	Food	15,799	21,105
	Other Non-Medical Supplies	21,299	79,731
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were below budget 20.6%, creating a positive variance in Pharmacy Supplies.	Minor Equipment	15,354	119,351
	Pharmacy Supplies	407,168	1,870,973
	Total	$ 307,624	$ 1,216,834
7) Purchased Services	Department Repairs	$ (85,124)	$ (93,791)
We saw negative variances in Department Repairs for Surgery, Radiation Oncology, MRI, Engineering, and IVCH Mammography.	Laboratory	(20,958)	(64,664)
	Pharmacy IP	(38,104)	(57,735)
	Patient Accounting	(105,029)	(49,105)
Outsourced laboratory testing created a negative variance in Laboratory.	Diagnostic Imaging Services - All	(9,560)	(44,138)
	The Center	(2,379)	(18,997)
Excess order volumes created a negative variance in Pharmacy IP.	Home Health/Hospice	(8,121)	(13,996)
	Multi-Specialty Clinics	(5,760)	(4,942)
Outsourced billing and collection services for the Business Office created a negative variance in Patient Accounting.	Community Development	-	-
	Human Resources	(40,065)	29,741
	Information Technology	(20)	42,054
Employee Health screenings and Wellness Bank usage created a negative variance in Human Resources.	Medical Records	1,292	49,741
	Miscellaneous	71,017	612,771
	Total	$ (242,810)	$ 386,940
Outgoing referral services for Central Scheduling, Community Health Index support services, and Snow Removal services were below budget, creating a positive in Miscellaneous.			
8) Other Expenses	Dues and Subscriptions	$ (20,724)	$ (72,302)
UC Davis Cancer Care Network fees and a Physician Compensation subscription were above budget, creating a negative variance in Dues and Subscription.	Other Building Rent	(15,110)	(59,809)
	Human Resources Recruitment	(20,368)	(39,454)
	Equipment Rent	262	(29,491)
Rental rate increases for the District's employee housing units and common area maintenance services created a negative variance in Other Building Rent.	Marketing	9,152	(23,864)
	Multi-Specialty Clinics Bldg. Rent	(4,428)	(16,860)
	Insurance	973	(8,767)
Services provided to assist in recruiting key Management positions created a negative variance in Human Resources Recruitment.	Multi-Specialty Clinics Equip Rent	218	(1,902)
	Physician Services	196	4,374
	Utilities	7,646	121,027
Marketing campaigns came in below budget, creating a positive variance in Marketing.	Miscellaneous	9,402	163,428
	Outside Training & Travel	50,105	266,107
	Total	$ 17,322	$ 302,487
9) District and County Taxes	Total	$ 43,382	$ 179,863
10) Interest Income	Total	$ 253,205	$ 435,201
11) Donations	IVCH	$ (23,543)	$ 13,087
	Operational	(45,648)	(23,236)
	Total	$ (69,191)	$ (10,149)
12) Gain/(Loss) on Joint Investment	Total	$ 144,168	$ 287,128
The District trued up its losses in TSC, LLC for October, creating a positive variance in Gain/(Loss) on Joint Investment.			
13) Gain/(Loss) on Market Investments	Total	$ 104,156	$ 564,503
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
14) Gain/(Loss) on Sale or Disposal of Assets	Total	$ -	$ 20,732
15) Gain/(Loss) on Sale or Disposal of Equipment	Total	$ -	$ -
16) Depreciation Expense	Total	$ 14,839	$ 159,792
17) Interest Expense	Total	$ (4,393)	$ (13,700)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2025

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 NOV 2024
				OPERATING REVENUE						
$ 3,936,575	$ 4,121,828	$ (185,253)	-4.5%	Total Gross Revenue	$ 24,410,937	$ 23,946,252	$ 464,685	1.9%	1	$ 22,329,287
				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	-
3,936,575	4,121,828	(185,253)	-4.5%	Gross Revenue - Outpatient	24,410,937	23,946,252	464,685	1.9%		22,329,287
3,936,575	4,121,828	(185,253)	-4.5%	Total Gross Revenue - Outpatient	24,410,937	23,946,252	464,685	1.9%	1	22,329,287
				Deductions from Revenue:						
1,911,122	2,013,687	102,565	5.1%	Contractual Allowances	12,155,084	11,654,333	(500,751)	-4.3%	2	11,020,723
161,644	82,437	(79,207)	-96.1%	Charity Care	503,639	478,925	(24,714)	-5.2%	2	343,817
96,151	61,827	(34,324)	-55.5%	Bad Debt	548,943	359,194	(189,750)	-52.8%	2	562,384
(81,192)	-	81,192	0.0%	Prior Period Settlements	(81,192)	-	81,192	0.0%	2	(291,973)
2,087,726	2,157,951	70,226	3.3%	Total Deductions from Revenue	13,126,474	12,492,452	(634,023)	-5.1%	2	11,634,951
78,093	(4,494)	82,587	-1837.7%	Other Operating Revenue	366,708	180,490	186,218	103.2%	3	137,831
1,926,942	1,959,383	(32,441)	-1.7%	TOTAL OPERATING REVENUE	11,651,171	11,634,291	16,880	0.1%		10,832,167
				OPERATING EXPENSES						
958,270	636,045	(322,226)	-50.7%	Salaries and Wages	4,324,538	3,751,117	(573,421)	-15.3%	4	3,456,818
177,633	174,032	(3,602)	-2.1%	Benefits	1,084,099	1,044,120	(39,979)	-3.8%	4	1,046,177
4,119	1,957	(2,162)	-110.5%	Benefits Workers Compensation	20,593	9,785	(10,808)	-110.5%	4	10,460
99,494	178,944	79,450	44.4%	Benefits Medical Insurance	833,039	894,720	61,681	6.9%	4	769,565
165,095	178,640	13,545	7.6%	Medical Professional Fees	879,106	893,200	14,094	1.6%	5	872,594
5,630	6,140	510	8.3%	Other Professional Fees	25,490	30,700	5,210	17.0%	5	11,593
156,109	126,632	(29,477)	-23.3%	Supplies	671,782	727,606	55,824	7.7%	6	588,236
175,139	114,223	(60,916)	-53.3%	Purchased Services	547,574	537,632	(9,942)	-1.8%	7	398,838
109,503	110,956	1,453	1.3%	Other	583,042	574,955	(8,087)	-1.4%	8	496,174
1,850,992	1,527,568	(323,423)	-21.2%	TOTAL OPERATING EXPENSE	8,969,262	8,463,834	(505,428)	-6.0%		7,650,455
75,951	**431,815**	**(355,864)**	**-82.4%**	**NET OPERATING REV(EXP) EBIDA**	**2,681,909**	**3,170,456**	**(488,548)**	**-15.4%**		**3,181,712**
				NON-OPERATING REVENUE/(EXPENSE)						
-	23,543	(23,543)	-100.0%	Donations-IVCH	132,513	119,427	13,087	11.0%	9	19,652
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(206,191)	(207,021)	830	-0.4%	Depreciation	(1,030,957)	(1,035,107)	4,150	0.4%	11	(1,017,546)
(3,119)	(2,008)	(1,111)	55.3%	Interest Expense	(15,831)	(10,292)	(5,539)	53.8%	12	(5,700)
(209,310)	(185,487)	(23,824)	-12.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(914,275)	(925,973)	11,698	1.3%		(1,003,594)
$ (133,360)	**$ 246,328**	**$ (379,688)**	**-154.1%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,767,634**	**$ 2,244,484**	**$ (476,850)**	**-21.2%**		**$ 2,178,118**
1.9%	**10.5%**	**-8.5%**		**RETURN ON GROSS REVENUE EBIDA**	**11.0%**	**13.2%**	**-2.3%**			**14.2%**

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

		Variance from Budget Fav<Unfav> NOV 2025	Variance from Budget Fav<Unfav> YTD 2026
1) Gross Revenues			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	$ -	$ -
	Gross Revenue -- Outpatient	(185,253)	464,685
Outpatient volumes were below budget in the following departments: Surgery cases, EKGs, Mammography, Ultrasounds, Drugs Sold to Patients, Speech Therapy, and Occupational Therapy.	Total	$ (185,253)	$ 464,685
Outpatient volumes were above budget in the following departments: Emergency Department visits, Laboratory tests, Diagnostic Imaging, Cat Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, and Physical Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 4.77% increase in Medicare, a .08% increase in Medicaid, a 6.56% decrease in Commercial insurance, and a 1.71% increase in Other. Revenues were below budget 4.5%. We saw a shift from Commercial to Medicare and Other.	Contractual Allowances	$ 102,565	$ (500,751)
	Charity Care	(79,207)	(24,714)
	Bad Debt	(34,324)	(189,750)
	Prior Period Settlement	81,192	81,192
	Total	$ 70,226	$ (634,023)
The FY2025 Medicare Cost Report was filed with the finalized Gain Share and Incentive Comp numbers, creating additional funds due back from the program. This is causing a positive variance in Prior Period Settlements.			
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections, which exceeded budget in November.	IVCH ER Physician Guarantee	$ 48,136	$ 117,573
	Miscellaneous	34,452	68,645
	Total	$ 82,587	$ 186,218
4) Salaries and Wages	Total	$ (322,226)	$ (573,421)
We saw increases in Technical, RN, Management, and Physician salaries along with additional Accrued Payroll Days in November.			
Employee Benefits	PL/SL	$ 1,518	$ (37,932)
Employer Payroll Taxes created a negative variance in Other.	Other	(15,221)	(27,725)
	Standby	1,211	(8,694)
	Pension/Deferred Comp	0	0
	Nonproductive	8,890	34,371
	Total	$ (3,602)	$ (39,979)
Employee Benefits - Workers Compensation	Total	$ (2,162)	$ (10,808)
Employee Benefits - Medical Insurance	Total	$ 79,450	$ 61,681
The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in November.			
5) Professional Fees	Miscellaneous	$ 94	$ (281)
Budgeted amounts for potential extended patient care hours were below budget, creating a positive variance in IVCH ER Physicians.	Administration	-	-
	Foundation	510	5,208
	IVCH ER Physicians	13,452	14,377
	Multi-Specialty Clinics	-	-
	Total	$ 14,055	$ 19,304
6) Supplies	Office Supplies	$ 105	$ (783)
Transfer of Oncology Pharmaceutical stock from TFH created a negative variance in Pharmacy Supplies.	Food	157	1,049
	Minor Equipment	(341)	3,407
	Pharmacy Supplies	(25,494)	6,713
Medical Supplies Sold to Patients revenues were above budget 5.30%, creating a negative variance in Patient & Other Medical Supplies.	Non-Medical Supplies	4,173	16,651
	Patient & Other Medical Supplies	(8,075)	28,787
	Total	$ (29,477)	$ 55,824

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

		Variance from Budget Fav<Unfav>	
		NOV 2025	YTD 2026
7) Purchased Services	Department Repairs	$ (55,782)	$ (30,423)
An additional Mammography maintenance agreement covering service from March 2025 created a negative variance in Department Repairs.	Laboratory	(694)	(15,212)
	Engineering/Plant/Communications	(6,887)	(8,263)
	Pharmacy	(2,533)	(3,395)
	Multi-Specialty Clinics	20	(1,001)
Non-refundable snow removal retainer created a negative variance in Engineering/Plant/Communications.	Miscellaneous	(1,813)	(54)
	Diagnostic Imaging Services - All	4,560	2,129
	EVS/Laundry	964	4,016
Minimum order guarantee for clinical dosing created a negative variance in Pharmacy.	Foundation	1,250	42,263
	Total	$ (60,916)	$ (9,942)
Radiology reads were below budget, creating a positive variance in Diagnostic Imaging - All.			
8) Other Expenses	Other Building Rent	$ (9,022)	$ (43,851)
Common Area Maintenance costs and a rental increase for an employee housing unit created a negative variance in Other Building Rent.	Miscellaneous	(1,516)	(24,843)
	Multi-Specialty Clinics Bldg. Rent	(1,087)	(5,699)
	Dues and Subscriptions	(1,584)	(577)
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Insurance	36	793
	Equipment Rent	188	981
	Outside Training & Travel	3,110	11,893
Radiation Control Program fees for the Imaging departments created a negative variance in Dues and Subscriptions.	Marketing	8,189	24,728
	Utilities	3,140	28,487
	Total	$ 1,453	$ (8,087)
Marketing campaigns were below budget, creating a positive variance in this category.			
Natural Gas/Propane and Electricity costs were below budget, creating a positive variance in Utilities.			
9) Donations	Total	$ (23,543)	$ 13,087
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ 830	$ 4,150
12) Interest Expense	Total	$ (1,111)	$ (5,539)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2025		**BUDGET** FYE 2026	PROJECTED FYE 2026	ACTUAL NOV 2025	PROJECTED NOV 2025	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	51,886,266		27,556,243	33,988,134	$ 416,307	$ 901,888	$ (485,581)	$ 12,945,140	$ 8,208,473	$ 8,340,006	$ 4,494,515
Interest Income	3,958,656		3,622,400	4,433,753	287,534	250,000	37,534	1,076,593	1,545,960	905,600	905,600
Property Tax Revenue	11,279,104		11,320,000	11,324,939	-	-	-	587,757	137,182	6,100,000	4,500,000
Donations	1,193,437		5,037,312	4,980,354	-	57,538	(57,538)	60,899	601,654	358,615	3,959,185
Debt Service Payments	(3,516,862)		(3,876,518)	(3,764,521)	(261,815)	(288,169)	26,354	(1,484,229)	(811,800)	(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)	(250,232)	(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)	(1,539,755)	(110,744)	(137,097)	26,353	(358,585)	(358,585)	(411,292)	(411,292)
Physician Recruitment	(121,333)		(521,000)	(404,667)	-	(33,333)	33,333	(88,000)	(116,667)	(100,000)	(100,000)
Investment in Capital											
Equipment	(4,700,844)		(5,613,300)	(7,437,112)	(183,724)	(760,450)	576,726	(1,247,350)	(1,984,165)	(2,720,783)	(1,484,815)
Municipal Lease Reimbursement	1,340,632		4,780,000	4,780,000	-	-	-	-	-	850,000	3,930,000
IT/EMR/Business Systems	-		(5,027,825)	(3,204,013)	-	(1,111,906)	1,111,906	-	(400,000)	(1,449,607)	(1,354,406)
Building Projects/Properties	(12,436,705)		(55,592,169)	(55,592,169)	(4,220,217)	(6,183,412)	1,963,195	(5,592,451)	(14,614,459)	(18,515,170)	(16,870,090)
Change in Accounts Receivable	(8,996,668)	N1	(328,792)	2,939,831	291,284	530,761	(239,477)	6,006,700	(3,228,613)	1,089,023	(927,279)
Change in Settlement Accounts	(10,420,429)	N2	(5,011,279)	(12,175,910)	(8,410,813)	(6,833,699)	(1,577,114)	(5,260,008)	(11,060,539)	461,048	3,683,589
Change in Other Assets	(6,444,419)	N3	(2,248,346)	(4,982,342)	(447,066)	(300,000)	(147,066)	(3,518,928)	(1,063,415)	(200,000)	(200,000)
Change in Other Liabilities	6,736,574	N4	(7,815,000)	(7,218,577)	(11,992,754)	(13,300,000)	1,307,246	(664,024)	(8,655,553)	(4,375,000)	6,476,000
Change in Cash Balance	29,757,408		(33,718,273)	(32,332,302)	(24,521,264)	(27,070,783)	2,549,519	2,822,100	(31,441,941)	(10,063,235)	6,350,774
Beginning Unrestricted Cash	184,297,240		214,054,647	214,054,647	215,626,408	215,626,408	-	214,054,647	216,876,748	185,434,807	175,371,572
Ending Unrestricted Cash	214,054,647		180,336,374	181,722,345	191,105,144	188,555,625	2,549,519	216,876,748	185,434,807	175,371,572	181,722,345
Operating Cash	214,054,647		180,336,374	181,722,345	191,105,144	188,555,625	2,549,519	216,876,748	185,434,807	175,371,572	181,722,345
Expense Per Day	917,777		956,582	955,141	932,294	935,730	(3,436)	936,594	935,004	947,454	955,141
Days Cash On Hand	233		189	190	205	202	3	232	198	185	190

Footnotes:

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

AGENDA ITEM COVER SHEET

MEETING DATE: December 18, 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 True North areas of priority including: Health Within Reach, Peaks of Excellence, and Transformation.

SUGGESTED DISCUSSION POINTS:

Health Within Reach – Emergency and Community Care Access, Love Your Brain, Youth and Family Access, and Breast Cancer Screening Equity.
Transformation – Advancing culture of continuous improvement, standardizing executive rounding, youth and school partnerships.
Peaks of Excellence – CMS 5 Star rating for Care Transitions, Emergency and Trauma care excellence, Primary Stroke Accreditation Survey with zero deficiencies .

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 – December 2025
Individual Board Reports hyperlinked in Appendix

TAHOE FOREST
HOSPITAL DISTRICT

Executive Board Report
December 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
Kim McCarl, APR - Chief Strategy Officer
Jake Dorst, MBA – Chief Information & Innovation Officer
Dylan Crosby, MSF – Vice President of Facilities & Construction Management

Executive Summary

December 2025 reflects meaningful progress across Tahoe Forest Health System, guided by our True North theme of making Health Within Reach for all patients, advancing Transformation through data-driven improvement, pursuing Peaks of Excellence in quality care and deep Community Engagement.

Access to care continued to be a top priority this month. Primary Care, OBGYN, and Pediatrics saw expected seasonal improvements in appointment availability, and new tools such as Fast Pass helped patients secure earlier appointments with improved convenience. Efforts in youth behavioral health screening and breast cancer outreach also supported earlier identification of health needs.

Transformation efforts continued across multiple domains. Clinical teams advanced process-improvement work, most notably in Behavioral Health, where redesigned workflows increased engagement, improved safety, and expanded access. Major progress also continued in information technology, including system upgrades, cybersecurity enhancements, and preparation for the January Epic upgrade — a technology platform that manages patient records, scheduling, and clinical workflows throughout the health system.

Under Peaks of Excellence, the organization achieved a prestigious 5-Star CMS rating for Care Transitions, completed a Stroke Survey with zero deficiencies, and advanced emergencies, trauma, and geriatric-care standards. Laboratory services expanded capabilities with new testing standards and upgraded emergency blood-product readiness.

Finally, TFHS strengthened community partnerships through the Community Health Needs Assessment process, mental-wellness outreach, school-based programming, and ongoing collaboration with local

organizations. Together, these accomplishments show continued momentum in delivering safe, high-quality, and accessible healthcare for the region.

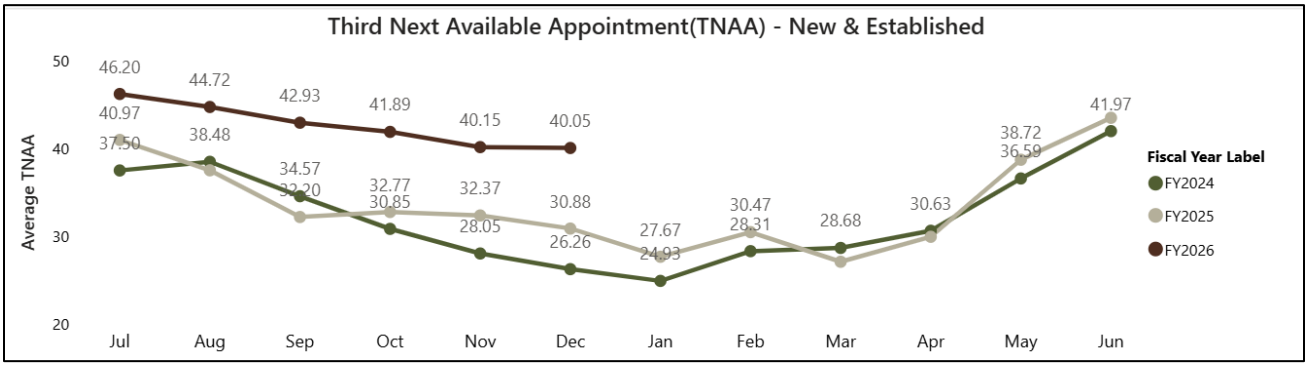
Health Within Reach

Before reviewing the chart, take a moment to understand TNAA, as it's a key metric used to measure access in healthcare.

Third Next Available Appointment (TNAA) is the industry-standard way to track how long patients wait for a routine appointment. It measures the **third** open slot in a provider's schedule, not the first or second.

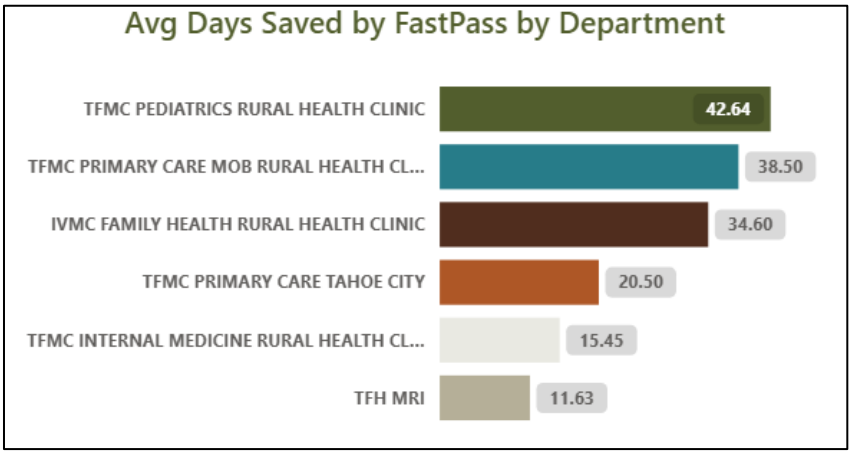
Why the third? Because the first and second openings are often unusual; cancellations, schedule edits, or temporary gaps. The **third** opening gives a more accurate picture of true appointment availability and overall access for patients.

Lower TNAA = Patients get care sooner.
Higher TNAA = Longer wait times.



This chart tracks average TNAA for new and established patients across three fiscal years (FY2024, FY2025, and FY2026). It illustrates that, while wait times typically shorten during this time of year and have generally improved month over month, they were higher in the last few months compared with the same period in the previous two fiscal years.

During this time, we have introduced Fast Pass, a tool that notifies patients if an earlier appointment becomes available; patients then can reschedule their appointment from MyChart to be seen by provider earlier. This is increasingly being used by patients and on average; it allows patients to see their provider 30 days earlier on average. A total of **66 patients** have used this service since they were launched. Due to visit capacity



and small number of patients using this service, it did not have any meaningful impact on TNAA.

Emergency and Community Care Access:

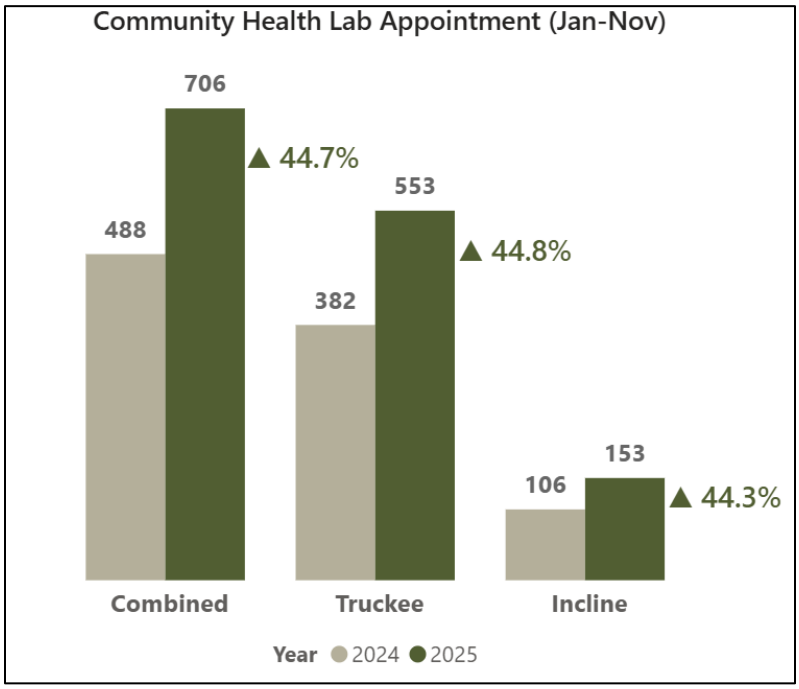
- ER and trauma attended local ski patrol seasonal training to educate staff on local trauma protocols and TFH capabilities.
- Love Your Brain, a national nonprofit program focused on brain injury wellness, launched through TFHS outpatient therapy services with support from trauma and stroke programs. The program provides mindfulness-based resources and community support for patients recovering from traumatic brain injuries and strokes.

Youth and Family Access:

- Tahoe Truckee Unified School District's new Substance Use Navigator (SUN) program launched in October 2025 and is now working closely with TFHS navigators and the Community Health Quit Coach. Pediatric clinics have also adopted the CRAFFT screening tool, a standard assessment for identifying substance-use risk in youth ages 12–18.
- Weekly reports are now in place to monitor screening activity and track progress toward the one-year goal of completing screenings for 20% of eligible patients.

Breast Cancer Screening Equity

- A Community Health Index workgroup is focused on improving screening rates for populations below the 80.3% healthy target, specifically women with lower household incomes and Hispanic women.



Work includes strengthening the Every Woman Counts program and expanding outreach through Spanish-speaking community partners.

Community Health Laboratory Access

- Community Health Labs in Truckee and Incline Village combined served a total of 706 patients from January through November of 2025 compared to 488 patients last year which is a 44.7% rise demonstrating significantly expanded access to care.
- This growth reflects patients returning to routine labs, stronger community outreach, and the convenience of affordable lab services. The consistent increases across both Truckee and Incline confirm that more patients are reconnecting with preventive and follow-up care, which is essential for early detection and long-term health.

Peaks of Excellence

National Recognition for Quality

- Tahoe Forest earned a 5-Star Rating from the Centers for Medicare & Medicaid Services (CMS) for Care Transitions, recognizing that patients leave the hospital with clear instructions, appropriate medications, and needed follow-up support. This places Tahoe Forest among only 204 hospitals nationwide and just six in California to receive this distinction.

Emergency and Trauma Care Excellence

- The Emergency Department (ED) and Trauma teams completed a Primary Stroke Survey with zero deficiencies, confirming adherence to national best practices.
- A pilot program approved through the Trauma Operations Committee will expand blood product availability in the ED, strengthening readiness for critical cases.
- All ED technicians completed AAOE splinting and casting certification, and hands-on annual skills training was conducted in November, strengthening the team's ability to deliver timely, high-quality fracture care.

Geriatric and Specialty Care Enhancements

- The organization advanced work toward Geriatric Emergency Department Accreditation (GEDA). TFHS staff also launched the GEDA Jedi program to recognize outstanding care for older adults.
- Accreditation applications are submitted, and surveys for GEDA are pending scheduling.

Laboratory Quality Improvements

- Incline Village Community Hospital Laboratory began implementing high-sensitivity troponin testing, the new national standard for early heart-attack detection, with full implementation expected by year-end. The Blood Bank is being upgraded to include cold-stored platelets and liquid plasma, both critical for rapid response to trauma, obstetric emergencies, and surgical cases.

Transformation

Advancing a Culture of Continuous Improvement

- Process Improvement (PI) tools such as A3 problem solving, (a structured Lean methodology), root-cause analysis, and standard work became part of routine operations across multiple clinical areas.
- Behavioral Health demonstrated significant results using these tools:
    - Employee engagement improved from 3.84 → 4.36 on a 5-point scale.
    - Suicidal patients are now managed with 100% adherence to best-practice protocols after targeted staff training.
    - Department visits increased 48% year-over-year, improving access for the community.

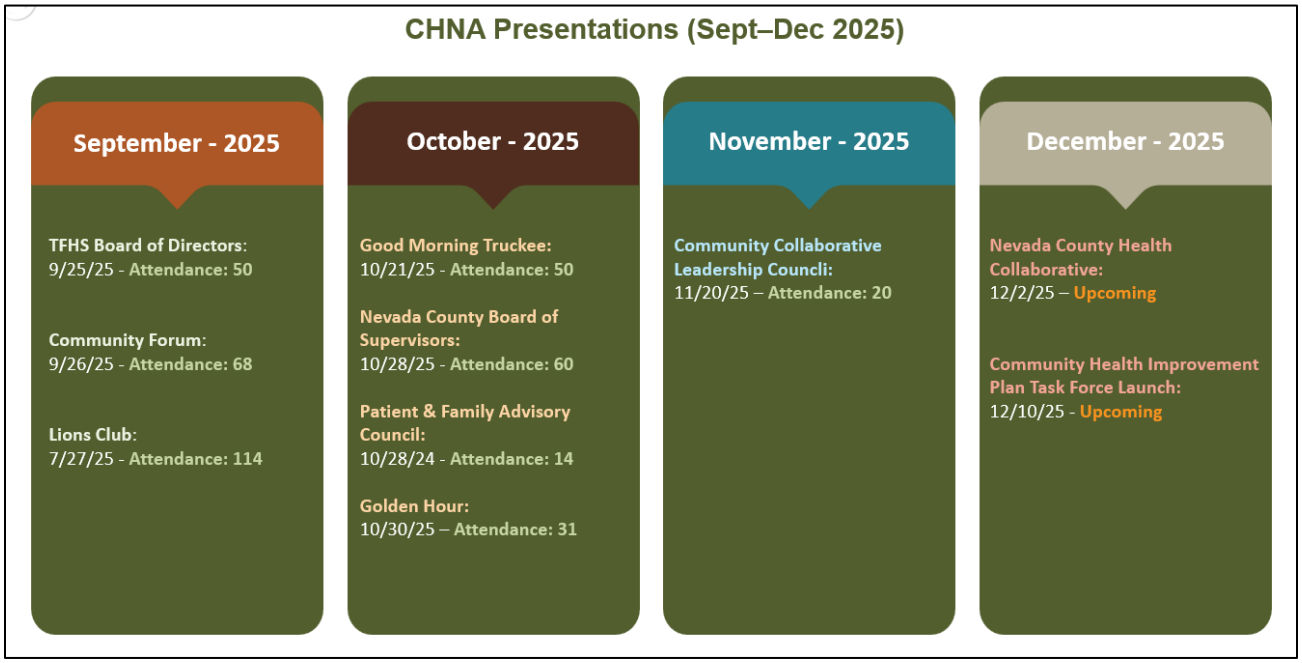
Standardized Executive Rounding

- An A3 plan is being developed to introduce a consistent executive rounding model.
- Executive rounding means senior leaders regularly visit departments to listen, observe, and connect with staff.
- Rounding will occur on set cadences aligned with department huddles. The goals are to improve communication and strengthen leadership visibility.

Community Engagement

Community Health Needs Assessment (CHNA)

- TFHS engaged 407 community members through presentations and group discussions. as part of its comprehensive listening campaign to understand local health priorities and concerns.



- The Community Health team invited 23 local leaders to join a task force that will help create the 2026-2028 Community Health Improvement Plan. This group will meet from December 2025 through May 2026.

Mental Health Support

- Community Health launched the CredibleMind mental wellness platform on October 1, 2025. Outreach included radio ads, social media posts, waiting room video monitor announcements, and weekly bulletin info blasts, engaging 1,169 users across 1,352 sessions. Most-viewed topics were depression, resilience, stress, and social support.

Youth & School Partnerships

- Incline Village High School job shadow program continues, exposing students to emergency care, imaging, sterile processing, and more.

Conclusion

December's progress highlights a health system that continues to evolve, improve, and respond to community needs. Across every True North theme, TFHS teams demonstrated their commitment to expanding access, enhancing quality, modernizing care delivery, and strengthening community partnerships.

With key initiatives underway including access-improvement tools, expanded youth screening, facility upgrades, major technology modernization, and strengthened emergency readiness, TFHS remains focused on building a resilient, patient-centered health system. The work completed this month reinforces the foundation for ongoing improvement and positions the organization to meet the needs of patients, families, and the broader community in the year ahead.

Appendix

CIIO – Board Report December 2025

CMO – Board Report December 2025

CNO – Board Report December 2025

COO – Board Report December 2025

VP FM&CM Board Report December 2025

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: December 18, 2025	**ITEM:** Ratify TFHS Foundation Board Member
DEPARTMENT: TFHS Foundation	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Karli Bunnell, Executive Director of Foundations	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Resume & Request Letter**
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: The Tahoe Forest Health System Foundation's Board of Directors have approved the addition of a new board member, Heather Boger. She brings strong positive energy and a collaborative spirit that will enhance Board engagement. Her involvement with the GOLDEN programs provides valuable insight into the needs of our elderly population and strengthens our connection to community-focused care. Additionally, her long-standing commitment to the Foundation's mission makes her an excellent fit to help guide our work and advance our strategic priorities.

SUMMARY/OBJECTIVES: The Tahoe Forest Health System Foundation's Board of Directors respectfully requests approval from the District Board of Directors to appoint an additional board member.

SUGGESTED DISCUSSION POINTS: N/A

SUGGESTED MOTION/ALTERNATIVES:
Move to approve the consent agenda as presented.
(includes all consent items)

LIST OF ATTACHMENTS: Bio

TAHOE FOREST
HEALTH SYSTEM FOUNDATION

Date: December 18, 2025

To: Tahoe Forest Hospital District Board of Directors

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

Re: Request for new board member approval

Dear Tahoe Forest Hospital District:

TFHSF has recently approved Heather Boger to become a board member. She brings a wealth of knowledge and community connections to our Foundation Board and community.

Heather Boger's bio is attached.

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

Heather Boger Bio:

Originally from Baton Rouge, Heather and her husband, Tom moved to Truckee from the Bay Area in 2017 for her sons Grady and Elias to attend the Tahoe Expedition Academy. Heather brings with her project and team management skills from her career at Apple and as the boys became older and independent, Heather has been able to explore our town and become more connected to the people, businesses and organizations that make Truckee such a wonderful place to live. Heather is a grateful patient and champion of TFHD having benefitted from its services as a parent, patient and community member seeking to prioritize wellness and longevity. When she is not working in town as a California-commissioned notary public and loan signing agent, you may find Heather keeping Truckee's history alive as a docent and Board Member at the Museum of Truckee History, celebrating weekends with family (Tom still commutes weekly from the Bay Area,) cheering for the LSU Fighting Tigers, experiencing as much local live music as she can, and being "all things Mom" to her sons and goldendoodle Gumbo.

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: 12/18/25	**ITEM:** 15.1. Cancer Center Annual Report, 2025
DEPARTMENT: Gene Upshaw Memorial Tahoe Forest Cancer Center	**TYPE OF AGENDA ITEM:** ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Sonia Reichert, MD Kelley Bottomley, ODS	**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: Annual report to the Board of Gene Upshaw Tahoe Forest Cancer Center Quality Report	
SUMMARY/OBJECTIVES: Annual Report of Gene Upshaw Cancer Center Metrics	
SUGGESTED DISCUSSION POINTS:	
SUGGESTED MOTION/ALTERNATIVES: N/A – discussion only	
LIST OF ATTACHMENTS: 2025 Quality Report to Board – FINAL 12.18.25 PPT	

Gene Upshaw Memorial Tahoe Forest Cancer Center 2025 Annual Board Report

December 18, 2025

Sonia Reichert, M.D.

Medical Oncologist and Cancer Committee Chair/Quality Program Chair

Kelley Bottomley, ODS

Coordinator, Quality Improvement Outcomes & Accreditation Compliance

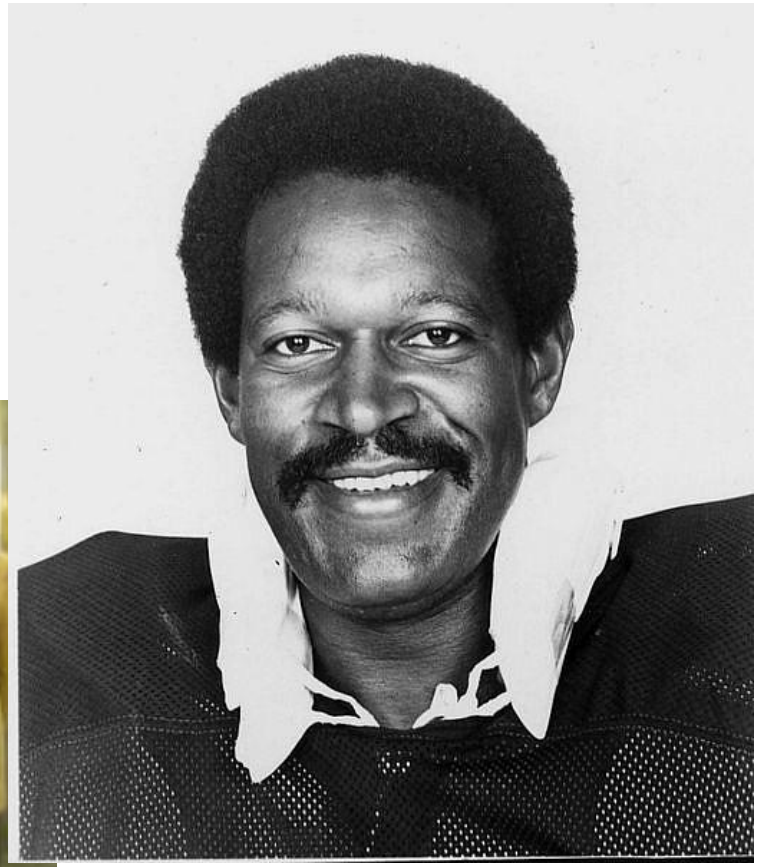
Agenda

1. About our Program
2. Performance and Quality highlights, 2025
3. Key Highlights: Quality Reports, Nursing, Research, Financial Navigation
4. Future Planning

Vision and History

Laurence Heifetz, MD, FACP

Cancer Advisory Council



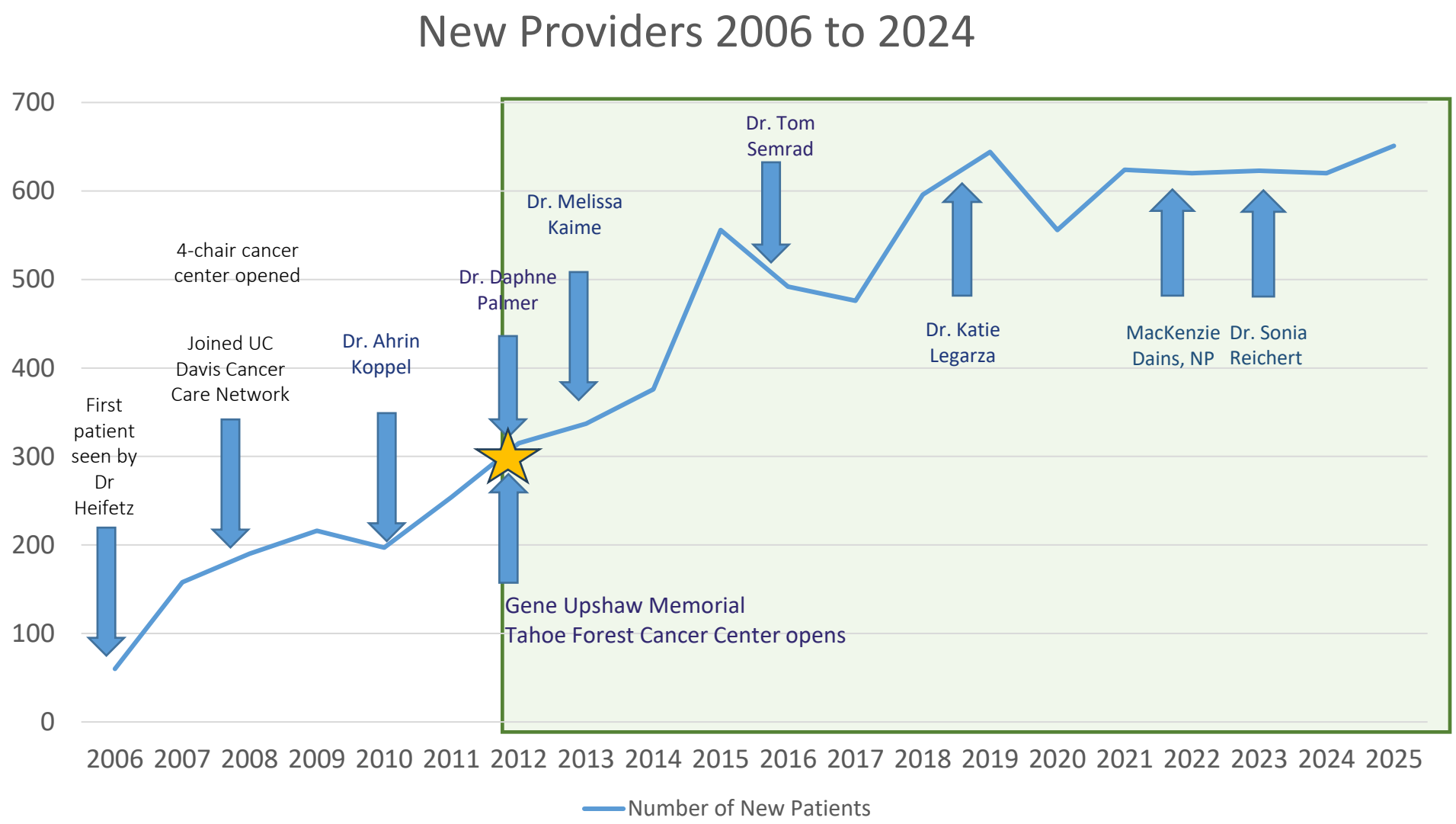
Gene Upshaw
Oakland Raiders
Hall of Famer

Vision and Mission

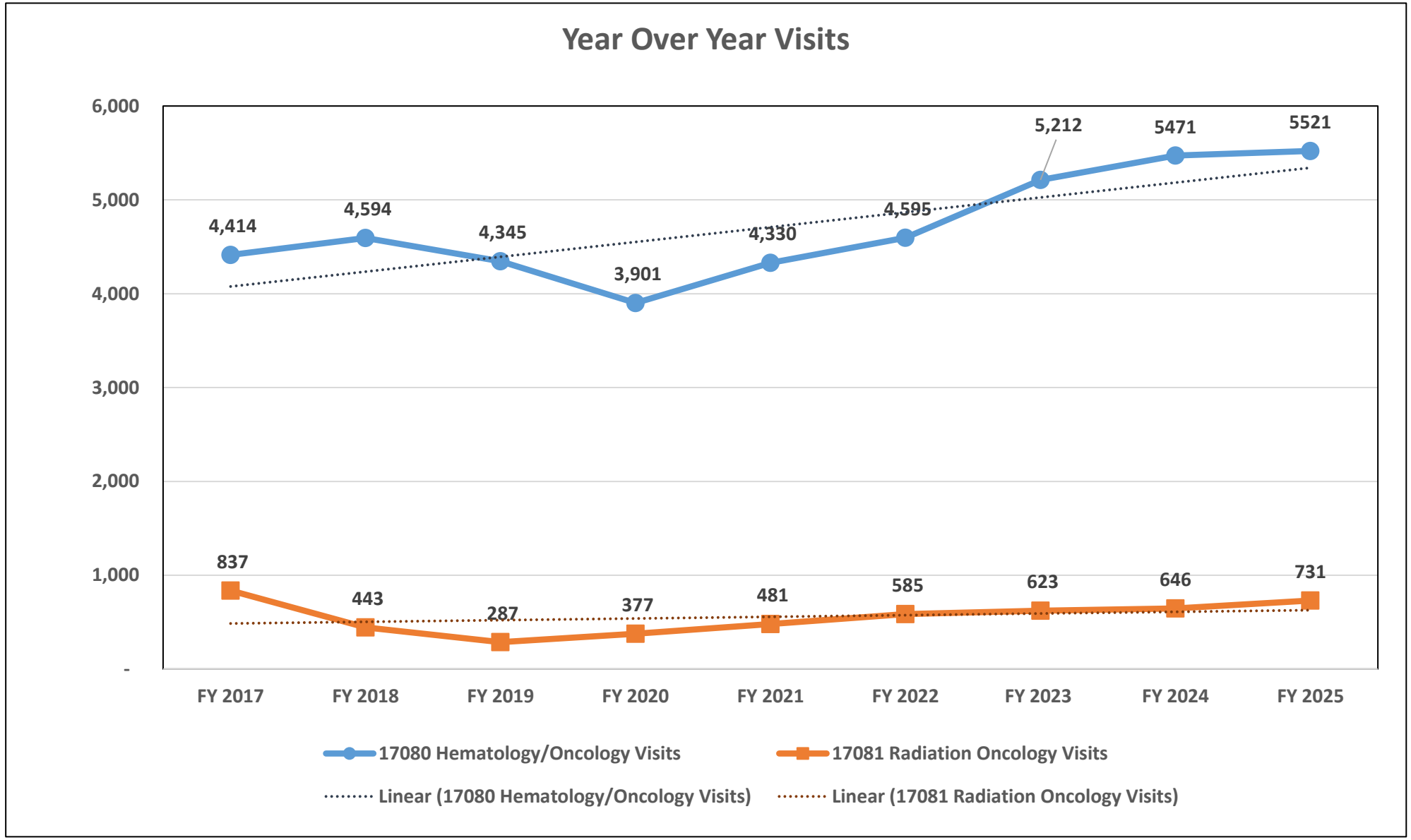
To deliver cutting-edge, patient-centered oncology care through a collaborative team model and academic partnership, ensuring high-quality care for our regional community.

- Access to Cutting-Edge Care
- Patient-Centered Approach
- Collaborative Care Model
- Local access to National Quality Accredited Center
- Collaborative supportive services

Cancer Center Milestones

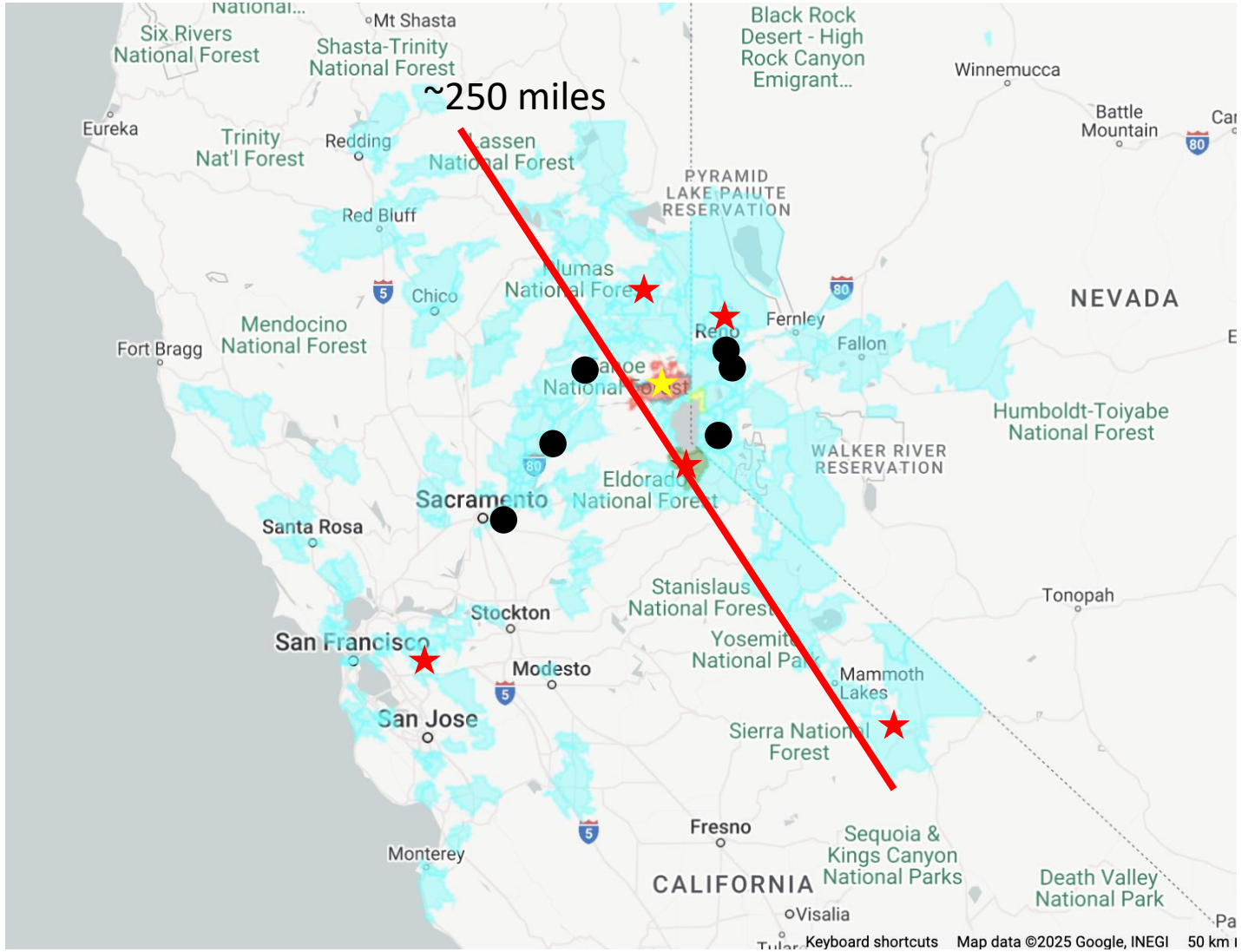


Total Patient Visits



Patient Catchment Area

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER



CancerLINQ Data 2021-2025

Approximate Distribution:

50% North Lake Tahoe

25% South Lake Tahoe

25% Other

Populations with Distinct Needs:

North Lake Tahoe

South Lake Tahoe

Second Home

Sierra Crest

Western Nevada

Our Current Program

Medical Oncology	3 Medical Oncologists, 1 Nurse Practitioner
Radiation Oncology	1 Radiation Oncologist
Oncology support services	Dietitian, Psychology Support, Acupuncture, Massage Therapy, Physical Therapy, Financial Services, Support Groups
Nurse Navigation	3 Nurse Navigators
Oral antineoplastic therapy program	1 Nurse Navigator
Palliative care	1 Physician and 1 Nurse Practitioner
Research Program	1 Research Coordinator
Quality Program	1 Quality Program Manager
Community Support	On Call Services, Community Events, Telehealth Services

Our Strength Comes From Our Partners

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER

1. Organizational Support:
    1. Community Support – *Philanthropy and Engagement*
    2. Board of Directors – *Stewardship and Advocacy*
    3. Leadership & Executive Team – *Program growth and capital planning*
    4. Tahoe Forest Foundation – *Funds our Supportive Care program*

2. Clinical & Diagnostic Partners:
    1. Diagnostic Imaging & Briner Imaging
    2. ENT, GI, General Surgery, Neurology, Pulmonary, Urology, Endocrinology
    3. Pathology (Western Pathology Specialists)

Program Successes in 2025

- ✓ ~400 New Cancer Diagnosis in 2025
- ✓ Successful Completion of Two Major Program Re-Accreditations
- ✓ Launch of new Multidisciplinary Tumor Board format
- ✓ Additional National Quality Metrics
- ✓ Expanded our Financial Navigation Program
- ✓ Expansion of Quality Projects:

  Oral Antineoplastic Therapy Program,
  Pregnancy Testing, Infectious Disease screening and
  Psychosocial Distress Barriers
- ✓ Ongoing staff education and competency training:

  52 NEW Oncology/Hematology FDA approval actions so far in 2025

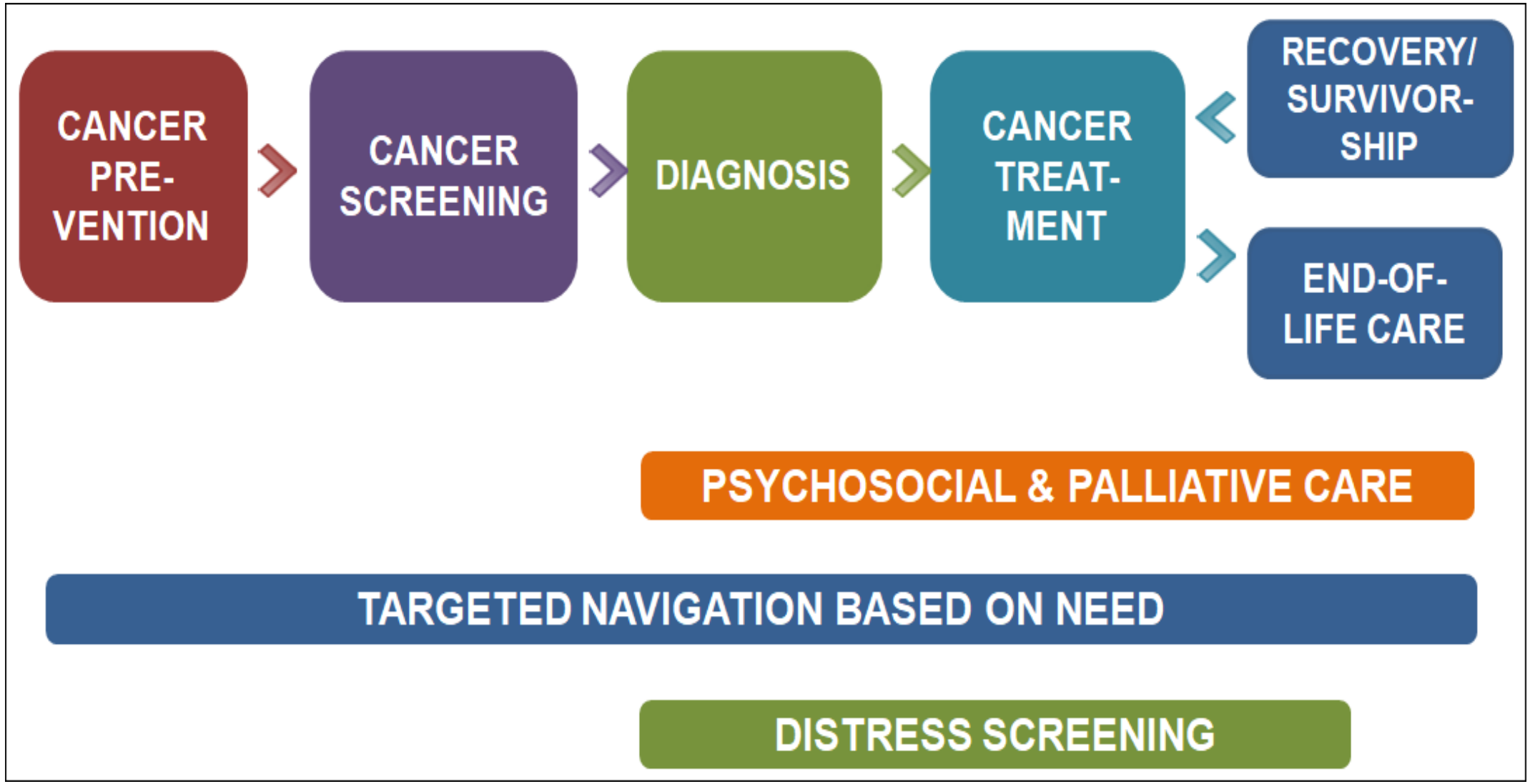
GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER

Accreditations & Memberships

Cancer Program Accreditation Highlights

Accreditation/Affiliation	# US Practices	Highlights
Commission on Cancer (CoC) Accreditation / ACOS	1450+	Reaccredited September 2025 All Quality and Data Standards Recognized as **Exceptional**
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification	362	One of the highest scoring programs ★ *Thomas Semrad, MD, Chair ASCO Quality Oncology Practice Initiative (QOPI) Steering Group Member, ASCO Care and Quality Improvement Committee*
American Society of Radiation Oncology (ASTRO) Accreditation Program for Excellence	234	Reaccredited September 2025 All Quality and Data Standards Recognized as **Exceptional**
CancerLinQ – Data submissions	173	One of leading national programs Quality Measures **≥95%**
UC Davis, CCN Network - Clinical Trial Access	4	Enrollment #'s / performance on par with NCI cancer centers
GO2 for Lung Cancer Center of Excellence Membership	700	Center of Excellence Member since 2017

Commission on Cancer (CoC) Membership



Commission on Cancer (CoC) 2025 Reaccreditation

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- COC Reaccreditation Site Visit 9/22/2025
  - Exceeded National Quality Measures
  - Praised on exceptional quality outcomes
- *"The cancer program at Tahoe Forest Cancer Center continues to provide exceptional care to the citizens of the region. The Cancer Committee has a engaged physicians and providers, as well as participation and commitment by hospital leadership.*
- *"Notable strengths of this cancer program in fulfilling the CoC standards include palliative, rehab, nutrition, and outreach prevention and screening teams. There is excellent collaboration between this cancer program and its academic partner to delivery optimal cancer care to the region. Overall this is a high performing cancer program and it was a pleasure to visit the center and recognize their strong delivery of cancer care to the region."*

Press Ganey
“Guardian Of Excellence Award Winner’s Circle”
2024 & 2025
95th Percentile Or Higher

Press Ganey Guardian of Excellence Centers

Outpatient oncology

Guardian of Excellence

- AdventHealth – Waterman
- HCA – Houston West
- HCA – Parkridge Medical Center
- HCA – TriStar StoneCrest Medical Center
- Inova Health System – Inova Fair Oaks Hospital
- Legacy Health System – Legacy Mount Hood Medical Center
- Manhattan Surgical Hospital – Central Kansas Cancer Center
- Montefiore Health System – Montefiore St. Lukes Cornwall
- Northwell Health – Cancer Institute at Riverhead
- Northwell Health – Radiation Medicine at Phelps
- Peace Cottage Grove – Infusion Services
- Tahoe Forest Hospital District
- Tamarack Health – Hayward Area Memorial Hospital

https://www.pressganey.com/company/awards/2024-human-experience-award-recipients/

Commission on Cancer (CoC)
National Cancer Database

Breast Cancer Outcomes
Reported to COC 2025

Tahoe Forest Cancer Program
CoC Measures for Quality of Breast Cancer Care in 2025

Site of Cancer	Expected Performance Rate	Measure Description	Tahoe Forest	State of California	National CoC Programs
Breast	90%	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	100%	85%	83%
Breast	90%	Combination chemotherapy is recommended or administered within 4 months (120 days) for stage IB-III hormone receptor negative breast cancer	97%	87%	88%
Breast	90%	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1N0M0, or stage IB-III hormone positive breast cancer	100%	89%	89%
Breast	90%	Radiation Therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes	100%	90%	90%
Breast	80%	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	98%	94%	90%
Breast	NA Surveillance	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	98%	78.6%	72%

2025 CoC Clinical Study
Genetic Counseling and Risk Assessment and Monitoring Concordance with Evidence-based Guidelines

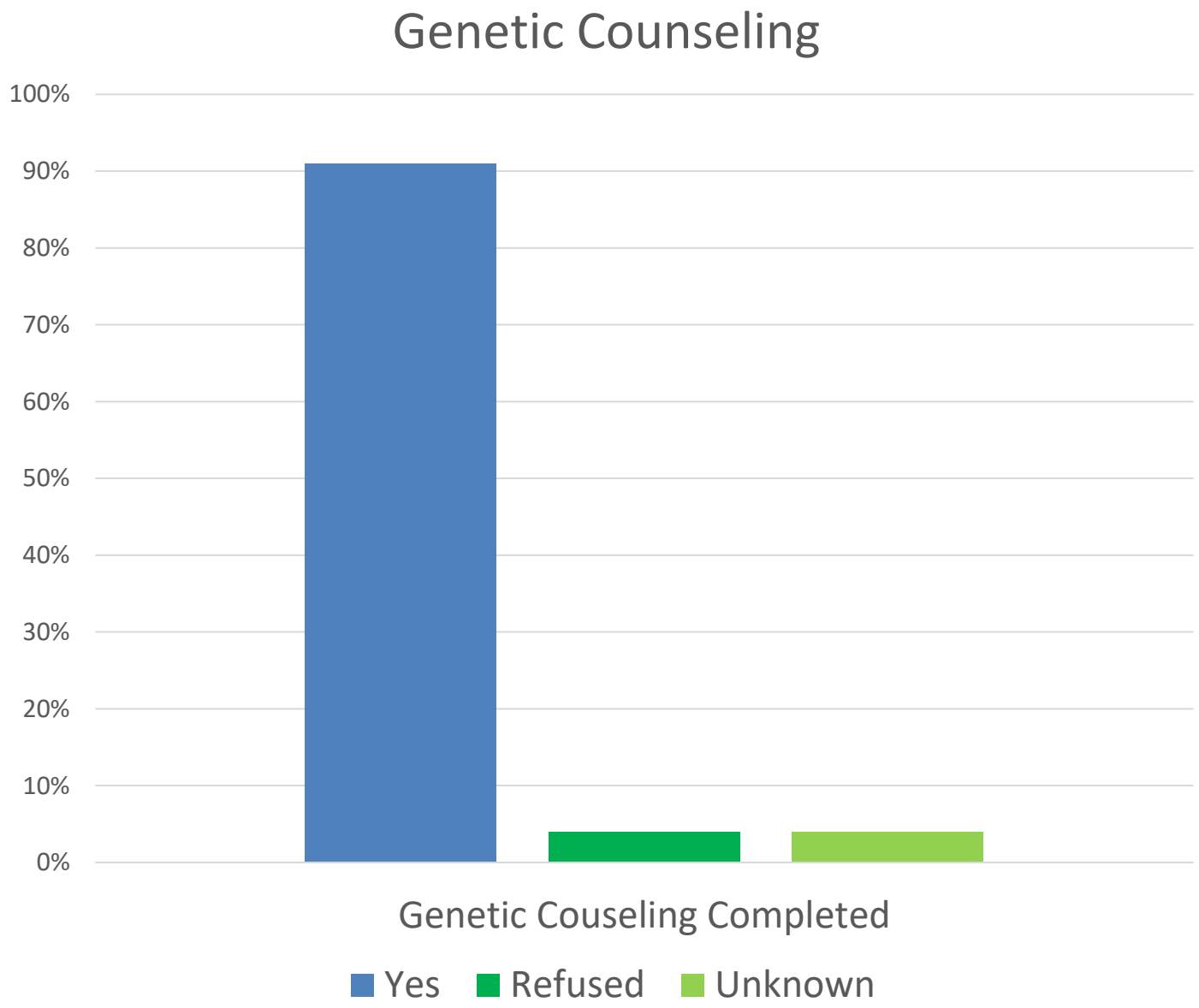
Breast Cancer patients with triple negative disease, are all offered genetic counseling and testing

Sonia Reichert, MD

Standard 4.4 – Patient Review of Triple Negative Breast Cancer and Genetics Counseling – Dr. Reichert

Review of 23 Analytic Triple Negative Breast Cancer Patients were identified through the Cancer Registry. These patients were diagnosed from 2022-2024.

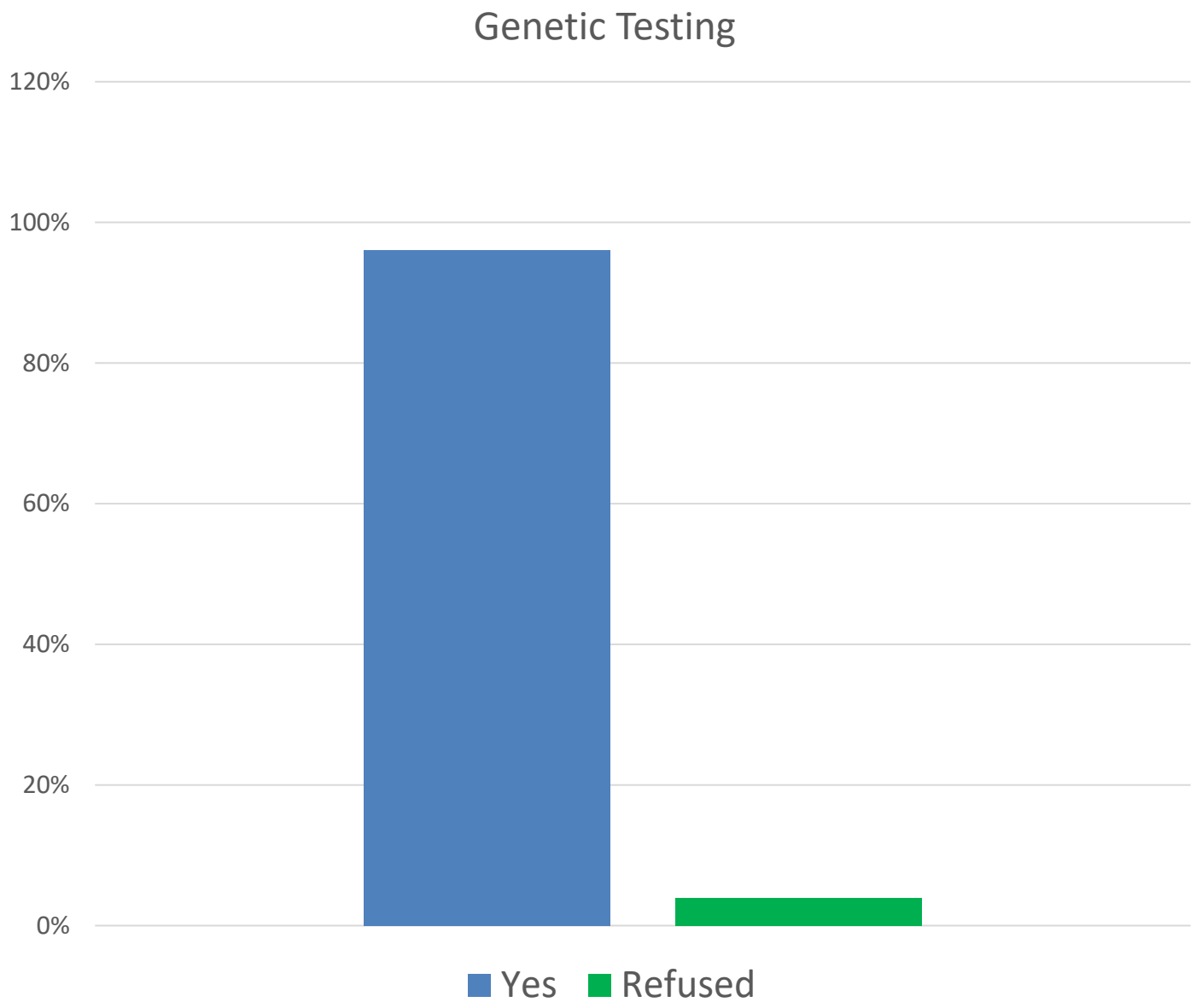
- 21/23 (91%) patients were found to have completed pre and/or post testing counseling.
- 1 (4%) of patients refused counseling.
- 1 (4%) of patients is unknown if counseling.



Standard 4.4 – Patient Review of Triple Negative Breast Cancer and Genetics Testing – Dr. Reichert

Review of 23 Analytic Triple Negative Breast Cancer Patients were identified through the Cancer Registry. These patients were diagnosed from 2022-2024.

- 22/23 (96%) patients were found to have completed genetic testing.
- 1 (4%) of patients refused testing.
- **1 was noted to have a PALB2 mutation.**



CMS Clinical Study
Tahoe Forest STAR Bundle

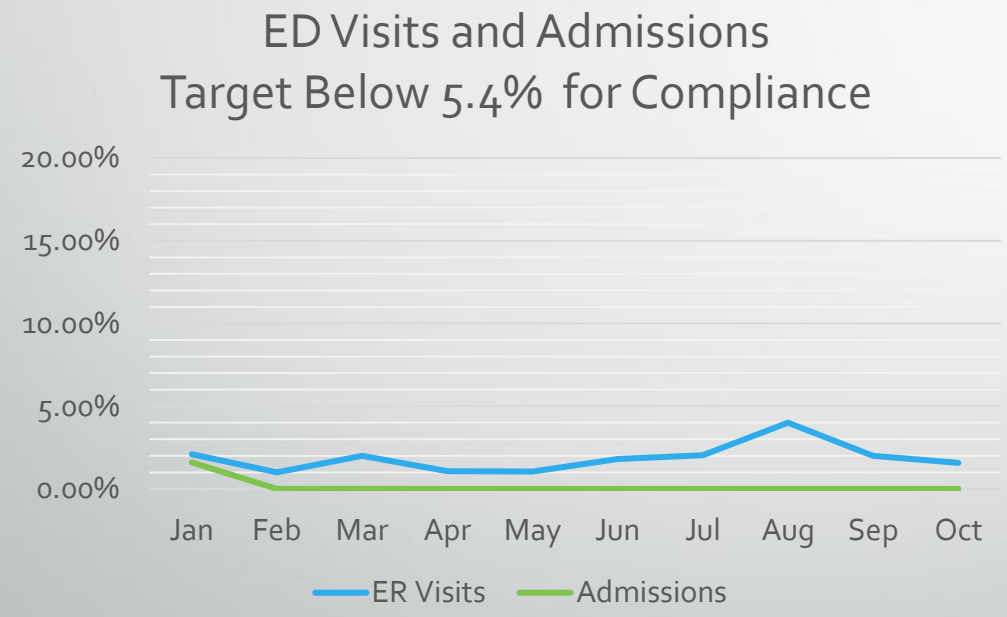
Emergency Department Visits and/or Admissions for Outpatients Receiving Chemotherapy

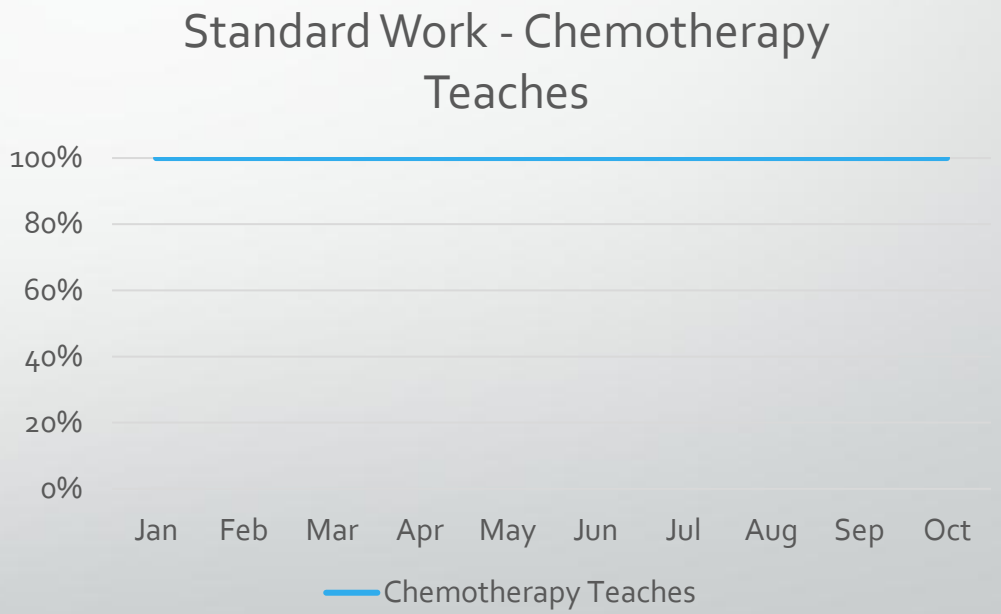
By Kelley Bottomley, Sonia Reichert, MD,
Janet VanGelder & Brian Evans, MD

CMS Star Rating: Unplanned Hospital Visits

- The rate of unplanned hospital inpatient admissions or emergency department visits for anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of a hospital-based outpatient chemotherapy treatment.
- A hospital with lower rates of unplanned hospital visits following outpatient chemotherapy may do a better job preventing complications and providing follow-up care.
- Goal < 5.4% in this measure

STAR Bundle – OP-35 Quality Improvement Maintenance Project for 2025





Nursing Quality and Training

By Katja Lektorich, RN Oncology Clinical Manager
and
Arlette Tormey, RN Lead Cancer Center Infusion RN

Annual Nursing Competencies
Tahoe Forest Cancer Center RNs

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System-wide Competencies
Hospital-wide regulatory competencies for RNs
CPR with AED certification and quarterly skills testing on the RQI Mannequin
Violence in the Workplace Prevention Training

Simulation Events/ Drills
Medical Emergency with Infusion-Related Resuscitation Drill
Chemotherapy Spill Drill
Code 250 Drill
Fire Response Code Red Drill

Nursing: Research Competencies
Human Participant Protections
Research Coordinator review with Clinical Team prior to initiation of trial-related treatment

Oncology-Specific Competencies
EBSCO: Managing Hazardous Drug Spills
Chemotherapy Administration Risk Acknowledgement
Oncologic Emergencies (Content and Quiz)
Oncology Hypersensitivity (HSR) and Anaphylaxis Reactions
Neutropenia 2024
Blood Administration Competency
IV Chemotherapy Administration and Disposal Checklist
EBSCO: Administering Vesicant Chemotherapy & Competency Checklist(Infusion RNs)
EBSCO: Administering Nonvesicant Chemotherapy & Competency Checklist (Infusion RNs)
CCNP: Hematology: White Blood Cells
Checklist: Port Access Competency
Effective Communication Among Caregivers

2025 Oncology Nursing Care

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Certification and Participation in Professional Organizations

- **72%** ***(Nat Ave 30%)*** Oncology Certified Nurse (OCN) Certified
- **100%** ONS Chemotherapy/Biotherapy Certification
- **100%** Infusion Staff RNs and Navigators NCCN Template Subscription
- **100%** RNs are members of professional organizations, including ONS, AONN and INS

Conferences and Educational Sessions

- Professional conferences:
  - Oncology Nursing Society (ONS) Congress 2024 & Bridge Virtual Congress
  - Oncology Nursing Society Continuing Education Modules
  - INS 2024 Virtual Conference
  - Regional Oncology Conferences
- UC Davis Oncology Lecture Series
- RN post-conference team presentations
- Industry clinician-led education sessions and virtual education sessions

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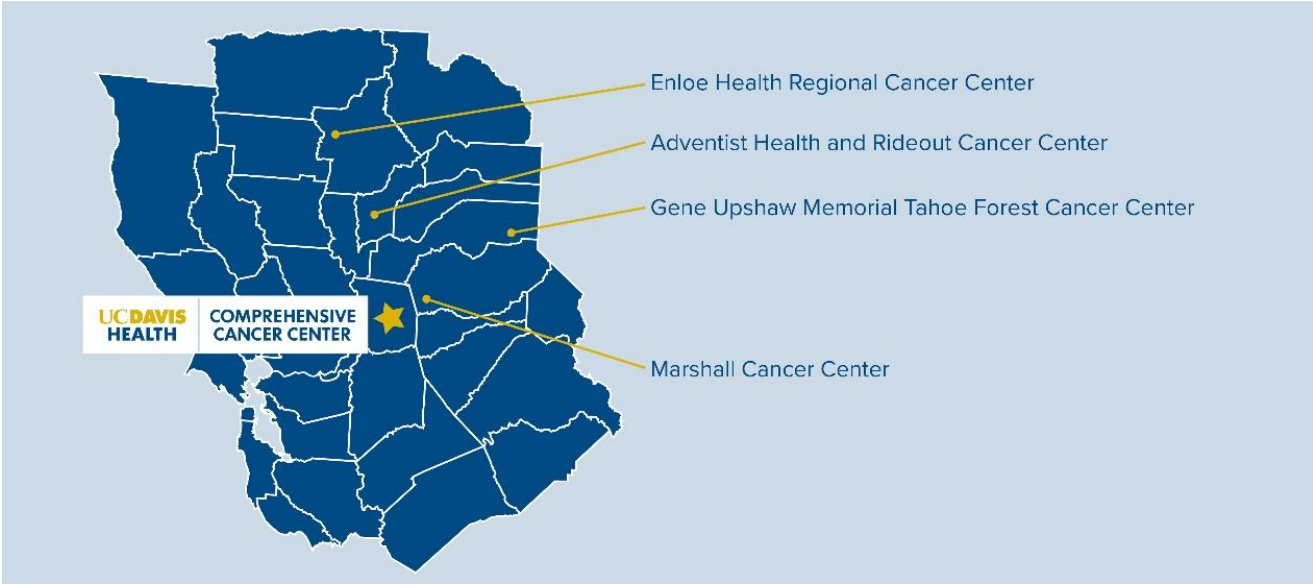
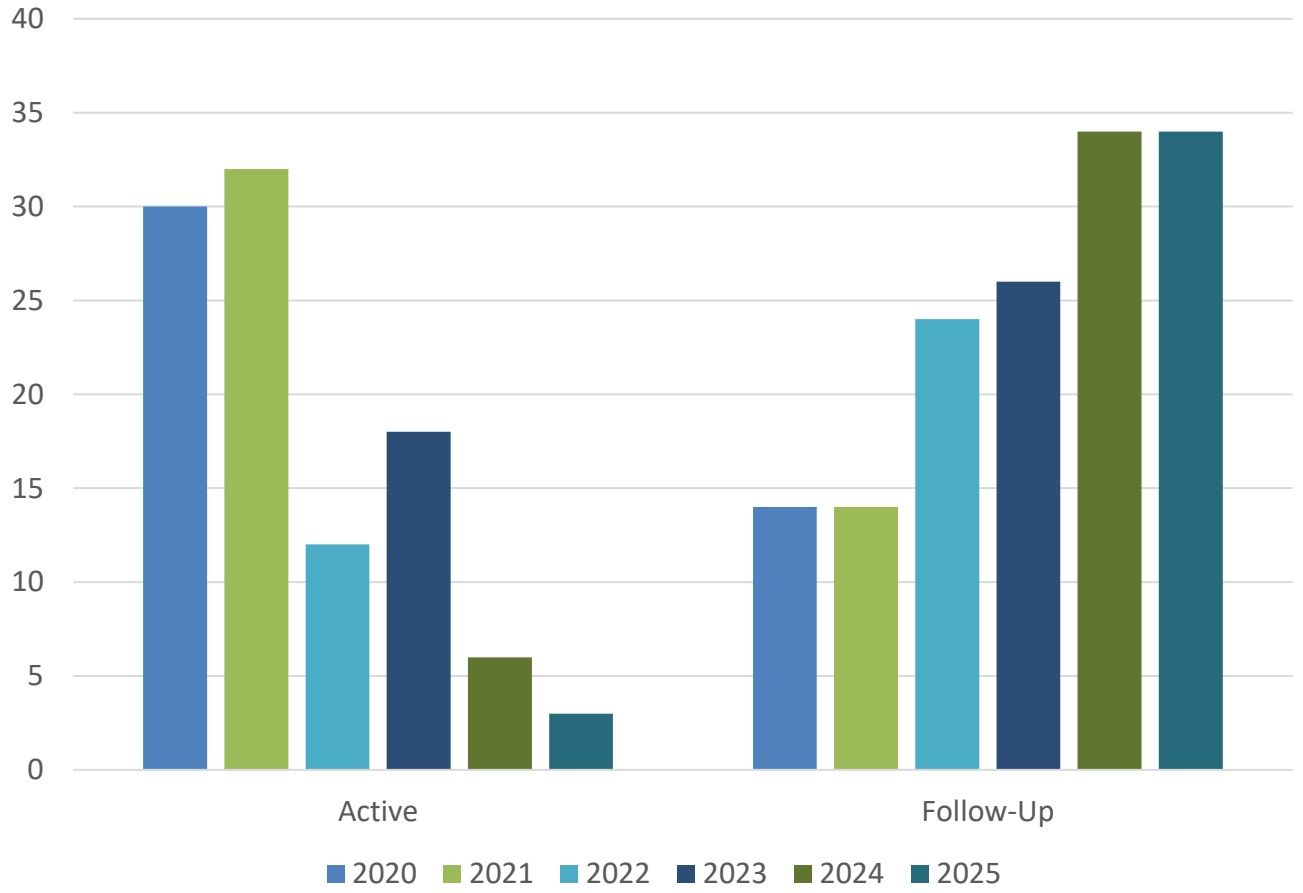
Clinical Trial Program at Tahoe Forest

Tom Semrad, MD Clinical Trials Program Director

Rai Heaps Clinical Research Coordinator



Clinical Trial Participation



Managing 37 Research patients

2025 Research Program

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER

- Research Study Portfolio Management
  - 9 Studies Reviewed for Activation through UCD CCN
  - 2 Studies Activated + 2 pending Activation
  - 5 Studies Rejected for TFCC
- Current Study Portfolio
  - 16 Active Studies
  - 16 Open to Accrual
  - 3 On Hold per Sponsor

Financial Navigation Program 2025
Financial Barriers to Care

By Sonia Gustin and Coco Zarate

Oncology Financial Navigators (OFN)

Copay / Patient Assistance

by Coco Zarate and Sonia Gustin

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER

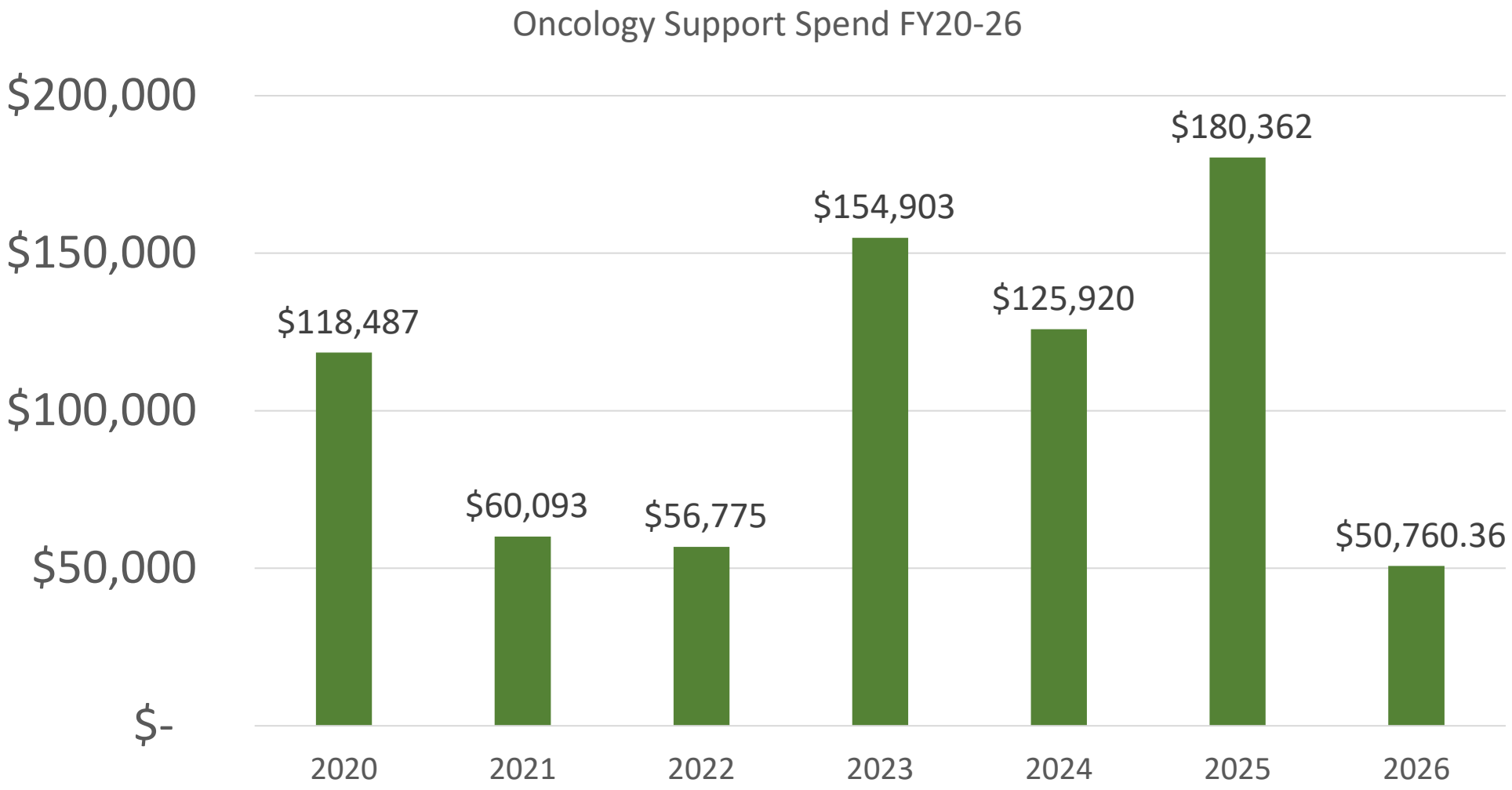
December 2024 – November 2025

I.	Total Copay Assistance Dollars Collected (*Infusion only)	Total Collected:	$543,439.71
			(213K in 2024)
	A. Oncology Drugs	Total Collected:	$ 5,931.00
	B. Non-Oncology Drugs	Total Collected:	$ 10,991.71
	C. Free Drug Program	Total	$ 524,000.00
	D. CPA Dollars Pending	Total	$ 2,517.00
II.	Number of patients enrolled in CPA programs	Total Enrollments:	12
III.	Grant Enrollments*	Total Enrollments:	4
		LLS Disease Specific	$12,600.00
IV:	Number of Financial/Outreach visits**	Total Encounters:	350 (new patients)
			(130 in 2024)

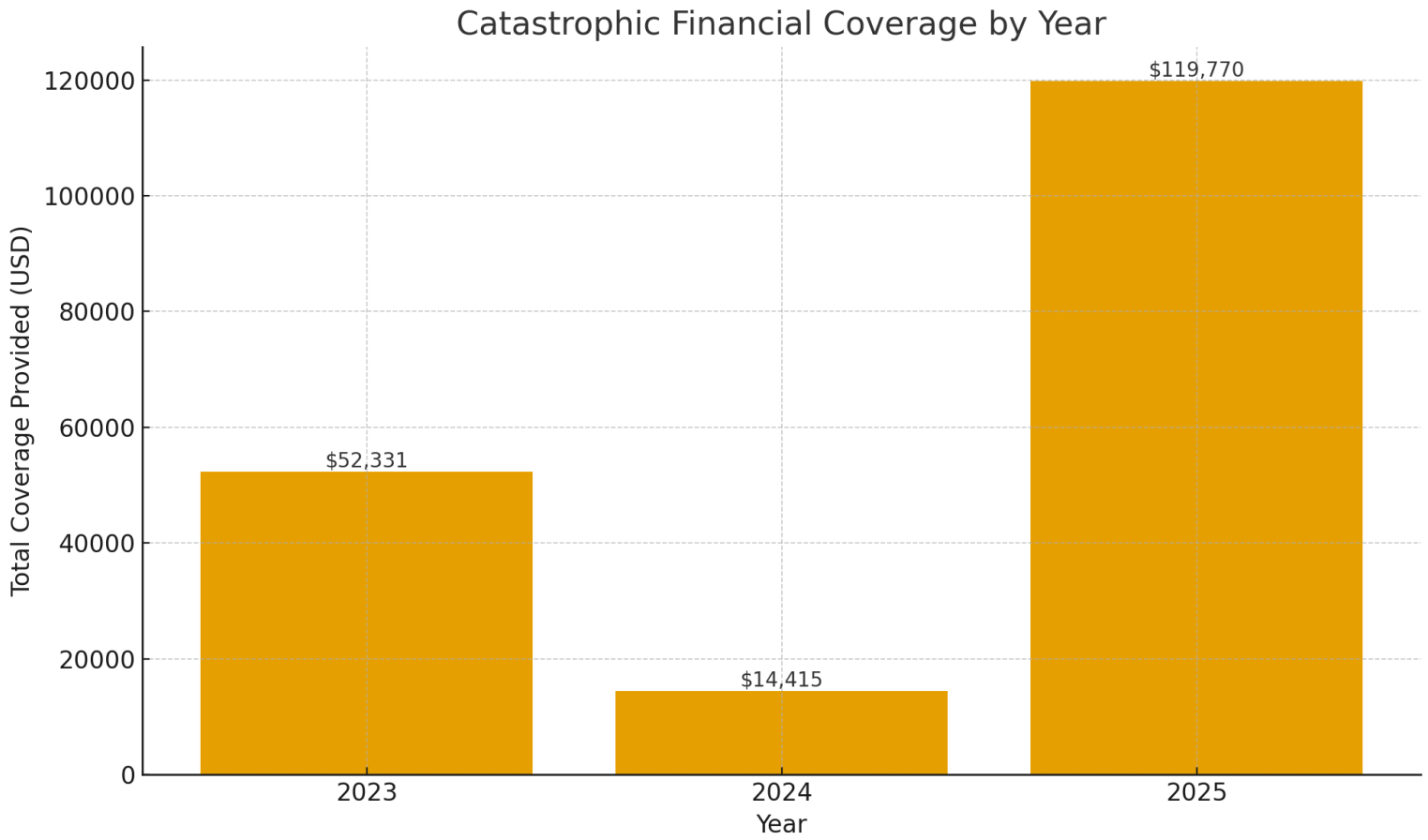
2025 SUPPLEMENTAL RESOURCE DISTRIBUTION	
Wig Vouchers	36 Wig Vouchers Provided = $10,800 *(8 wig vouchers $2,400 in 2024)*
★**Oncology Support Services**	384 massages, 836 acupunctures, counseling, exercise for energy, lodging
South Lake Tahoe Cancer League	28 patients received a monthly grant of $150.00 and approximately 24 of those patients also received rides to and from appointments
Reno Cancer Foundation: (Rental Assistance)	28 patients = Total of $100,610 *(15 patients in 2024 $51K)*
ACS Transportation Grant	$20,000
ACS Lodging Grant	$10,000
Gas Vouchers and Safeway Cards (Foundation)	(Dec-May) Safeway Cards-$10,000 Gas Vouchers- $5000 *Utilized in addition to the American Cancer Society Grant (need-based criteria).
Lyft Rides	10 rides arranged for treatment-related visits (paid through the Foundation)
Insurance Rides	> 50 rides arranged for patients needing assistance through their MCAL plan
TART Connect and Dial a Ride	Utilized for local transport for patients needing assistance
Best Western Stays	294 nights utilized for patient stays for treatment-related visits *(220 nights in 2024)*

Oncology Support Services - Costs

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER



Catastrophic Coverage for Oncology



GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER

Future Planning

- Competition:
  1. Barton Hospital Cancer Program
- Critical Equipment & Capital:
  1. Linear accelerator (LINAC): TBD

     Loss of service support after 12/2026

     Risk of treatment interruptions and patient transfers out of the region
  2. PET scanner: 2027 Project

     Nearing end-of-life; Risk of down-times delay in care
  3. Clean room / IV compounding: 2026 Project

     Essential for safe chemotherapy preparation and regulatory compliance

GENE UPSHAW
MEMORIAL
TAHOE FOREST
CANCER CENTER

Together, we are shaping the future of exceptional cancer care for our community

Thank you!

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: 12/18/2025	**ITEM:** ACHC Primary Stroke Center Accreditation
DEPARTMENT: Emergency Department	**TYPE OF AGENDA ITEM:** ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Dr. Abby Young Julie Morgan RN	**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: History of the creation and status of the Tahoe Forest Hospital Primary Stroke Center accreditation program.	
SUMMARY/OBJECTIVES: Tahoe Forest Hospital is now fully accredited by ACHC as a Primary Stroke Center. We continue to participate in the AHA GWTG rural Stroke certification program and maintain GOLD status in this program.	
SUGGESTED DISCUSSION POINTS: Marketing to the community the new accreditation and stroke program capabilities	
SUGGESTED MOTION/ALTERNATIVES: None	
LIST OF ATTACHMENTS: Stroke Power Point	

Tahoe Forest Hospital System Stroke Program ACHC Primary Stroke Center

12/18/2025

Abby Young D.O. Stroke Program Medical Director

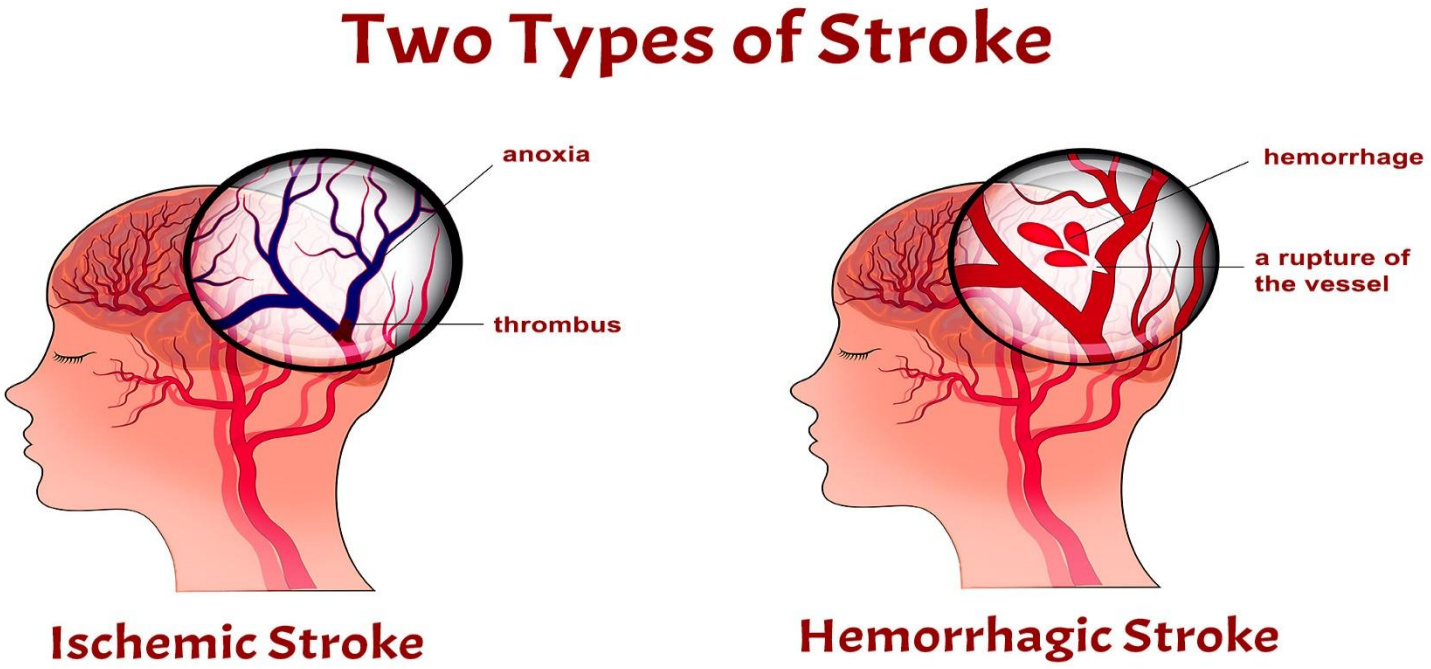
Julie Morgan R.N. Stroke Program Coordinator

Stroke: Why We Care

- Stroke can occur at any age to anyone
- Stroke is the #1 leading cause of disability in the US
- Stroke is the 5th leading cause of death in the US
  - 3rd leading cause of death in women

Stroke is treatable and preventable!

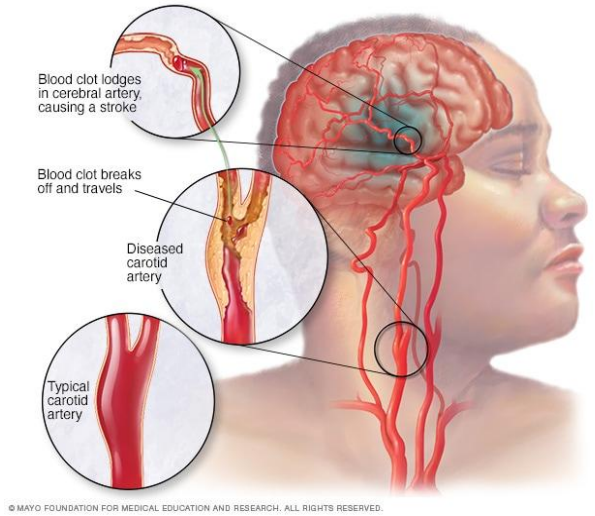
Stroke = Cerebral Vascular Attack (CVA)



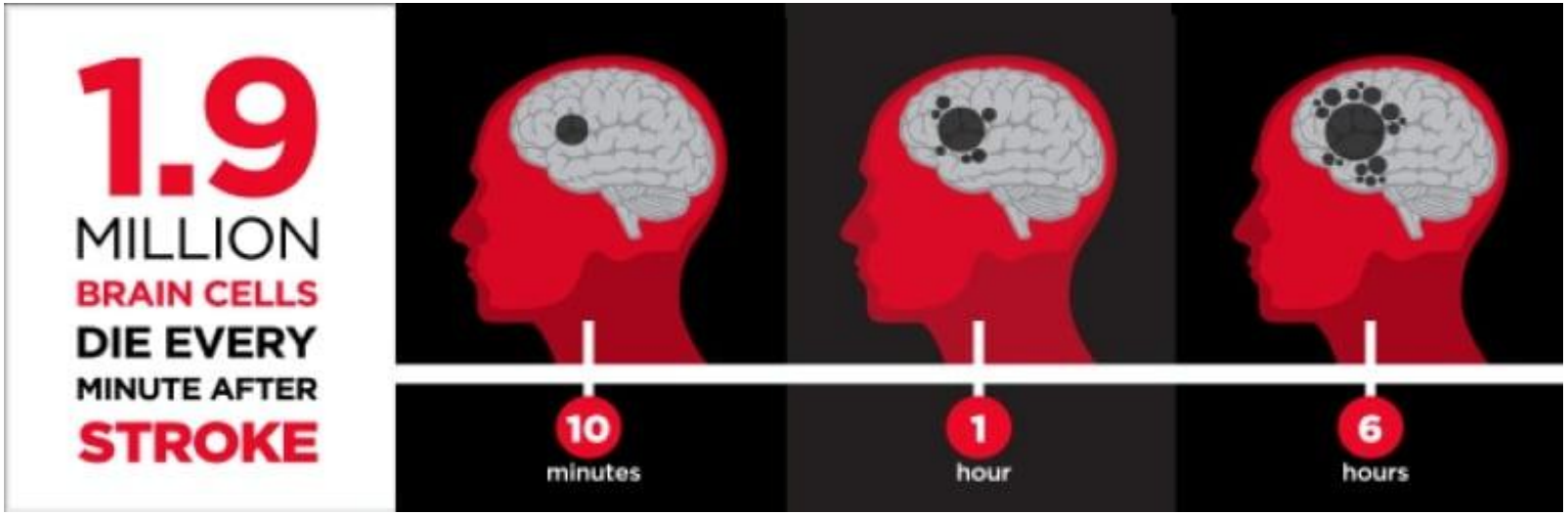
Ischemic Stroke

- Most common type of stroke
- Blockage of blood flow to brain (temporary or lasting)
- Treatment
  - "Clot Buster" Thrombolytics **(<4.5 hours)**
  - Thrombectomy for Large Vessel Occlusion **(<24 hours)**

- Prevention
  - Modifiable risk factors
  - Antiplatelet medications



Acute Stroke Care is a Race Against Time!



Time is Brain!

Saves Lives

Early clot buster medication has a 2.8 x better outcome!

Community Needs Assessment

Tahoe Forest Service Area

- Full-time population is approx. 40,000
  - Significant seasonal influx of tourists (+30,000)

- Higher proportion of older and rural residents compared to the state average
  - Median age 50 y/o
  - 53.5 deaths per 100,000 in 2022 (increasing)
  - California state rate of 35.7 deaths per 100,000

- Nearest Comprehensive Stroke Center 45 + minutes
  - Location, weather and traffic dependent

TAHOE FOREST
HEALTH SYSTEM



Our community, Our Family, Our Mission

Then 2017

Now 2025

Tahoe Forest and Rural Stroke Challenges

Rural patients have greater stroke mortality and morbidity

Prior to TFH Stroke Program:

- Lack of public awareness (stroke symptoms)
- Lack of EMS education and destination criteria
- Lack of integrated protocolized care
- No Neurologist Consultation
- Limited imaging resources
- Limited hospital education and training

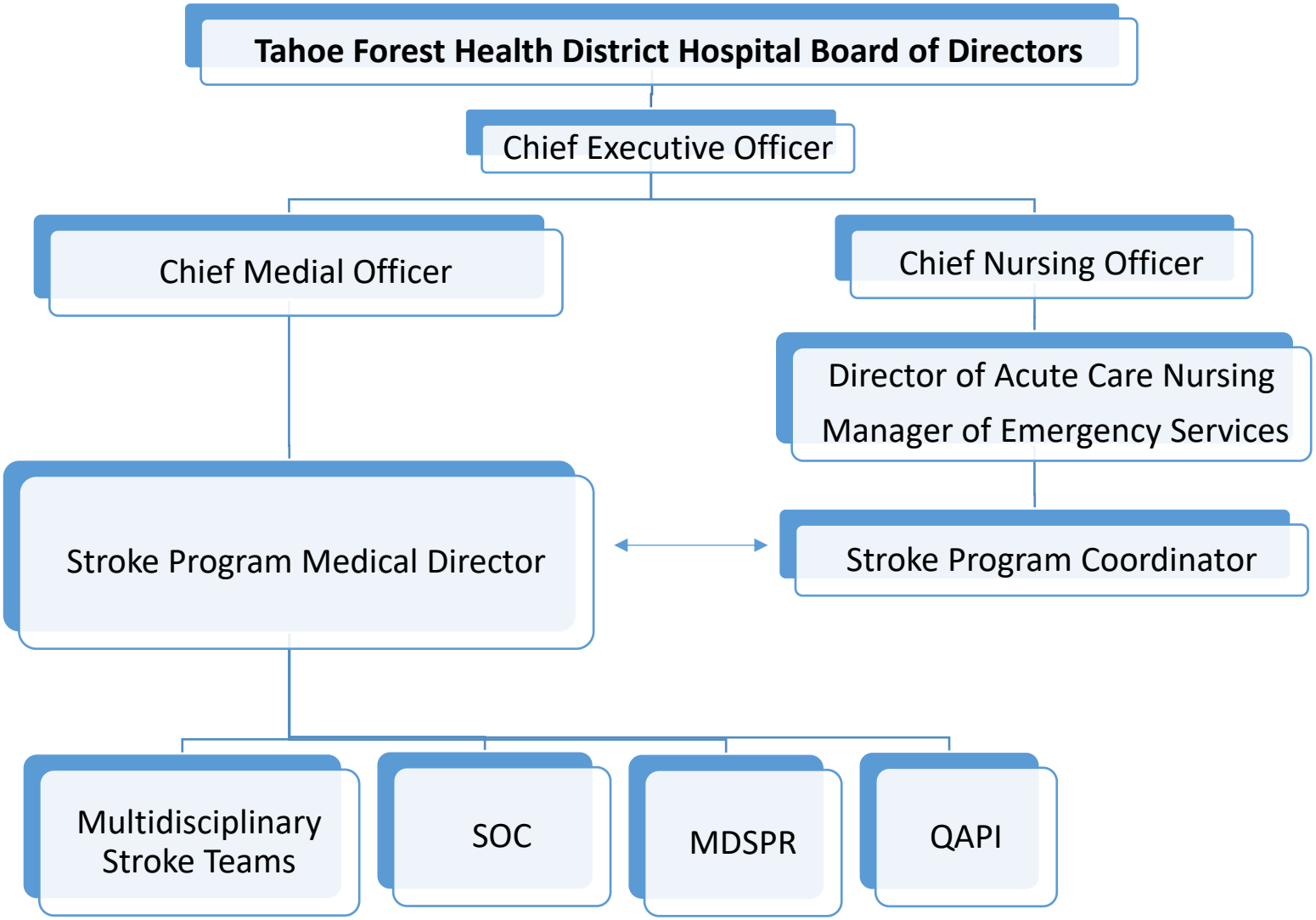
TFH On Going Rural Program Challenges:

- Distance to closest Stroke Center (45min-1.5 hours away)
- High altitude mountain weather and road closures

Tahoe Forest Stroke Program: Vision and Mission

- **Exceptional, patient-centered stroke care and education**
- **Minimize disability** and maximizes quality of life
  - Every individual in the community
- **Recognition for Excellence**
  - American Heart Association (AHA) Get with the Guidelines
  - Accreditation Commission for Health Care (ACHC) Primary Stroke Center

Stroke Program Reporting Structure



Tahoe Forest Stroke Program

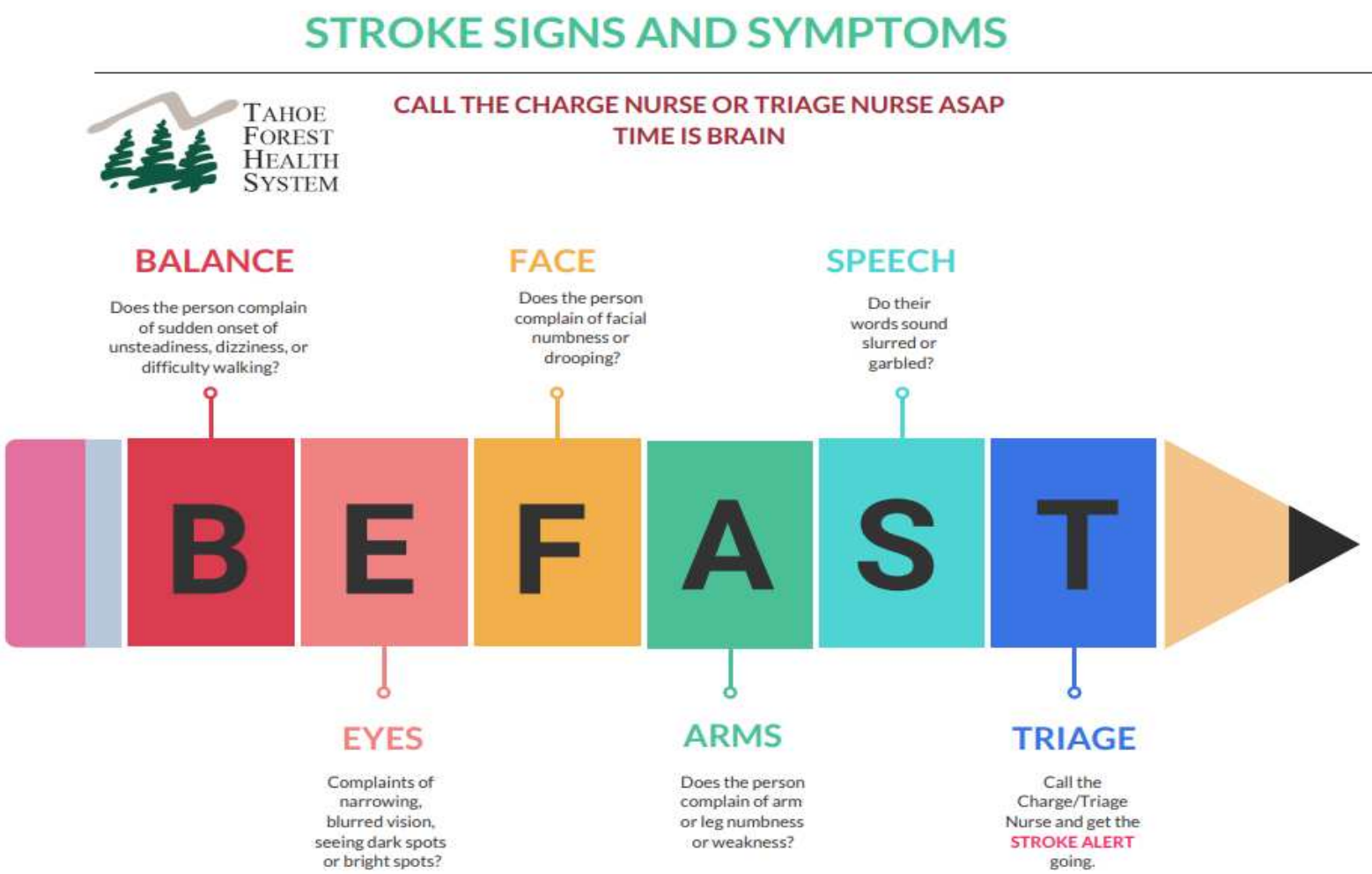
- **Strategic Plan**
- **Clinical Practice Guidelines and Standard Procedures**
- **Hospital Wide Education and Training in Stroke**
- **Quality Assurance and Process Improvement Plan**
- **Stroke Admission at Tahoe Forest**
- **Stroke Community Outreach and Outpatient services**
- **Inter-hospital Program Collaboration**
- **24/7 Tele-neurology Consultations**

TeleSpecialists®
TRANSFORMATIVE TELEMEDICINE

Tele-Neurology – Our Partner in Success

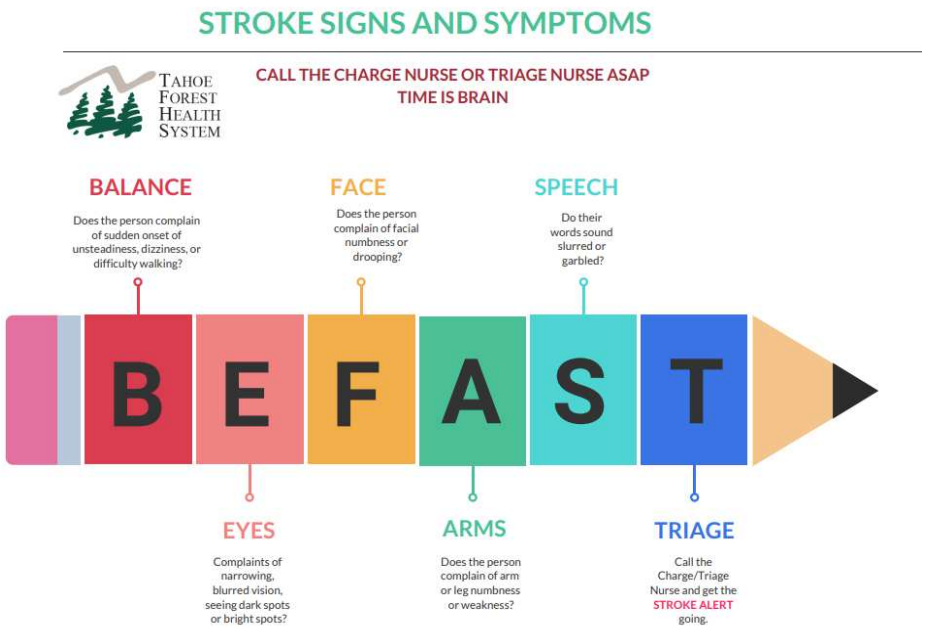
- 24/7 Stroke Alert Consults
  - Response time < 10 min
  - Thrombolytic Decision and Orders
- 24/7 ED and Inpatient STAT Neurology Consult
- Daily Neurology Rounding
- EEG
- Monthly Internal Quality, Metrics and Peer Review

JULY 2023: Tahoe Forest Stroke Program Go Live



JULY 2023: Tahoe Forest Stroke Program Go Live

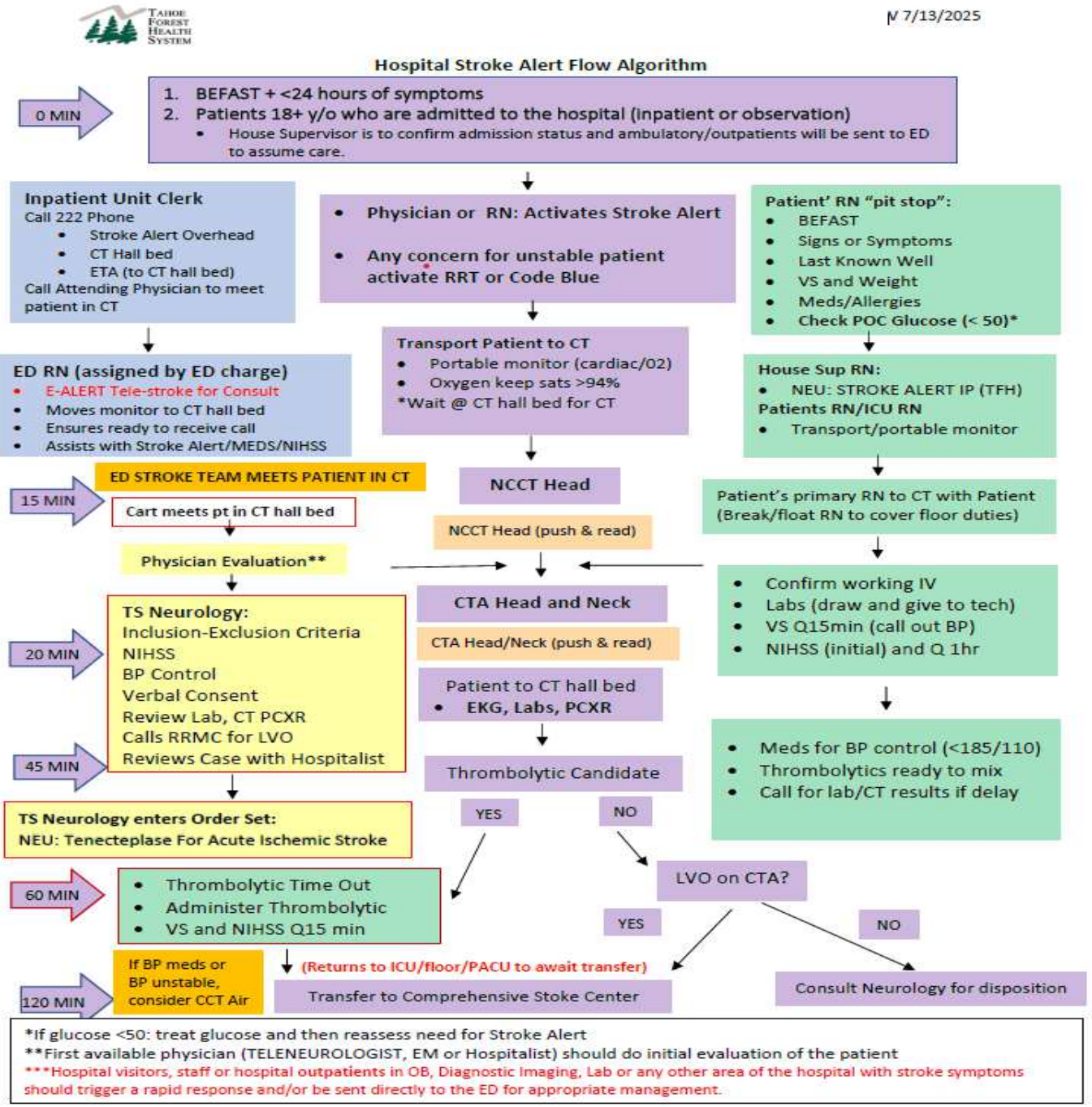
- Initiated Activation of an interdisciplinary team
  - facilitated expeditated diagnostic workup to determine rapid treatment, management and disposition
- Systematic stroke care is better and faster = Improved outcomes



Our Multidisciplinary Stroke Team

- Patient Registration
- House Supervisor
- ED triage and primary nurses
- ED or Attending Physician
- Lab
- CT Tech
- Radiologist
- Pharmacist
- ED Clerk
- ED Tech
- Tele-Neurologist (On monitor 10 min from E-Alert)
- Case Management

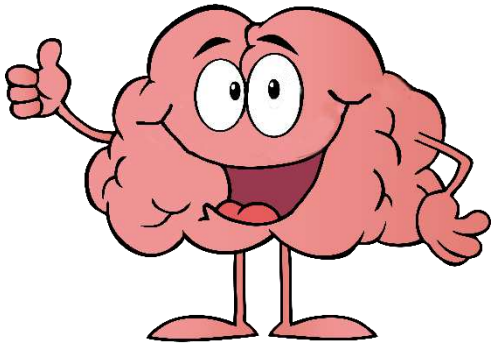
Stroke Alert Workflow





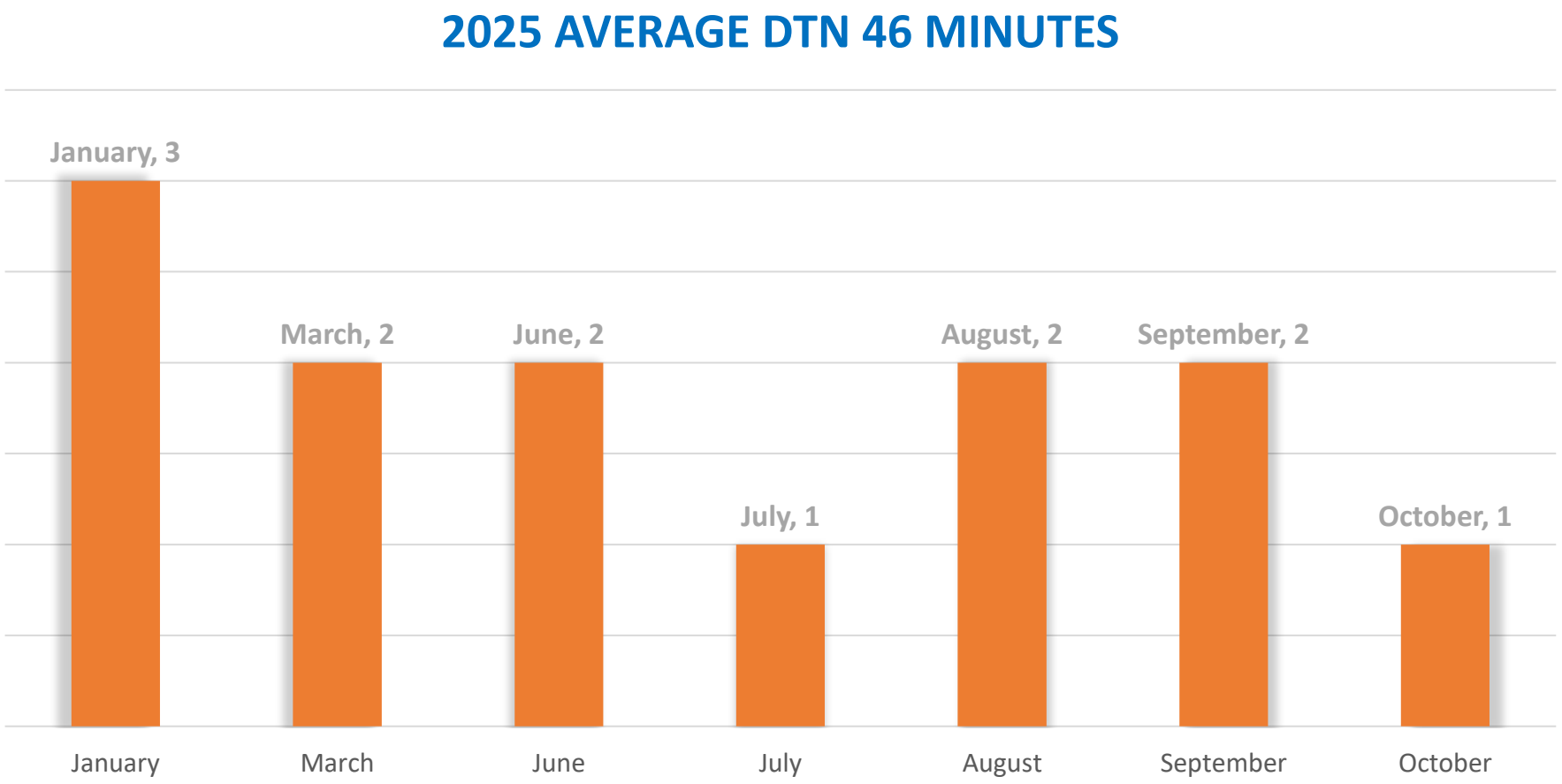
American Hear Association Get With the Guidelines Goals

- Clot Buster
  - 30 minutes – 50% of the time
  - 45 minutes – 75% of the time
  - 60 minutes – 85% of the time

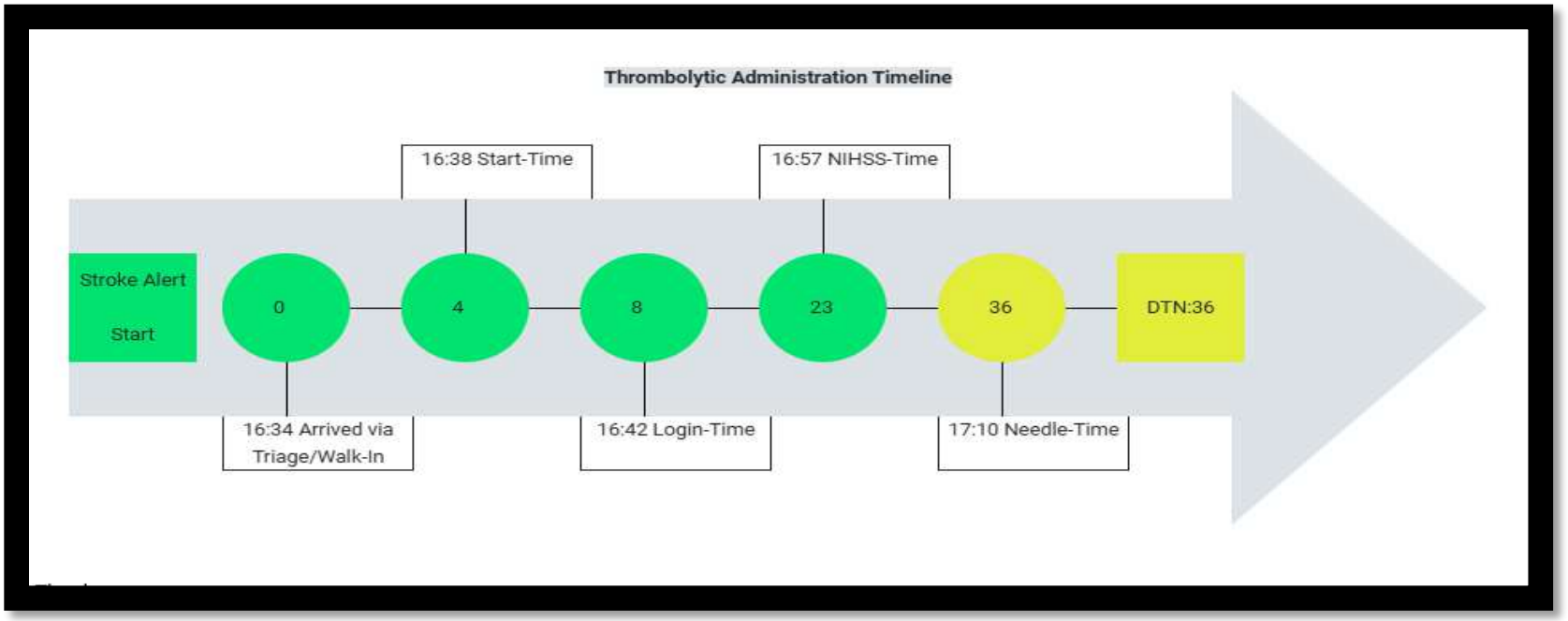


- Stroke Transfer
  - 90 Minutes Door to Door

Thrombolytic Cases by Month



Team Kudos: Stroke Alert Arrow Awards DTN 36 Minutes Weekly "Spotlight on Stroke"



Congratulation to the team caring for this patient! Her expedited care reversed her symptoms and she has no lasting deficits!

Dr. Katie O'Brien, Cicily Kessman, Whitney Botto, Ben Mitchell, Ana Soto Ortega, Rad team, Lab team!

Tahoe Forest Hospital and IVCH Acute Stroke Services
What We Have Now:

- 24-hour ED and Inpatient Stroke Alert Teams
- 24-hour Tele-neurology services
- 24-hour laboratory, pharmacy, radiology
- State-of-the-art CT and MRI modalities
- Comprehensive Stroke Alert Clinical Practice Guidelines
- Comprehensive Thrombolytic Care
- Transfer agreements with Comprehensive Stroke Center
- Internal Stroke Resources Intranet Page

Tahoe Forest Hospital Inpatient Stroke Services

- Designated stroke beds with ICU and Medical-Surgical
  - Designated stroke care team
    - Stroke trained Physicians, RNs, Care Coordination, Social Work
    - Inpatient Therapy Modalities
    - Inpatient Dietary
  - Dedicated Stroke Education and Discharge Instructions

TAHOE FOREST HEALTH SYSTEM

TFH and IVCH Outpatient and Community Stroke Services

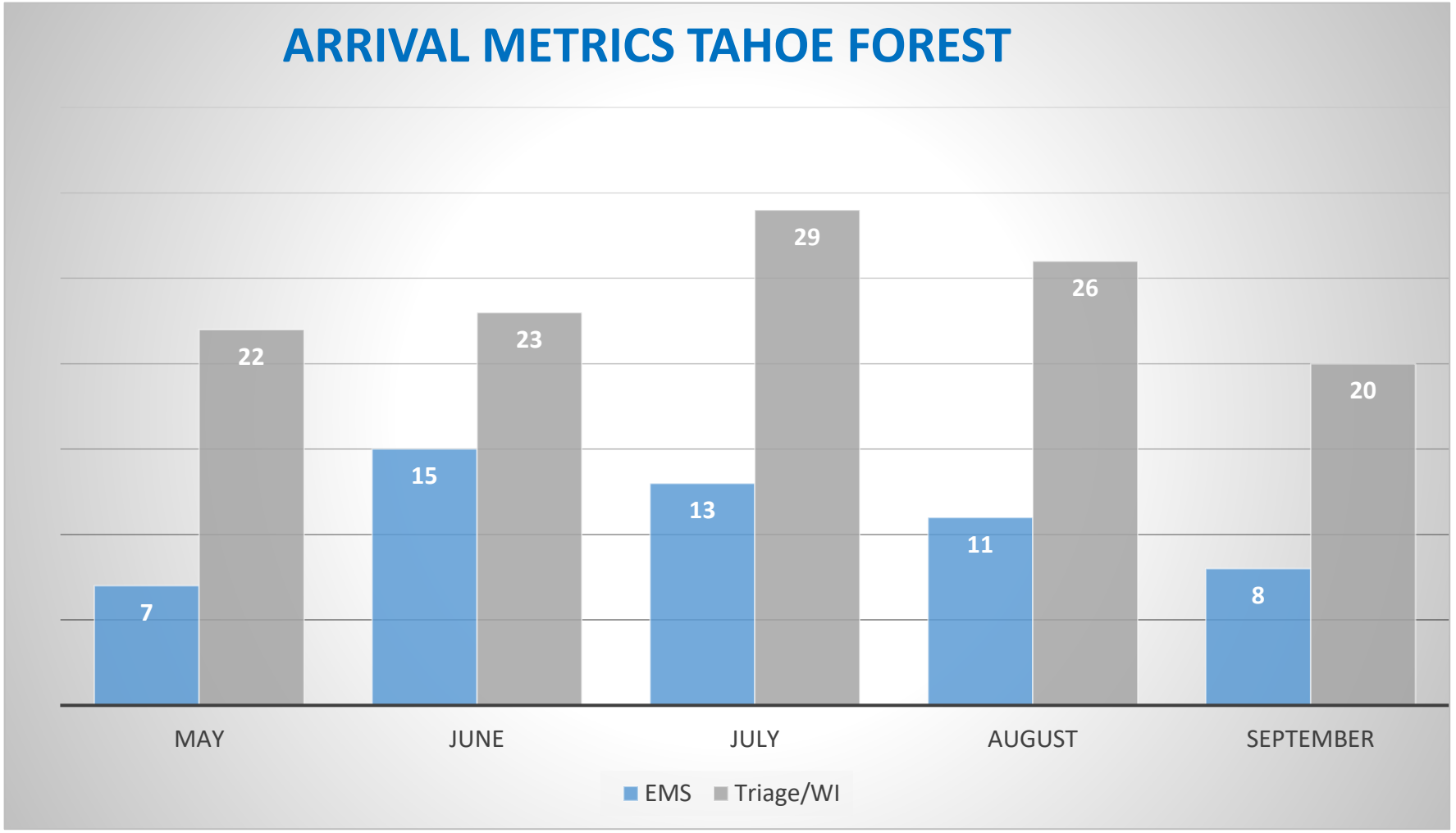
- Outpatient Stroke Care Coordination
- Expedited stroke care referral and follow up
  - Neurology
  - Cardiology
  - Primary care
  - Outpatient Stroke Therapy Modalities
- Risk Factor Reduction
  - Primary care access (72 hour follow up)
  - TFH lifestyle Education and Awareness
- Community Education and Outreach
  - Love Your Brain Support Group
  - Yearly Hospital Day Booth and events
  - Tahoe Forest Health System Stroke Community Internet Page

TAHOE FOREST HEALTH SYSTEM

TAHOE FOREST
HEALTH SYSTEM

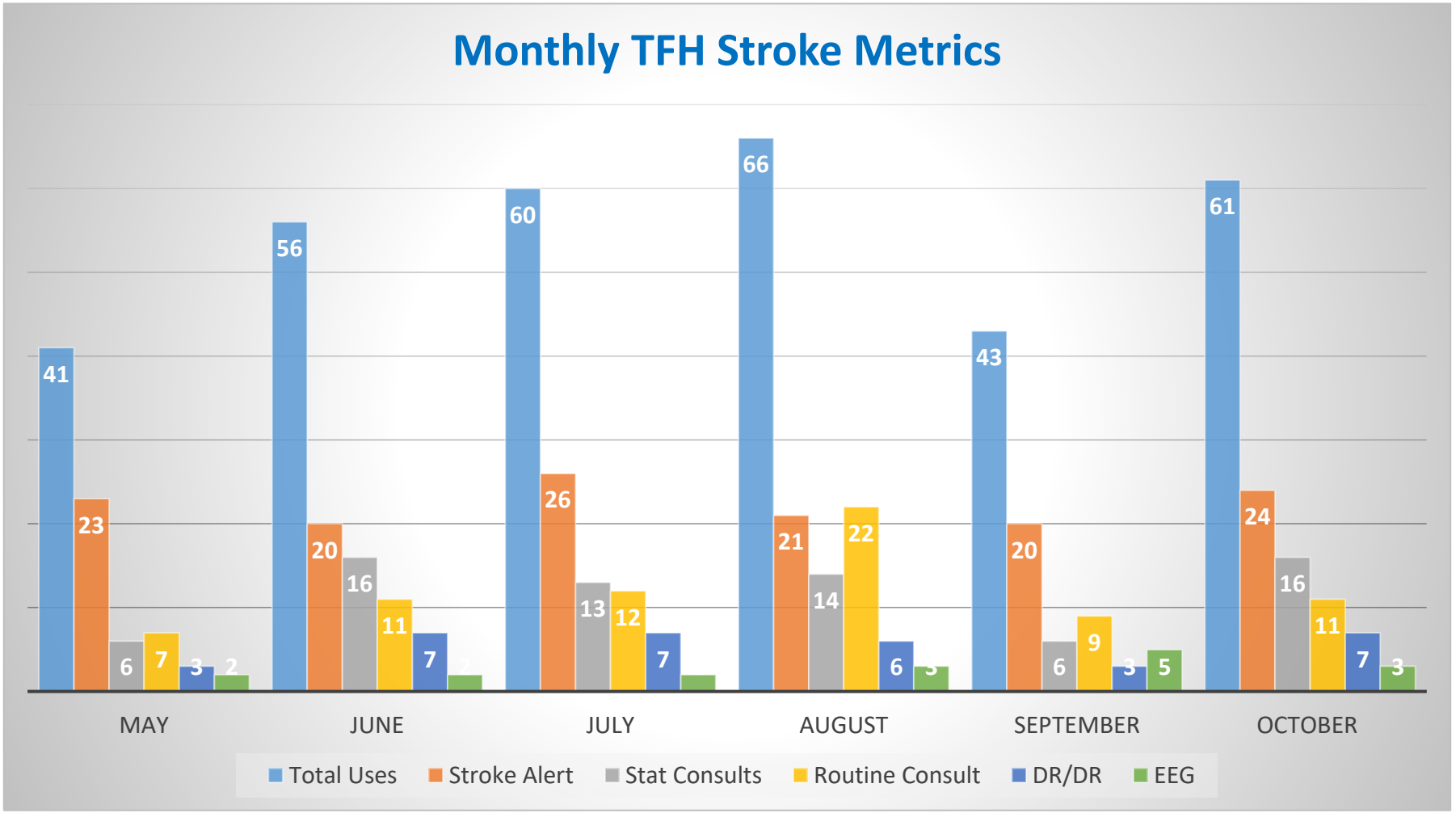


Overall Stroke Program Metrics

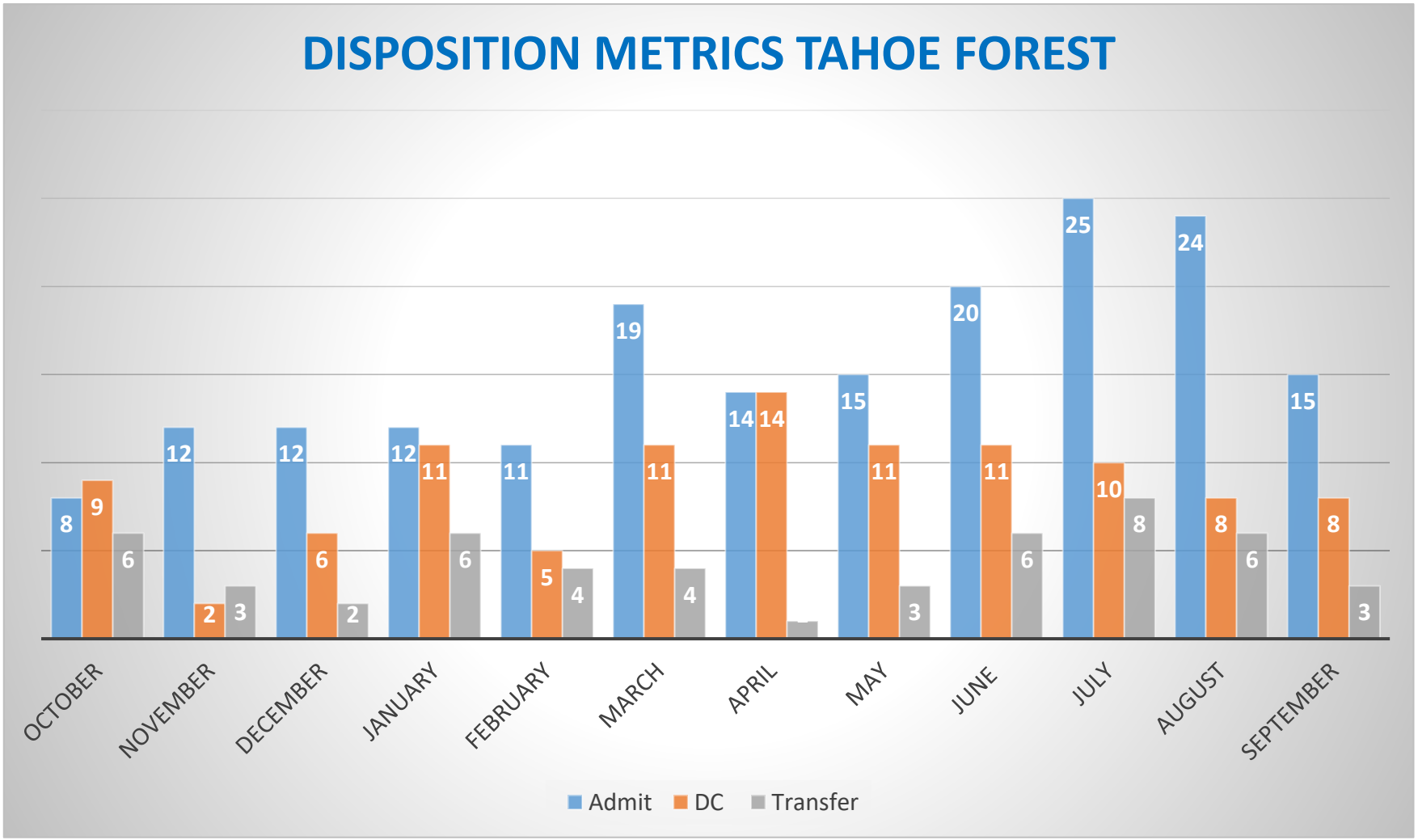


TAHOE FOREST
HEALTH SYSTEM

Overall Stroke Program Metrics



Overall Stroke Program Metrics



Tahoe Forest Stroke Program

- 2023 AHA Get with the Guidelines: Bronze
- 2024 AHA Get with the Guidelines: Silver
- LEMSA designation as Stroke Receiving Center
- 2025 AHA Get with the Guidelines: GOLD!

We consistently hit all our metric benchmarks and maintain a total composite score of 92.3%

2025 Tahoe Forest Hospital ACHC Primary Stroke Center Accreditation

- Program Overview
- Documentation Overview
- Hospital tour
- Clinical interviews
- Stroke team training and education
- HR and Credentialing evaluations
- Patient chart reviews

- ZERO Deficiencies!
- Request to present our program to ACHC in 2026

Critical Access Hospitals with Primary Stroke Center Accreditation

- 1385 Critical Access Hospitals in the United States.
  - 10 CAH have Primary Stroke Center accreditation (0.7%)

Now there are 11!

- 37 Critical Access Hospitals in California
  - 4 have Primary Stroke Center accreditation

Now there are 5!

Future Goals And Initiatives

- AI DOC
  - AI collaboration with Renown for identification and transfer of LVO
- Obstetric Stroke Clinical Practice Guidelines
- Pediatric Stroke Clinical Practice Guidelines
- Maintain ACHA and GWTG status and Benchmarks
- Present at AHA International Stroke Conference (Feb 2026)
- Outpatient Care Coordination and Access to Care
- Continued Education and Training both staff and community
- Continue our amazing care for our community members, visitors and family members.

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: 12/18/2025	**ITEM:** 15.3. Patient & Family Advisory Council Presentation
DEPARTMENT: Quality	**TYPE OF AGENDA ITEM:** ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Alix Bezaire, DC, CPXP Clinical Patient Experience Advisor	**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:
The Patient and Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, providing feedback, and perspectives on services, activities, and programs related to patient and family centered health care.

We currently have 10 active community members serving on our PFAC. We meet monthly, with the exception of December. July and August meetings are ad hoc.

SUMMARY/OBJECTIVES:
The Tahoe Forest Health System (TFHS) values the perspectives of the patients and families we serve. The Patient Family Advisory Council (PFAC) represents the collective voice of all patients and families in our community by sharing health related experiences and engaging in the process of quality improvement. In collaboration with TFHS, the PFAC acts as a resource and provides valuable input to improve and enhance the health care experience, one patient and family at a time. We seek to represent a diverse group of members that is reflective of our community.

Next meeting: January 27, 2026

SUGGESTED DISCUSSION POINTS:

SUGGESTED MOTION/ALTERNATIVES:
n/a

LIST OF ATTACHMENTS:
Patient and Family Advisory Council (PFAC) 2025 Summary Report presentation

Patient & Family Advisory Council Overview and Accomplishments

December 18, 2025

Amber Mello, PFAC Member
Alix Bezaire, Clinical Patient Experience Advisor

2025 PFAC Accomplishments

Added 1 new member to our Patient and Family Advisory Council in 2025

Bob Barnett – Former Board Director

Designated Alan Kern as Co-Chair of the Patient and Family Advisory Council

Identified need for additional meeting during month of July to continue progress and momentum

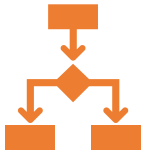
TAHOE FOREST HOSPITAL DISTRICT

2025 PFAC Accomplishments

- Continue to have PFAC members on internal TFHD committees for improving collaboration and incorporating patient perspective
  - IT Clinical Governance Committee
  - Board Quality Committee
  - Med Staff Quality Committee
  - Patient Experience Committee

TAHOE FOREST
HOSPITAL DISTRICT

Key Items of Feedback/Discussion



January – Adverse Event Process and Case Review

Event Analysis Process: Steps taken to review and understand the error

Disclosure: Communication with patient and family members about the incident

Contributing Factors: Identification of root causes behind the error

Action Plan: Strategies to prevent similar medication errors in the future

February - Therapy Services

PFAC noted the appointment reminder system was ineffective

Suggested requiring patient confirmation to retain appointments

Proposed implementing a cancellation/no-show fee, like external services

March - Meeting Structure

PFAC provided input on a new presentation template to improve meeting focus

Offered suggestions for future meeting topics

Agreed to change meeting schedule to the 4th Tuesday of each month

TAHOE FOREST
HOSPITAL DISTRICT

Key Items of Feedback/Discussion

April – Access to Care

PFAC was invited to be more involved in improvement initiatives

Expressed interest in contributing to standardization and efficiency efforts

May – Leadership Engagement

PFAC emphasized the need for stronger leadership accountability and curiosity

Supported new CEO's (Anna Roth) plan to match members with committees and site visits

June – Behavioral Health Services

Referral Process: Currently accepts referrals only from primary care or pediatrics

Goal: Convert 50% of referrals into scheduled appointments

Operational Challenges: across 5 locations, creating workflow consistency issues

Future Goals: Improve and expand support for patients and families needing external resources beyond TFH offerings

TAHOE FOREST
HOSPITAL DISTRICT

Key Items of Feedback/Discussion

July – Access/Scheduling Center

PFAC suggested:

- Incentivized appointment confirmation system
- Interactive text confirmations that release unconfirmed appointments after 24 hours

September – Therapy Services (Follow Up)

PFAC reiterated previous feedback on appointment confirmation systems

Shared personal experiences with scheduling challenges

TAHOE FOREST
HOSPITAL DISTRICT

Key Items of Feedback/Discussion

October – Community Health Needs Assessment/HbA1c Workgroup

Provided feedback on improving visibility of the "Community" webpage

Engaged in discussion on barriers to diabetes care (e.g., cost, time constraints)

Gauged interest for volunteer community member for CHA Task Force

November – Wayfinding

Input to improve both interior and exterior visibility

Digital directories, large lettering system for buildings

Including link to map along with text appointment reminders

Updated on current construction and projected increases in access to care

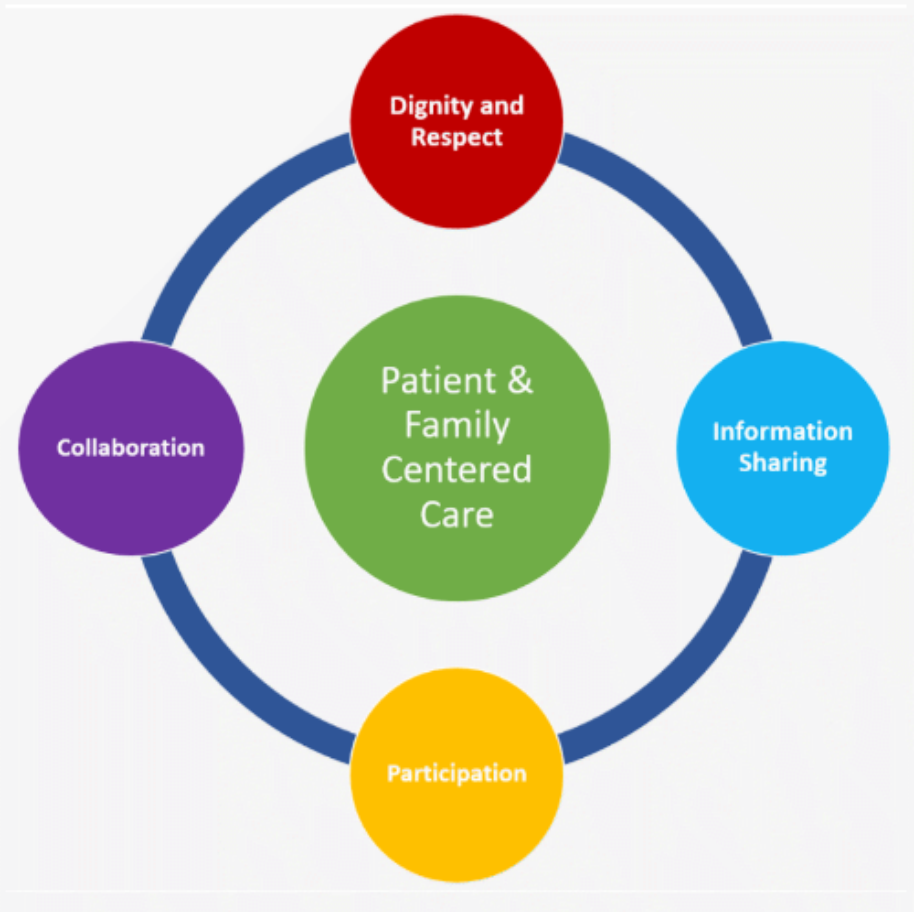
TAHOE FOREST
HOSPITAL DISTRICT

Strategic Plan PFAC 2026

- Strengthen the patient and community-member partnership with TFHS
- Inclusion and engagement with additional or future committees/subcommittees at TFHS
- Serve as a primary resource for providing the patient perspective for process improvement initiatives
- Improve community visibility to continue to recruit new members

TAHOE FOREST
HOSPITAL DISTRICT

Questions?



TAHOE FOREST
HOSPITAL DISTRICT

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: 12/18/2025	**ITEM:** Memorandum of Understanding
DEPARTMENT: Human Resources	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Lauren Caprio, Director of Employee & Labor Relations Louis Ward, Chief Operating Officer & Interim Chief Human Resources Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **MOU**
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:
The Board of Directors will review and consider approval of a Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees' Association of Professionals, Tahoe Forest Hospital District Employees' Association, and AFSCME Council 57, Local 3254.

SUMMARY/OBJECTIVES:
To present the finalized Memorandum of Understanding (MOU) for Board consideration and approval. The objective is to outline the key changes negotiated during bargaining, provide a summary of financial and operational impacts, and request Board authorization to implement the agreement.

SUGGESTED DISCUSSION POINTS:

- Overview of major changes in the MOU
- Any questions from the Board regarding specific provisions.

SUGGESTED MOTION/ALTERNATIVES:
Approve the Memorandum of Understanding between Tahoe Forest Hospital District and the Tahoe Forest Hospital District Employees' Association of Professionals, Tahoe Forest Hospital District Employees' Association, and AFSCME Council 57, Local 3254, as presented.

LIST OF ATTACHMENTS:
Final Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Between

TAHOE FOREST HOSPITAL DISTRICT
EMPLOYEES' ASSOCIATION of PROFESSIONALS and EMPLOYEES' ASSOCIATION
AFSCME Council 57, Local 3254

And the

TAHOE FOREST HOSPITAL DISTRICT
January 1, 2026 to June 30, 2027

Table of Contents

ARTICLE 1- Preamble

1.0 The Tahoe Forest Hospital District, herein referred to as "the District" and the Tahoe Forest Hospital District and Union Council 57, Local 3254, herein referred to as "the Union", having met and conferred in good faith within the meaning of the Meyers-Milias-Brown Act (California Government Code Section 3500 et seq.) have entered into this Memorandum of Understanding.

1.1 It is the intent of the parties to set forth the basic agreement covering rates of pay, hours of work and conditions of employment between the parties.

ARTICLE 2- Recognition

2.0 The District recognizes the Union as the exclusive representative for employees covered by this Memorandum of Understanding whose Job Titles are listed in **Appendix A** for the purpose of meeting and conferring with respect to rates of pay, hours and working conditions.

ARTICLE 3- Management Rights

3.0 It is acknowledged that the District has, except as otherwise limited by this Agreement and/or applicable law, retained the right to determine the nature and extent of services to be performed as well as the right to determine and implement its public function and responsibility, determine the mission of its constituent Departments, manage and control all property, facilities and operations, maintain the efficiency of governmental operations, take all necessary actions to carry out its mission in emergencies, and take such other and further action as may be necessary to organize and operate the District in an efficient and economical manner consistent with the best interests of the public it serves.

3.1 It is agreed that the District, except as otherwise limited by this Agreement and/or applicable law, have and retain all of the customary and usual rights, powers, functions, and authority to discharge its obligations including those described within its then-current employer-employee relations ordinance or afforded under the Meyers-Milias-Brown Act, Local Health Care District Law, and/or other applicable laws.

3.2 The parties further agree that, except as otherwise limited by this Agreement, and/or applicable laws, the District shall retain the right to hire, evaluate, promote, Layoff, discipline, and discharge, set Work Schedules, make work assignments, and otherwise direct and control its operations consistent with its public purpose. The District may make such reasonable rules and regulations, not in conflict with this Agreement or its obligations to the Union under applicable law, as it may from time to time deem appropriate for the purpose of maintaining order, safety and/or effective operation of its facilities.

ARTICLE 4- Employee Rights and Union Rights

4.0 The right of employees to form, join, and participate in the activities of Union Local 3254 for the purpose of representation on all matters of employment relations. (Cal. Govt. Code §3502).

4.1 The right of employees to refuse to join or participate in the activities of the Union.

4.2 The District and the Union shall not interfere with, intimidate, restrain, coerce or discriminate against employees represented by the Union because of their rights under Section §3502 (Cal. Govt. Code §3506).

4.3 Representation

4.3.1 The District agrees to recognize Officers and Designated Stewards as representatives of the Union. Stewards, and any change to the Designated Stewards, shall be identified in advance to the District's Chief Human Resources Officer or designee. The District will allow participation of Steward or UNION representative chosen by an employee when reasonably available, but meetings between management and any employee shall not be delayed thereby more than is required by applicable law.

a) Representatives of the Union shall not engage in Union business on work time and shall not engage employees in any conversation regarding Union matters on employee's work time except as set forth in this MOU.

b) The Union will be allotted reasonable time, not to exceed thirty (30) minutes during the New Hire Orientation to give information on the Union to new employees.

4.4 Reasonable Time Off (Release) and Union Business Time

4.4.1 The District shall allow a maximum of sixteen (16) hours per pay period for use by the Union President or designee without loss of compensation. Such hours shall be excluded from hours worked for overtime purposes. Union business time may be used for any legitimate purpose including training and Union activity, such as interviews with or preparation of represented employees, or other Union activities not covered by paid release time. Additional time will be reasonably considered with prior approval from the CHRO or designee.

4.4.2 The District will allow a reasonable number of Union representatives a reasonable amount of time off without loss of compensation or other benefits for time to formally meet and confer with representatives of the District on matters within the Union's scope of representation (up to a maximum of eight representatives in MOU bargaining sessions), meet and confer sessions, representing employees in meetings with managers, attendance at personnel/retirement meetings, scheduled meetings with District Administration, and for participation in training programs when the District has requested Union attendance.

a) The District will allow a reasonable number of Union representatives a reasonable amount of time off without loss to compensation or other benefits for time spent

testifying or appearing as the designated representative of the Union in conferences, hearings, or other proceedings before the California Public Relations Board, or an agent thereof, in matters relating to a charge filed by the Union against the District or by the District against the Union.

4.5 Quarterly Labor Management Meetings

a) The Union and District Administration shall meet at least quarterly.

4.6 Union Access

a) The District will not unreasonably deny access to District property to the Union's representatives, including reasonable access by its attorneys and other consultants. Refer to use of facilities below.

4.7 Union Security

4.7.1 Union membership is not a mandatory condition of employment for any employee covered under this Agreement. However, as provided by Government Code Sections 1157.3 and 1157.12, the District will comply with requests for membership dues, initiation fees, and general assessments, as well as payment of any other membership benefit program sponsored by the Union.

a) The Union is required to certify to The District what deductions will be. The District will rely on a certification from the Union that it has and will maintain an authorization for such deductions signed by the affected employee. The Union shall not be required to provide a copy of such authorization to the District unless a dispute arises about the existence or terms of the authorization.

b) The District shall direct employee requests to cancel or change deductions to the Union. As provided by Government Code Section 1157.3(b), the revocability of such authorizations shall be determined by the terms of the authorizations. The District will rely on information provided by the Union regarding whether deduction authorization was properly cancelled or changed by an employee.

c) As provided by Government Code Sections 1157.12(a) and (b), the Union shall indemnify the District for any claim made by an employee for deductions made in reliance on the Union's certification that it possesses an employee's deduction authorization or the Union's information regarding whether an employee's authorization had been changed or cancelled.

4.8 Use of Facilities

a) Upon request, the District may permit the Union reasonable use of facilities to meet with employees under the same terms and procedures applicable to any other organization's use of District facilities. As with requests by any organization, permission for the use of facilities shall remain in the sole discretion of the District. This Article shall not limit or modify the

Union's right to access or meet with represented employees on matters within the scope of its representation.

4.9 Bargaining Unit Information

a) The District shall provide the Union with the name; Job Title; Department; Work Location; work, home and personal cellular telephone numbers; personal email address; and home address of each new represented employee within thirty (30) days of hire or by the first pay period of the month following hire. The District shall provide the same information for all represented employees to the Union at least once per thirty (30) days.

4.10 Bulletin Boards

a) The District shall provide spaces in mutually agreed area(s) for Union bulletin board(s) which will be the only place where Union materials will be posted. Union leadership will be provided with methods of communication with their members. Electronic communication will be made available. A copy of all materials will be submitted to the District's Human Resources Department prior to being posted. The Union agrees that no political material or defamatory material shall be posted.

ARTICLE 5- Definitions

When referred to in the contract, the following definitions apply:

5.0 Additional Shift: A shift that an employee is working beyond their budgeted FTE hours. For example, an employee who is budgeted and scheduled to work 72 hours per pay period, who is working an Additional Shift or an employee who is budgeted and scheduled to work 48 hours per pay period and picks up an Additional Shift. This may be to fulfill a need in the Department or to cover a sick call. Shifts that meet the definition of Additional Shift that have been picked up within the 14-day window of the Work Schedule as defined by Article 19, are paid at one and one-half (1.5) times the base hourly wage for the entire shift. These shifts must adhere to article 10.

5.1 Affiliation Officers: Elected or appointed representatives that sit on the Union Board of Directors.

5.2 Base Hourly Rate of Pay: Pay received for a given work period, such as hour or week, excluding additional compensation such as Shift Differential, Per Diem differential, overtime, bonus or other payments.

5.3 Benefited Employee: An employee who is scheduled for, and regularly works a minimum of forty-eight (48) hours per pay period or as indicated on PAF. Benefits include but are not limited to, Paid Time Off, health insurance plans and retirement plans, and are placed in the applicable employee Status. Benefited Employees fall under the following Statuses: Full Time and Regular Part-Time.

5.4 Bereavement Leave: Time off from work employees may be eligible for in relation to the death of a family member.

5.5 Bumping Rights: Contractual right of a senior employee being laid off to replace a less senior employee in a position for which they previously held and are qualified for.

5.6 Callback: Pay earned by an employee who is called in to work from Standby (On Call) Status.

5.7 Cancellation: An employee's temporary reduction of regularly scheduled hours as a result of reduced staffing requirements on a daily basis.

5.8 Cancelled Standby: A Scheduled Shift that has been cancelled due to low census or other such reasons. The employee is then placed on Cancelled Standby and Standby provisions apply.

5.9 Casual Part-Time: An employee who works on an intermittent and as-needed basis.

5.10 Classification: A system that is designed to classify all Job Titles within an organization and put them in a standardized scale based on the overall tasks, responsibilities, pay level, and duties associated with a specific job.

5.11 Collaborative Culture of Safety (Just Culture): A methodology in which organizations are responsible for building safe systems and employees are responsible for the quality of their choices.

5.12 Continuous Service: An employee's continuous employment by the District less any unpaid absences from work in excess of thirty (30) calendar days.

5.13 Contract Agency: A service that provides workers either on a temporary or permanent basis.

5.14 Credit for Relevant Experience: The manner in which an employee receives credit for previous experience for initial salary placement.

5.15 Critical Shift Coverage: A shift offered by District at 1.5 times the base hourly rate due to critical staffing needs. These shifts fall within seventy-two (72) hours of actual shift start time. Employee may not have sick call in same Work Week.

5.16 Date of Hire: An employee's first paid working day as a District employee.

5.17 Deferred Compensation: A voluntary tax deferred savings plan established by TFHS to help employees provide for retirement.

5.18 Department: An individual work unit with its own cost center to which employees are assigned.

5.19 Department Member: An employee who has been hired into a posted position as documented on a Personnel Action Form (PAF), participates in Department meetings, attending a minimum of 80% of staff meetings trainings and maintains documented competencies in the Department and has completed an initial Probationary Period.

5.20 Designated Holiday Shifts: Shifts that are rotated amongst employees and occur on the following days: New Year's Day, President's Day, Memorial Day, July 4th (Independence Day), Labor Day, Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Eve Day. Employees can only receive holiday credit for one shift per holiday.

5.21 Designated Stewards: An employee of an organization who represents and defends the interests of their fellow employees and has been designated by the Affiliation Officers.

5.22 Flex Up: This occurs when a Regular Part Time employee is assigned extra shifts or hours beyond their budgeted FTE hours.

5.23 Full Time: (1) An employee who is scheduled for 12-hour shifts and works seventy-two (72) hours in a two-week pay period; (2) An employee who is scheduled for 8-hour or 10-hour shifts and works eighty (80) hours in a two-week pay period; (3) Night shift employees regularly scheduled to work seventy (70) hours in a two-week pay period.

5.24 Full Time Equivalent (FTE): The number of budgeted hours per employee per pay period or the minimum hours an employee can be expected to regularly work. This is calculated based off of an 80-hour pay period. For example, an employee who works 60 hours per pay period would be considered a 0.75 FTE (60/80).

5.25 Group Health Insurance Program: A health insurance plan that provides coverage to members of a group of employees.

5.26 Health Insurance Premiums: The portion of the health plan cost paid for by the employee in exchange for coverage of themselves and family members.

5.27 Involuntary Missed Meal/Rest Period Form: Required documentation in accordance with missed meal and rest periods.

5.28 Job Description: A written document that outlines the essential functions of a specific job.

5.29 Job Title: The name of a position within an organization. See **Appendix A**.

5.30 Job Vacancies: Open positions within the District not related to Status Changes.

5.31 Layoff: Suspension or termination of employment or reduction in force by the employer, which is not caused by any fault of the employees, but for reasons such as lack of work, funding or materials.

5.32 Lead Roles: An employee (generally hired into a Lead Role Job Title) designated by management to perform additional duties, including but not limited to updating policies and procedures and ordering supplies, and who receives additional compensation for their designation in a Lead Role.

5.33 Leave of Absence: An employee's temporary absence from work for a period of time. Leaves of Absence include: Regulatory Leave of Absence, Protected Benefited Leave of Absence, Non-Protected Benefited Leave of Absence, and Unpaid Leave of Absence.

5.34 Long Term Sick Leave (LTS): Hours that Full Time and Regular Part Time Employees accrue that may be used for long term, intermittent illnesses or bereavement.

5.35 Lump Sum: Lump Sum payment calculations will be based on wages paid in the calendar year(s) prior to the date of disbursement. Calculations exclude overtime and double time, Callback, or other premium pay, MOU education, non-productive standby and holiday standby. Holiday pay is included. The calculation for holiday pay is the number of holiday hours worked in the calendar year(s) multiplied by current regular Base Pay.

5.36 Meal Period: A 30-minute unpaid break provided to employees working more than 6 hours in a shift.

5.37 Missed Meal Period Premium: Additional compensation paid to an employee who is unable to take a scheduled meal break due to work demands or operational needs.

5.38 Missed Rest Period Premium: Additional compensation paid to an employee who is unable to take a scheduled rest period due to work demands or operational needs.

5.39 Night Shift Wellness Leave Accrual: Additional leave time accrued by designated night shift employees into a separate leave bank.

5.40 Night Shift Wellness Program: Incentive program for Benefited night shift employees to help support the work life balance and health of the employee.

5.41 Non-Benefited Employee: Employees with the Status: Short Hour, Per Diem, Casual Part-Time, Temporary, Limited Hours.

5.42 Non-Protected Benefited Leave of Absence: A Leave of Absence employees may be eligible for if they do not or no longer qualify for a Regulatory Leave of Absence and have exhausted the Protected Benefited Leave of Absence. Employees may qualify for this leave until all PL and LTS benefits are exhausted.

Outpatient Clinics: Also known as multi-specialty clinics.

5.43 Paid Sick Leave: Hours accrued by Non-Benefited Employees who are not eligible to accrue PL or LTS (includes Per Diem, Short Hour, Casual Part-Time and temporary). This may be used for an employee's illness or to care for a family member.

5.44 Per Diem: An employee who must be available for five (5) shifts per 4-week schedule and must be scheduled to work a minimum of three (3) shifts per 4-week schedule, subject to management discretion as defined in Article 6 and Article 18.

5.45 Paid Time Off (PTO): Hours that Full Time and Regular Part Time employees accrue that may be used for an employee's needs including: holidays, vacation, and short-term illnesses.

5.46 Personnel Action Form (PAF): The form used by the District to designate employee information including: Job Title, Department, Rate of Pay, Status, Benefit Group, FTE, Shift Type, and Overtime Type. Each time there is a change to any of the aforementioned items, a new PAF must be filled out by the Department manager.

5.47 Placement Right: The right of an employee to return to an open position in their previous Department and job Classification during their Probationary Period in another Department.

5.48 Preceptor: An employee who provides guidance and/or training to a student who is on site participating in an educational program or to another employee who is new to a Department without prior experience in a specialty or service line.

5.49 Preceptor Duties: Preceptor Duties involve mentoring, training, and supervising new employees or students to ensure they acquire the skills and knowledge required for their role.

5.50 Premium Pay Codes: Classifications of different types of hours that accrue pay at a different rate than Base Hourly Rate of Pay. Premium Pay Codes include: Standby, Cancelled Standby, Callback, Pay for Working Scheduled Day Off, Critical Staff Coverage and Holiday Premium Pay.

5.51 Probationary Period: The designated initial period of employment during which an employee's performance, conduct, and suitability for the position are evaluated

5.52 Protected Benefited Leave of Absence: A Leave of Absence employees may be eligible for if they do not or no longer qualify for Regulatory Leave of Absence during which the employee has up to nine (9) months of leave with job protection.

5.53 Recall: Occurs when an individual who has been terminated or suspended due to a Layoff is asked to return to employment during the Recall period to the position held immediately prior.

5.54 Regular Part Time (RPT): An employee who is scheduled for, and regularly works, at least forty-eight (48) hours in a two-week pay period. It is the expectation that all Regular Part Time employees will Flex Up based on District needs.

5.55 Regulatory Leave of Absence: A Leave of Absence employees may be eligible for based on State and Federal Status. These include, but are not limited to the following: California Family Rights Act, Military Leave, Occupational Disability, Pregnancy Disability Leave, and Family Medical Leave Act (see appropriate agencies for more detail).

5.56 Rest Period: A 15-minute paid break provided to employees working more than 4 consecutive hours. Employees are allowed one Rest Period if working 4-6 hours in a shift and two Rest Periods if working more than 6 hours in a shift.

5.57 Scheduled Shift: When an employee is expected to report to work according to the Work Schedule.

5.58 Shift Differential: Additional funds paid to employees hourly in addition to base wage as incentive for working Weekend, evening and night shifts.

5.59 Short Hour: An employee who regularly works less than forty (40) hours per pay period.

5.60 Standby (On Call): A duty which requires that an employee be designated by the appointed authority to report to work within forty-five (45) minutes, unforeseen road conditions permitting. This 45-minute report time excludes Surgical Services staff and ICU staff, who must report to work within thirty (30) minutes.

5.61 Status: The Classification of an employee based on the number and type of hours worked. Statuses include: Full Time, Regular Part-Time, Short Hour, Per Diem, Casual Part-Time and Temporary.

5.62 Team Lead (Charge Nurse): Team Lead, also known as Charge Nurse, receives a five percent (5%) increase above Base Pay during an entire shift when designated on the schedule as Team Lead/Charge Nurse, when approved by management. Additional requirements for Charge Nurse are outlined in Article 40, Work Out of Classification.

5.63 Temporary Employee: An employee who is hired to fill a temporary need for additional staff for a period of up to one (1) year.

5.64 Unpaid Leave of Absence: A Leave of Absence employees may be eligible for if they do not or no longer qualify for a Regulatory Leave of Absence and have exhausted the Protected Benefited Leave of Absence and have no available PL or LTS. Employees may be eligible for Unpaid Leave of Absence for a period of up to one (1) year.

5.65 Voluntary Exit Incentive: Benefit or payment offered to an employee who chooses to resign from their position, typically as part of a program to encourage workforce reduction or organizational restructuring

5.66 Weekend:

5.66.1 Where an employee is required to work a certain number of Weekend shifts, this requirement shall include shifts scheduled to begin between 7:00pm Friday and 6:59pm on Sunday.

5.66.2 Start times shall be based on scheduled, as opposed to actual, start times. Employees who clock in or begin working prior to a Scheduled Shift start time shall not be considered to be working a Weekend shift unless the shift would be considered Weekend according to its scheduled start time.

5.66.3 This Article shall not affect the definition of "Weekend" for Shift Differential purposes.

5.67 Work Location: The physical site where an employee is assigned to perform their job duties.

5.68 Work Out of Classification: When an employee is performing the duties and responsibilities of another Job Title of a Classification different from the employee's current Job Title.

5.69 Work Week: A Work Week consists of a consecutive seven-day period within a pay period. Each pay period has two Work Weeks. The first Work Week consists of days 1-7 of the pay period. The second Work Week consists of days 8-14 of a pay period.

5.70 Work Schedule: The posted shift assignments for a Department for a period of at least fourteen (14) days.

ARTICLE 6- Employee Status

6.0 All employees shall be classified as one of the following listed below. If an employee's hours are reduced as a result of business needs, the employee's Status will not be affected.

a) Full Time:

1. An employee who is scheduled for 12 hour shifts and works seventy-two (72) hours in a two- week pay period.

2. An employee who is scheduled for 8 or 10 hour shifts and works eighty (80) hours in a two-week pay period.

3. Night shift employees regularly scheduled to work seventy (70) hours in a two-week pay period.

b) Regular Part-Time (RPT): An employee who is scheduled for, and regularly works, at least forty-eight (48) hours in a two-week pay period. It is the expectation that all Regular Part Time employees will Flex Up based on District needs as outlined in Article 19 Work Schedules.

c) Short Hour: A Non-Benefited Employee who regularly works less than forty (40) hours per pay period.

d) Per Diem: An employee who must be available for five (5) shifts per four-week schedule and must be scheduled to work a minimum of three (3) shifts per four-week schedule, based upon the needs of the District and subject to management discretion. In the event there are remaining open shifts prior to schedule posting, Per Diems will be expected to meet the three (3) shift minimum.

1. Per Diems must be available for two (2) independent Weekend shifts and two (2) independent night shifts, as applicable and within the four (4) week schedule.

2. Every Per Diem is required to provide availability for at least two holidays as outlined in Article 18, Premium Holiday Pay.

3. Holiday availability is in addition to the required five (5) shifts per four (4) week schedule.

4. Based on the needs of the District, Per Diem employees will be required to work one (1) holiday annually on a rotational basis.

e) Casual Part-Time: A Non-Benefited Employee who works on an intermittent and as needed basis.

f) Temporary: An employee who is hired to fill a temporary need for additional staff for a period of up to one year.

6.1 Employees regularly working hours outside of their designated Status, may request an evaluation by Human Resources for Status review.

ARTICLE 7- Wages

7.0 Wages and pay ranges have been set according to Classification pursuant to policies fixed by and between the District and the Union. No changes in this Memorandum of Understanding (MOU) provision can be made without the consent of both parties in writing.

7.1 The pay ranges set forth are intended to constitute minimum ranges only, and nothing in this MOU shall preclude the District from paying in excess of such minimum rates at the District's discretion.

a) EA/EAP:
Each job Classification subject to this MOU is assigned a pay range. The pay range is structured at a thirty-five percent (35%) span, based on pay range mid-point, with two and one-half percent (2.5%) between ranges.

b) Outpatient Clinics EA/EAP:
Each job Classification subject to this MOU is assigned a pay range. The pay range is structured at a thirty percent (30%) span, based on pay range mid-point, with two- and one-half percent (2.5%) between ranges.

7.2 Effective with the pay period that contains July 1, 2026 a 4% wage increase will be in effect for all Classifications in **Appendix A**.

a) Prior to the above increase, a market data survey will be conducted. If the survey data indicates that adjustments to the pay range is necessary, salary ranges will be adjusted up to 2.5%, which is the equivalent of one range movement to maintain market alignment.

b) Employees who reach the top of the pay range will receive a Lump Sum payment.

c) The District and the Union will continue working towards further evaluation and discussion of Classifications and implementing a step & grade structure. Further meetings will be established upon ratification and implementation of this agreement by both parties.

d) After the above wage adjustment, Human Resources will annually review all salaries of staff in the same Job Title and in the same Department to determine if other salary adjustments may be necessary. Human Resources will inform the Union of such action.

7.3 Per Diem employees will receive Base Hourly Rate of Pay plus twelve and one-half percent (12.5%).

7.4 Temporary Employees hired after January 1, 2026 will receive Base Hourly Rate of Pay plus five percent (5%).

ARTICLE 8- Minimum Shift Pay

8.0 Minimum Shift Guarantee: An employee who reports for their regularly Scheduled Shift, but whose services are not required for the entirety of the shift, shall be guaranteed a minimum of two (2) hours of work at their straight-time hourly rate. If no work is available, management may send the employee home, and the employee shall receive the two (2) hours of minimum shift pay, except as otherwise provided below.

8.1 Cancellation Prior to Reporting: An employee who is personally notified at least two (2) hours before the start of their Scheduled Shift not to report, and who nonetheless reports to work, shall not be eligible for the minimum shift pay guarantee described above.

8.2 Cancellation Within Two Hours of Shift Start: An employee who is cancelled within two (2) hours of the start of their Scheduled Shift shall be given the option to (a) accept the Cancellation without pay, or (b) report to work and receive two (2) hours of pay.

8.3 Required Meetings: Reasonable efforts will be made to allow employees to attend required Department meetings, in-services, or committee meetings during their scheduled work time. When attendance outside of the employee's regular schedule is required, the employee shall be paid a minimum of two (2) hours at their Base Hourly Rate of Pay.

8.4 Voluntary or Optional Meetings: Employees will be compensated for actual time spent attending voluntary or optional Department meetings, in-services, or committee meetings. Such time shall not qualify for the two-hour minimum pay guarantee.

8.5 Attendance Outside the Regular Schedule: Employees wishing to attend voluntary meetings, trainings, or committee sessions outside their normally scheduled work hours must obtain prior management approval. Such time shall not qualify for the two-hour minimum pay guarantee.

ARTICLE 9 — Standby, Cancelled Standby, Callback, and Cancellations

9.0 Standby (or On Call) is a duty assignment requiring an employee, designated by management, to remain available to report to work within forty-five (45) minutes of notification, weather and road conditions permitting. Employees in Surgical Services and the ICU must report within thirty (30) minutes.

a) Employees assigned to Standby must be reachable by telephone and must refrain from activities that would impair their ability to perform their duties if called in.

b) Employees assigned to Standby by the Department shall receive:

i. Standard Standby: One-third (0.3333) of the employee's base hourly rate for each hour or fraction thereof.
ii. Designated Holiday Standby: One-half (0.5) of the employee's base hourly rate for each hour or fraction thereof.
iii. These provisions exclude Job Titles identified in the Job Title Exceptions table

9.1 Unless otherwise specified, Standby hours do **not** apply toward FTE accrual and Paid Time Off is **not** accrued on these hours.

9.2 Employees on regular Standby may be cancelled at any time. The two-hour notification requirement does not apply to Cancellation of regular Standby.

Cancelled Standby

9.3 Cancelled Standby occurs when a Scheduled Shift is cancelled (e.g., due to low census) and the employee is placed on Cancelled Standby Status.

9.4 Cancelled Standby is considered scheduled work time and applies toward FTE. Paid Time Off is accrued on these hours.

9.5 Employees shall be notified of Cancelled Standby Status at least two (2) hours prior to the start of their Scheduled Shift. Cancellations shall follow the order of sequence outlined in this article.

9.6 Employees on Cancelled Standby are expected to report to work at the start of their Scheduled Shift if called in by management.

9.7 Employees on Cancelled Standby shall receive the same Standby compensation as employees on regular Standby. If additional staffing becomes necessary, employees on Cancelled Standby will be called back first. If no employees are on Cancelled Standby, the call-back opportunity will next be offered to employees on regular Standby.

9.8 Employees in Perioperative Services and PAAS will be paid to work On-Call only positions. The On Call only positions shall be assigned to any volunteers and/or equally rotated among surgery Full Time & Regular Part Time employees.

Callback

9.9 Callback is compensation earned by an employee who is called in to work from Standby or Cancelled Standby Status.

a) Employees called in from Standby or Cancelled Standby shall receive a minimum of two (2) hours at time-and-one-half (1.5) their Base Hourly Rate of Pay for the initial Callback.

b) For work performed on a Designated Holiday, the employee shall receive a minimum of two (2) hours at double time (2.0) at their Base Hourly Rate of Pay for the initial Callback.

c) Additional call-ins within the original two-hour period are not subject to an additional minimum guarantee.

d) Callbacks occurring after the two-hour period are treated as separate Callbacks, each with a new two-hour minimum.

e) Travel time to and from work is not considered hours worked for Callback pay purposes.

f) Standby pay will be reduced by the number of hours paid as Callback.

Cancellations

9.10 A Cancellation is a temporary reduction of an employee's scheduled hours due to decreased staffing needs.

9.11 Cancellations shall occur in the following sequence:

a) Employees working at one and one-half (1.5) their Base Hourly Rate of Pay

b) Volunteers working extra (non-overtime) shifts

c) Additional volunteers (rotational basis)

d) Temporary, casual, or short-hour employees

e) Per Diem employees

f) Employees working extra shifts

g) Regular part-time, Full Time, and Contract Agency staff (rotational basis)

9.12 A cancelled employee may elect to use Paid Time Off for cancelled hours, in increments of at least one (1) hour. Use of Paid Time Off is optional.

9.13 At managements discretion, a cancelled employee may be floated to another area, provided the employee is qualified to work in that area.

9.14 Job Title Exceptions

Job Title / Group	**Standard**	**Designated Holiday**	**Other Compensation**
Exempt Surgical (General) & Orthopedic APPs			
On-Call Weekday Evening/ Night	$200.00	$400.00	$50 per case
On-Call Weekend (24-hour Sat/Sun)	$500.00	$750.00	$50 per case
On-Call Weekend (12-hour Sat/Sun)	$250.00	$375.00	$50 per case
Surgical Services RNs (OR40, 17:00–07:00 M–F)	40 hours Base Pay	N/A	N/A
Respiratory Therapy (RT36, F–M, Weekend only)	36 hours Base Pay	N/A	N/A
Pharmacists	$20/hour	$30/hour	Callback premium applies if called in
Home Health/Hospice RNs (8.5-hr shift)	$100	$150	Callback premium applies if called in
Home Health/Hospice RNs (15.5-hr shift)	$200	$300	Callback premium applies if called in
OPC Hourly Non-Licensed Inclusive of 6-12 hours	$100	N/A	Base Hourly Rate of Pay for hours worked in additional to the flat on-call rate if called in
OPC Hourly RNs & Hourly APPs Inclusive of 6-12 hours	$150	N/A	Base Hourly Rate of Pay for hours worked in additional to the flat on-call rate if called in
IT Exempt Employees	$150	N/A	N/A

Job Title / Group	Standard	Designated Holiday	Other Compensation
IT Hourly Employees	$65 per event >15 min (onsite or remote)	N/A	N/A

ARTICLE 10- Additional Shift and Critical Shift Coverage

10.0 If an employee picks up an Additional Shift within the 14-day window as defined by Work Schedules, Article 20, they shall be paid for hours worked on that day at time and a half (1.5) Base Hourly Rate of Pay. These hours are considered premium pay and do not accrue additional overtime compensation or Personal Leave.

10.1 In order to qualify, the shift must meet the definition of Additional Shift (**Definitions, Article 5**).

a) If the employee calls in sick during the same Work Week, any Additional Shift or Critical Shift Coverage will be paid at straight time.

b) Benefited Employees must meet their FTE hours for the Pay Period in which they have an Additional Shift or Critical Shift Coverage in order to qualify for premium pay. Per Diem employees must be scheduled for three (3) shifts in the four (4) week schedule in order to qualify for Additional Shift premium pay.

c) Employees with prior approved Paid Time Off are eligible for Additional Shift and Critical Shift Coverage overtime pay.

d) Employees who give away a shift during a pay period in which they have an Additional Shift, thereby reducing their hours below their FTE (Full Time Equivalent) Status, will forfeit the premium pay for that Additional Shift. Per Diem employee must maintain their 3 shifts in the 4-week schedule.

10.2 A Department experiencing critical staffing shortages may offer open shifts as Critical Shift Coverage, at the discretion of management, and will be compensated at time-and-a-half (1.5) of the employee's Base Hourly Rate. The shift must meet the definition of Critical Shift Coverage as outlined in the Definitions section (**Article 5**).

a) If the employee calls in sick for any shift during the same workweek, the Critical Shift Coverage will be paid at straight time (1.0 times Base Hourly Rate).

d) If an employee gives away a shift during the same pay period, resulting in a reduction of their hours below their FTE Status, the Critical Shift Coverage previously picked up will be paid at straight time.

ARTICLE 11- Paid Time Off (PTO)

11.0 Full Time and Regular Part-Time employees are eligible to accrue Paid Time Off (PTO) hours.

a) Accrual of Paid Time Off begins immediately upon employment and is based upon hours worked, exclusive of overtime, Standby, standby Callback, and education hours.

b) In the event scheduled working hours are changed to Cancel Standby or Cancel Standby Callback, those hours will accrue Paid Time Off.

11.1 Paid Time Off is to be used for an employee's needs including holidays, vacations and short-term illnesses.

a) An employee must use Paid Time Off hours when they work less than their work Status (as defined on their PAF) unless the time off is the result of Cancellations.

b) An employee must use Paid Time Off hours if they are absent for a Scheduled Shift, with the exception of shifts picked up after the schedule has been posted or shifts above their FTE.

c) If an employee has pre-approved Paid Time Off and then picks up extra shifts (straight time only), the employee may choose whether or not to utilize the approved PTO hours above their FTE. In this instance, if requested and approved, the employee may have the pre-approved PTO hours removed.

d) If the employee is picking up an Additional Shift or Critical Shift Coverage (overtime), the employee must utilize Paid Time Off to meet their FTE for the pay period. Additional Shift hours or Critical Shift Coverage hours do not count toward total FTE hours. In this instance, if an employee does not meet their FTE, the Additional Shift will be paid at straight time.

11.2 Any employee who meets their required FTE within the pay period (exclusive of standby or overtime hours), will not be required to take mandatory Paid Time Off on Holidays.

a) If a Benefited Employee does not meet their FTE Status within the Pay Period, the employee may request approval by management to pick up shifts at straight time in order to fulfill their FTE Status within the Pay Period. This does not apply if an employee calls in sick during the Pay Period. If no such hours or shifts exist, the employee will be required to take PTO to meet their FTE (exclusive of Cancellations).

11.3 Paid Time Off may be used for any Scheduled Shift at the employee's discretion and with management approval. For example, a Part Time employee who has picked up an extra shift and then is cancelled or gives that shift away, may use Paid Time Off for those hours. All employees must use Paid Time Off to meet their FTE exclusive of documented Cancellations.

11.4 Employees hired before October 31, 1986:

Years of Service	15+
Maximum Days Per Year	39
Hourly Accrual Rate	.15

11.5 Employees Hired 11/01/86 or after:

Years of Service	0–4	5–8	9–11	12–14	15	16+
Hourly Accrual Rate	0.092	0.112	0.123	0.127	0.131	0.139
Max Accrual – Full Time	240	240	270	270	270	270
Max Accrual – Part-Time	190	190	190	190	190	190

11.6 Upon separation from the District, all Paid Time Off hours will be paid out on an employee's final check.

11.7 Paid Time Off is accrued based on Continuous Service where an employee has worked without formal termination or resignation.

ARTICLE 12- Night Shift Wellness Program (NSWP)

12.0 Designated Full Time and Regular Part Time night shift employees eligible for the Night Shift Wellness Program (NSWP) will be eligible to receive Night Shift Wellness Leave Accrual according to the following schedule:

a) Full Time night shift employees will receive two (2) Night Shift Wellness Leave Accrual days per quarter.

b) Regular Part Time night shift employees will receive one (1) Night Shift Wellness Leave Accrual day per quarter.

12.1 Night Shift Wellness Leave Accrual Day is equivalent to the shift type worked by the employee below:

a) 8-hour FTE employees will accrue Night Shift Wellness at 8 hours

b) 10-hour FTE employees will accrue Night Shift Wellness Leave at 10 hours

c) 12 hours FTE employees will accrue Night Shift Wellness at 12 hours

12.2 In order to receive Night Shift Wellness Leave Accrual benefits, night shift designation must be on a Personnel Action Form (PAF) and the following stipulations apply:

a) Upon hire or Status change, eligible employees will immediately begin earning this benefit. An employee must work more than half of the calendar quarter to receive Night Shift Wellness for that quarter.

b) Employees who are out on a Leave of Absence, but have worked more than half of the calendar quarter, are eligible to receive this benefit for that quarter.

c) Night Shift Wellness Program (NSWP) participants' Work Schedules will be evaluated quarterly, prior to the allocation of Wellness night shifts. It is the responsibility of the employee and management to ensure that their participation Status aligns with their actual Work Schedule. Employees must maintain at least 90% of their FTE hours as scheduled night shifts per quarter to remain eligible for the NSWP. Failure to accurately report changes in shift assignments may result in the forfeiture or retroactive adjustment of NSWP benefits. Any changes to an employee's NSWP Status, based on Work Schedule evaluations will be brought forth to the employee and the Union.

d) Night Shift Wellness Leave Accrual Days may be used for shifts in which an employee is cancelled and not put on Standby/Cancelled Standby.

e) Use of Night Shift Wellness Leave Accrual must be prescheduled and requires management approval. Requests for use of Night Shift Wellness Leave follows the same process as Paid Leave requests as outlined in Article 35, Time Off Requests.

f) Night Shift Wellness Leave Accrual Days cannot be cashed out.

g) Night Shift Wellness Leave will not accrue Personal Leave when used.

12.3 Employees who qualify for Night Shift Wellness Leave Accrual shall be allowed to accrue no more than 75% of their annual accrual, as listed below:

a) Full Time employees working eight (8) hour shifts may accrue a maximum of forty-eight (48) hours.

b) Regular Part Time employees working eight (8) hour shifts may accrue a maximum of twenty-four (24) hours.

c) Full Time employees working ten (10) hour shifts may accrue a maximum of sixty (60) hours.

d) Regular Part Time employees working ten (10) hour shifts may accrue a maximum of thirty (30) hours.

e) Full Time employees working twelve (12) hour shifts may accrue a maximum of seventy-two (72) hours.

f) Regular Part Time employees working twelve (12) hour shifts may accrue a maximum of thirty-six (36) hours.

12.4 Employees that no longer qualify for Night Shift Wellness Leave Accrual due to a Status Change will have a 60-day grace period from the date of their Status Change to use their Night Shift Wellness Leave accrued hours.

ARTICLE 13 – Anniversary Bonus Paid Leave (Benefited Employees Only)

13.0 Establishment of Anniversary Bonus Paid Leave

a) The District agrees to create and maintain a non-cashable Anniversary Bonus Paid Leave ("Bonus PL") bank for eligible employees. Bonus PL hours shall be granted annually based on an employee's anniversary year of employment.

13.1 Eligibility

a) Eligibility for Anniversary Bonus PL begins after the employees completes their first year of continuous employment with the District and will be awarded in the employee's second (2nd) year of employment.

b) Full Time employees shall receive eight (8) hours of Bonus PL per anniversary year.

c) Part-time employees shall receive four (4) hours of Bonus PL per anniversary year, provided they have worked a minimum of 1,000 hours in the preceding anniversary year.

13.2 Bank and Restrictions

a) Anniversary Bonus PL hours shall be deposited into a separate, non-cashable, "use-it-or-lose-it" bank.

b) Bonus PL hours have no cash-out value under any circumstances.

13.2.1 The maximum accumulation in the Bonus PL bank shall not exceed:

a) Sixteen (16) hours for Full Time employees;

b) Eight (8) hours for part-time employees.

13.3 Annual Deposit ("Dump") Schedule

13.3.1 Anniversary Bonus PL hours shall be deposited according to the employee's Date of Hire as follows:

a) Employees with hire dates January through June: deposit will occur in the pay period including May 30.

b) Employees with hire dates July through December: deposit will occur in the pay period including November 30.

ARTICLE 14 – Long Term Sick Leave (LTS)

14.0 Eligibility- Benefited Employees

14.1 Full Time and Regular Part-Time employees accrue Long Term Sick in addition to Paid Time Off.

14.2 Accrual: Eligible employees accrue LTS at a rate of 0.027 hours for each hour paid, exclusive of Overtime, Standby, and Callback hours.

a) Exception: Scheduled working hours that are changed to Cancelled Standby hours and cancel standby Callback hours will accrue LTS

14.3 Payout upon termination will be based on Hire Date with consecutive years of service

14.4 For Employees Hired Before January 1, 2026: No cap on the LTS bank

14.4.1 <u>EAP/ EAP OPC:</u>

a) After 5 consecutive years of employment and upon termination:
Payout of 50% of accrued LTS, not to exceed $7,500.00

b) After 20 consecutive years of employment and upon termination:
Payout of 75% of accrued LTS, not to exceed $22,500.00

14.4.2 <u>EA/EA OPC:</u>

a) Following five (5) consecutive years of employment and upon termination or Status change to a non-benefited position, Long Term Sick Leave will be paid to the employee at 50% of hours accrued, not to exceed 500 net hours.

b) Following twenty (20) years of employment and upon termination or Status change to a non-benefited position, Long Term Sick Leave will be paid to the employee at 75% of hours accrued.

14.5 For All Employees Hired On or After January 1, 2026: LTS sick bank is capped at 500 hours

a) After 15 consecutive years of employment and upon termination:
Payout of 50% of accrued LTS, not to exceed 250 hours and $7,500.00

b) After 20 consecutive years of employment and upon termination:
Payout of 75% of accrued LTS, not to exceed 375 hours and $22,500.00

14.6 Status Change and LTS Retention:

a) Upon a change from Full Time or Regular Part-Time to a Non-Benefited Status, an employee will retain their LTS balance for one (1) year, but will not be eligible to use it unless they return to Full Time or Regular Part-Time Status.

b) If the employee separates from District employment while in any non-benefited Status, all accrued LTS hours will be forfeited.

c) Optional Payout at Status Change

1. If an employee qualifies for an LTS payout at the time of their Status change to a Non-Benefited position, they may opt to receive the payout.

2. By selecting this option, the employee will:

i. Forfeit all remaining LTS hours

ii. Forfeit seniority within their Department

iii. Forfeit seniority within the District as it relates to Paid Time Off accrual if an employee were to return to a benefited position.

iv. The employee must notify Human Resources prior to the effective date of the Status change.

3. This decision is final and irrevocable once the Status change takes effect.

14.7 Use of Long-Term Sick during illness:

14.7.1 On the first two (2) days of any illness, the employee will use Paid Time Off. LTS usage begins:

a) On the 3rd calendar day of illness with a medical provider note;

b) Immediately upon hospitalization, if sooner; or

c) When the employee is eligible for and receives Workers' Compensation.

14.8 Integration with Short Term Disability or Workers' Compensation:

a) Paid time off for illness will be deducted from the LTS bank and coordinated with any state-paid benefits or supplemental short-term disability benefits.

b) When the employee qualifies for leave, it will be integrated to ensure they receive 100% of their Base Pay. This will be done by using available LTS to supplement Disability or Workers' Compensation payments, up to the maximum benefit.

ARTICLE 15- Paid Sick Leave (Non-Benefited)

15.0 The Paid Sick Leave benefit applies only to employees who are not eligible to accrue PL or LTS. Eligible employees receive paid time off to be used for their own illness or to care for a qualifying family member.

15.1 Paid Sick Leave may be used for: The diagnosis, care, or treatment of an existing health condition, preventive care, or to care for a qualifying family member. It may also be used for absences related to domestic violence, sexual assault, or stalking.

15.2 Where applicable, Paid Sick Leave shall run concurrently with other leave entitlements such as:

a) Kin Care (Labor Code §233)

b) California Family Rights Act (CFRA)

c) Family and Medical Leave Act (FMLA)

d) Any other mandatory protected leave

15.3 Current employees will receive a lump-sum grant of five (5) days of Paid Sick Leave each year on January 1st of each calendar year.

15.4 Newly hired employees will receive a lump-sum grant upon hire of five (5) days of Paid Sick Leave following the first 90 days of employment. A lump-sum grant will then be provided on January 1st each subsequent calendar year if the employee remains eligible.

15.5 Hours are determined by an employee's overtime/shift type as listed below:

Overtime/Shift Type	Annual PSL Hours
8 Hour & Over 40	40
10 Hour	50
12 Hour	60

15.6 A minimum of two (2) hours of Sick Leave may be used for partial sick days.

15.7 Advanced notice:

a) If the leave is foreseeable, employees are required to give reasonable advance notice, if unforeseeable, employee must give notice as soon as possible.

15.8 Paid Sick Leave is not paid out upon separation from employment.

ARTICLE 16- Health, Dental, Vision and Life Insurance

16.0 All Full Time and Regular Part-Time employees are eligible to participate in the District's Group Health Insurance Program.

16.1 Coverage for new employees and eligible dependents shall become available the first of the month following completion of the initial sixty (60) calendar day employment period.

16.2 Health Plan Design and Premiums:

a) The plan design is described in Health Insurance Plan Design (**Appendix B**). This plan will remain in effect from January 1, 2026 through December 31, 2027 as described below.

b) Premiums for participation in health, dental and vision plans are as outlined in Health Insurance Premiums (**Appendix C**). Subsequently, the District will look at the annual actuarial study projecting claims costs. If the plan costs are projected to exceed 10%, the plan design and premium costs may be changed through the meet and confer process. lf the costs are projected to be 10% or less, then premiums will be set based on the projected annual increase. The percentage increase will be split between the District and the employees; the employee premium cannot increase more than 10% per year. (E.g. if the costs are projected to increase 8%, the employee premium will increase by 4%. The District is accepting the majority of the increase as 4% of the District's share of costs is considerably higher than the employee premium share.)

c) Eligible Participants who elect to complete the annual health screening will receive a reduction to Health Insurance Premiums as outlined in Health Insurance Premiums (**Appendix C**).

16.3 An employee who is on Leave of Absence for a personal emergency or bereavement not covered by Family Care Leave or Layoff Status which exceeds thirty (30) calendar days must assume the entire premium cost during the second month and all succeeding months of the Leave of Absence or Layoff. All others on a Leave of Absence will be eligible for health insurance benefits under COBRA beginning on the first day of the leave.

16.4 An employee who does not elect COBRA benefits and allows insurance coverage to expire shall be considered a new employee with respect to health insurance waiting restrictions, upon return from their Leave of Absence or Layoff.

16.5 The District agrees to maintain health insurance benefits for Full Time and Regular Part-Time employees for the period from January 1, 2026 to December 31, 2027 (excluding COBRA).

16.6 It is agreed that the District may change insurance carriers so long as the level of benefits is not decreased or premium costs are not increased except as outlined above.

16.7 The District will provide a dental program for all employees eligible to participate in the Group Health Insurance Program.

16.8 The District will provide a vision plan for all employees eligible to participate in the Group Health Insurance Program.

16.9 The District will provide a $25,000 life insurance policy for all employees eligible to participate in the Group Health Insurance Program.

ARTICLE 17- Education Reimbursement

17.0 Eligibility

17.0.1 Employees eligible for education reimbursement include:

a) Full Time
b) Regular Part-Time
c) Per Diem

17.0.2 To qualify, employees must have completed six (6) months of Continuous Service.

17.1 Eligible education must be related to the employee's current Job Title or to prepare for another job within the District to further career development:

a) College-accredited courses

b) Seminars, conferences, workshops
c) Other educational programs upon management approval

17.2 EDU Hours – Annual Hour Allowance (excluding APP's)

Employee Type	**Annual EDU Hours**
Full Time	24 hours
Regular Part-Time	16 hours
Per Diem (with 1000+ hours worked in prior fiscal year)	8 hours

a) Unused hours and funds carry over at fiscal year-end
b) Maximum accrual: No more than 2x the annual allotment for hours or expenses

17.3 Education Expense Reimbursement – Annual Dollar Allowance (excluding APP's)

17.3.1 These funds can be used for registration, books, materials, and other related costs in line with IRS guidelines. Approval for dollars spent requires management approval.

Employee Type	**Annual Expense Reimbursement**
Full Time	$800
Regular Part-Time	$600
Per Diem (with 1000+ hours worked in prior fiscal year)	$400

17.4 Payment for College Courses

a) Reimbursement for college courses will be paid after successful course completion, based on the employee's Status at the time of course completion.

17.5 Licensure and Certification Reimbursement

a) If the District offers certification education required for an employee's position as outlined in their Job Description, the employee may take advantage of this education without using their education funds or hours. However, if the employee chooses to pursue the certification outside of the District, they may utilize their education funds for the external training.

b) Employees required to maintain a license or certification may request reimbursement for:

i. Cost of license/certification renewal
ii. CEUs (reimbursed at 1 hour per CEU completed)

iii. Exam fees related to required licensure or certification

17.6 No Accrual of Additional Benefits

a) Benefits will not be accrued on EDU hours
b) Overtime is not paid for EDU hours

17.7 Submission Deadlines

a) Requests for paid educational leave or reimbursement must be submitted within thirty (30) days of completion of EDU hours
b) Requests for advance registration payment must be submitted at least 1 month in advance
c) Late submissions will not be accepted

17.8 Proof of Completion Required

17.8.1 To receive reimbursement the following must be submitted to your Department manager:

a) Proof of attendance for any conferences, classes, educational trainings
b) All expenses must be documented using a reimbursement form with receipts attached

17.9 To receive EDU Hours, the following must be submitted to your Department Manager:

a) Proof of attendance with attached CEUs or hours of attendance

17.10 Completed Requests

a) Fully completed requests, including all documentation, for conferences/classes taken in June must be submitted within the first two (2) weeks of July to be credited against the employee's MOU education fund for that fiscal year.

17.11 All-Day Events and Missed Shifts

a) Those who are approved and who are attending an all-day conference/class that is equal to or in excess of eight (8) hours may request to use their education hours up to the hours of their missed shift in lieu of using Paid Time Off (PL). This only applies to those who are missing a Scheduled Shift.

b) Employees are eligible to take EDU hours above their FTE in any given Work Week as it not inclusive of overtime or benefits.

17.12 Advanced Practice Providers (APPs)

a) Reimbursement rules and requirements as outlined above are applicable to APP's.

17.13 Applies to Full & Part-Time:

a) Nurse Practitioners
b) Physician Assistants

Employee Type	Annual Reimbursement	EDU Hours
Full Time	$4,000	32 hours
Regular Part-Time	$2,500	24 hours
Non-Benefited (must work greater than 1000 hours in the fiscal year)	$1,000	8 Hours

c) Unused hours and funds are not eligible for rollover.

Changes to APP education will become effective July 1, 2026.

ARTICLE 18- Premium Holiday Pay and Holiday Scheduling

18.0 Employees shall be paid time-and-one-half (1.5) of their base hourly rate for all hours worked on the following days:

a) New Year's Day
b) President's Day
c) Memorial Day
d) July 4th
e) Labor Day
f) Thanksgiving Day
g) Christmas Eve Day
h) Christmas Day
i) New Year's Eve Day

18.1 Premium pay is received for hours worked during the actual twenty-four (24) hours of the holiday.

18.2 The District will make reasonable efforts, when patient care permits, to rotate holidays among Benefited Employees who work in Departments that require holiday coverage. If the District has a need, Non-Benefited Employees will be required to cover holidays.

18.3 Per Diem employees will be required to provide availability for at least two of the following holidays on a rotational basis:

a) New Year's Day
b) July 4th
c) Thanksgiving
d) Christmas Eve
e) Christmas Day
f) New Year's Eve

ARTICLE 19- Scheduled Hours

19.0 Employees assigned to work eight (8) hour shifts will receive overtime pay of one and one-half (1.5) times the employee's pay for all time worked in excess of eight (8) hours per work day or eighty (80) hours in any two (2) week pay period.

19.1 Employees assigned to work ten (10) hour shifts will be paid overtime for hours worked in excess of ten (10) hours per work day or forty (40) hours in a seven (7) day Work Week.

19.2 Employees assigned to work twelve (12) hour shifts will be paid overtime at a rate of one-and-one-half (1.5) times the employee's pay for hours worked in excess of twelve (12) hours per work day or forty (40) hours in a seven (7) day Work Week.

19.3 Employees working more than sixteen (16) consecutive hours, with a break of two (2) hours or less, will be paid overtime at twice their hourly wage for all hours in excess of the sixteen (16) hours worked.

19.4 Per Diem employees will automatically be assigned a twelve (12) hour shift type unless otherwise defined by Department.

19.5 The District may enter into voluntary agreements with individual employees who desire to be paid on a forty (40) hour Work Week basis with overtime calculated only after forty (40) hours of work in a Work Week. Such voluntary agreements shall be documented in each employee's personnel file.

19.6 Employees with less than 6 hours between shift will be paid overtime for the next shift they work

19.7 Employees in the IT Department who are represented by the Union may be deemed either exempt or non-exempt under the provisions of the Fair Labor Standards Act.

19.8 Outpatient Clinic Employees

a) Employees will be paid on a forty (40) hour Work Week basis with overtime calculated only after forty (40) hours in a Work Week.

19.9 Exempt Employees

a) Exempt employees are paid on a salaried basis, receiving the same salary each pay period for the body of work performed according to the Fair Labor Standards Act.

b) Exempt employees do not receive payment for specific hours worked and do not receive overtime.

c) Deductions may be made if allowed by the Fair Labor Standard Act. For example, for personal time off or sick or Leave of Absence. If the employee has accrued paid leave, PL may be paid in partial days.

ARTICLE 20- Work Schedules

20.0 The District shall publish Work Schedules at least fourteen (14) days in advance for a minimum 14-day period. Published schedules will indicate the date posted and will be accessible to all employees. At the time of the posting, it is the employee's responsibility to check the Work Schedule.

20.0.1 Work Schedules may be adjusted after posting with the mutual agreement of the manager and employee, to meet the needs of either the employee or the District.

20.1 Shift trades will be permissible as long as the employee is qualified/trained to work the shift and employees notify managers and/or supervisors in advance of the date for which the trade will occur.

20.1.1 Shift trades may not result in overtime unless approved by management.

20.2 Part-Time employees will be required to Flex Up based on the needs of the District in the following manner:

20.2.1 Volunteers

a) If no volunteers, then Part-Time employees will be flexed up on a rotational basis.

b) If Part-Time employees are required to Flex Up, they will be offered the ability to choose shifts prior to Per Diem employee shifts being allocated.

20.3 Employees unable to work a Scheduled Shift due to unforeseen circumstances are required to notify their supervisor for the shift at least two (2) hours prior to the beginning of the shift, when possible.

20.4 The District will make reasonable efforts, when patient care permits, to rotate Weekends equally among employees who work in Departments that require Weekend coverage. For those employees who work 8-hour shifts, a minimum of four (4) Weekend shifts per month will be expected. For those employees working 10-hour shifts, a minimum of three (3) Weekend shifts per month will be expected. For those working 12-hour shifts, a minimum of three (3) Weekend shifts per month will be expected. Employees who wish to work every Weekend may submit a written request to management. If a sufficient number of employees volunteer to Work Weekends, the Weekend work requirement for other employees may be reduced. Management reserves the right to schedule staff above the minimum Weekend requirement as needed, based on Departmental operational needs.

20.5 If a Benefited Employee does not meet their designated FTE Status during the Work Week, the employee may request management approval to pick up additional hours within the same Work Week to fulfill their FTE. Approval is subject to the operational needs of the District. Overtime or Premium Pay will not be granted for hours worked solely to meet the employee’s FTE requirement. This provision does not apply if the employee has a sick call during the Work Week.

20.6 Outpatient Clinics & EA

a) Based on staffing needs, an Outpatient Clinic or EA Employee may have their assigned Work Location changed. If this change in location is outside of a 5-mile radius from the original scheduled Work Location the employee is eligible for mileage reimbursement and travel time. Reimbursement will be calculated based on the current IRS standard mileage rate, for roundtrip travel from the employee's home Department (i.e., the originally scheduled location) to the reassigned Work Location. Employees will be notified of any location changes as early as possible. If an employee reports to their originally scheduled location due to no prior notification of a location change, the employee may be eligible for a shift bonus, at the discretion of management.

b) When location changes are necessary, they will be assigned on a rotational basis among employees, unless an employee voluntarily agrees to take the reassignment. The employee's scheduled hours of work will not be changed unless both the employee and the manager mutually agree to the change.

ARTICLE 21- Meals and Rest Periods

21.0 It is the District's intent to provide employees Meal Periods and Rest Periods.

21.1 Employees working shifts of more than six (6) hours will be provided two (2) fifteen-minute paid Rest Periods. One during the first half of the shift, and a second during the last half of the shift.

a) Employees working four (4) to six (6) hours are provided one fifteen-minute paid Rest Period.

21.2 An unpaid thirty (30) minute Meal Period shall be provided to all employees working shifts of more than six (6) hours.

21.3 If an employee is not provided a Meal Period or Rest Period, the employee will receive a premium of one (1) hour at their regular rate of pay. This Missed Meal Period Premium and the Missed Rest Period Premium is equivalent to the rules of premium pay and shall not be included when calculating an employee's regular rate of pay for the Work Week. An employee may not receive more than one missed Meal Period Premium and one missed Rest Period Premium per workday. Missed Meal Period and Rest Period Premiums do not contribute to daily or weekly overtime.

21.4 To ensure that Missed Rest Periods and Meal Periods are properly recorded and compensated, employees must record any Missed Meal Period or missed Rest Period by submitting an Involuntary Missed Meal/Rest Period Form signed and acknowledged by the employee and their manager along with recording it in the payroll system.

a) This Article does not require the District to ensure that available Meal and Rest Periods are actually taken. Employees who waive or fail to take their Meal Periods and Rest Periods when it is possible to take them will not be entitled to receive a Missed Meal Period Premium or Missed Rest Period Premium.

21.5 On-Duty Meal Period Employees

a) Employees may voluntarily sign an on-duty meal period waiver if they are in a role that necessitates this due to the nature of their position.

ARTICLE 22- Leave of Absence

22.0 District employees may be eligible for four types of leaves of absence: Regulatory Leave of Absence, Protected Benefited Leave of Absence, Non-Protected Benefited Leave of Absence, and Unpaid Leave of Absence.

22.1 Regulatory Leave of Absence

a) Administration of this type of leave is set forth in District policies and is based on state and federal statutes. Refer to district policies for eligibility, request processing, insurance premiums on leave, and other information.

22.2 Protected Benefited Leave

22.2.1 District employees who do not qualify for a Regulatory Leave of Absence, or who have exhausted their Regulatory Leave, may be approved for time off of work with job protection for up to a total of nine (9) months. This nine-month period immediately follows the exhaustion of Regulatory Leave time already taken, if applicable. During the Protected Benefited Leave, the District will cover the cost of health insurance. In order to be eligible for Protected Benefited Leave, the following conditions must be met:

a) Available Long-Term Sick and/or Paid Time Off benefits to cover the leave requested

b) Written notification from a medical provider demonstrating the need for leave and/or continued leave

22.2.2 The District will consider all requests based on the same criteria as Regulatory Leave excluding qualifying hours. Employees have the option to waive their job protection and give permission for the District to post their job prior to the end of Protected Benefited Leave.

22.3 Non-protected Benefited Leave

22.3.1 District employees who have exhausted Regulatory Leave or are ineligible for Regulatory Leave, and who are outside of the nine-month time frame of Protected Benefited Leave, may qualify for Non-protected Benefited Leave until all available Long-Term Sick and/or Paid Time Off benefits have been used. During the Non-protected Benefited Leave, the District will cover the cost of health insurance. Employees will still be responsible for their premium payments through payroll deduction. Employees returning prior to the end of their approved Non-protected Benefited Leave may apply for, and will be considered, for the first available position(s) for which they are qualified.

22.3.2 In order to be eligible for Non-protected Benefited Leave, the following conditions must be met:

a) Available Long-Term Sick and/or Paid Time Off benefits to cover the additional leave requested
b) Written notification from a medical provider demonstrating the need for continued leave
c) The District will consider all requests based on the same criteria as Regulatory Leave, excluding qualifying hours

22.4 Unpaid Leave of Absence

22.4.1 District employees who have exhausted Regulatory Leave, or are ineligible for Regulatory Leave, and who have no available Paid Time Off or Long Term Sick benefits, may be eligible for an Unpaid Leave of Absence for up to one (1) year at the discretion of the District.

22.4.2 Procedure for Unpaid Leave of Absence:

a) An employee must have completed one (1) year of continuous employment to be eligible for an Unpaid Leave of Absence.

b) Requests for an Unpaid Leave of Absence must be in writing to the Department manager, outlining the reason for the leave and length of time requested.

c) The District will continue coverage of health insurance for the first thirty (30) days of an Unpaid Leave of Absence and the employee is responsible for their portion of the premium costs for individual and dependent coverage.

d) Beginning on the first day of the second month of an Unpaid Leave of Absence, the employee will be eligible for COBRA benefits. The District will not cover COBRA costs for any portion of the Unpaid Leave of Absence.

e) Those on Unpaid Leave of Absence will remain employees of the District, but do not have job protection.

f) Employees returning prior to the end of their approved Unpaid Leave of Absence may apply for, and will be considered, for the first available position(s) for which they are qualified. Seniority within the District will be adjusted by the length of any leave that is greater than thirty (30) days.

ARTICLE 23- Retirement

23.0 District-Sponsored Plans

a) The District shall maintain retirement savings options for employees. The District currently maintains the Tahoe Forest Hospital District Employee's Money Purchase Plan for eligible employees as defined in District policy.

23.1 457 Deferred Compensation Program

a) All employees, except Temporary Employees, shall be eligible to participate in the District's 457 non-qualified Deferred Compensation Program.

23.2 District Matching Contributions

a) The District shall provide a matching contribution to Full Time and Regular Part-Time employees participating in the Section 457 Deferred Compensation Plan in accordance with the employer matching schedule listed below.

23.3 Matching Contribution Schedule for Bargaining Unit Employees

23.3.1 Employer matching contributions for all employees in the bargaining unit shall be as follows:

a) 3% match at hire

b) 6% match at 10 years of service

c) 7% match at 15 years of service

ARTICLE 24 – Longevity Retention Bonus

24.0 This article does not pertain to employees in the Outpatient Clinics (OPC EA/EAP)

24.1 Employees hired on or after July 1, 2022, are not eligible for the Longevity Retention Bonus.

24.2 Employees Association of Professionals:

24.2.1 Employees Hired Prior to July 1, 2013

a) Full Time and Regular Part-Time employees hired prior to July 1, 2013, shall be eligible to receive Lump Sum bonuses and Deferred Compensation matches in five (5) year increments according to the following schedule and based on Continuous Service.

Longevity Level	Years of Service	Lump Sum Bonus	Deferred Compensation Match
Level 1	10 years	None	6%
Level 2	15 years	2% of earnings over prior five (5) calendar years (excluding prior bonuses)	7%
Level 3	20 years	5% of earnings over prior five (5) calendar years (excluding prior bonuses)	7%
Level 4	25 years	7% of earnings over prior five (5) calendar years (excluding prior bonuses)	7%
Level 4 is repeated every five (5) years thereafter			

24.2.2 Employees Hired On or After July 1, 2013

a) Full Time and Regular Part-Time employees hired on or after July 1, 2013, shall be eligible for longevity bonuses and Deferred Compensation matches according to the following schedule and based on Continuous Service:

Longevity Level	Years of Service	Lump Sum Bonus	Deferred Compensation Match
Level 1	10 years	None	6%
Level 2	15 years and every 5 years thereafter	2% of earnings over prior five (5) calendar years (excluding prior bonuses)	7%

24.3 Employees Association:

24.3.1 Employees Hired On or Before December 31, 2013

a) Full Time and Regular Part-Time employees hired on or before December 31, 2013, shall receive Lump Sum longevity bonuses and Deferred Compensation matches as follows:

Longevity Level	Years of Service	Lump Sum Bonus
Level 1	10 years	1.5% of prior one (1) year's earnings
Level 2	15 years	2% of earnings over prior five (5) calendar years (excluding prior bonuses)
Level 3	20 years	5% of earnings over prior five (5) calendar years (excluding prior bonuses)
Level 4	25 years and every 5 years thereafter	7% of earnings over prior five (5) calendar years (excluding prior bonuses)

24.3.2 Employees Hired On or After January 1, 2014

a) Full Time and Regular Part-Time employees hired on or after January 1, 2014, shall be eligible for the following longevity bonus schedule:

Longevity Level	Years of Service	Lump Sum Bonus
Level 1	10 years	None
Level 2	15 years and every 5 years thereafter	2% of earnings over prior five (5) calendar years (excluding prior bonuses)

24.4 Bonus Payout Timing for all longevity bonus payouts

24.4.1 Anniversary Year Determination

a) Longevity levels shall be achieved during the applicable anniversary year (i.e., 10, 15, 20, 25, etc.).

24.5 Payout Schedule

a) For employees with a Date of Hire from January 1 to June 30, the bonus shall be paid by or on May 30.

b) For employees with a Date of Hire from July 1 to December 31, the bonus shall be paid by or on November 30.

c) All payouts for levels 2 and above shall be based on the employee's earnings over the prior five (5) calendar years, excluding any previous bonus payments.

24.6 Termination Prior to Distribution

a) Employees who meet the applicable longevity anniversary date but are scheduled to separate from employment with the District prior to the distribution date shall receive the full Longevity Retention Bonus at the time of separation.

24.7 Longevity Bonus Eligibility and Schedule Adjustment

a) Only wages earned while serving in a represented position shall be used in calculating the longevity bonus amount.

b) If an employee's most recent longevity bonus was paid on a date that does not align with their service anniversary, a new Longevity Retention Bonus Date shall be established based on the last bonus payment. Future bonuses will be paid in five (5) year increments from that adjusted date.

ARTICLE 25- Bereavement Leave

25.0 Full Time and Regular Part-Time employees who have completed 30 days of employment shall be granted Bereavement Leave of up to five (5) scheduled work days, not to exceed nine (9) consecutive days, with pay in the event of the death of a member of their immediate family. These days need not be taken consecutively.

25.1 Reasonable documentation may be requested to verify the need of Bereavement Leave.

25.2 For the purposes of Bereavement Leave, "immediate family" is defined as: spouse, parent, grandparent, child, stepchild, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew, grandchild, or a member of the household, or a person standing in loco parentis.

25.3 Bereavement Leave may also be used by an employee who has experienced a fetal loss, including failed adoption, failed surrogacy, miscarriage, stillbirth, or an unsuccessful assisted reproduction. Employees experiencing reproductive-related Bereavement Leave are eligible for up to five (5) scheduled work days per event. If an employee experiences more than one reproductive loss event within a 12-month period, the District is not required to provide more than twenty (20) days of reproductive loss leave within that 12-month period.

25.4 Payment for Bereavement Leave shall be deducted from accrued Long Term Sick Leave (LTS) hours. If LTS hours are not available or exhausted, employees may use Paid Leave (PL) hours. If neither is available, unpaid leave may be granted.

25.5 Time missed for Bereavement Leave shall not be counted as an unexcused absence occurrence.

ARTICLE 26 – Pay for Previous Experience

26.0 Definition of Relevant Experience

a) For licensed Classifications, relevant experience is defined as clinical work performed from the employee's original licensure date, including Full Time, part-time, and per-diem experience, provided such work aligns with the duties and competencies of the Classification or specialty area in which they are applying.

26.1 Credit for Relevant Experience

a) Experience earned after the original licensure date shall be credited as follows:

26.2 Work Environment Similarity – Full Credit

a) Employees shall receive full year-for-year credit (1.0 year per 1.0 year worked) for time worked in a clinical environment that is substantially similar to the Classification or specialty area in which they are applying.

26.3 Clinical Skills and Competencies – Partial Credit

a) Experience in which the employee performed clinical skills and competencies aligned with the Classification shall be credited at 0.8 of a year for each full year worked. This applies when the environment may differ, but the skills are relevant.

26.4 Benefited Example – Full Time or Part Time position

a) The following table illustrates how Credit for Relevant Experience is credited for a nurse applying to a Critical Care (ICU) position. The nurse has 10 years of Full Time/Part Time Med/Surg experience and 2 years of Full Time/Part Time Critical Care experience.

Experience Type	Years Worked	Credit Rule	Calculation	Credited Years
Critical Care (same environment)	2 years	Full credit (1.0 per year)	2 × 1.0	2.0 years
Med/Surg (different environment, skills relevant)	10 years	Partial credit (0.8 per year)	10 × 0.8	8.0 years
Total Credited Experience	—	—	—	10.0 years

26.5 Per-Diem Experience

26.5.1 Per-Diem experience shall be included in the calculation of Relevant Experience under the following terms with the exception of those working above 0.6 FTE consistently for a given year:

a) Credited proportionally based on actual hours worked compared to a Full Time Equivalent (FTE).
b) Applied to the categories as defined by Credit for Relevant Experience at the appropriate credit rate (1.0 year or 0.8 year).
c) Must be verifiable through employer documentation or competency records.
d) May be reduced if the Per-Diem work is so infrequent that it does not maintain competency, with mutual agreement between the Employer and the Union.
e) Per-diem hours involving these skills shall be pro-rated based on actual hours worked and verified competency usage.

26.6 Per-Diem Example – Nurse Applying to ICU

Experience Type	Years Worked	Average FTE / Per-Diem Ratio	FTE-Adjusted Years	Credit Rule	Calculation	Credited Years
Critical Care (same environment)	3 years	0.3 FTE	3 × 0.3 = 0.9	Full credit (1.0)	0.9 × 1.0	0.9 years
Critical Care (same environment)	1 year	0.8 FTE	1 x 1.0 = 1	Full credit (1.0)	1 x 1.0	1 year
Med/Surg (skills relevant)	5 years	0.5 FTE	5 × 0.5 = 2.5	Partial credit (0.8)	2.5 × 0.8	2.0 years
Total Credited Experience	—	—	—	—	—	3.9 years

26.7 Pay Range Adjustment Based on Credit for Relevant Experience

Years of Credited Experience	Percent Above Pay Range Minimum
0–1.9 years	0%
2–3.9 years	3%
4–5.9 years	6%
6–7.9 years	9%
8–9.9 years	12%
10+ years	15%

26.8 In certain circumstances, including hard-to-fill positions or applicants with considerable experience, an employee may be hired over the midpoint in the pay range.

26.8.1 Human Resources will:

a) Review and approve all exceptions outside the above guidelines.
b) Review salaries of staff in the same Job Title and Department to determine if adjustments are necessary.
c) Inform the Union Board of any such action.

26.9 Non-Licensed Classifications- Credit for Relevant Experience

26.9.1 Experience earned in positions after entry into the workforce shall be evaluated for relevance based on:

a) Similarity of Work Environment: How closely the prior role mirrors the responsibilities, pace, and structure of the Classification or specialty.

b) Skills and Competencies: How well the employee's prior skills and duties transfer to the Classification.
c) Experience may be credited fully, partially, or not at all, at the discretion of Human Resources, in consultation with the hiring manager and consistent with Departmental and Union guidelines.

26.9.2 Pay Range Adjustment Based on Credit of Relevant Experience

Years of Credited Experience	Percent Above Pay Range Minimum
0–2 years	Pay range minimum up to 3%
2-5 years	Pay range minimum up to 7%
5-8 years	Pay range minimum up to 10%
8+ years	Pay range minimum up to 15%

ARTICLE 27 – Status Changes

27.0 For the purpose of the following Status changes within a Department, (Benefited) Job Vacancies will be filled in the following manner:

a) Seniority based on hire date into Benefited position within the Department in the applicable Job Classification.

27.1 For purposes of the following Status changes within a Department, (Non-Benefited to Benefited, excluding temporary) Job Vacancies will be filled in the following manner:

a) Seniority based on hire date into the Department in the applicable Job Classification.

27.2 For the purpose of all non-benefited Status changes within a Department, (excluding temporary) Job Vacancies will be filled in the following manner:

a) Seniority based on hire date into the Department into applicable Job Classification.

27.3 In cases where an employee is currently on an active Performance Improvement Plan or has received a rating below 3.0 on their most recent performance evaluations, seniority may not be the sole determining factor at management's discretion.

27.4 For the purpose of a Temporary Employee Status change to any other Status within the Department, Job Vacancies will be filled in the following manner:

a) Evaluation of candidates including; hire date into the Department, licensure, certifications, experience, skills, abilities, review of performance evaluations and job references. Manager has the right to review any

discipline issued in the previous year.

b) For the purpose of Temporary Employee Status changes, Manager will be required to provide a measurable Rubric for interviewing and scoring potential candidates.

ARTICLE 28- Job Vacancies

28.0 All open job positions shall be posted for a minimum of seven (7) calendar days on the website.

28.1 Employees are eligible to submit a job transfer to another Department in the District following their Probationary Period in their current job. Excludes intra-Departmental employee Status changes, such as Regular Part Time to Full Time or night shift to day shift as defined in Article 27, Status Changes.

28.2 For purposes of Job Vacancies, it is the intent of the District to promote and hire from within when possible. All candidates meeting the minimum requirements as listed in the job specifications will be equally considered based on the following:

a) Benefited Employees within the Department based on seniority, licensure, certifications, experience, skill and abilities, review of performance evaluations, job references, successful completion of Probationary Period, and discipline issued within the last two (2) years.

b) Non-Benefited Employees within the Department based on seniority, licensure, certifications, experience, skill and abilities, review of performance evaluations, job references, successful completion of Probationary Period, and discipline issued within the last two (2) years.

c) Benefited Employees within the District based on seniority, licensure, certifications, experience, skill and abilities, review of performance evaluations, job references, successful completion of Probationary Period, and discipline issued within the last two (2) years.

d) Non-Benefited Employees within the District based on based on seniority, licensure, certifications, experience, skill and abilities, review of performance evaluations, job references, successful completion of Probationary Period, and discipline issued within the last two (2) years.

e) Candidates who are not currently employed by the District based on licensure, certifications, experience, skill and abilities, and job references.

28.3 Management will be required to develop a customized rubric tailored to the unique needs of their team or Department. This rubric must be measurable, clearly defined, and consistently applied to all candidates to ensure fairness, objectivity, and alignment with organizational standards. A standardized, position-specific interview panel, interview questions, and rubric will be used to identify the top candidate.

28.3.1 Measurable

a) Each competency must be rated on a numerical scale (e.g., 1–4 or 1–5) and include performance indicators that can be observed or verified.

28.3.2 Clearly Defined

a) Each rating level must clearly describe the behaviors or skills expected, avoiding vague terms or ambiguous descriptions.

28.3.3 Relevant to the Role

a) Competencies must directly align with the key duties and responsibilities of the position being filled.

28.3.4 Seniority Consideration

a) Seniority may be factored into the evaluation. Senior candidates may be given additional consideration for their experience, tenure, and knowledge of organizational processes.

28.3.5 Consistency

a) The same rubric must be applied to all candidates for the same position to ensure a fair and unbiased evaluation.

28.4 Increase at time of transfer to higher paying Classification

a) Each employee will receive an increase of at least two and a half percent (2.5%) in Base Hourly Rate by virtue of any promotion that the employee receives. A promotion shall mean a position in a different and higher paying Classification. The determination of salary increase will be based on skills, ability and experience.

28.5 If the applicant is a current District employee, the hiring manager has the right to review prior two (2) years performance evaluations to identify any rating under 3.0 and any disciplinary actions within the last twelve (12) months. Hiring manager may take these into consideration after discussion with the applicant.

ARTICLE 29- Layoff and Recall

29.0 Layoffs and Recall shall be within a Department by Job Title or Classification and employee Status.

29.1 The sequence of employees' Status within a Job Title to be laid off shall be as follows:

a) Any employee who volunteers;

b) Temporary Employees;

c) Per Diem employees;

d) Short Hour and Casual Part-Time employees;

e) Regular Part Time and Full-Time employees on an equal basis

29.2 Within each Status, Layoffs will be applied within each Job Title in the following manner:

a) Most recent Date of Hire into Department;

b) Most recent Date of Hire into current Job Title;

c) Most recent Date of Hire to the District.

29.3 Recall from Layoff shall be in the inverse order of Layoff. Any employee who has volunteered for Layoff shall be entitled to Recall based upon Status.

29.4 In the event that an employee is on Layoff Status, that Status will not exceed twelve (12) months. At the end of the twelfth (12) month, the employee will be terminated.

29.5 When Layoffs are anticipated, no posted positions and/or anticipated openings in the affected Job Titles will be hired into until those employees have an opportunity to transfer to such position for which they are qualified (requiring only the customary training and orientation provided to newly hired employees.)

29.6 A Full Time or Regular Part Time employee on Layoff Status may elect to leave accrued Long Term Sick hours in their benefit bank for the period of time they remain on the Recall list. Employees may request payment of eligible LTS hours at any time while on Layoff/Recall Status.

29.7 All employees on Layoff shall notify the Human Resources Department of any changes to their return eligibility. In the event that an employee is unable to return to work within seven (7) calendar days from receipt of notice of Recall, they will be terminated, but in no event (barring emergencies) shall an employee be given more that fifteen (15) calendar days to return to work from the date the notice to return was mailed by the District. Said notice shall be mailed by way of certified mail.

29.8 The District will notify the Union at least thirty (30) days prior or as soon as a plan for any Layoffs or Department reorganizations has been approved that will result in a change to an employee's work Status.

29.9 The parties will meet to discuss the reason for the Layoffs, the impacts, the planned schedule, and any alternatives such as Voluntary Exit Incentive offerings.

29.10 Human Resources will review open jobs and expected openings and notify managers/directors not to fill these positions until the Union and Human Resources can meet and confer about possible relocation to said positions. Posted position will be removed from the job posting board until all staff movements have been resolved.

29.11 Any employee who transfers to a new position or is Recalled to a vacant position will be given ninety (90) days to demonstrate his or her ability to perform the work. Evaluation of performance during the ninety (90) days will be based on skills, ability and behaviors. If the employee transfers to an open position and does not satisfactorily perform the duties, the employee will be placed on Layoff and will be eligible for any compensation they would otherwise have received.

29.12 If in those ninety (90) days, the employee does not perform satisfactorily they will be returned to the Recall list.

29.13 Bumping Rights

a) In the event of Layoffs, an employee who has been promoted or transferred into a different Job Title and/or Department shall retain the right to return to the Job Title and/or Department from which they were promoted or transferred. Employees will retain months of service credit in the prior Job Title. lf an employee exercises Bumping Rights, said employee must be qualified and able to perform the job the employee formerly held with a reasonable reorientation and must be able to work existing shifts. The employee must be able to perform the basic competencies within the Job Description without retraining.

ARTICLE 30- Shift Differential

30.0 In order to incentivize employees to work specific times of the day that can be challenging to schedule, the District offers the following Shift Differentials outlined below. The Shift Differential shall only apply to hours worked.

30.1 Employees working between the hours of 6:00pm (1800 hours) and 11:59pm (2359 hours) will receive an evening Shift Differential of $3.50 per hour.

30.2 Employees working between the hours of 12:00am (0000 hours) and 7:00am (0700 hours) will receive a night shift Differential of $7.50 per hour.

30.3 Employees working between the hours of 12:00am (0000 hours) Saturday and 11:59pm (2359 hours) Sunday will receive a Weekend Shift Differential of $4.25 per hour.

ARTICLE 31- Grievance, Adjustment and Binding Arbitration/Hearing

31.0 Definition/Protocol: A grievance shall be defined as a dispute concerning the interpretation or application of any express provision of this MOU Agreement. An employee may be represented by the Union at any Step in the procedure. A grievance may apply to any alleged violation of this

MOU Agreement or any other written agreement between the Union and District. The District shall notify the Union of any disciplinary suspension or discharge imposed on any bargaining unit employee. Suspension based on lapse of required license, certification or legally required health screen will not be deemed a "disciplinary" suspension for purpose of Union notification.

31.1 In order to be timely, a grievance must be submitted within the time limits set by this Article as measured from the event giving rise to the grievance, or within thirty (30) calendar days of when the grievant knew, or with reasonable inquiry, should have known of the event. Grievances related to suspension or termination must be filed within fifteen (15) calendar days from the date of notification to the employee.

31.2 If the grievance involves general interpretation of the contract and is submitted by the Union, the grievance automatically advances to Step 2. If the grievance involves a suspension or termination, the grievance automatically advances to Step 4.

31.3 Grievances alleging unlawful harassment, discrimination or retaliation by an individual supervisor or Department head may be submitted directly to the Chief Human Resources Officer or designee and do not need to be copied to the relevant supervisor or Department head.

31.4 District Grievances

a) District grievances shall be submitted at the Step 3 level, in writing, directly to the Union President or designee and Business Agent, who shall arrange a meeting with the Chief Human Resources Officer or designee no later than fifteen (15) calendar days from the date of presentation. The Business Agent, Union President or designee shall forward a written response to the grievance to the Chief Human Resources Officer within fifteen (15) calendar days after the meeting. If no resolution is reached in this Step 3 process, the District may submit the matter to Step 5 binding arbitration by written notice to the Business Agent and Union President within fifteen (15) calendar days of delivery of the Step Three written response.

31.5 Grievances Concerning Strikes or Lockouts

a) If the District's or the Union's grievance involves alleged violation of the parties' No Strike/No Lockout agreement, the party claiming to be aggrieved may choose among the Grievance and Arbitration Procedure, Public Employment Relations Board (PERB) proceedings or judicial proceedings, as it deems appropriate and proper and consistent with any body's jurisdiction, and may proceed immediately to Step 5 if that option is chosen.

31.6 Grievance Procedure

31.6.1 The grievance procedure is a process that allows employees and/or Union representatives and Management to address disputes in a formal manner if they are unable to resolve the issue in an informal manner. The steps of the grievance procedure are as follows:

a) Step One – Informal Discussion: Within fifteen (15) calendar days of any alleged violation of this Agreement, employees/Union representatives shall discuss their grievance

with management and Chief Human Resources Officer or designee in an attempt to resolve the dispute in an informal manner.

b) Step Two – Written Grievance: If the employee and their Union representative feel that the dispute was not settled in Step One, they may submit the grievance in writing to the Chief Human Resources Officer or designee with a copy to management within fifteen (15) calendar days of the Step One discussion. The District shall have fifteen (15) calendar days to respond in writing. In order to be valid, a written grievance must state facts upon which the grievance is based, the provision(s) of this MOU Agreement which have been violated or are in dispute, and the requested remedy. The Union and the CHRO or designee may meet and confer on the written grievance at this time and prior to the written reply from the CHRO or designee.

c) Step Three – Formal Discussion: If a resolution is not reached at Step Two, the grievance may be presented to the District Chief Executive Officer or designee within fifteen (15) calendar days from delivery of the District's written response at Step Two. The District Chief Executive Officer or designee may direct management to meet with the employee, Union President or designated Union Representative and the Chief Human Resources Officer or designee to discuss the matter. Human Resources will arrange the meeting no later than fifteen (15) calendar days from the date of request from CEO to presentation to the Chief Human Resources Officer or designee. The Chief Human Resources Officer or designee shall forward a written response to the grievance to both the employee and the Union President within 5 business days after the Step Three meeting.

d) Step Four – Board of Adjustment: If the grievance is not settled in Step Three, the grievance may be submitted to an Adjustment Board by delivering written notice to the Chief Human Resources Officer within fifteen (15) calendar days of delivery of the Step Three written response. The Adjustment Board consists of two District representatives and two representatives from the Union for a total of four members. The District shall be solely responsible for choosing its representatives and the Union shall be solely responsible for choosing its representatives. The Adjustment Board members are responsible to hear both sides in the dispute and render a decision if the provisions of the Memorandum of Understanding have been met. The Board of Adjustment will provide a written decision to all parties involved upon the conclusion of the hearing. The representatives do not represent one side of the dispute or another. They are intended to be impartial and hear both sides in the dispute

e) Step Five – Arbitration: If the grievance is not resolved in Step Four, either the District or the Union may submit a request to initiate binding arbitration. A Union request to submit the matter to arbitration must be filed with the Chief Human Resources Officer or designee within fifteen (15) calendar days of completion of Step 4. A District request to submit the matter to arbitration must be submitted to the Union President or designated Union Representative within fifteen (15) calendar days completion of Step 4. Only the Union or the District (not individual employees) may move a matter to arbitration.

f) Arbitration Procedure (Step 5):

i. The Chief Human Resources Officer or designee and a Union representative will promptly meet to attempt to mutually select an Arbitrator. If they cannot agree, either the District or the Union may ask the State Mediation and Conciliation Service (SMCS) to submit seven names of arbitrators. The Union and the Chief Human Resources Officer or designee shall meet within five (5) calendar days after receiving the list of arbitrators to alternately strike names until only one person remains. The first strike shall be determined by coin toss.

ii. The arbitrator should convene an arbitration hearing as soon as practicable. Each party to the dispute shall have the opportunity to present evidence, to cross-examine witnesses, and to submit written briefing following the hearing.

iii. The expenses of the arbitration, including the arbitrator's fees, the cost of a court reporter and arbitrator's transcript copy, and other expenses incidental to the arbitration shall be shared equally by the Union and the District; except, however, each party shall bear the total cost of preparation and presentation of its own case and witnesses including, but not limited to, any transcripts requested by a party.

iv. The arbitrator shall be empowered to determine all factual controversies and all questions of interpretation and application of any clause of this Agreement that may be relevant to the arbitration. The arbitrator shall not have authority to add to, subtract from or change any provision of this MOU Agreement or District policy in any way. Jurisdiction shall extend to claims of violation of specific written provisions of the Agreement. The arbitrator may not award back wages to the grievant beyond thirty (30) days prior to the date of filing of the grievance, unless the grievant did not know, or could not have reasonably known of the event, that caused the grievance.

v. The arbitrator may award reinstatement only or reinstatement with full or partial back pay in all disciplinary disputes (demotion, suspension or discharge matters).

vi. The arbitrator's decision shall be final and binding upon both parties.

vii. The arbitrator's findings or conclusions regarding either party's compliance with federal, state or local law shall be limited solely to the arbitration and shall not stop any party from litigating or establishing its compliance with such laws in any other forum.

viii. The District Board of Directors may review the decision of the arbitrator and hold a further formal hearing review upon motion to do so. A motion to hold a further formal hearing shall be made and decided within fourteen

(14) days of the District's or Union's receipt of the arbitrator's decision; if there is no successful motion to hold a further formal hearing, the arbitrator's decision shall become final and binding upon all parties.

ix. In the event that the District Board of Directors overturns the arbitrator's decision, the Union may request reimbursement for reasonable legal fees incurred in connection with the arbitration and the Board's review. The District shall meet and confer with the Union regarding any such request.

x. The District Board of Directors decides to hold a further formal hearing, it shall do so with at least fourteen (14) days' notice to each party. The hearing review shall consist of a review of the written transcript and exhibits from the arbitration hearing and formal argument presented by the District's representative and the Union's representative. The Board of Directors may also consider evidence or testimony that was excluded by the arbitrator; each party shall be allowed to make, and to respond to, requests for introduction of such evidence or testimony.

xi. The District Board of Directors' decision shall be final and binding upon both parties.

xii. The District Board of Directors' findings or conclusions regarding either party's compliance with federal, state or local law shall be limited solely to the formal hearing and shall not estop any party from litigating or establishing its compliance with such laws in any other forum.

31.7 Grievances Concerning Strikes or Lockouts

a) If the District's or the Union's grievance involves alleged violation of the parties' No Strike/No Lockout agreement, the party claiming to be aggrieved may choose among the Grievance and Arbitration Procedure, Public Employment Relations Board (PERB) proceedings or judicial proceedings, as it deems appropriate and proper and consistent with any body's jurisdiction, and may proceed immediately to Step 5 if that option is chosen.

31.8 Time Limits

a) Time limits may be waived only with the mutual written agreement of both parties. Unless waived or modified by express written agreement, the time limits contained herein shall be strictly construed. No grievance shall be subject to arbitration unless all time limits have been met. If a party fails to respond, or to respond in a timely fashion, the other party may move the grievance to the next Step. If a party has responded and the other party fails to give timely written notice of intention to move the grievance to the next Step, the grievance will be deemed to have been resolved on the basis of the party's last response. The failure to insist upon strict compliance with these time limits and requirements in one or more grievance(s) shall not affect the right to do so in any other grievance.

31.9 Forms and Documents

a) Necessary forms or documents to be utilized under this procedure shall be adopted by the parties.

ARTICLE 32- Discipline and Discharge

32.0 Employees may be disciplined or discharged, for just cause, for infractions not consistent with District policy and procedures and/or professional conduct according to the process described in this Article.

32.1 During the initial Probationary Period, employees may be disciplined or discharged at the District's discretion without recourse to the grievance procedure or just cause standard.

32.2 The parties agree that any discipline or discharge following the initial Probationary Period shall be subject to the standards and grievance procedures expressly provided under this MOU.

32.3 Management is encouraged to provide coaching in a values-supportive discussion regarding behaviors that shall not be considered discipline. Coaching is intended to provide an informal method for direct interaction for addressing perceived issues, and is not subject to the Grievance Procedure.

32.4 Coaching may be used to substantiate a disciplinary action for up to one (1) year. If there is a demonstrated pattern of behavior, the coaching may be kept for up to two (2) years.

32.5 Written documentation may be created to identify the behaviors discussed. This documentation regarding Coaching may be kept in the manager’s files, but will not be retained in the employee’s personnel file kept in Human Resources.

32.6 The District may discipline the employee in any of the following ways. Depending on the nature of the behavior, the District may choose the level of discipline appropriate. All behaviors will be reviewed through the Collaborative Culture of Safety (Just Culture) algorithm prior to any disciplinary action taken.

32.7 Any written disciplinary documentation older than two (2) years shall be removed from the disciplinary section of the electronic personnel file and will not be viewable to management and thus cannot be used in further disciplinary decisions.

32.8 Written Warning

a) This is a documented discussion signed by the manager. The documentation is part of the employee’s permanent personnel file and may be used in to substantiate a disciplinary action for up to one (1) year. If there is a demonstrated pattern of behavior, the written warning may be kept for up to two (2) years. The employee will be given a copy of the signed written warning.

32.9 Final Written Warning

a) This is a documented discussion signed by the manager. The documentation is part of the employee's permanent personnel file and may be used to substantiate disciplinary action for up to one (1) year. This is a final opportunity for the employee to correct behaviors. If behaviors continue, termination may result. The employee will be given a copy of the signed written warning.

32.10 Suspension without pay

a) This is a period of time, not to exceed three (3) Scheduled Shifts or 36 hours, whichever is less, when the employee is removed from the Work Schedule without pay. Documentation is kept in the employee's permanent personnel file and may be used in further disciplinary actions for up to two (2) years.

32.11 Termination

a) Misconduct may be cause for discharge when behaviors are found to be a continued pattern of behavior, reckless behavior, or other behavior supporting just cause for termination.

32.12 When management has established that an event is outside of the ability to use the coaching model and more information is required. The following procedure will be used:

32.12.1 Fact finding interview: This is a non-disciplinary meeting between an employee and manager to obtain information so that the manager may understand the issues and decide if disciplinary action is warranted. A Human Resources representative may also be present.

a) This meeting should be scheduled as soon as it is determined that a fact-finding meeting is needed and will take place within five (5) business days of the request to meet when possible in order to minimize the distress to the employee. The District will make efforts to schedule this meeting during a normal Scheduled Shift.
b) The written request to meet will contain the topic the manager wishes to discuss, along with the meeting time and location.
c) Employees may bring Union representation to this meeting if they choose.

32.12.2 The manager will inform the employee in writing within five (5) business days from the conclusion of the investigation if discipline is appropriate. This time frame may be extended by mutual agreement of both parties.

32.13 Disciplinary process

a) Notification of intent to impose discipline: If the manager decides to impose discipline, documentation provided to the employee shall include the level of discipline, written warning or final written warning as well as copies of any written materials that will be placed in the employee's personnel file reflecting the planned discipline (for example, a copy of the planned written warning), an explanation of the proposed discipline and all documents or other

evidence leading to the planned discipline. The employee shall be given the documentation listed above and will have five (5) business days to agree and sign the document or respond in writing to request a disciplinary hearing. The employee may have their Union representative respond on their behalf.

32.14 Disciplinary Hearing

a) If the employee chooses a disciplinary hearing, the procedure will be as follows:

b) Every attempt will be made to schedule the Disciplinary hearing within five (5) days of the response from the employee requesting said hearing. The Date/Time/Location will be agreed upon mutually.

c) The employee is afforded the right, either orally or in writing, or both, to respond to the proposed disciplinary decision at the Disciplinary Hearing.

d) The employee may be placed on Administrative paid leave from the time of the notification of intent to impose discipline until the time the Disciplinary Hearing is held, but paid leave shall not run for more than one calendar week unless mutually agreed between District and Union.

e) The Disciplinary Hearing will include management representatives (usually the employee's manager(s)) and a management representative who was not involved in the fact-finding interview. The management representative who was not involved in the fact-finding interview will have been trained in the Collaborative Culture of Safety (Just Culture) principles and will provide an impartial view. A Human Resources representative will also be present. Employees may bring Union representation to this meeting if they choose.

f) During the Disciplinary Hearing an employee may present a response to the proposed discipline either orally, in writing or both. The employee may tell his or her side of the story regarding conduct or events leading to the planned discipline. The employee may provide any information that may lead to the District reversing its planned discipline. The employee may specifically address any issues that they believe may affect their reputation, standing, or community associations, or otherwise stigmatize the employee's public image or future employment prospects.

g) After the Disciplinary Hearing the manager has five (5) business days to decide to remove the disciplinary action, reduce the proposed action or uphold the proposed discipline. The manager will notify the employee of their disciplinary decision in writing.

32.15 Disciplinary Process Timeline:

Event	Timeline	Parties Present
Coaching	Prior to Disciplinary Process	Employee and Manager
Fact Finding Interview	Within five (5) business days from request to meet	Employee, Manager(s), Human Resources, Union Representative(s) (at employee request)
Notification of Intent to Impose Discipline	Within five (5) business days from Fact Finding Interview	Employee and Manager
Disciplinary Hearing	At least five (5) business days from Presentation of Planned Discipline	Employee, Manager(s), Human Resources, Union Representative(s) (at employee request), Second manager trained in Collaborative Culture of Safety (Just Culture)
Disciplinary Decision	Within five (5) business days of Disciplinary Hearing	Employee, Manager, Union Representative if requested

a) An employee who feels the disciplinary action has been unjustly imposed has the right to the Grievance Procedure as outlined in Article 31.

b) Copies of written warnings and documentation of disciplinary action will be placed in the employee's personnel file. Refusal to sign and/or rebuttal by the employee will also be placed in the file. Upon written request from the employee to Human Resources, any written disciplinary documentation older than two (2) years shall be removed from the disciplinary section of the electronic personnel file and will not be viewable to management and thus cannot be used in further disciplinary decisions.

c) The District will notify the Union of any unpaid suspensions or terminations imposed under this Article.

ARTICLE 33- Notification

33.0 The Union and the District will meet and confer as requested to evaluate all new or revised Job Descriptions.

33.1 The District will provide written notice of any range change to a higher range off cycle due to recruitment or retention issues.

33.2 Whenever the District changes personnel policies, procedures, Job Descriptions, absent an emergency, the Business Agent and Union President will be given written notice at least fifteen (15) calendar days before the effective date of the change. This notice is provided in order that UNION may discuss the changes and potential impacts with the District before they become effective. If UNION does not respond within the fifteen (15) calendar day period, the opportunity to discuss these changes will be waived by UNION. If UNION responds within the fifteen (15) calendar day period that they wish to meet and discuss the change, the meeting shall be held within ten (10) calendar days of the request, unless the parties mutually agree, in writing, to extend the deadline. Policies or procedures that affect terms and conditions of employment are subject to meet and negotiate.

33.3 Non-substantive edits, including grammatical or formatting changes, to policies or Job Descriptions are not subject to the notice or meet-and-confer provisions of this Article.

ARTICLE 34- Jury Duty

34.0 The District encourages its employees called for Jury Duty to serve. Only in cases of extreme scheduling problems will the District request that an employee be excused from Jury Duty. If the District requests the employee to be excused, they will provide the employee a written request to present to the Judge.

34.1 If summoned for Jury Duty, the employee shall present the summons to their supervisor or Department head the first work day following the receipt.

34.2 If an employee is summoned to Jury service, they will be paid for the hours scheduled to work that day or previously scheduled on Paid Time Off. ln the event the employee is released from the summons with four or more hours remaining on their regularly Scheduled Shift, or prior to noon if the employee works an evening or night shift, the employee shall telephone their Department head to inquire as to whether the Department head wishes him/her to report to work.

34.3 If an employee receives notification the evening prior to their scheduled appearance for Jury Duty that they are no longer required to report, they are expected to report to work for their next Scheduled Shift. Night shift employees who receive such notice and do not report for Jury Duty shall be compensated for the shift occurring on the same calendar day as the cancelled Jury Duty assignment.

34.4 When an employee receives a Jury Duty check for witness fees, they must endorse it over to the District and present it to the Payroll Department.

34.5 Employees will be compensated for Jury service only on days that they have been scheduled to work or scheduled for Paid Time Off.

34.6 At no time will Jury Duty pay result in overtime payment.

ARTICLE 35-Time Off Requests

35.0 Management approval for all Time Off requests is based on District/staffing needs, however, every effort will be made to accommodate employee's requests. Non-Benefited employees are not eligible for time off requests.

35.1 Annual Time Off Requests

35.1.1 In order to allow employees to schedule time off in advance and allow the District to anticipate coverage needs, time off will be requested on an annual basis following the below procedures:

a) Employees shall submit time off requests in writing no later than February 1st of each year.

b) The form for such purposes will be provided by the District and will cover the period of April 1st to March 31st.

c) Employees are required to request time off in order of priority, beginning with their first choice. Based on the number of requests for a specific time period, approval may be limited to two (2) weeks.

d) Requests received during this time will be considered based on seniority of hire date into a benefited position in the Department within Job Classification. Job Titles with tiered employees will be considered the same Job Title for the purpose of time off requests. For example, Patient Access Rep I and Patient Access Rep II will be considered the same Job Title when approving time off requests.

e) Any Department whose time off staffing is dependent on coverage from another Department, shall fall under covering Department's seniority for time off approval and the time off request form must be submitted to both Department managers for review and coordination. Employees providing coverage will carry their original Department seniority laterally into the covering Department for the purposes of time off consideration.

f) Department managers will review all requests and approve or deny an employee's first choice for time off as available. If an employee's first choice is unavailable, then the manager will select the next available choice from the employee's list. Management will continue to review and grant time off until all requests have been approved or denied.

g) The Department manager shall respond no later than March 1st, approving or denying the request. On March 1st, UKG will be reflective of any time off requests within the Department.

35.2 Time off requests outside of the Annual Time Off Request Period: Employees may also request time off outside of the Annual Time Off Request Period. Time off requests received after February 1st will be considered on a first received basis.

35.3 Management must respond to a request within thirty (30) days of receipt. Management's failure to meet the deadline does not result in automatic approval of a time off request. It is the responsibility of the employee to follow up on Status of their requested time off if they are not notified

35.4 Employees are responsible for covering all Scheduled Shifts on posted schedules. Employees may trade or give away shifts with management approval, as outlined in Article 19.

35.5 Management does not have the right to cancel approved time off, provided the employee has sufficient Paid Time Off available. Management reserves the right to cancel approved time off as permitted or required by law (for example, during or following a natural disaster or State of Emergency).

35.6 The following applies to employees in the Outpatient Clinics only:

a) Employees shall submit time off requests in UKG (or current software in use by District) no later than sixty (60) days prior to desired time off. Any requests received in less than sixty (60) days will be subject to approval based on: seniority, rotation, first come, total number of requests, and MSC staffing needs.

b) Employees are only able to request time off within six (6) months of the date of the request (for example, if date of request is January 1, you can only request time off as far out as June 1).

c) Employees must have enough PL to cover the time off at the time of the time-off.

d) Requests will be approved or denied at least thirty (30) days after the date of initial request. Failure to meet the deadline does not result in automatic approval of time off requests. It is the responsibility of the employee to follow up on Status of their requested time off if they are not notified.

e) Based on the number of requests for a specific time period, approval may be limited to two (2) weeks of consecutive time off for each request.

f) Time off must be scheduled in advance and approved by the employee's Manager or Lead. In the case of an emergency, an employee will notify their Practice Lead or Manager as soon as possible.

g) Management does not have the right to cancel approved time off, providing the employee has sufficient Paid Time Off available. Management reserves the right to cancel approved time off as permitted or required by law (for example, during or following a natural disaster or State of Emergency).

35.7 Time off requests outside of the 60-day request period

a) Employees may also request time off outside of the 60-day request period. Time off requests received within the 60-day time off request period will be considered based on multiple factors including, but in no particular order: seniority, rotation, first come, total number of requests, and MSC staffing needs.

35.8 If employees need time off once a schedule has been posted, they must attempt to trade shifts with another employee. If a shift trade is not possible, employees must make arrangements with their manager in advance of the date requested.

35.9 If an employee has a need to miss part of their shift (for example, to go to an appointment), they must also get this approved in advance of the schedule being posted. If this is not possible, the employee must make arrangements with their manager prior to the date of the appointment and use Paid Time Off for the portion of the shift that is missed.

35.10 The following applies to APPs (Advanced Practice Providers) in the Outpatient Clinics only:

a) APPs shall submit Non-Holiday Time-Off Requests >2 days in UKG or via AMION no later than ninety (90) days prior to desired time off. Time off requests will be processed per specialty including primary care based on: seniority, rotation, first come, total number of requests, and the needs of the clinic.

b) Time off requests made less than ninety (90) days in advance must be discussed with managers and will be reviewed on a case-by-case basis.

c) Time off requests for 1-2 days must be discussed with managers. If coverage is needed, APPs may be required to arrange coverage individually.

d) APPs will be notified of approval/denial on or before schedules are finalized at least sixty (60) days in advance.

e) Employees must have enough PL to cover the time off at the time of the time-off.

f) Holiday and popular week requests will be done twice yearly during set dates (see dates below). APPs may be asked to rank requests in order of priority. Requests will be approved based on: seniority, rotation, first come, total number of requests, and the needs of the clinic. Holidays are defined by hospital policy as detailed below. Popular weeks off near holidays and school vacations (defined below) will also be approved based on: seniority, rotation, first come, total number of requests, and the needs of the clinic. Managers will remind providers of due dates two (2) weeks prior.

35.11 Holiday/Popular Week Request Due Dates (APP in OPC only):

a) January 1 – January 15 due date for requests for June 1-Nov 30 holidays and popular weeks, aka Summer and Fall (approved by February 1)

b) June 1-June 15 due date for requests for Dec 1-May 31 holidays and popular weeks, aka WINTER AND SPRING (approved by June 30)

c) Holidays for the purposes of this Article are defined as New Year's Day, President's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

d) Popular weeks are defined as President's Day / ski skate week/ winter break, Spring Break, July 4th week, Thanksgiving Week, and the two weeks of Christmas/New Year's holidays. These weeks will match the TTUSD calendar of the applicable year.

e) Finalized holiday time off schedules and popular weeks off will be posted two (2) weeks after requests due.

35.12 Extended Time Off

a) Any requests for time off greater than or equal to two (2) consecutive weeks require special approval by Management. Provider colleagues in the office will be notified of planned leaves more than two (2) weeks.

ARTICLE 36- Probationary Period

36.0 All employees shall serve an initial Probationary Period upon hire with the District. During this period, the employee may be discharged at the sole discretion of the District and shall not have access to the grievance procedure unless otherwise specified.

36.1 Probationary Period Upon Hire:

36.1.1 Employees' Association of Professionals (EAP)

a) Full Time and Regular Part-Time Employees:

i. Shall serve a Probationary Period of ninety (90) calendar days.

b) Short Hour, Casual Part-Time, and Per Diem Employees:

i. Shall serve a Probationary Period of six (6) months.

c) Advance Practice Providers (APP's)- all Statuses

i. Shall serve a Probationary Period of six (6) months.

36.1.2 Employees' Association (EA) & Outpatient Clinics (OPC EA/EAP)

a) All Employees shall serve a Probationary Period of one hundred twenty (120) calendar days.

36.1.3 Advance Practice Providers (APP's)- all Statuses

a) Shall serve a Probationary Period of six (6) months.

36.2 The Probationary Period for any employee may be extended for up to an additional sixty (60) calendar days, with a documented improvement plan issued before the initial Probationary Period ends.

36.3 Managers may complete the probationary evaluation at any time during the Probationary Period, thereby concluding the probation early.

36.4 Probationary Period Following Promotion or Transfer:

36.4.1 All employees covered under this article who are promoted or transferred to a new represented position shall:

a) Receive appropriate orientation for the new role.
b) Be assigned a new Probationary Period within the respective periods as outlined above.

36.5 Placement Rights

a) An employee who is serving a Probationary Period following a transfer to another Department may request to return to a position within the employee's previously held Classification. The employee may return only if a current, open, and vacant position exists in the former Department at the time the request is made. Conditional on vacancy and qualifications.

36.5.1 Priority Based on Departmental Seniority

a) The requesting employee shall have first rights to any open position in their previous Classification for which they meet the minimum qualifications. Priority shall be determined by the employee's prior Departmental seniority within that Department.

b) No employee outside the Department, and no employee within the Department with less Departmental seniority, may be selected for that vacancy ahead of the returning employee.

c) Returning employees may not impact any employee within the Department who has greater Departmental seniority.

36.5.2 Seniority Upon Return

a) If the return occurs, the employee's Departmental seniority shall be restored to the level it held at the time the employee transferred out of the Department.

36.5.3 Expiration of Placement Rights

a) Placement Rights expire upon completion of the employee's Probationary Period. Employees who have completed probation in the new Department and later transfer to another Department shall establish a new Departmental seniority date effective the date of that transfer.

b) If an employee does not successfully complete the Probationary Period after transferring to a new position, they may meet with Human Resources to discuss potential alternative opportunities within the District.

ARTICLE 37- No Discrimination

37.0 The Union and the District agree that neither the Union nor the District shall discriminate in any way on the basis of Union activity and both shall follow all federal and state regulations regarding discrimination in employment.

ARTICLE 38- Unemployment Insurance

38.0 The District shall comply with all respective state unemployment insurance laws.

ARTICLE 39- Full Understanding, Modifications and Waiver

39.0 It is intended that this Memorandum of Understanding set forth the full and entire understanding of the parties regarding the matters set forth herein, and any other prior to existing understanding or agreements by the parties regarding the matters set forth herein, whether formal or informal, regarding any such matters, are hereby superseded or terminated in their entirety.

39.1 Except as specifically provided herein, it is agreed and understood that each party hereto voluntarily waives its right, and agrees that the other shall not be required to negotiate with respect to any subject or matter covered herein during the term of this Memorandum of Understanding; however, this shall not preclude the employees from filing grievances on the subject matter of this Agreement or interpretation thereof.

39.2 Any agreement, alteration, understanding, variation, waiver, or modification of any of the terms or provisions contained herein shall not be binding upon the parties hereto unless made and executed in writing by all parties hereto, and if required, approved and implemented by the District's Board of Directors and the Union.

39.3 The waiver of any breach, term or condition of this Memorandum of Understanding by either party shall not constitute a precedent in the future enforcement of all its terms and provisions.

ARTICLE 40- Savings Clause

40.0 Both parties intend to honor the provisions of the Memorandum of Understanding as they have been defined and developed under the Meyers-Milias-Brown Act. If any provision of this Memorandum of Understanding is found to be unlawful as the result of a final decision by a state or federal court or agency having authority to render such decision, the remaining provision of this Memorandum of Understanding shall remain in full force and effect.

ARTICLE 41- No Strike-No Lockout

41.0 No Strike or Interference

a) The parties realize that District facilities are different in their operations from other industries because of the nature of services rendered to the community. For this reason, during the term of this Agreement, employees covered by this Agreement shall not engage in any strike, sympathy strike, slowdown, sit-down, work stoppage or boycott at any of the District's premises, or other interruption of work or interference with the District's operations. Neither the employees, the Union, nor any of its officers, agents or representatives shall authorize, assist, lend support to, or in any way participate in any such activities at any District facility.

41.1 No Lockout

a) The District shall not lockout employees represented by the Union and subject to this Agreement during the term of this Agreement.

ARTICLE 42- Safety

42.0 The District shall provide safe working conditions consistent with all state and federal standards that are applicable to the District. If an employee receives a work assignment that the employee believes is not in accordance with this requirement or believes that the general working conditions are not in compliance with this requirement, they may report such problems to the Administrator. The District shall promptly investigate any such complaint and where the District determines that the complaint has merit, it shall remedy the problem.

ARTICLE 43- Work Out of Classification

43.0 Work Out of Classification is when an employee is temporarily performing the duties and responsibilities of another Job Title of a higher Classification from the employee's current Job Title.

43.1 Classifications and their ranges may be obtained by contacting Human Resources. Job Titles are listed in **Appendix A**.

43.2 Employees who are assigned to work in a higher Classification by their Department manager shall be paid five percent (5%) above their Base Rate of Pay, or the first step of the higher Classification, whichever is higher. Employees assuming a position in a higher Classification for more than two (2) weeks, shall have the right to negotiate a higher percentage.

43.3 Employees designated to work in one of the following roles will receive additional compensation as listed below:

43.3.1 Team Lead/Charge Nurse

a) Charge Nurse, also known as Team Lead receives a five percent (5%) increase during an entire shift when designated on the schedule as Charge Nurse, as approved by management. In addition to performing standard job duties, the Charge Nurse is responsible for coordinating and collaborating with all members of the interdisciplinary team to ensure safe and efficient patient care along with effective work flow within the Department. Charge Nurse is listed in the Job Descriptions within each Department.

43.4 It is not management's intent to rotate employees into or out of higher Classifications to avoid paying a higher pay percentage.

43.5 Employees who assume a Department management position on an interim basis shall be paid ten percent (10%) above their Base Pay. Employees assuming a management position for more than two (2) weeks have the right to negotiate, with management and Human Resources for an increase above ten percent (10%) related to the amount of management responsibilities assumed.

43.6 Employees who are performing Preceptor Duties will be paid a daily flat rate as outlined in the table below. Job Description inclusive of training and Preceptor Duties are excluded from the daily flat rate compensation. Management must submit a PAF designating the employee as a Preceptor. Employees are required to complete the required Preceptor course in our learning management system and follow a Preceptor curriculum with a set of deliverables determined by Department management.

43.7 Preceptors will make the following flat rate per shift:

EAP/EAP OPC	
8 Hour Shift	$30.00
10 Hour Shift	$35.00
12 Hour Shift	$40.00
EA/EA OPC	
8 Hour Shift	$20.00
10 Hour Shift	$25.00
12 Hour Shift	$30.00

ARTICLE 44- Term

44.0 This Memorandum of Understanding shall be effective as of January 1, 2026 and shall continue in effect through June 30, 2027. No changes in this MOU provision can be made without the consent of both parties in writing.

{Signature Page Follows}

Tahoe Forest Hospital District
Employee's Association of Professionals

By:_____

Julie Morgan on behalf of the Employee's Association of Professionals

Tahoe Forest Hospital District
Employee's Association

By:_____

Sheila Coble on behalf of the Employee's Association of Professionals

Tahoe Forest Hospital District

By:_____

Anna Roth, President & CEO on behalf of Tahoe Forest Hospital District

Appendix A - Job Titles 1/1/2026 by Job Family

EAP

APP Palliative Care	Mammography Technologist	Staff Nurse ICU
Behavioral Health Care Coordinator	Medical Lab Technician	Staff Nurse IV Therapy
Break Nurse	MRI Team Lead	Staff Nurse LTC
Cardiac Sonographer	MRI Technologist	Staff Nurse Medical Oncology
Care Coordinator	Neuro Trauma Care Coordinator	Staff Nurse Med-Surg
Care Coordinator Bilingual	NP-PA - OH	Staff Nurse OH
Case Manager Acute	NsgInformatics Cl Analyst	Staff Nurse Oncology Infusion
Case Manager Acute-PostAc	Nuclear Medicine Tech	Staff Nurse Pre-Admit
Clinical Program Analyst	Nurse Navigator	Staff Nurse Radiation Onc
Clinical Psychologist	Nurse Practitioner Cancer Center	Staff Nurse Surgical Svcs
CLS	Occupational Therapist HH	Staff Nurse W & F
CLS Night Shift	Occupational Therapist II HH	Stroke Coordinator
CLS Technical Specialist	Occupational Therapist II SNF	Surgical P.A.-N.P.
CLS Technical Specialist Night	Oncology Pharmacist Remote	Trauma PI RN
Coord Phys Informatics	Oral Oncolytics Nurse Navigator	Ultrasound Team Lead
Coordinator Briner Mammography & Women's Imaging Services	PACS-Clinical Systems Ana	Ultrasound Tech II
Coordinator Nuclear Medicine-RSO	Pediatric Care Coordinator	Ultrasound Technologist
Coordinator X-Ray-CT	Perinatal Care Coordinator	Wellness Dietitian
DI Tech II	Perinatal Educator	
Diag Imaging Tech III	Pharmacist	
Dietitian Acute	Pharmacist Oncology	
Dietitian Cardiac Rehab	Pharmacist Retail	
Exercise Physiologist	Physical Therapist HH	
Float RN AMB-Nsg Admin	QIP Coordinator Behavioral	
Health & Fitness Coach	QIP Coordinator Clinical	
Infection Prevention & Control Nurse Coordinator	Radiation Therapist	
Infection Preventionist SNF	Radiation Therapist II	
Interventional Rad RN	RCP Support	
Lactation Care Coordinator	Resp Care Pract	
Lactation Consultant RN	RN Case Manager OH	
Ld Staff Nurse Card Rehab	RNFA	
Ld Staff Nurse IV Therapy	Social Worker Acute	
Ld.Staff Nurse Oncology	Social Worker HH-Hospice	
Lead RN Ambulatory Surgery	Social Worker Palliative Care	
Lead RN Endoscopy	Staff Nurse Ambulatory Surgery	
Lead RN ER	Staff Nurse Cardiac Rehab	
Lead RN ICU	Staff Nurse Endo Svcs	
Lead RN MedSurg	Staff Nurse ER	
Lead RN Operating Room	Staff Nurse ER IVCH	
Lead Surgical PA	Staff Nurse Home Health	
LVN LTC	Staff Nurse Hospice	

EAP OPC

Advanced Practice Provider GI
App Cardiology
APP Project Lead MAT
Behavioral Health Intensivist
Behavioral Health Navigat
Cl Psychologist Addiction Medicine
Clinical Psychologist Behavioral Health
Neuropsychologist
NP-PA Behavioral Health
NP-PA Urology
Nurse Practitioner Urgent Care
Nurse Practitioner-P.A.
Orthopedic Physician Assistant
Physician Assistant Urgent Care
Staff Nurse Indirect Care MSC
Staff Nurse MSC

EA OPC

Athletic Trainer
M.A.-Surgery Scheduler
MA/Surgery Scheduler III
MA-Surgery Scheduler II
Medical Assistant III
Medical Assistant MSC
Medical Asst II MSC
Medical Receptionist-M.A.
Medical Receptionist-MA II
Medical Receptionist-MA III
Ophthalmic Assistant
Ophthalmic Assistant-Surgery Scheduler
Ortho Technician
Ortho Tech-Phlebotomist
Orthotist
Receptionist Front Office
Receptionist Front Office III
Receptionist Front Office Urgent Care
Receptionist-Trainer
Substance Use Navigator

EA

Access Center Rep I	EHR Apps Suppt Alyst II	Oncology Financial Navigator
Access Center Rep II	EHR Scanning Clerk	Oncology Scheduling Specialist I
Access Center Rep III	Endoscopy Tech	Oncology Scheduling Specialist III
Accounts Payable Clerk	Endoscopy Tech Lead	Patient Access Rep Lead
Admin Coord Fac Mgmt	Enterprise InfraArchitect	Patient Access Representative I
Benefits-Estimates Coordi	ER Tech-Unit Clerk	Patient Access Representative II
Biomedical Equipment Tech	ER Tech-Unit Clerk IVCH	Patient Account Rep
Biomedical Tech Lead	EVS Aide	Payment Posting Specialist
Birth Clerk OB Tech II	EVS Surgical Aide	Payment Posting Specialist Lead
Birth Clerk-OB Tech	Fac Engineer Assistant	Payment Posting Specialist-Clerical Support PFS
Case Management Assistant	Fac Engineer Asst II	Perioperative Tech II
Cashier Retail Pharmacy	Fac Engineer-Electrician	Pharmacy Tech Accounting
Certified Nurses Aide	Facilities Assistant Chief Engineer	Pharmacy Tech Inpatient
Clerical Support Can Ctr	Facilities Engineer	Pharmacy Tech Purchasing
Clerical Support Dietary	Facilities Foreman	Pharmacy Tech Retail
Clerical-Receptionist OH	Facilities Painter	Programmer-Analyst II
Clerk HIM	Fin Counseling Coord	Pt Care Tech-Unit Clerk
Clerk HIM II	Fin Customer Svc Rep	Rad Therapy Assistant
Clerk Lead HIM	Financial Counselor	Referrals & Data Management Specialist
Clerk Materials Mgmt	Financial Customer Service Rep Coordinator	Registration Coordinator
Clerk Shipping-Receiving	Floor Care	Restorative CNA
Clinical Research Coord	Floor Care Lead	Senior Buyer
Coder Certified	Floor Care-Safety Patr	Sterile Proc Tech II
Community Health Program Coordinator	Health & Resource Advocate	Surgery Scheduling Coordinator
Community Health-QIP Educator	Health & Resource Advocate II	Surgical Technician II
Construction Admin Coord	Help Desk Representative	Systems Administrator II
Construction Project Manager	Lab Assistant	Systems Administrator III
Cook	Lab Assistant II	Team Lead-Medical Assistant
Coord Activities-Res Rel	Lab Assistant II TC	Technical Support
Coord Clerical Support SS	Lab Assistant III	Technical Support II
Coord LTC Operations	Lab Assistant IVCH	Unit Clerk Long Term Care
Coord-Clerical Support	Lead Community Pharmacy Tech	
Coordinator Emergency Mgmt	Lead EVS Aide	
Coordinator Materials Mgmt	MA-Oncology Scheduling Specialist	
Coordinator OR Materials	MA-Phlebotomist	
Coordinator Social Services	MA-Phlebotomist II Cancer Center	
Courier	Medical Assistant II Cancer Center	
Credit Balance-Refund Specialist	Medical Assistant II Care Coordination	
Customer Care Navigator	Medical Assistant II Palliative Care	
Cyber Security Administrator	Medical Assistant III-Phlebotomist	
DI Assistant II-Tech Aide	MediCal-Medicaid Pt Account Representative	
Diagnostic Imaging Assist	MedicalReceptionist-MA OH	
Dietary Aide	Network Engineer III	
Dietary Clerk	Non-Stock Coordinator	
EHR Appl.Support Analyst	OH-Wellness Program Admin Coordinator	

Appendix B - Health Insurance Plan Design

MEDICAL	TFHD*	In-Network Anthem/Blue Cross	Out-of-Network
Calendar Year Deductible			
Individual	$0	$500	$1,000
Individual + 1 Dependent	$0	$1,000	$2,000
Family	$0	$1,500	$3,000
Out Of Pocket Maximum			
(Coinsurance, Copayments & Deductible)			
Individual	$3,000		$6,000
Individual + 1 Dependent	$6,000		$12,000
Family	$6,000		$12,000
Lifetime Maximum	No Lifetime Maximum		
Inpatient Hospital Services	No Charge	20%	50%
Inpatient Hospital Services Add'l Copay/Admit	$0	$750	$1,000
Outpatient Surgery	No Charge	20%	50%
Outpatient Surgery Add'l Copay/Surgery	$0	$750	$1,000
Lab & X-Ray	100%	20%	50%
Emergency Room (Copay Waived if Admitted)	$150 Copay	20%	20%
Physician's Office Visit	$30 Copay	$30 Copay	50%
Urgent Care	$40 Copay	$40 Copay	50%
Pain Clinic	$30 Copay	$30 Copay	50%
Mental Health/Alcohol and Substance Abuse			
Inpatient Hospital Services	No Charge	20%	50%
Inpatient Hospital Services Add'l Copay/Admit	$0	$750	$1,000
Outpatient Mental Health	$30 copay	$30 copay	50%
Prescription Drug Benefit - 34-Day Supply			
Generic	$10	$20	N/A
Formulary Brand	$25	$45	N/A
Non-Formulary Brand	$50 or 50%	$60	N/A
TFHD 90-Day Supply	90 day supply for 2x copay	90 day supply for 3x copay	N/A

**TFHD refers to services provided and billed by Tahoe Forest Hospital District (TFHD), coverage is 100% after copayments met, if applicable. This does not include physician or other charges not billed by TFHD, such as Lab, ER Physicians, Radiology, etc.*

DENTAL	Coverage
Deductible	$35 Individual
	$70 Family
Maximum Benefit	$2,500 per Calendar Year per Covered Individual
Class A Services - Preventive	No Charge (deductible does not apply)
Class B Services - Basic	20%
Class C Services - Major	20%
Orthodontia Coverage	50% up to $2,500 Lifetime Benefit

NOTE: Out-of-Network dental providers can bill you for the balance between what your insurance pays them and what their rate is.

VISION	Coverage
Copayment:	$20
Frame Allowance:	$200
Benefits:	
Exam	Once every 12 months
Lenses/Contacts	Once every 12 months
Frames	Once every 24 months

NOTE: The vision coverages above are for In-Network providers. Out-of-Network providers have lower reimbursement levels.

Appendix C - Health Insurance Premiums

2026 Premiums
*2027 Refer to Article 16.2

Full-Time

LICENSED, NON-LICENSED, AND NON-REPRESENTED JOB CLASSIFICATION	COST PER PAY PERIOD (24 PAY PERIODS)
MEDICAL/RX/DENTAL/VISION PREMIUM WITH WELLNESS	
Employee Only	$26.66
Employee + Spouse/RDP	$104.61
Employee + Child(ren)	$91.17
Employee + Family	$148.28
MEDICAL/RX/DENTAL/VISION PREMIUM WITHOUT WELLNESS	
Employee Only	$51.66
Employee + Spouse/RDP	$129.61
Employee + Child(ren)	$116.17
Employee + Family	$173.28

Part-Time

LICENSED, NON-LICENSED, AND NON-REPRESENTED JOB CLASSIFICATION	COST PER PAY PERIOD (24 PAY PERIODS)
MEDICAL/RX/DENTAL/VISION PREMIUM WITH WELLNESS	
Employee Only	$52.16
Employee + Spouse/RDP	$156.10
Employee + Child(ren)	$138.18
Employee + Family	$214.32
MEDICAL/RX/DENTAL/VISION PREMIUM WITHOUT WELLNESS	
Employee Only	$77.16
Employee + Spouse/RDP	$181.10
Employee + Child(ren)	$163.18
Employee + Family	$239.32