



TAHOE FOREST  
HOSPITAL DISTRICT

# 2026-02-26 Regular Meeting of the Board of Directors

Thursday, February 26, 2026, at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2026-02-26 Regular Meeting of the Board of Directors

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## REGULAR MEETING OF THE BOARD OF DIRECTORS

### AGENDA

Thursday, February 26, 2026, at 4:00 p.m.

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

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

5.1.1. 01/22/2026 Regular Meeting

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

*Subject Matter: Fourth Quarter CY 2025 Corporate Compliance Report*

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

*Subject Matter: 2025 Annual Quality Assurance/Performance Improvement Report*

*Number of items: Eight (8)*

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

*Subject Matter: Medical Staff Credentials*

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

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

10. **INPUT AUDIENCE**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**February 26, 2026, AGENDA – Continued**

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

**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. ACKNOWLEDGMENTS**

**12.1. Tahoe Titans Youth Baseball Team**

Support of local youth baseball team, the Tahoe Titans participants including their players, coaches, volunteers, and families, and their commitment to our community youth.

**13. PRESIDENT & CEO – MONTHLY HIGHLIGHTS**

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

**14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

**14.1. Medical Executive Committee (MEC) Meeting Consent Agenda** ..... ATTACHMENT  
*MEC recommends the following for approval by the Board of Directors:*

**Policies with Changes**

*Lab Policies*

*Cancer Center Policies*

*Standardized Procedure - Healthy Newborn Admission, DWFC-1803*

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

**New Policy**

*MyChart Proxy Access for Caregivers of Patients with Diminished Capacity, AQPI-2601*

**Privileges with Changes**

*Internal Medicine*

*Family Medicine*

**15. 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.

**15.1. Approval of Minutes of Meetings**

**15.1.1.** 01/22/2026 Regular Meeting .....ATTACHMENT

**15.2. Financial Reports** .....ATTACHMENT

**15.2.1.** Financial Report – January 2026 .....ATTACHMENT

**15.3. Board Reports** .....ATTACHMENT

**15.3.1.** Executive Board Report – February 2026 ..... ATTACHMENT

**15.4. New Policy Approval** ..... ATTACHMENT

**15.4.1.** Charge Capture Workflow and Reconciliation, DREV-2601 .....ATTACHMENT

**15.5. Affirm Board Committee Charters** ..... ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**February 26, 2026 AGENDA – Continued**

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- 15.5.1. Board Finance Committee Charter .....ATTACHMENT
- 15.5.2. Board Quality Committee Charter .....ATTACHMENT
- 15.6. **Approve Quarterly Compliance Report** .....ATTACHMENT
- 15.6.1. Fourth Quarter Corporate Compliance Report..... ATTACHMENT

**16. TIMED ITEMS FOR BOARD DISCUSSION**

- 16.1. **Semi-Annual Retirement Plan Update** ..... ATTACHMENT  
The Board of Directors will receive a semi-annual retirement plan update from Multnomah Group.
- 16.2. **Waste Audit and Assessment Report** .....ATTACHMENT  
The Board of Directors will receive an update on the Waste Audit and environmental stewardship.
- 16.3. **2025 Annual Quality Report** .....ATTACHMENT  
The Board of Directors will review the 2025 Annual Quality Report.

**17. TIMED ITEMS FOR BOARD ACTION ♦**

- 17.1. **Placer County LAFCO Regular Voting Member Nomination Form** ..... ATTACHMENT  
The Board of Directors will consider nominating a Director to run for the upcoming vacant Special District regular voting member seat on the Placer County LAFCO Commission.

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

**19. BOARD COMMITTEE REPORTS**

**20. BOARD MEMBERS’ REPORTS/CLOSING REMARKS**

**21. CLOSED SESSION CONTINUED, IF NECESSARY**

**22. OPEN SESSION**

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

**24. ADJOURN**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**February 26, 2026, AGENDA – Continued**

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**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-](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 March 26, 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](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.*

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3583 at least 24 hours in advance of the meeting.

# President and CEO Monthly Highlights

Anna M. Roth, RN, MSN, MPH  
February 2026





We are deeply saddened by the tragic events in Truckee and extend our heartfelt support to all those affected.

**For immediate crisis support, please contact:**

Placer County 24/7 Crisis Line: (916) 787-8860

Nevada County 24/7 Crisis Line: (530) 265-5811

Call or text 988 (Suicide & Crisis Lifeline)

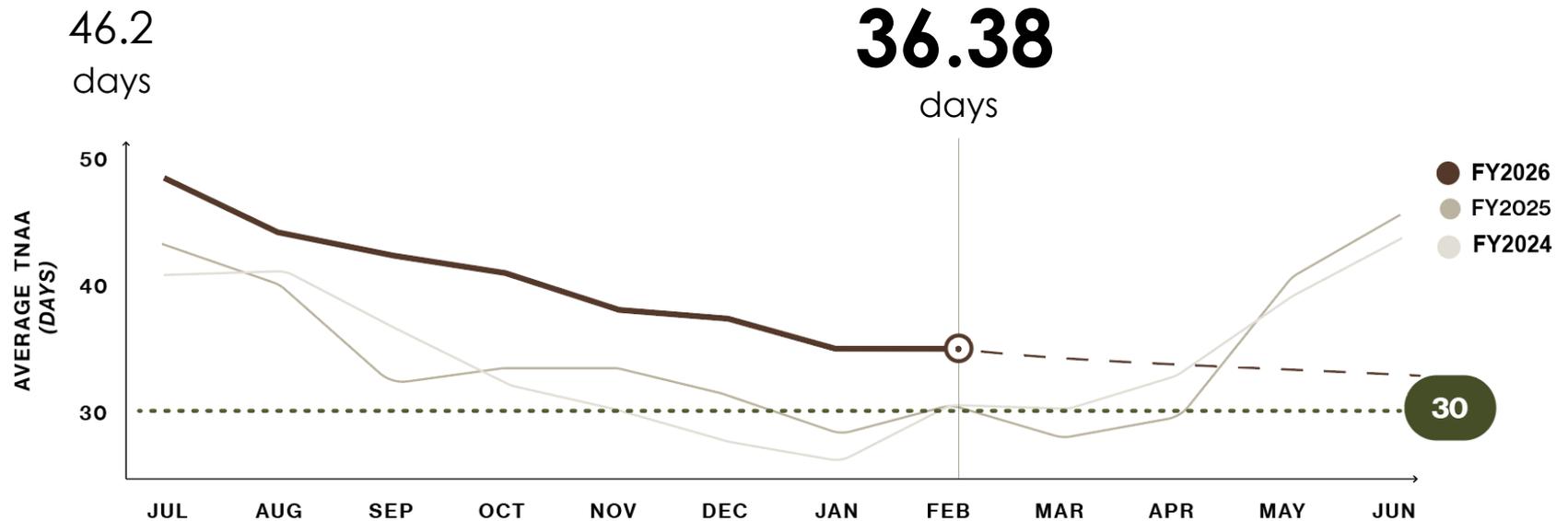
Visit the Castle Peak Avalanche Mental Health Resources  
Webpage

Or visit the nearest emergency department

**Our commitment remains steadfast:**

to support our community and care for one another as we  
heal together.

# Third Next Available Appointment (TNAA) Progress



# 5,000 Voices

## Community Sentiment

- 😊 16% positive
- 😐 35% neutral
- 😞 47% negative

## What's Working

- Strong clinical quality across ER, OR, lab, pharmacy, orthopedics, OB-GYN, pediatrics
- Long-term patient loyalty and gratitude for local services



## Top Concerns

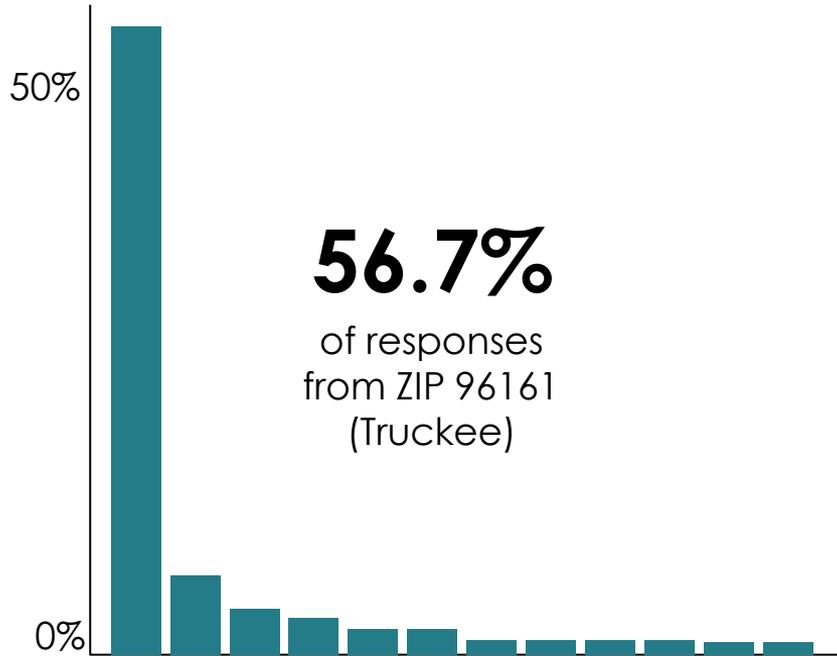
**Access:** wait times of 2–6 months; limited same-day availability

**Cost:** services perceived as significantly higher than Reno

**Billing:** delayed refunds, confusion over coverage

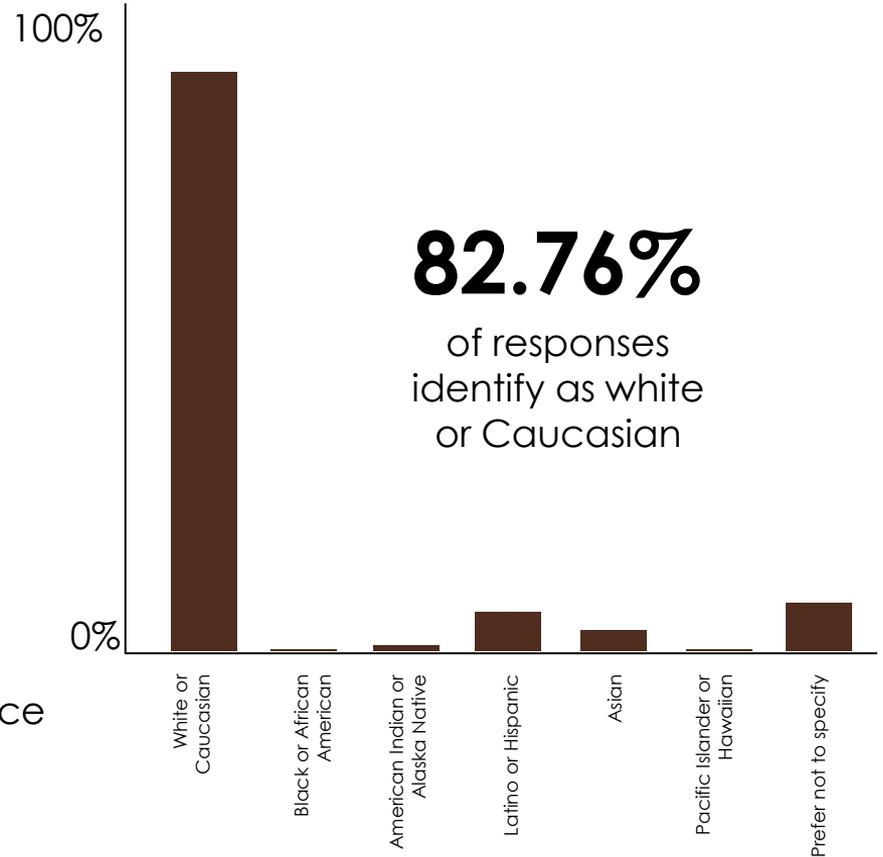
**Staffing:** need for more primary care providers and specialists

# 5,000 Voices



**56.7%**  
of responses  
from ZIP 96161  
(Truckee)

Feedback spans the full health system service area including Incline Village, Kings Beach, Tahoe City and surrounding communities.



**82.76%**  
of responses  
identify as white  
or Caucasian

# 5,000 Voices

## Positive

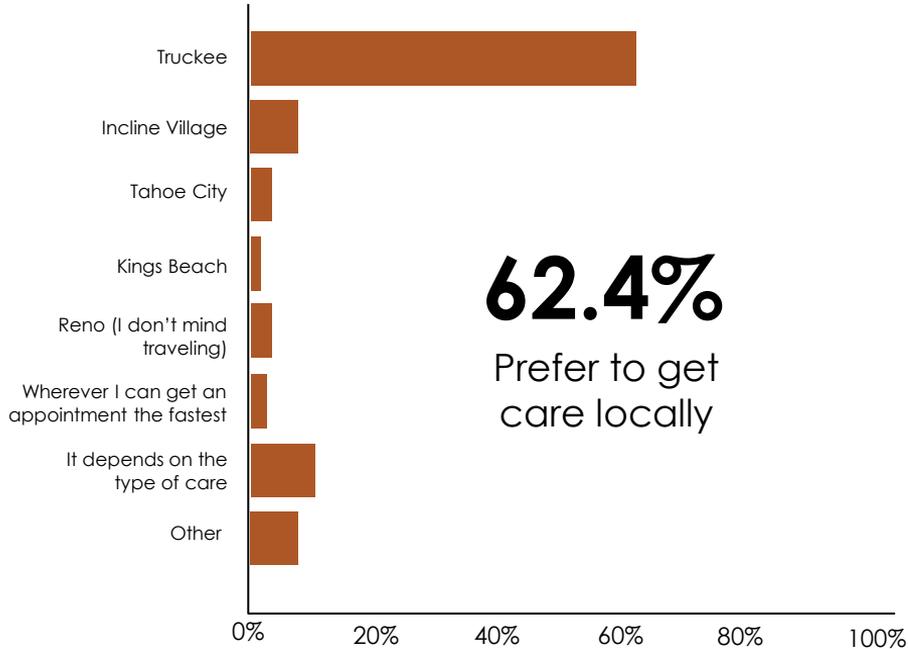
***“I've been a TFH patient since 1974, and you've been growing every step of MY way. Keep up the Good Work!”***

## Negative

***“It is super frustrating how hard it is to get an appointment for basic care - both an annual check up and a specific need. I typically have to wait six months for a basic appointment and 2-3 months for something I want to get checked out.”***



# 5,000 Voices



**62.4%**  
Prefer to get care locally

## Key Takeaways

**Community values quality of care**

Priority gaps:



Access



Billing clarity



Affordability



Communication

# Tahoe Health and Incline Village Hospital Foundations

## Giving Tuesday Campaign

**\$150K**

TFHS Foundation collectively raised

## End of Year Giving

**\$470K**

The Incline Village Community Hospital Foundation raised

## End of Year Giving

**\$660K**

The Tahoe Forest Health System Foundation raised

# TFHS & IVCH Foundations

## With Gratitude

Breck Overall: served since 2018, Board Chair 2020-2025

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Scott Wessel: served since 2023

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Sandy Cath: served since 2020

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Earl Nemser: served since 2019

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Myles Riner: served since 2019



# Questions?





## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> February 26, 2026	<b>ITEM:</b> Medical Executive Committee (MEC) Consent Agenda
<b>DEPARTMENT:</b> Medical Staff	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Johanna Koch, MD, Chief of Staff	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other <b>Policies</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> Respective Departments have reviewed Department Policies and Privileges, recommended approval to MEC. During the February 19, 2026 Medical Executive Committee meeting, the MEC reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the February 26, 2026 Regular Meeting of the Board of Directors.	
<b>SUMMARY/OBJECTIVES:</b>  <b><u>Policies with Changes:</u></b> <ul style="list-style-type: none"> <li>• Lab Policies</li> <li>• Cancer Center Policies</li> <li>• Standardized Procedure - Healthy Newborn Admission, DWFC-1803</li> <li>• Standardized Procedure - Perinatal Screening by RN, DWFC-1802</li> </ul> <b><u>New Policy</u></b> <ul style="list-style-type: none"> <li>• MyChart Proxy Access for Caregivers of Patients with Diminished Capacity, AQPI-2601</li> </ul> <b><u>Privileges with Changes</u></b> <ul style="list-style-type: none"> <li>• Internal Medicine</li> <li>• Family Medicine</li> </ul>	
<b>SUGGESTED DISCUSSION POINTS:</b> 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.  <ul style="list-style-type: none"> <li>· §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).</li> <li>· Procedures shall be approved by the Administration and Medical Staff where such is appropriate.</li> <li>· 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.</li> </ul> <b>For complete policy refer to: Policy &amp; Procedure Structure and Approval, AGOV-9</b>	

**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:****Policies with Changes:**

- Lab Policies
- Cancer Center Policies
- Standardized Procedure - Healthy Newborn Admission, DWFC-1803
- Standardized Procedure - Perinatal Screening by RN, DWFC-1802

**New Policy**

- MyChart Proxy Access for Caregivers of Patients with Diminished Capacity, AQPI-2601

**Privileges with Changes**

- Internal Medicine
- Family Medicine

Title	Department	Last Approved	Next Review	Summary of Changes	Summary of Changes
ALB_QAP-1100S Clinical Laboratory QAPI	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-COA-1000S, Prothrombin Time on the Stago Compact Max	Lab Services - ALB	1/5/2026	1/5/2027	Updated Risk Statement, Added Centrifuge requirements	Correctec INR reportable range typo
ALB-COA-1100S, Activated Partial Thromboplastin Time (aPTT)	Lab Services - ALB	1/5/2026	1/5/2027	Updated Risk Statement, Added Centrifuge requirements	corrected typo in specimen storage acceptability removed redundant reagent preparation instructions
ALB-COA-1200S, D-Dimer Test on the STA Compact® Max	Lab Services - ALB	1/5/2026	1/5/2027	Reviewed content and updated attachment link	
ALB-COA-1300T, Fibrinogen on the STA-Compact® Max	Lab Services - ALB	1/5/2026	1/5/2027	Reviewed uploaded policy, Updated Risk Statement, Added Centrifuge requirements, corrected specimen stability typo	
ALB-COA-1400S, Sodium Citrate Correction for High HCT Patients	Lab Services - ALB	1/5/2026	1/5/2027		
ALB-COA-1500S, Centrifuge - Platelet Plasma Verification	Lab Services - ALB	1/5/2026	1/5/2027	Updated Risk, added supplemental attachment	
ALB-COA-1600S, Reference Range Validation for PT and aPTT	Lab Services - ALB	1/5/2026	1/5/2027	Updated RISK, added Stago Expert, removed EV evaluator, updated references	Clarified Verifying Reference ranges and establishing reference ranges. Updated establishing ranges to 40 samples.
ALB-HRM-2030S CLS Training And Competency Assessment	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-LIS-0100S, Laboratory Information System Overview	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-0200S, Laboratory Information System Administration	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-0300S, Laboratory Information Systems Hardware Configuration	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-0400S, Epic Beaker – Data Innovations Instrument Interfaces	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-0500S, Epic Beaker – Telcore QML Instrument Interfaces	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1000S, Laboratory Information System Access Policy	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1100S, LIS Security and Password Management	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1200S, Epic Beaker Accessioning	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1300S, Epic Beaker Reflex Testing and Verification	Lab Services - ALB	1/22/2026	1/22/2027	Added Risk Statement	
ALB-LIS-1400S, Data Input, Result Verification and Audit Trails	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1500S, Result Report Routing and Result Inquiry	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1600S, Reference Lab Reports	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-1700S, Pending/Unfinished Work Reports	Lab Services - ALB	1/22/2026	1/22/2027	Formatting	
ALB-LIS-1800S, Specimen Quality Comment	Lab Services - ALB	1/22/2026	1/22/2027	Updated Attachment	
ALB-LIS-2000S, Epic Beaker Regularly Scheduled Maintenance	Lab Services - ALB	1/22/2026	1/22/2027	Updated Downtime Reference	
ALB-LIS-2100S, Epic Beaker Support Local and Remote	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-2200S, Epic Beaker Data Validation	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-2300S, Auto-verification Approval	Lab Services - ALB	1/22/2026	1/22/2027	Updated Risk	
ALB-LIS-2400S, Epic Beaker Suspension of Auto-verification	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-LIS-3000S, Request and Validation of Software Modification	Lab Services - ALB	1/22/2026	1/22/2027		

Title	Department	Last Approved	Next Review	Summary of Changes	Summary of Changes
ALB-PHL-1150S, Clinical Laboratory Newborn Genetic Screening	Lab Services - ALB	12/29/2025	12/29/2026	Adding information for ordering supplies, reporting delayed or missed FedEx pickups. Added document for missed or delayed FedEx pick ups	updated specimen shipping guidelines and uploaded Modified NBS specimen packaging procedures document received from CDPH-Center for Family Health-Genetic Disease Screening Program
ALB-PHL-3100S, Clinical Laboratory Legal Drug Screen Collection	Lab Services - ALB	12/29/2025	12/29/2026	Uploaded from G Drive	
ALB-PHL-3200S, Legal Breath Alcohol Testing using EV30	Lab Services - ALB	11/17/2025	11/17/2026	Title change	
ALB-PHL-S4100-Clinical Laboratory EKG Acquisition	Lab Services - ALB	1/5/2026	1/5/2027	Added information about performing w/o the order uploading into the cart. and changed location of pediatric process	Removed old processes, used prior to implementing Cardio Server use. Added procedure using Cardio Server. Added new images
ALB-PHL-T3105 Drug Screen Processing using Requisition Entry	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-POC-1200S pH Testing Procedure	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-POC-5300S Medline Strep A Test	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-POC-7410S T-Cup Multi-Drug Urine Test Cup	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-PQC-2300S Instrument Quality Control	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-QAP-0100S Quality Assurance Program Overview	Lab Services - ALB	1/19/2026	1/19/2027	typo fix	
ALB-QAP-1000S Quality Assessment Plan	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-1200S Quality Monitor Reporting	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-1600S Laboratory Occurrence Reporting	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-1800S Clinical Laboratory External Audit Policy	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-2000S Clinical Laboratory Risk Assessment Policy	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-2200S Clinical Laboratory Risk Assessment Tools and IQCP	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-QAP-2300S Clinical Laboratory Failure Mode Effects Analysis	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-QAP-2400S Product Recall Warning Alert Notifications	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-QAP-3100 Clinical Laboratory Process Improvement Overview	Lab Services - ALB	1/22/2026	1/22/2027		
ALB-SAF-1100S, Emergency Codes – Laboratory Response	Lab Services - ALB	11/24/2025	11/24/2026	Added Ext. site for Gateway and TC	
ALB-SAF-1200S, Laboratory Disaster Response	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-SAF-1300S, Laboratory Emergency Response	Lab Services - ALB	11/17/2025	11/17/2026	reviewed	
ALB-SAF-1710S, Clinical Laboratory Acid Spill Cleanup	Lab Services - ALB	11/17/2025	11/17/2026	uploaded to Policy STAT, changed purpose to RISK, included flow chart	Updated product data sheet link
ALB-SAF-1720S, Laboratory Base (Caustic-Alkaline) Spill Cleanup	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, included flow chart	Updated Product Information Link
ALB-SAF-1730S, Laboratory Biological Spill Cleanup	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, included flow chart	Updated old solution name to Bleach. fix typo, add micro procedure
ALB-SAF-1740S, Laboratory Formalin Spill Cleanup	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, included flow chart	Updated Product Information Link

Title	Department	Last Approved	Next Review	Summary of Changes	Summary of Changes
ALB-SAF-1750S, Laboratory Solvent Spill Cleanup	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, included flow chart	Updated Product Information Link
ALB-SAF-2100S, Laboratory Safety Management Program	Lab Services - ALB	11/17/2025	11/17/2026	remove MD review frequency, typos	
ALB-SAF-3100S, Laboratory Basic Safety	Lab Services - ALB	12/29/2025	12/29/2026	Changed name from PPE to Laboratory Basic Safety, Added Basic Safety Rules from retired SOP. Removed redundancies, updated links and related policies	removed redundant chart at begging of Policy
ALB-SAF-5200S, Compressed Gases Handling	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Minimized policy to be more lab specific and add facilities is responsible for set up and transport of gas cylinders. Included related hospital policy Handling, Storage, and Transport of Compressed Gas Cylinders, AEOC-2202.
ALB-SAF-5300S, Dry Ice Handling	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Condensed procedure, removed redundancies, included current Osha Quick Facts in references.
ALB-SAF-5400S Centrifuge Safety	Lab Services - ALB	11/17/2025	11/17/2026	Renamed, previously: ALB-SAF-3300S, Clinical Laboratory Equipment Safety Guidelines; Removed naming specific centrifuges used in lab, IFU's available by manufacturer, serial numbers tracked by BioEngineering department; updated references to current Osha web links; Purpose statement to Risk statement; Updated formatting and cleaned up redundant verbiage.	
ALB-SAF-5600S, Latex Allergy & Sensitivity	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Condensed procedure by removing redundancies, simplifying language and updated formatting. Updated/added OSHA links
ALB-SAF-5700S, Noise Level Control	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Corrected typos, updated OSHA links, added instructions to protect HIPPA (do not hold conversations on speaker phone, and refraining from discussion patient information in common areas.
ALB-SAF-5800S, Radiation Safety	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Removed specific references to isotopes, add refer to DI and Rad Onc for specific radiation concerns
ALB-SAF-5900S, Collection & Handling of Ebola Virus Disease (EVD) Specimens	Lab Services - ALB	11/17/2025	11/17/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Purpose to Risk, removed CDC link, added to look for direction from TFHD infection control. Updated reference links, simplified procedure removing links to Health Departments, defined responsibilities of Infection Control. Added instructions on how to handle blood cultures and Transfusion Service requests.
ALB-SAF-6100S, Laboratory Chemical Hygiene Plan	Lab Services - ALB	11/24/2025	11/24/2026	Purpose to Risk: Removed redundant information included in related policies and included links to these policies. Updated reporting exposure instructions. Reviewed CAP Checklist GEN.76000 and made changes to represent current regulatory guidelines. Updated Osha Link	Removed "clinical" in name. Flagged topics to review with Erin. Fixed typo's and gave CLS Supervisor role of CHO

Title	Department	Last Approved	Next Review	Summary of Changes	Summary of Changes
ALB-SAF-6200S, Laboratory Chemical Labeling	Lab Services - ALB	11/24/2025	11/24/2026	Uploaded to Policy STAT, changed purpose to RISK, revised name to leave out "clinical laboratory"	Updated Major Hazards to explain proper use of MSDS and container labels. Updated Risk, updated References to include link to current OSHA web page, update procedure to adhere to the most current CAP checklist GEN.76200 (Chemical Precautionary Labels) guidelines
ALB-SAF-6300S, Chemical Inventory and Storage	Lab Services - ALB	11/24/2025	11/24/2026	Purpose to risk, condensed policy and procedure to align with current practices and CAP Checklist GEN. 76000,, Updated References	added pre-dilute/premixed chemical to inventory list, clarified NFPA, added Reproductive toxins
ALB-SAF-6400S, Laboratory Waste Disposal	Lab Services - ALB	11/24/2025	11/24/2026	Changed name from Clinical Laboratory Waste Disposal to Laboratory Waste Disposal, Added to Policy STAT, and Changed Purpose to Risk, Updated Policy Section eliminating redundancies found in other Laboratory and TFHD Chemical Hygiene SOP's. Added additional definition to "Unregulated Waste" under the Policy section, Provided more description under Medical waste, added PHI and note about small intact glass bottles not considered "sharps waste"; put Chemical and Medical under a new category, "Regulated". Removed Definitions and condensed verbiage under "Scope" to remove redundancies with changes made under Policy Section. Removed Redundancies from Procedure Section and limited procedural information to only waste disposal (removing storage and labeling sections redundant with separate SOP's), Provided more instructions for disposing Expired/no longer in use hazardous chemicals in original Container, Updated Procedure: added Sharps and PHI, removed redundancies, separated	
ALB-SHP-1100S Receiving and Processing Specimens	Lab Services - ALB	11/17/2025	11/17/2026	Purpose to Risk, Aliquot handling clarified, update to Prioritizing	
ALB-SHP-1110S Receiving Specimens from Outside Sources	Lab Services - ALB	12/29/2025	12/29/2026	Uploaded procedure from the G Drive, updated format	
ALB-SHP-1120S, Clinical Laboratory Specimen Rejection Criteria and Recollection Process	Lab Services - ALB	10/23/2025	10/23/2026	Combined ALB-SHP-1120S and ALB-PHL-1140S, Recollection of Specimens procedures	
ALB-SHP-2130S-Lab Orders from Outside Providers	Lab Services - ALB	12/29/2025	12/29/2026	Removed verbal orders accepted in emergent situations, reference to preprinted requisitions and clarification on specimen source	
ALB-SHP-2140S Missing Information on Test Requisitions	Lab Services - ALB	12/29/2025	12/29/2026	Add lab requisitions received to fax folder, EMR reqs do not require a signature	
ALB-SHP-2150S Release of Results to Patients and Non Ordering Physicians	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-SHP-2160S Delayed Testing Notification	Lab Services - ALB	12/29/2025	12/29/2026	Removed duplicate wording	
ALB-SHP-3100S Clinical Laboratory Pathology Specimen Processing	Lab Services - ALB	11/17/2025	11/17/2026		
ALB-SHP-3150S Pathology Stain Line Preparation and Maintenance	Lab Services - ALB	11/17/2025	11/17/2026		

Title	Department	Last Approved	Next Review	Summary of Changes	Summary of Changes
ALB-TLM-0100S Clinical Laboratory General Information	Lab Services - ALB	1/19/2026	1/19/2027		
ALB-TXS-1500T, ABO and Rh Discrepancies	Lab Services - ALB	11/24/2025	11/24/2026	Added new section: RESOLVING REVERSE TYPING DISCREPANCY DUE TO COLD AUTOANTIBODIES/COLD AGGLUTININS	fixed typo
ALB-TXS-3000T, Maintaining Blood Product Inventory	Lab Services - ALB	1/19/2026	1/19/2027	Added LP and CSP, updated hyperlink to Form ALB-TXS-3101T	
ALB-TXS-3415T, Liquid Plasma	Lab Services - ALB	12/29/2025	12/29/2026	Typo fix	Created hyperlink to related policy
ALB-TXS-3425T Cold-Stored Platelets	Lab Services - ALB	12/29/2025	12/29/2026	Typo fix	Typo corrections and attached hyperlink to related policy
ALB-TXS-8200T, Code Crimson, CMT, and Emergency Transfusions	Lab Services - ALB	1/19/2026	1/19/2027	Added delivery schedule for CSP and Liquid plasma	
ALB-TXS-8300S, Transfusion Reaction	Lab Services - ALB	10/23/2025	10/23/2026	Added "IVCH CLS will notify pre-transfusion testing lab (TFH) of suspected transfusion reaction immediately upon RN notification" for CAP checklist self inspection correction.	

<b>Title</b>	<b>Department</b>	<b>Last Approved</b>	<b>Next Review</b>	<b>Summary of Changes</b>
Bone Marrow Biopsy, DCC-32	Cancer Center - DCC	11/5/2025	11/5/2027	Updated risk statement, changed MD to Provider(s) to reflect current credentialed mid-level provider inclusion
Cancer Center 1st Floor Emergency Code Activation, DCC-2201	Cancer Center - DCC	11/5/2025	11/5/2027	Updated risk statement, corrected throughout to remove internal paging in the building. This is all handled via the Hospital paging system currently
Cancer Center Staff Scheduling, DCC-26	Cancer Center - DCC	11/5/2025	11/5/2027	Updated risk statement and current staffing plan with current job titles/roles
Cancer Committee Coordinators Job Descriptions, DCC-37	Cancer Center - DCC	9/5/2025	9/5/2027	Procedure A. corrected name of Cancer Case Conference to current and minor edits to correct process changes related to conference operational changes.
Cancer Registry: Cancer Center Abstracting, DCC-2002	Cancer Center - DCC	10/2/2025	10/2/2026	Abstracting Requirements Updated per NCRA
Cancer Registry: Cancer Center Casefinding, DCC-2001	Cancer Center - DCC	10/24/2025	10/24/2026	Spelling Corrections; Update change to IT report writer, 2025 manuals.
Cancer Registry: Cancer Registrar, DCC-2006	Cancer Center - DCC	10/7/2025	10/7/2026	Procedure: A.2. updated to reflect current published standards for registry data entry. Special Instructions: update to the title change for data entry specialists from CTR to ODS.
Cancer Registry: Cancer Staging, DCC-2005	Cancer Center - DCC	10/7/2025	10/7/2026	Spelling correction
Cancer Registry: Master Patient Index, DCC-2003	Cancer Center - DCC	10/2/2025	10/2/2026	2025 Updates Completed - Information updated to account for National Changes from CoC
Cancer Registry: Quality Control, DCC-2004	Cancer Center - DCC	10/2/2025	10/2/2026	2025 Updates completed to include updates to ensure quality control of our abstracting data
Cancer Registry: Quality Improvement, DCC-2007	Cancer Center - DCC	10/2/2025	10/2/2026	2025 Updates Completed to include national updates on Quality Improvement efforts of the Cancer Center which is specific to the site of cancer.
Depression Screen and Suicide Risk Assessment, DCC-2101	Cancer Center - DCC	9/5/2025	9/5/2026	A. 1. corrected to reflect actual practice for follow-up as next business day rather than within 24 hours.
EMR Downtime, DCC-10	Cancer Center - DCC	9/5/2025	9/5/2026	Type errors corrected, no content change
Multidisciplinary Cancer Case Conference, DCC-35	Cancer Center - DCC	9/5/2025	8/26/2027	Name of this meeting has been changed to Multidisciplinary Cancer Case Conference for alignment with accreditation standards. Minor process edits to reflect current operations for this meeting.
After Hours Care, DCC-9	Cancer Center - DCC	11/17/2025	11/17/2027	Updated formatting, added hyperlink to related policy, added applies to Cancer Center
Cancer Center Staff Scheduling, DCC-26	Cancer Center - DCC	11/5/2025	11/5/2027	Updated risk statement and current staffing plan with current job titles/roles

Title	Department	Last Approved	Next Review	Summary of Changes
Cancer Registry-Data Security, DCC-2008	Cancer Center - DCC	10/7/2025	11/7/2027	Annual update to ensure our cancer registry work within the national and hospital regulations to ensure security of the information.
Cancer Registry-Accession Registrar, DCC-2009	Cancer Center - DCC	10/2/2025	11/2/2027	2025 updates cases and codes to be reported to the state an national databases.
Cancer Center Clinical Trials Research Billing, DCC-34	Cancer Center - DCC	12/8/2025	12/8/2027	risk statement updated
Cancer Center Clinical Trials, DCC-201	Cancer Center - DCC	12/8/2025	12/8/2027	updated risk statement, added Policy E. to address screening patients for studies interested in post-treatment questions, added Procedure D. text to note Clinical Research Coordinator with Master Delegation of Authority may consent patients to trials
Intravesical Administration of Antineoplastic Therapy, DCC-1901	Cancer Center - DCC	12/8/2025	12/8/2027	updated risk statement, removed content not current to practice, inserted Dynamic Health page for Procedure as it was more current to standard of practice and detailed for reference
Medical Record Transport, DCC-28	Cancer Center - DCC	12/8/2025	12/8/2027	updated risk statement

Status

Pending

PolicyStat ID

19897263



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date	08/2011
Last Approved	N/A
Last Revised	02/2026
Next Review	1 year after approval

Department	Women and Family Center - DWFC
Applicabilities	Tahoe Forest Hospital

## WFC - Standardized Procedure - Healthy Newborn Admission, DWFC-1803

### PROCEDURE:

#### Function:

- A. ~~To identify the responsibilities of the Registered Nurse (RN) who has demonstrated competency for implementing the order set PED: (PW) Well Newborn Care in the Electronic Medical Record (EMR).~~

#### Specific requirements:

- A. ~~The order set 'PED: (PW) Well Newborn Care', shall be implemented only by a qualified evaluator. A qualified evaluator is an RN with at least one year Labor and Delivery experience and the competencies defined in this standardized procedure.~~

#### Experience, training and educational requirements:

#### RISK:

Implementation of the PED: (PW) Well Newborn Care order set by unqualified personnel may compromise patient safety. To reduce this risk, the order set shall be implemented only by a qualified evaluator.

#### SETTING:

This standardized procedure applies to any healthy newborn admitted in the Labor & Delivery setting.

## PERSONNEL:

- A. The order set 'PED: (PW) Well Newborn Care', shall be implemented only by a qualified evaluator. A qualified evaluator is an RN with at least one year Labor and Delivery experience and the following required competencies:
  - 1. Registered Nurses complete all competency requirements as part of the unit orientation to newborn care initially on the Healthstream platform. Registered Nurses will then complete the annual competency assigned through the Healthstream platform.
  - 2. Upon hire, Registered Nurses will be required to show completion of the NRP certification. Following orientation, Registered Nurses will be required to complete NRP® certification through quarterly RQI assessments and live skills checkoffs as indicated.
- B. Each Women and Family Registered Nurse will complete the annual procedure review and competency assessment exam with a minimum score of 80%.
- C. An updated list of the Labor and Delivery Registered Nurses who may perform the Perinatal Screening will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.

## SUPERVISION & SUPERVISING INSTRUCTIONS:

- A. The nurse will contact the physician prior to initiating orders under the following circumstances:
  - 1. Gestational age determined to be less than 37 weeks
  - 2. Category 3 tracing prior to delivery
  - 3. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started
  - 4. Acute decompensation of newborn status
  - 5. History, physical, or lab findings which are abnormal or unusual
    - a. i.e. Cord gases of pH <7.1 and/or Base excess of <-12.
- B. A review of the patient record by the responsible physician will be completed and the reviewing physician will co-sign the Newborn Orders.

## REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

- A. To implement the order set 'PED: (PW) Well Newborn Care', the qualified evaluator must be an **RN** Registered Nurse with at least one year Labor and Delivery experience and successful completion of the following required competencies-
  - 1. Joseph Family Center for Women and Newborn Care orientation including submission of completed skills checklist.
  - 2. Neonatal Resuscitation Program® (NRP) certification, maintaining certification through quarterly RQI assessments and live skills checkoffs as indicated.

## Initial and continuing evaluation:

- A. ~~The RN will complete all competency requirements as part of the unit orientation to newborn care initially. Following orientation, RNs will be required to complete NRP® certification through quarterly RQI assessments and live skills checkoffs as indicated.~~

## Setting:

- A. ~~This standardized procedure applies to any healthy newborn admitted in the Labor & Delivery setting.~~

## Standardized procedure requirements:

### PROCEDURE:

- A. To determine gestational age prior to delivery, calculate estimated due date (EDD or EDC) using the gestation wheel and compare with any ultrasound reports.
- B. Before delivery, review the mother's admission history and physical assessment, prenatal record, and labor course for any risk factors such as prematurity, known fetal anomalies, maternal substance use, abnormal fetal heart rate patterns, or presence of meconium. Collection of any unreported data or prenatal labs should be completed.
- C. Assess and assign 1 and 5 minute APGARS, in collaboration with Respiratory Therapist, if present.
- D. On admission of a healthy newborn, the Registered Nurse providing care for the infant may initiate the Well Newborn Admission Orders.
- E. ~~The pediatrician's office will be notified of any births occurring during office hours.~~
- F. ~~The pediatrician will be notified during morning rounds of any birth that occurred outside of normal office hours.~~
- G. The Pediatric Hospitalist will be notified of all births and round on newborn accordingly.

## Supervision and specialized circumstances:

- A. ~~The nurse will contact the physician prior to initiating orders under the following circumstances:~~
  - 1. ~~Gestational age determined to be less than 37 weeks~~
  - 2. ~~Category 3 tracing prior to delivery~~
  - 3. ~~Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started~~
  - 4. ~~Acute decompensation of patient status~~
  - 5. ~~History, physical, or lab findings which are abnormal or unusual~~
    - a. ~~i.e. Cord gases of pH <7.1 and/or Base excess of <-12.~~

## **Periodic review:**

- ~~A. A review of the patient record by the responsible physician will be completed and the reviewing physician will co-sign the Newborn Orders.~~
- ~~B. Annual review will be conducted by the OB/Peds Department.~~

## **Authorization to perform medical screening by RN:**

- ~~A. A list of the Labor and Delivery RN's who may perform the Healthy Newborn Screening Exam will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.~~
- ~~B. The listing will be updated annually and as changes occur.~~

## **Documentation:**

### **RECORD KEEPING:**

All documentation to be completed within the Electronic Medical Record (EMR).

## **Development and approval:**

~~This standardized procedure was developed through collaboration between Nursing, Pharmacy and Department of OB/Peds Committee.~~

## **References:**

### **DEFINITIONS & REFERENCES:**

AAP "Standing orders for healthy newborns are valid, says CMS, Joint Commission", CMS Office of Clinical Standards and Quality, California Board of Registered Nursing, Article 7. Standardized procedure guidelines

Templates for Protocols and Procedures for Maternity Services 3<sup>rd</sup> Ed.

### **DEVELOPMENT & APPROVAL:**

- A. This standardized procedure was developed through collaboration between RN Manager, Acute Care Director, Chief Nursing Officer, Pediatric Medical Director
- B. This standardized procedure was approved by all appropriate department chairs, IDPC, Medical Executive Committee, TFHS Board

### **PERIODIC REVIEW:**

- A. If no changes, annual review to be initiated by Women and Family RN Manager, approval completed by Acute Care Director, and Chief Nursing Officer.

B. The standardized procedure will be reviewed every 2 years by IDPC.

## All Revision Dates

02/2026, 06/2023, 05/2020, 02/2019, 11/2017, 12/2015, 01/2014

## Approval Signatures

Step Description	Approver	Date
	Trent Foust: Director of Nursing	Pending
	Platt Courtney: Manager Women & Family	02/2026

COPY

Status **Pending** PolicyStat ID **19444259**



Origination 01/2009  
Date  
Last N/A  
Approved  
Last Revised 02/2026  
Next Review 12 months  
after approval

Department Women and  
Family Center -  
DWFC  
Applicabilities Tahoe Forest  
Hospital

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

### **Risk:**

### **RISK:**

Completion of a perinatal screening by an **RN Registered Nurse** outside of the below criteria may result in an EMTALA violation and place the lives of a pregnant woman and/or fetus(es) at risk for serious medical complications including death.

### **SETTING:**

- A. ~~To guide~~ **This procedure ensures** appropriate assessment of **all** patients (~~greater than~~ **over** 20 weeks gestation) presenting to Labor and Delivery for ~~evaluation of~~ active labor by ~~the~~ **a** Registered Nurse.
- B. Patients presenting for ~~evaluation of any~~ other ~~condition than the determination of active labor~~ **shall concerns must** be evaluated using the Obstetric Medical Screening Tool in this policy. Based on the determination, the patient will be seen by ~~their~~ **an** obstetrician or ~~by~~ the Emergency Department physician **as indicated**.
- C. RN may initiate order set 'OBG Antenatal Assessment, Labor and Delivery' to assess pregnant patients presenting to the Joseph Family Center for Women and Newborn Care.

## **Experience, Training And Educational Requirements To Perform Procedure:**

### **PERSONNEL:**

- A. Perinatal Screening Exams must be performed by a qualified evaluator. A qualified evaluator is a RN with at least one year Labor and Delivery experience and the following required competencies:
  - 1. Successful completion of Labor & Delivery orientation including submission of a completed and approved checklist.
  - 2. Successful completion of an Advanced Fetal Monitoring Class.
  - 3. ~~Annual completion of perinatal screening exam with a minimum score of 80%.~~
- B. Each Women and Family Registered Nurse will complete the annual procedure review and competency assessment exam with a minimum score of 80%.
- C. An updated list of the Labor and Delivery Registered Nurses who may perform a perinatal screening will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.

## **Standardized Procedure Requirements:**

### **SUPERVISION & SUPERVISING INSTRUCTIONS:**

- A. Telephone report to the on-call physician will occur for each patient presenting for evaluation, utilizing SBAR format (Situation, Background, Assessment, Recommendations) with assessment findings from the 'Obstetrical Medical Screening Tool.'
- B. Patients presenting with non-obstetric complaint should have a physician consult.
- C. Obstetric Medical Screening Tool, Attached. A review of the patient record by the responsible physician will be completed and the reviewing physician will sign all orders. The physician will complete a note or H&P as appropriate.
- D. The physician is responsible for obtaining pertinent information from the nurse, ordering appropriate diagnostic tests, analyzing the results of those tests and determining the appropriate disposition of the patient. The physician is responsible to come to the hospital or send an appropriately credentialed practitioner with hospital privileges if the nurse performing the medical screening examinations determines that the physician's presence is necessary.
- E. Registered nurses who perform medical screening examinations must consult with a physician at an appropriate time before the patient's disposition.

### **REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:**

- A. Assessment of all patients (greater than 20 weeks gestation) presenting to Labor and Delivery for evaluation of active labor

- B. Patients presenting for evaluation of any other condition than the determination of active labor shall be evaluated using the Obstetric Medical Screening Tool in this policy. Based on the determination, the patient will be seen by their obstetrician or by the Emergency Department physician.

## **PROCEDURE:**

- A. Calculate estimated due date (EDD or EDC) using the gestation wheel and compare with any ultrasound reports.
- B. Assess fetal position by Leopold's Maneuvers.
- C. Obtain the patient's vital signs.
- D. Collect a urine specimen for urine Dipstick and assess for protein, glucose, ketones, leukocytes and blood as indicated.
- E. Apply Electronic Fetal Monitor (EFM) for interpretation of fetal heart rate baseline, variability, accelerations, decelerations, and uterine contractions.
- F. Assess status of membranes to determine if membranes are:
1. Intact
  2. Ruptured. Document time ruptured, color, odor and amount of fluid, if known.
- G. Assess for presence and amount of vaginal bloody show.
- H. Review the prenatal record for medical or obstetrical conditions that need to be addressed intrapartum
- I. **DO NOT** perform sterile digital vaginal exam for:
1. History of Placenta Previa
  2. Bright Red Bleeding
  3. Preterm Labor (PTL) < 36 Weeks (Consult physician first)
  4. Premature Rupture of Membranes (PROM)
- J. Perform sterile vagina exam (if appropriate) to establish baseline cervical status so that subsequent progress can be determined:
1. Dilation
  2. Effacement
  3. Station
  4. Cervical Position
  5. Fetal Presentation and Position.

## **Supervision:**

- ~~A. Telephone report to the on-call physician will occur for each patient presenting for evaluation, utilizing SBAR format (Situation, Background, Assessment, Recommendations) with assessment findings from the 'Obstetrical Medical Screening Tool.'~~

- B. Patients presenting with non-obstetric complaint should have a physician consult.
- C. Obstetric Medical Screening Tool, Attached.

## **Patient Disposition:**

- A. Disposition of the Patient is by Physician Order as follows:
  1. Discharge: If patient is not in active labor, review discharge instructions with the patient per physician order.
  2. Admit Inpatient: If patient is in active labor, complete the admission procedure per physician order.
  3. If patient needs to be transferred to another facility, follow the transfer procedure per physician order.

## **Periodic Review:**

- A. A review of the patient record by the responsible physician will be completed and the reviewing physician will sign all orders. The physician will complete a note or H&P as appropriate.

## **Authorization To Perform Medical Screening By RN:**

Each Women and Family RN will an annual policy review and competency assessment.

## **Documentation:**

### **RECORD KEEPING:**

All documentation to be completed within the Electronic Medical Record (EMR).

## **Responsibility:**

The physician is responsible for obtaining pertinent information from the nurse, ordering appropriate diagnostic tests, analyzing the results of those tests and determining the appropriate disposition of the patient. The physician is responsible to come to the hospital or send an appropriately credentialed practitioner with hospital privileges if the nurse performing the medical screening examinations determines that the physician's presence is necessary.

Registered nurses who perform medical screening examinations must consult with a physician at an appropriate time before the patient's disposition.

## **References:**

### **RELATED POLICIES/FORMS:**

[See Attached Obstetrical Medical Screening Tool](#)

## **DEFINITIONS & REFERENCES:**

~~UpToDate: Management of normal labor and delivery, Feb 05, 2020.~~ UpToDate: Labor and delivery: Management of the normal first stage, Oct 8, 2025

Department of Health and Human Services Centers for Medicare & Medicaid Services. (May 29,2009). Revisions to Appendix V, "Emergency Medical Treatment and Labor Act (EMTALA Interpretive Guidelines". CMS Manual System, Transmittal 46. Retrieved June 21, 2011 from: <http://www.cms.gov/transmittals/downloads/R46SOMA.pdf>

Macones, G.A., Hankins, G.D.V. et al. **The 2008 National Institute of Child Health and Human Development Workshop Report on Electronic Fetal Monitoring: Update on Definitions, Interpretation and Research Guidelines.** JOGNN, 37, 510-515; 2008.

## **DEVELOPMENT & APPROVAL:**

- A. This standardized procedure was developed through collaboration between RN Manager, Acute Care Director, Chief Nursing Officer, Tahoe Forest Women's Center Medical Director
- B. This standardized procedure was approved by all appropriate department chairs, IDPC, Medical Executive Committee, TFHS Board

## **PERIODIC REVIEW:**

- A. If no changes, annual review to be initiated by Women and Family RN Manager, approval completed by Acute Care Director, and Chief Nursing Officer.
- B. The standardized procedure will be reviewed every 2 years by IDPC.

### All Revision Dates

02/2026, 10/2022, 11/2021, 02/2020, 01/2019, 11/2017, 09/2017, 12/2015, 02/2014, 09/2013, 08/2012, 01/2012, 04/2011

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### Attachments

[Obstetrical Medical Screening Tool.docx](#)

### Approval Signatures

Step Description	Approver	Date
	Trent Foust: Director of Nursing	Pending

COPY



TAHOE  
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HEALTH  
SYSTEM

Origination Date 01/2026  
Last Approved 01/2026  
Last Revised 01/2026  
Next Review 01/2029

Department Quality Assurance / Performance Improvement - AQPI  
Applicabilities System

## MyChart Proxy Access for Caregivers of Patients with Diminished Capacity, AQPI-2601

### RISK:

Not allowing MyChart proxy access for caregivers of patients with diminished capacity poses clinical, legal, and operational risk. The organization may face increased legal exposure if authorized representatives are unable to access necessary health information.

### POLICY:

Tahoe Forest Hospital District shall ensure that authorized representatives of patients with diminished capacity are granted appropriate access to necessary health information in a manner that supports patient care while maintaining patient privacy, security, and compliance with all applicable laws and regulations.

### PROCEDURE:

- A. **Provider Documentation:** A physician must clinically determine and document in the patient's medical record that the patient lacks decision-making capacity due to a mental or physical condition, explaining why they can't manage their own MyChart. Refer to policy Patient Capacity-Competency, ANS-287.
- B. **Suggested Smart Phrase:** "I certify that @NAME@, who is a patient of mine, has diminished capacity as evidenced by severe intellectual impairment that prevents the patient from understanding risks, benefits, and alternatives necessary for obtaining consent. Diminished Capacity, as used for this purpose, is considered a clinical determination and has no bearing on the patient's legal status. Therefore, his/her caregiver(s), should be given full proxy access to his/her MyChart account."
- C. **Legal Authority:** The proxy needs legal documentation, such as a Health Care Power of

Attorney or Powers of Conservatorship in California, confirming their authority to make medical decisions for the patient. Refer to policy Durable Power of Attorney, ALG-1906.

- D. **Application Forms:** Complete specific "My Chart Authorization for Diminished Capacity Proxy Access" form from the patient's healthcare provider. (See attachment)
- E. **Submission & Verification:** Submit forms and documentation in person or via secure channels to the Health Information Management department.
  - 1. **Email:** HIMROI@TFHD.com
  - 2. **Mail:**  
Tahoe Forest Health System  
ATTN: HIM Department  
PO Box 759  
Truckee, CA 96160
  - 3. **Fax:** 530-582-1864
- F. **MyChart Setup:** Upon receipt of the completed and signed proxy access form, the front desk staff, medical assistant, or designated clinical administrative staff will activate the appropriate MyChart proxy access, including the "Diminished Capacity" access level, within the Epic MyChart system. This access level provides full access to the patient's medical record as authorized.

## Special Instructions/Definitions:

- A. **Capacity Definition:** "Capacity means a patient's ability to understand the nature and consequences of proposed health care, including its significant benefits, risks, and alternatives, and to make and communicate a health care decision."
- B. Minor: 12-17 years of age.
- C. Adult: 18 years of age and above.

## Related Policies/Forms:

[Durable Power of Attorney, ALG-1906](#)

[Patient Capacity-Competency, ANS-287](#)

[Capacity Assessment and Declaration Form](#)

[MyChart Authorization for Diminished Capacity Proxy Access Form](#)

[State Health Information Guidance 5.1](#)

## References:

[Providing Online Portal Access to Families of Adolescents and Young Adults with Diminished Capacity at an Academic Children's Hospital: A Case Report](#)

## All Revision Dates

01/2026

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## Attachments

- [Capacity Assessment and Declaration Form](#)
- [MyChart Authorization for Diminished Capacity Proxy Access Form](#)
- [State Health Information Guidance 5.1](#)

## Approval Signatures

Step Description	Approver	Date
	Janet VanGelder: Director	01/2026
	Christine O'Farrell: Risk Management & Patient Safety Associate	01/2026

U U T Y

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine Delineated Clinical Privilege Request

**SPECIALTY: INTERNAL MEDICINE**

**NAME:** \_\_\_\_\_

(Please print)

**Check one or more:**

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- Multi-Specialty Clinics (Tahoe Forest Health System)

**Check one:**

- Initial
- Change in Privileges
- Renewal of Privileges

**To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:**

<b>Core Education:</b>	MD or DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Internal Medicine. See additional sub specialty requirements related to residencies, fellowships
<b>Board Certification:</b>	Board qualification/certification required. Current ABIM Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges (applies to all specialties).</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a general internist) Medical Staff Office will request information.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Use of Fluoroscopy Equipment: Current State of California Department of Health Services fluoroscopy certificate required.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> <li>• <u>(TFH Only) Hospitalists Only - Eight hours of stroke education annually (16 hours per 2 years) and must include 1 hour of NIHSS (National Institutes of Health Stroke Scale) education annually (2 hours per 2 years)</u></li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC – ADULT INTERNAL MEDICINE <u>OUTPATIENT</u></b></p> <p>Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.</p>	_____	Inpatient Outpt	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months *
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Internal Medicine - Non Procedural</b></p> <p>Core privileges in internal medicine via telehealth include the ability to admit, perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 patients within the last two years.</p>		IVCH Only		Insufficient pt care activity may require proctoring and/or privilege specific CME  * some must be inpatient
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Internal Medicine - Non Procedural</b></p> <p>Core privileges in internal medicine include the ability to admit(including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 hospital adult patients within the last two years.</p> <p><u><b>Cross out/INITIAL any privilege/s you are not applying for in this set of Core Privileges</b></u></p> <p>Management of general medical conditions include:</p> <p>Allergy/Rheumatology</p> <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Dermatomyositis</li> <li>• Lupus erythematosus</li> <li>• Necrotizing granulomatosis</li> <li>• Periarteritis nodosa</li> <li>• Scleroderma</li> <li>• Serum sickness</li> <li>• Thrombotic thrombocytopenia purpura</li> <li>• Urticaria</li> </ul> <p>Arthritis</p> <ul style="list-style-type: none"> <li>• Gout</li> <li>• Inflammatory arthritis</li> <li>• Osteoarthritis</li> <li>• Rheumatoid arthritis</li> </ul>				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>Cardiac Diseases</p> <ul style="list-style-type: none"> <li>• Bacterial endocarditis</li> <li>• Cardiac arrhythmias</li> <li>• Congenital heart disease</li> <li>• Congestive heart failure – acute and chronic</li> <li>• Coronary artery – stable and unstable</li> <li>• EKG interpretations</li> <li>• Hypertension</li> <li>• Lipodystrophies</li> <li>• Myocardial infarction including thrombolytic therapy</li> <li>• Myocarditis</li> <li>• Pericarditis</li> <li>• Rheumatic fever</li> </ul> <p>Gastrointestinal Diseases – no procedures included</p> <ul style="list-style-type: none"> <li>• Cholecystitis</li> <li>• Cirrhosis</li> <li>• Diverticulitis</li> <li>• Hepatitis</li> <li>• Inflammatory bowel disease</li> <li>• Intestinal obstruction</li> <li>• Malabsorption</li> <li>• Pancreatitis</li> <li>• Peptic Ulcer</li> <li>• Trauma</li> <li>• Upper and lower GI bleeds</li> </ul> <p>Hematologic Diseases</p> <ul style="list-style-type: none"> <li>• Aplastic and hemolytic anemia</li> <li>• Hemorrhagic diathesis</li> <li>• Hemophilia</li> <li>• Thromboembolism</li> <li>• Iron deficiency anemia requiring transfusion</li> <li>• Leukemia</li> </ul> <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Aldosteronism</li> <li>• Cushing's syndrome</li> <li>• Diabetes mellitus Type I including acidosis, coma</li> <li>• Diabetes mellitus Type II</li> <li>• Disturbance of water/electrolytes</li> <li>• Parathyroid conditions</li> <li>• Pheochromocytoma</li> <li>• Pituitary conditions</li> <li>• Sex hormone abnormalities</li> <li>• Thyroid conditions including coma and thyrotoxic crisis</li> </ul> <p>Neurological Diseases</p> <ul style="list-style-type: none"> <li>• Degenerative diseases</li> <li>• Demyelinating disorders</li> <li>• Encephalopathy</li> <li>• Meningitis/encephalitis</li> <li>• Parkinson's</li> <li>• Seizure disorders</li> <li>• Stroke –acute and rehabilitation</li> <li>• Trauma</li> </ul>				

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine Delineated Clinical Privilege Request

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p style="text-align: center;"><b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b></p> <p>Pulmonary Diseases:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• COPD</li> <li>• Hemothorax</li> <li>• Interstitial lung disease</li> <li>• Pneumonia, complicated and uncomplicated</li> <li>• Pneumothorax</li> <li>• Pulmonary embolism</li> <li>• Pulmonary infarction</li> <li>• Trauma</li> </ul> <p>Renal Diseases</p> <ul style="list-style-type: none"> <li>• Acute and chronic insufficiency</li> <li>• Nephritis</li> <li>• Obstructive nephropathy</li> <li>• Pyelonephritis</li> <li>• Trauma</li> </ul> <p>Miscellaneous</p> <ul style="list-style-type: none"> <li>• Alcohol/Drug intoxication and overdose</li> <li>• Chemotherapy treatment under supervision</li> <li>• Fat embolism</li> <li>• Malignant neoplasms</li> <li>• Non-operative ENT conditions</li> <li>• Non-operative orthopedic fractures</li> <li>• Osteomyelitis</li> <li>• Post-operative care</li> <li>• Psychiatric disorders</li> <li>• Sepsis</li> <li>• Vascular arterial insufficiency</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE – SURGERY/PROCEDURES</b></p> <p>Must be able to document participation in at least 25 cases during past two years.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Core Privileges</u></b></p> <p>Core privileges include the performance of procedures and/or assisting in the following areas:</p> <ul style="list-style-type: none"> <li>• Arthrocentesis</li> <li>• I&amp;D (incision and drainage) abscesses</li> <li>• Lumbar Puncture</li> <li>• Perform simple skin biopsy or excision</li> <li>• Peripheral arterial puncture</li> <li>• Percutaneous venous catheter placement</li> <li>• Remove non-penetrating foreign body from the eye, nose, or ear</li> <li>• Manage uncomplicated closed fractures and dislocations including splinting and casting</li> <li>• Suture uncomplicated lacerations</li> <li>• Ventilator management, including endotracheal intubation with appropriate consultation per medical staff rules</li> </ul>	_____		3 cases proctored of various procedures	<p>Current demonstrated competence and provision of care for approximately 15 inpatients and outpatients. Office records may be requested for review*</p> <p style="text-align: center;">*Some must be inpatient</p>
		<p><b>SELECTED PROCEDURES</b></p> <p><b>These privileges will require documentation of</b></p>				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>				
		<b>experience and training prior to approval in addition to requirements outlined above.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Arterial Line placement</b> Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Biopsies (invasive)</b> <ul style="list-style-type: none"> <li>• Bone marrow</li> <li>• Liver</li> <li>    ___ Lung (must be boarded in pulmonary medicine)</li> </ul> Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bronchoscopy</b> Board certified in pulmonology	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Hospital ECG Stress Test (Must have Inpatient Privileges):</u></b>  <b><u>ACLS Certification Required</u></b>  <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Vasodilator</li> <li>• Dobutamine</li> </ul>	_____	TFH/IVCH	3 cases proctored	5 cases/1 year
<input type="checkbox"/>	<input type="checkbox"/>	<b>Clinic ECG Stress Test:</b>  <b><u>ACLS Certification Required</u></b>  <ul style="list-style-type: none"> <li>• Exercise</li> </ul> <b>Only low risk stress testing outside of the hospital.</b>  <b>Non-low risk includes:</b> <ul style="list-style-type: none"> <li>• Moderate to severe aortic stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Moderate to severe mitral stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Hypertrophic cardiomyopathy: risk stratification and exercise gradient assessment</li> <li>• History of malignant or exertional arrhythmias, sudden cardiac death.</li> <li>• History of exertional syncope or presyncope</li> <li>• Intracardiac shunts</li> <li>• Genetic channelopathies</li> <li>• Within 7 days of myocardial infarction or other acute coronary syndrome</li> <li>• New York Heart Association class III heart failure</li> <li>• Severe left ventricular dysfunction (particularly patients whose clinical status has recently deteriorated and those who have never undergone prior exercise testing)</li> <li>• Severe pulmonary arterial hypertension</li> <li>• Broader context of potential instability resulting from noncardiovascular comorbidities (e.g., frailty, dehydration, orthopedic limitations, chronic obstructive lung disease)</li> </ul>		MSC Clinic	3 cases proctored	5 cases/ 1 year

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Central venous line insertion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest tube placement</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Elective Cardioversion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Occult Blood Testing</b> Completion of competency provided under separate cover	_____		None	None
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> See attached criteria	NA		Successfully complete test	Maintain privileges requiring the procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.</b>	Emergency Department ICU	TFH only	Successfully complete test	Successfully Complete test
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gastric Occult Testing</b>		TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the Medicine Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>EKG interpretation</b> Documentation of training/experience	_____	TFH IVCH		Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dermatology</b> Consultation Chemical Peel Cyrosurgery Curettage and Dessication Dermabrasion Excision of Cutaneous Lesions Complex Excision of Cutaneous Lesions Simple Skin Biopsy Nail avulsion  Completion of an ACGME or AOA approved residency training in Dermatology and Board certified within 5 years of completion of training)	_____	TFH IVCH	5 proctored cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endocrinology</b> Core privileges in endocrinology include the ability to admit (including swing admissions and ECC long term care), diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Core privileges also include management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems and non-surgical care to patients. Endocrinologists may assess, stabilize, and determine disposition of patients with emergency conditions consistent with staff policy regarding emergency and consultative call services. • Performance of history and physical exam • Interpretation of laboratory studies, including the effects of	_____	TFH IVCH	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months.

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>non-endocrine disorders</p> <ul style="list-style-type: none"> <li>• Interpretation of hormone assays</li> <li>• Performance and interpretation of stimulation and suppression tests</li> <li>• Performance of fine needle aspiration thyroid, parathyroid and lymph nodes of the neck</li> <li>• Ultrasonography of the soft tissues of the neck</li> </ul> <p>Completion of ACGME/AOA accredited residency program or clinical fellowship within the past 12 months in endocrinology (and Board certified within 5 years of completion of training)</p>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Gastroenterology</b></p> <p>Core privileges in gastroenterology include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical and surgical care to patients of all ages. Must include management of at least 50 hospital patients within the last two years.</p> <ul style="list-style-type: none"> <li>• Bougie Dilation</li> <li>• Capsule endoscopy</li> <li>• Colonoscopy with/without biopsy</li> <li>• EGD – with biopsy, hemorrhage control,</li> <li>• ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy</li> <li>• Esophageal stent placement</li> <li>• Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy</li> <li>• Foreign body removal, sclerotherapy and banding of upper GI varices</li> <li>• Percutaneous endoscopic gastrostomy</li> <li>• Percutaneous Liver biopsy</li> <li>• Peritoneoscopy for diagnosis and treatment</li> <li>• Colonpolypectomy</li> <li>• Proctosigmoidoscopy</li> </ul> <p>Completion of ACGME/AOA accredited residency program in gastroenterology (and Board certified within 5 years of completion of training.)</p>	_____	TFH only	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy</b></p> <p>Current Department of Health Services fluoroscopy certificate (required in CA only)</p>	_____		None	maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Oncology – provided service to at least 6 oncology patients in last 12 months</b></p> <p>Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.</p> <p>Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, with all types of cancer and other benign and malignant tumors. Includes:</p> <ul style="list-style-type: none"> <li>• Bone marrow biopsy and interpretation</li> <li>• Administration of chemotherapy agents and biological</li> </ul>	_____	TFH only	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>				
		response modifiers through all therapeutic routes; <ul style="list-style-type: none"> <li>Management and maintenance of indwelling venous access catheters.</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Oncology – provided service to at least 6 oncology patients in last 12 months</b>  Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.  Treatment of cancer or hematology patients on an outpatient basis for dehydration, injections including but not limited to Neulasta, Procrit, or administration of blood products, etc.	_____	<b>IVCH</b>	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Paracentesis</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pericardiocentesis</b> Board certified cardiologist, OR Documented training, experience must be submitted for consideration.	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulmonary artery catheter insertion and management</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sleep medicine studies</b> – admission, evaluation, interpretation, and/or treatment  Documentation of AASM or ACGME training; board certification in sleep medicine required; submission of case summaries if requested	_____	IVCH only	5 cases reviewed	Based on objective results of care through quality review mechanism If no cases, CME required
<input type="checkbox"/>	<input type="checkbox"/>	Consulting privileges to assist in the evaluation and diagnosis of patients of all ages, except as specifically excluded from practice, remotely via telemedicine technology only. No privileges for patient admissions, orders, or procedures are granted.	_____	IVCH ONLY	Retrospective Review of 5 Cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Temporary Transvenous Pacemaker Insertion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thoracentesis</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	GENERAL PRIVILEGES – INTERNAL MEDICINE	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date

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

**DEPARTMENT CHAIR REVIEW**

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

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

\_\_\_\_\_ Date

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

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

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

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

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

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

Department Review Dates: 2/07/2008, 3/2015; 01/04/19, 2/19/20, 11/02/22  
 Medical Executive Committee: 2/20/2008; 4/15/2015; 01/22/19, 2/20/20, 11/10/22  
 Board of Directors: 2/26/2008; 4/28/2015; 01/29/19, 2/27/20, 11/17/22

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine Delineated Clinical Privilege Request

**SPECIALTY:** FAMILY MEDICINE

**NAME:** \_\_\_\_\_  
Please Print

Check one or more:

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- Multi-Specialty Clinics (Tahoe Forest Health System)
- Ski Clinic

Check one:       Initial       Change in Privileges       Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Family Medicine, or internal medicine if requesting privileges for pediatrics or urgent care.
<b>Board Certification:</b>	Board qualification/certification required. Current ABFP Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a Family Medicine practitioner.) Medical Staff Office will request information.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> <li>• <u>ATLS – required to provide services at all ski clinics. (ATLS required within 12 months of initial appointment to the Ski Clinic(s))</u></li> <li>• <u>(TFH Only) Hospitalists Only - Eight hours of stroke education annually (16 hours per 2 years) and must include 1 hour of NIHSS (National Institutes of Health Stroke Scale) education annually (2 hours per 2 years)</u></li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals, and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	<b>GENERAL PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC – ADULT FAMILY MEDICINE <u>OUTPATIENT</u></b></p> <p>Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.</p>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine – ADULT FAMILY MEDICINE <u>INPATIENT/HOSPITAL</u></b></p> <p>Core privileges in family medicine via telehealth include the ability to admit, perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 patients within the last two years.</p>		<b>IVCH Only</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC – ADULT FAMILY MEDICINE <u>INPATIENT/HOSPITAL</u></b></p> <p>Basic privileges in adult inpatient family medicine include the ability to admit, perform histories and physicals, evaluate, treat and provide non-surgical care to patients above 14 years of age to correct or treat various conditions, illnesses, injuries, including geriatric disorders, and medical consultation. Includes ability to admit to critical care unit per medical staff rules and regulations, swing bed admissions, consultation/admission from emergency room, and Extended Care Center (long term care). Must include management of at least 50 hospital adult patients within last two years for initial appointment.</p> <p><b><u>Cross out &amp; INITIAL any privilege(s) you are not applying for in this set of Basic Privileges in outpatient or inpatient/hospital privileges</u></b></p> <p>Management of general medical conditions privileges include:</p> <ul style="list-style-type: none"> <li>Allergy/Rheumatology <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Autoimmune Hematological Disorders</li> </ul> </li> </ul>				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

(R)	(A)	<b>GENERAL PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		<ul style="list-style-type: none"> <li>• Arthritis</li> <li>• Gout</li> <li>• Lupus erythematosus</li> <li>• Scleroderma</li> <li>• Serum sickness</li> <li>• Vasculitis</li> </ul> <p>Cardiac / Vascular Diseases</p> <ul style="list-style-type: none"> <li>• Bacterial endocarditis</li> <li>• Cardiac arrhythmias</li> <li>• Congenital heart disease</li> <li>• Congestive heart failure – acute and chronic</li> <li>• Coronary artery disease – stable and unstable</li> <li>• EKG interpretations</li> <li>• Hypertension</li> <li>• Lipodystrophies</li> <li>• Myocardial infarction</li> <li>• Myocarditis</li> <li>• Pericarditis</li> <li>• Rheumatic fever</li> <li>• Vascular arterial insufficiency</li> <li>• Chest pain</li> </ul> <p>Gastrointestinal Diseases</p> <ul style="list-style-type: none"> <li>• Cholecystitis</li> <li>• Cirrhosis</li> <li>• Dehydration</li> <li>• Diverticulitis</li> <li>• Gastrointestinal bleeding and fecal occult blood testing</li> <li>• Hepatitis</li> <li>• Inflammatory bowel disease</li> <li>• Intestinal obstruction</li> <li>• Malabsorption</li> <li>• Pancreatitis</li> <li>• Peptic Ulcer Disease</li> <li>• Trauma</li> </ul> <p>GU/Gynecology</p> <ul style="list-style-type: none"> <li>• Prostatitis</li> <li>• Urethritis</li> <li>• UTI</li> <li>• Pyelonephritis</li> <li>• Trauma</li> <li>• STI</li> <li>• Endometriosis</li> <li>• DUB</li> <li>• Amenorrhea</li> <li>• Breast Mass</li> <li>• Mastitis</li> <li>• Galactorrhea</li> <li>• Contraceptive Management</li> <li>• Family Planning</li> </ul> <p>Hematologic Diseases</p> <ul style="list-style-type: none"> <li>• Aplastic and hemolytic anemia</li> <li>• Hemorrhagic diathesis</li> <li>• Hemophilia</li> </ul>				



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

(R)	(A)	<b>GENERAL PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		<ul style="list-style-type: none"> <li>• Psychiatric disorders</li> <li>• Sepsis</li> </ul> <p><b>HOSPITAL PROCEDURES:</b></p> <ul style="list-style-type: none"> <li>• EKG and rhythm strip analysis</li> <li>• Ventilation Management</li> <li>• I&amp;D (incision and drainage)</li> </ul> <p><b>OUTPATIENT PROCEDURES:</b></p> <ul style="list-style-type: none"> <li>• Endometrial Biopsy</li> <li>• I&amp;D (incision and drainage)</li> <li>• IUD Insertion/Removal</li> <li>• Microscopy               <ul style="list-style-type: none"> <li>○ Urinalysis</li> <li>○ Saline Wet Mount</li> <li>○ Potassium Hydroxide Wet Mount</li> </ul> </li> <li>• Amine Test</li> <li>• Nexplanon Insertion/Removal (Certificate of Training Required)</li> <li>• Removal of non-penetrating foreign body from the eye, nose, ear or vagina</li> <li>• Simple fractures and dislocation management, including splinting and casting</li> <li>• Skin biopsy or excision</li> <li>• Suture lacerations</li> <li>• Anesthetic &amp; Trigger point injections</li> <li>• Spirometry/ Peak Flows</li> <li>• EKG and rhythm strip analysis</li> <li>• Teaching of PT/rehab activities</li> <li>• Urinary Catheterization</li> <li>• Ear lavage and cerumen extraction</li> <li>• FB removal</li> <li>• Joint Aspirations and Injections</li> <li>• Wound Debridement</li> <li>• Venipuncture and IV insertion</li> <li>• Cryotherapy</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC – PEDIATRIC FAMILY MEDICINE <u>OUTPATIENT</u></b></p> <p>Basic privileges in pediatric family medicine include the ability to perform histories and physicals, evaluate and provide non-surgical care to patients 14 and under. Must include management of at least 15 pediatric patients within last two years for initial appointment.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></b></p> <p>Management of general medical pediatric privileges include:</p> <ul style="list-style-type: none"> <li>• Anemia</li> <li>• Asthma</li> <li>• Behavior problems / Psychiatric</li> <li>• Failure to thrive</li> <li>• Hyperbilirubinemia in newborn</li> <li>• Hypoglycemia in newborn</li> <li>• Infections</li> </ul>	_____			

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

(R)	(A)	<b>GENERAL PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Respiratory distress syndrome</li> <li>• Well Child Care</li> <li>• Contraceptive Management</li> <li>• Trauma</li> <li>• Non-operative fracture management</li> </ul> <p><b>SURGERY/PROCEDURES</b></p> <ul style="list-style-type: none"> <li>• I&amp;D (incision and drainage)</li> <li>• Removal of non-penetrating foreign body from the eye, nose, ear or vagina</li> <li>• Simple fractures and dislocation management, including splinting and casting</li> <li>• Skin biopsy or excision</li> <li>• Suture lacerations (uncomplicated)</li> <li>• Anesthetic &amp; Trigger point injections</li> <li>• Spirometry/ Peak Flows</li> <li>• EKG and rhythm strip analysis</li> <li>• Teaching of PT/rehab activities</li> <li>• Urinary Catheterization</li> <li>• Ear lavage and cerumen extraction</li> <li>• FB removal</li> <li>• Joint Aspirations and Injections</li> <li>• Venipuncture and IV insertion</li> <li>• Cryotherapy</li> </ul> <p><b>BASIC – PEDIATRIC FAMILY MEDICINE <u>INPATIENT</u></b>            Inpatient newborn care privileges which includes admission, evaluation of newborn infant, evaluation of newborn conditions, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Hypoglycemia</li> <li>• Hyperbilirubinemia</li> <li>• Infection</li> <li>• GBS exposure</li> </ul>		Newborn admits at TFH only		

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

(R )	(A)	<b>SPECIALIZED PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months		Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<u>Hospital ECG Stress Test (Inpatient Privileges Required):</u>  <u>ACLS Certification Required</u>  <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Vasodilator</li> <li>• Dobutamine</li> </ul>	_____	TFH/IVC H	3 cases proctored	5 cases/1 year
<input type="checkbox"/>	<input type="checkbox"/>	<b>Clinic ECG Stress Test:</b>  <u>ACLS Certification Required</u>  <ul style="list-style-type: none"> <li>• Exercise</li> </ul> <b>Only low risk stress testing outside of the hospital.</b>  <b>Non-low risk includes:</b> <ul style="list-style-type: none"> <li>• Moderate to severe aortic stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Moderate to severe mitral stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Hypertrophic cardiomyopathy: risk stratification and exercise gradient assessment</li> <li>• History of malignant or exertional arrhythmias, sudden cardiac death.</li> <li>• History of exertional syncope or presyncope</li> <li>• Intracardiac shunts</li> <li>• Genetic channelopathies</li> <li>• Within 7 days of myocardial infarction or other acute coronary syndrome</li> <li>• New York Heart Association class III heart failure</li> <li>• Severe left ventricular dysfunction (particularly patients whose clinical status has recently deteriorated and those who have never undergone prior exercise testing)</li> <li>• Severe pulmonary arterial hypertension</li> <li>• Broader context of potential instability resulting from noncardiovascular comorbidities (e.g., frailty, dehydration, orthopedic limitations, chronic obstructive lung disease)</li> </ul>		MSC Clinic	3 cases proctored	5 cases/ 1 year
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest tube placement</b>	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Circumcision (newborn only)</b>		TFH only	3 cases proctored	5 cases/2 years If insufficient cases,

**TAHOE FOREST HOSPITAL DISTRICT**  
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(R )	(A)	<b>SPECIALIZED PRIVILEGES – FAMILY MEDICINE</b>	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
						add'l proctoring may be required.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Stool Guaic Testing</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thoracentesis</b>	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Lumbar Puncture</b>	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Moderate Sedation</b>	_____	TFH IVCH	Successfully complete test	<b>Successfully complete test at reappointment</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Moderate Sedation</b> <ol style="list-style-type: none"> <li>a. Take a difficult airway management course</li> <li>b. Obtain 35 or more intubations, along with being signed off on intubations by anesthesia providers, on initial appointment.</li> <li>c. Maintain competencies on intubations skills by having at least 10 intubations yearly (which can be done with our anesthesia providers in the OR)</li> <li>d. Maintain Moderate Sedation privileges by taking the test with each re-credentialing.</li> </ol>	_____	MSC		
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

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

**DEPARTMENT CHAIR REVIEW**

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

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

\_\_\_\_\_  
Date

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

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Medicine**  
**Delineated Clinical Privilege Request**

Modifications or Other Comments:

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**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Form Approval/Revision Dates:  
Board 8/27/20

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

Thursday, January 22, 2026 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 4:01 p.m.

**2. ROLL CALL**

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

Board Member Absent: none

Staff in attendance: Anna Roth, President & CEO; Brian Evans, MD, Chief Medical Officer; 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 Clerk of the Board;

Other: David Ruderman, General Counsel;

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

Item 5.3 was removed from the Closed Session

**4. INPUT AUDIENCE**

Open Session recessed at 4:03 p.m.

**5. CLOSED SESSION**

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

5.1.1. 12/18/2025 Regular Meeting

Discussion was held on a privileged item.

**5.2. Liability Claims: (Gov. Code § 54956.95)** ♦

*Claimant: Joann Pennington, by and through her Successor in Interest, Ashley Pennington*

*Claim Against: Tahoe Forest Hospital District*

Discussion was held on a privileged item.

**5.3. TIMED ITEM – 5:30PM - 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 6:00 p.m.**

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

General Counsel reported out from Closed Session. Closed Session Minutes, Item 5.1. were approved on a 5-0 vote. Claim against the District by Pennington was rejected with a 5-0 votes. Medical Staff Credentials were approved with a vote of 5-0.

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

None

**10. INPUT – AUDIENCE**

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

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.

Discussion was held.

**13. CONSENT CALENDAR ◆**

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

**13.1. Approval of Minutes of Meetings**

13.1.1. 12/18/2025 Regular Meeting

**13.2. Financial Reports**

13.2.1. Financial Report – December 2025

**13.3. Board Reports**

13.3.1. Executive Board Report – January 2026

**13.4. Board Policies**

13.4.1. Financial Assistance Program Full Charity Care and Discount Payment Policies, ABD-09

**13.5. Approve Annual Resolution Authorizing Board Compensation**

13.5.1. Resolution 2026-01

**13.6. Affirm Annual Board Committee List & Charters**

13.6.1. Resolution 2026-02

**13.7. Ratify IVCH Foundation Board Member**

13.7.1. Michael Craig

Discussion was held. The Clerk noted a correction to the Open Session minutes of 12/18/2025. Item 16.1 was edited to reflect that the first motion was made by Director Wong and seconded by Director Brown. The second motion of item 16.1 remains the same.

**ACTION: Motion made by Director Chamblin to approve the Consent Calendar with the minutes corrected, seconded by Director Wong.**

**AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, McGarry.**

**Abstention: None**

**NAYS: None**

**Absent: None**

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. True North 5,000 Voices Campaign**

The Board of Directors will receive a presentation on the True North community engagement efforts.

Kim McCarl, Chief Strategy Officer and Jen Malone, Communications Manager presented on the True North 5,000 Voices campaign and community engagement efforts.

Significant discussion was held.

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

None

**16. BOARD COMMITTEE REPORTS**

Director Brown reported on the Board Finance Committee.

Director Chamblin reported on the IVCH Foundation.

Director Darzynkiewicz reported in the Community Health Improvement Plan (CHIP) Committee.

**17. BOARD MEMBERS' REPORTS/CLOSING REMARKS**

**18. CLOSED SESSION CONTINUED**

**19. OPEN SESSION**

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

**21. ADJOURN**

Meeting adjourned at 7:19 p.m.

DRAFT



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> February 26, 2026	<b>ITEM:</b> 15.2 Financial Reports 15.2.1 Financial Report – January 2026
<b>DEPARTMENT:</b> Finance	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Crystal Felix, Chief Financial Officer	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> 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 – January 2026 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.	
<b>SUMMARY/OBJECTIVES:</b> 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.	
<b>SUGGESTED DISCUSSION POINTS:</b> Opportunity to pull the Financial Report – January 2026 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 17 Discussion of Consent Calendar Items Pulled, If Necessary.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Motion to accept the Financial Report – January 2026 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 – January 2026 as presented.	
<b>LIST OF ATTACHMENTS:</b> Financial Report – January 2026	

**TAHOE FOREST HOSPITAL DISTRICT  
JANUARY 2026 FINANCIAL REPORT  
INDEX**

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

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**JANUARY 2026 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the seven months ended January 31, 2026.

**Activity Statistics**

- ❑ TFH acute patient days were 470 for the current month compared to budget of 424. This equates to an average daily census of 15.2 compared to budget of 13.7.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: EKGs, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, Ultrasounds, Cat Scans, Drugs Sold to Patients, Gastroenterology cases, and Outpatient Physical Therapy Aquatic.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Hospice visits, Surgery cases, Oncology Lab, Blood units, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical & Occupational Therapies, and Outpatient Physical Therapy & Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 46.6% in the current month compared to budget of 45.8% and to last month's 47.1%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.5% compared to budget of 45.7% and prior year's 47.0%.
- ❑ EBIDA was \$6,009,164 (8.7%) for the current month compared to budget of \$3,931,620 (5.6%), or \$2,077,543 (3.1%) above budget. Year-to-date EBIDA was \$27,957,520 (6.1%) compared to budget of \$18,653,343 (4.1%), or \$9,303,907 (2.0%) above budget.
- ❑ Net Income was \$5,457,805 for the current month compared to budget of \$3,326,585 or \$2,131,220 above budget. Year-to-date Net Income was \$25,993,502 compared to budget of \$14,721,112 or \$11,272,390 above budget.
- ❑ Cash Collections for the current month were \$27,825,622 which is 110% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$123,814,594 at the end of January compared to \$119,501,486 at the end of December.

**Balance Sheet**

- ❑ Working Capital is at 23.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 203.1 days. Working Capital cash decreased a net \$4,609,000. Decrease in Cash is related to: Accounts Payable decreased \$3,838,000, Accrued Payroll & Related Costs decreased \$5,050,000, and Capital Project and Equipment expenditures totaled \$869,000. Cash Collections were above target by 10% and the District received \$6,429,000 in property tax revenues from Nevada and Placer Counties.
- ❑ Net Patient Accounts Receivable increased a net \$3,828,000. Cash collections were 110% of target. EPIC Days in A/R were 58.7 compared to 56.9 at the close of December.
- ❑ Other Receivables decreased a net \$5,393,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
- ❑ GO Bond Receivables decreased a net \$2,741,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,377,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$550,000 for participation in the CY24 Rate Range program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$563,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of January.
- ❑ Municipal Lease 2025 decreased \$1,176,000 after receiving funds to reimburse the District for the purchase of the anesthesia and x-ray machines.
- ❑ Total Bond Trustee 2015 decreased a net \$103,000 after remitting the semi-annual interest due on the bonds.
- ❑ GO Bond Tax Revenue Fund increased a net \$1,769,000. The District recorded property tax revenues from Nevada and Placer Counties and remitted the semi-annual interest due on the bonds.
- ❑ Investment in TSC, LLC decreased \$141,000 after recording the estimated loss for January and trueing up the losses for December.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for January, decreasing its Right-To-Use Subscription asset \$369,000.
- ❑ Accounts Payable decreased \$3,838,000 due to the timing of the final check run in January.

January 2026 Financial Narrative

- ❑ Accrued Payroll & Related Costs decreased a net \$5,050,000 due to three payrolls in January.
- ❑ Interest Payable decreased a net \$243,000 after remitting the semi-annual interest due on the 2015 Revenue Bonds.
- ❑ Interest Payable GO Bond decreased a net \$1,200,000 after remitting the semi-annual interest due on the General Obligation Bonds.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for January, decreasing the liability by \$355,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$621,000. The District recorded amounts due back to the Medi-Cal program based on the As Filed FY25 RHC Rate Reconciliation reports.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$69,148,456 compared to budget of \$70,033,885 or \$885,429 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,928,384 compared to budget of \$8,564,836 or \$363,548 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$60,220,072 compared to budget of \$61,469,049 or \$1,248,977 below budget.
- ❑ Current month’s Gross Revenue Mix was 40.05% Medicare, 17.56% Medi-Cal, 1.40% Other, and 40.99% Commercial Insurance compared to budget of 38.64% Medicare, 16.57% Medi-Cal, 1.21% Other, and 43.58% Commercial Insurance. Last month’s mix was 44.83% Medicare, 15.17% Medi-Cal, 1.13% Other, and 38.87% Commercial Insurance. Year-to-Date Gross Revenue Mix was 43.06% Medicare, 16.96% Medi-Cal, 1.31% Other, and 38.67% Commercial Insurance compared to budget of 39.21% Medicare, 16.56% Med-Cal, 1.19% Other, and 43.04% Commercial.
- ❑ Current month’s Deductions from Revenue were \$36,912,775 compared to budget of \$37,965,889 or \$1,053,114 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 1.41% increase in Medicare, a .99% increase to Medi-Cal, a .19% increase in Other, and Commercial Insurance was below budget 2.59%, 2) Revenues were below budget 1.30%, and 3) the District recorded \$641,000 due back to the Medi-Cal program based on the As Filed FY25 RHC Rate Reconciliation reports.

DESCRIPTION	January 2026 Actual	January 2026 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	12,178,380	12,942,620	764,240	We saw positive variances in Technical, Clerical, and Management wages. Several key management positions remain vacant with active recruitment efforts underway.
Employee Benefits	4,460,636	4,174,688	(285,948)	Increased use of Paid Leave and Employer Payroll Taxes created a negative variance in Employee Benefits.
Benefits – Workers Compensation	96,577	90,315	(6,262)	
Benefits – Medical Insurance	2,203,599	3,011,858	808,259	The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in January.
Medical Professional Fees	643,900	687,346	43,447	Anesthesia and Radiology Physician fees were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	331,889	392,361	60,472	Reimbursement consulting for Financial Administration, Graphic Design consulting services for Marketing and Strategic Planning and Environmental Assessment consulting for Administration were below budget, creating a positive variance in Other Professional Fees.
Supplies	4,722,378	5,528,443	806,065	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were below budget 25.17%, creating a positive variance in Pharmacy Supplies.
Purchased Services	2,561,807	2,357,996	(203,812)	Outsourced billing and collections services for the Business Office, Outsourced Laboratory testing, Wellness Bank usage, and Managed Services support for Information Technology were above budget, creating a negative variance in Purchased Services.
Other Expenses	901,848	942,817	40,969	We saw positive variances in Utilities, Physician Recruitment, and Outside Training & Travel, creating a positive variance in Other Expenses.
Total Expenses	28,101,014	30,128,444	2,027,430	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
JANUARY 2026

	Jan-26	Dec-25	Jan-25	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 21,548,308	\$ 26,157,597	\$ 35,757,176	1
PATIENT ACCOUNTS RECEIVABLE - NET	56,400,406	52,572,028	56,046,935	2
OTHER RECEIVABLES	9,219,145	14,611,711	7,917,666	3
GO BOND RECEIVABLES	8,476	2,749,055	23,864	4
ASSETS LIMITED OR RESTRICTED	14,455,943	15,086,490	11,190,975	
INVENTORIES	7,324,036	7,325,269	5,564,094	
PREPAID EXPENSES & DEPOSITS	4,775,966	4,532,450	4,373,505	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	44,417,332	43,040,325	23,503,127	5
<b>TOTAL CURRENT ASSETS</b>	<u>158,149,613</u>	<u>166,074,926</u>	<u>144,377,340</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	51,005,777	1
* CASH INVESTMENT FUND	93,786,993	94,133,325	96,674,586	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	9,239,115	8,676,068	3,605,569	6
MUNICIPAL LEASE 2025	3,418,185	4,593,879	-	7
TOTAL BOND TRUSTEE 2017	23,657	23,588	22,752	
TOTAL BOND TRUSTEE 2015	750,267	853,224	971,792	8
GO BOND TAX REVENUE FUND	3,107,592	1,338,953	2,962,827	9
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,658	
DONOR RESTRICTED FUND	1,202,653	1,202,652	1,194,993	
WORKERS COMPENSATION FUND	81,312	39,840	48,470	
TOTAL	<u>185,931,959</u>	<u>185,183,715</u>	<u>156,490,425</u>	
LESS CURRENT PORTION	<u>(14,455,943)</u>	<u>(15,086,490)</u>	<u>(11,190,975)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>171,476,015</u>	<u>170,097,224</u>	<u>145,299,450</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,945,923)	(5,804,484)	(4,541,435)	10
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	212,714,315	210,409,874	197,174,838	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,967,285</u>	<u>1,927,710</u>	<u>1,972,421</u>	
<b>TOTAL ASSETS</b>	<u>540,078,276</u>	<u>544,422,222</u>	<u>485,999,585</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	171,316	174,549	210,105	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	200,425	200,425	158,148	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,825,960	3,849,664	4,110,416	
GO BOND DEFERRED FINANCING COSTS	372,782	375,103	400,632	
DEFERRED FINANCING COSTS	92,584	93,625	105,068	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,375,677	13,564,300	10,821,695	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	21,621,492	21,990,100	24,886,135	11
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 39,660,236</u>	<u>\$ 40,247,765</u>	<u>\$ 40,692,198</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	12,865,125	16,703,404	\$ 9,908,425	12
ACCRUED PAYROLL & RELATED COSTS	24,633,064	29,682,873	21,378,434	13
INTEREST PAYABLE	96,597	339,196	329,669	14
INTEREST PAYABLE GO BOND	0	1,200,388	(0)	15
SUBSCRIPTION LIABILITY	23,622,839	23,977,624	26,644,994	16
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,265,958	2,645,263	6,215,178	17
HEALTH INSURANCE PLAN	4,128,800	4,128,800	3,219,201	
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	
<b>TOTAL CURRENT LIABILITIES</b>	<u>81,673,873</u>	<u>91,739,038</u>	<u>79,330,903</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,273,239	30,579,399	25,464,588	
GO BOND DEBT NET OF CURRENT MATURITIES	84,497,653	84,515,608	87,733,120	
DERIVATIVE INSTRUMENT LIABILITY	200,425	200,425	158,148	
<b>TOTAL LIABILITIES</b>	<u>196,645,189</u>	<u>207,034,470</u>	<u>192,686,759</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	381,890,670	376,432,865	332,810,032	
RESTRICTED	1,202,653	1,202,652	1,194,993	
<b>TOTAL NET POSITION</b>	<u>\$ 383,093,322</u>	<u>\$ 377,635,517</u>	<u>\$ 334,005,025</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
JANUARY 2026

1. Working Capital is at 23.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 203.1 days. Working Capital cash decreased a net \$4,609,000. Decrease in Cash is related to: Accounts Payable decreased \$3,838,000 (See Note 12), Accrued Payroll & Related Costs decreased \$5,050,000 (See Note 13), and Capital Project and Equipment expenditures totaled \$869,000. Cash Collections were above target by 10% (See Note 2) and the District received \$6,429,000 in property tax revenues from Nevada and Placer Counties.
2. Net Patient Accounts Receivable increased a net \$3,828,000. Cash collections were 110% of target. EPIC Days in A/R were 58.7 compared to 56.9 at the close of December.
3. Other Receivables decreased a net \$5,393,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$2,741,000 after recording receipt of property tax revenues from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,377,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$550,000 for participation in the CY24 Rate Range program.
6. Unrealized Gain/(Loss) Cash Investment Fund increased \$563,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of January.
7. Municipal Lease 2025 decreased \$1,176,000 after receiving funds to reimburse the District for the purchase of the anesthesia and x-ray machines.
8. Total Bond Trustee 2015 decreased a net \$103,000 after remitting the semi-annual interest due on the bonds.
9. GO Bond Tax Revenue Fund increased a net \$1,769,000. The District recorded property tax revenues from Nevada and Placer Counties and remitted the semi-annual interest payments due on the bonds.
10. Investment in TSC, LLC decreased \$141,000 after recording the estimated loss for January and trueing up the losses for December.
11. To comply with GASB No. 96, the District recorded Amortization Expense for January, decreasing its Right-To-Use Subscription asset \$369,000.
12. Accounts Payable decreased \$3,838,000 due to the timing of the final check run in January.
13. Accrued Payroll & Related Costs decreased a net \$5,050,000 due to three payrolls in January.
14. Interest Payable decreased a net \$243,000 after remitting the semi-annual interest due on the 2015 Revenue Bonds.
15. Interest Payable GO Bond decreased a net \$1,200,000 after remitting the semi-annual interest due on the General Obligation Bonds.
16. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for January, decreasing the liability by \$355,000.
17. Estimated Settlements, Medi-Cal & Medicare increased \$621,000. The District recorded amounts due back to the Medi-Cal program based on the As Filed FY25 RHC Rate Reconciliation reports.

**Tahoe Forest Hospital District  
Cash Investment  
January 31, 2026**

<b>WORKING CAPITAL</b>			
US Bank	\$ 20,339,360	3.31%	
US Bank/Incline Village Thrift Store	54,671		
US Bank/Truckee Thrift Store	99,983		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,054,295</u>	1.61%	
<b>Total</b>			<b>\$ 21,548,308</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Cash Portfolio Fund	925,806	3.58%	
Chandler Investment Fund	<u>92,861,187</u>	VAR	
<b>Total</b>			<b>\$ 93,786,993</b>
 <b>Building Fund</b>			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	<u>74,318,485</u>	3.91%	
			<b>\$ 74,318,485</b>
 <b>Municipal Lease 2018</b>			
			<b>\$ 3,418,185</b>
<b>Bonds Cash 2017</b>			
			<b>\$ 23,657</b>
<b>Bonds Cash 2015</b>			
			<b>\$ 750,267</b>
<b>GO Bonds Cash 2008</b>			
			<b>\$ 3,107,592</b>
 <b>DX Imaging Education</b>			
Workers Comp Fund - B of A	\$ 3,700		
	81,312		
 <b>Insurance</b>			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b>\$ 85,012</b>
 <b>TOTAL FUNDS</b>			
			<b>\$ 197,038,499</b>
 <b>RESTRICTED FUNDS</b>			
<b>Gift Fund</b>			
US Bank Money Market	\$ 8,388	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,166,955</u>	3.91%	
<b>TOTAL RESTRICTED FUNDS</b>			<b>\$ 1,202,653</b>
 <b>TOTAL ALL FUNDS</b>			
			<b>\$ 198,241,152</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
JANUARY 2026

CURRENT MONTH				YEAR TO DATE				PRIOR YTD
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	JAN 2025
				<b>OPERATING REVENUE</b>				
\$ 69,148,456	\$ 70,033,885	\$ (885,429)	-1.3%	\$ 457,978,605	\$ 450,785,426	\$ 7,193,179	1.6%	1 \$ 419,642,348
				<b>Gross Revenues - Inpatient</b>				
\$ 4,314,866	\$ 3,792,963	\$ 521,903	13.8%	\$ 25,758,784	\$ 24,232,685	\$ 1,526,099	6.3%	\$ 24,154,887
4,613,518	4,771,873	(158,355)	-3.3%	30,207,334	31,566,289	(1,358,955)	-4.3%	30,628,494
8,928,384	8,564,836	363,548	4.2%	55,966,118	55,798,974	167,144	0.3%	54,783,381
				<b>Total Gross Revenue - Inpatient</b>				
60,220,072	61,469,049	(1,248,977)	-2.0%	402,012,487	394,986,452	7,026,035	1.8%	364,858,967
60,220,072	61,469,049	(1,248,977)	-2.0%	402,012,487	394,986,452	7,026,035	1.8%	364,858,967
				<b>Gross Revenue - Outpatient</b>				
				<b>Total Gross Revenue - Outpatient</b>				
				<b>Deductions from Revenue:</b>				
35,522,923	35,493,728	(29,195)	-0.1%	239,707,432	229,061,111	(10,646,321)	-4.6%	219,256,267
196,577	1,400,678	1,204,101	86.0%	1,845,700	9,015,709	7,170,009	79.5%	1,794,945
552,371	1,071,483	519,112	48.4%	3,801,226	6,909,605	3,108,379	45.0%	2,452,726
640,904	-	(640,904)	0.0%	(525,694)	-	525,694	0.0%	(1,024,456)
36,912,775	37,965,889	1,053,114	2.8%	244,828,664	244,986,425	157,761	0.1%	222,479,482
72,843	118,384	45,541	38.5%	609,221	865,801	256,580	29.6%	711,254
1,801,654	1,873,685	(72,031)	-3.8%	13,542,715	13,439,330	103,385	0.8%	12,812,025
34,110,178	34,060,065	50,113	0.1%	227,301,878	220,104,132	7,197,746	3.3%	210,686,145
				<b>OPERATING EXPENSES</b>				
12,178,380	12,942,620	764,240	5.9%	86,873,253	85,340,445	(1,532,808)	-1.8%	77,819,287
4,460,636	4,174,688	(285,948)	-6.8%	27,503,751	26,144,450	(1,359,301)	-5.2%	26,840,975
96,577	90,315	(6,262)	-6.9%	994,320	632,205	(362,115)	-57.3%	407,451
2,203,599	3,011,858	808,259	26.8%	19,367,154	21,083,006	1,715,852	8.1%	17,647,974
643,900	687,346	43,447	6.3%	4,165,714	4,456,360	290,646	6.5%	3,668,066
331,889	392,361	60,472	15.4%	2,555,976	3,029,827	473,851	15.6%	2,448,723
4,722,378	5,528,443	806,065	14.6%	34,653,734	37,045,965	2,392,232	6.5%	32,523,000
2,561,807	2,357,996	(203,812)	-8.6%	15,662,129	15,744,629	82,500	0.5%	14,080,407
901,848	942,817	40,969	4.3%	7,568,597	7,973,902	405,305	5.1%	7,110,617
28,101,014	30,128,444	2,027,430	6.7%	199,344,628	201,450,790	2,106,162	1.0%	182,546,500
<b>6,009,164</b>	<b>3,931,620</b>	<b>2,077,543</b>	<b>52.8%</b>	<b>27,957,250</b>	<b>18,653,343</b>	<b>9,303,907</b>	<b>49.9%</b>	<b>28,139,645</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>				
859,695	814,154	45,541	5.6%	6,017,749	5,661,964	355,785	6.3%	6,252,413
468,526	468,526	-	0.0%	3,279,679	3,279,679	-	0.0%	3,189,432
316,269	288,338	27,932	9.7%	2,894,431	2,412,778	481,653	20.0%	2,595,622
114,966	120,109	(5,143)	-4.3%	788,391	839,621	(51,230)	-6.1%	692,058
(141,439)	(151,882)	10,443	6.9%	(535,609)	(1,063,176)	527,568	49.6%	(599,692)
266,106	300,000	(33,895)	11.3%	2,568,642	2,100,000	468,642	-22.3%	3,006,960
-	-	-	0.0%	20,732	-	20,732	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	37,450
-	-	-	100.0%	-	-	-	100.0%	-
(1,980,904)	(1,995,743)	14,839	0.7%	(13,780,731)	(13,970,201)	189,470	1.4%	(12,495,930)
(206,429)	(200,388)	(6,041)	-3.0%	(1,468,624)	(1,444,485)	(24,139)	-1.7%	(1,269,530)
(248,148)	(248,148)	0	0.0%	(1,748,408)	(1,748,411)	3	0.0%	(1,826,825)
(551,359)	(605,035)	53,676	8.9%	(1,963,748)	(3,932,231)	1,968,483	50.1%	(418,042)
<b>\$ 5,457,805</b>	<b>\$ 3,326,585</b>	<b>\$ 2,131,220</b>	<b>64.1%</b>	<b>\$ 25,993,502</b>	<b>\$ 14,721,112</b>	<b>\$ 11,272,390</b>	<b>76.6%</b>	<b>\$ 27,721,603</b>
				<b>NET POSITION - BEGINNING OF YEAR</b>				<b>357,099,821</b>
				<b>NET POSITION - AS OF JANUARY 31, 2026</b>				<b>\$ 383,093,323</b>
<b>8.7%</b>	<b>5.6%</b>	<b>3.1%</b>	<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>6.1%</b>	<b>4.1%</b>	<b>2.0%</b>	<b>6.7%</b>	

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**JANUARY 2026**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>JAN 2026</b>	<b>YTD 2026</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were above budget 10.84% or 46 days. Swing Bed days were above budget 350.00% or 7 days.	Gross Revenue -- Inpatient	\$ 363,548	\$ 167,144
	Gross Revenue -- Outpatient	(1,248,977)	7,026,035
	Gross Revenue -- Total	\$ (885,429)	\$ 7,193,179
Outpatient volumes were 5% or more below in the following departments: Emergency Department visits, Home Health visits, Hospice visits, Surgery cases, Oncology Lab, Blood units, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical and Occupational Therapies, and Outpatient Physical & Speech Therapies.			
Outpatient volumes were above budget 5% or more in the following departments: EKGs, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, Ultrasounds, Cat Scans, Drugs Sold to Patients, Gastroenterology cases, and Outpatient Physical Therapy Aquatic.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for January shows a 1.41% increase to Medicare, a .99% increase to Medi-Cal, .19% increase to Other, and a 2.59% decrease to Commercial when compared to budget. Revenues were below budget 1.3%, however, we saw a slight shift from Commercial into Medicare and Medi-Cal, lending to the negative variance in Contractual Allowances.	Contractual Allowances	\$ (29,195)	\$ (10,646,321)
	Charity Care	1,204,101	7,170,009
	Bad Debt	519,112	3,108,379
	Prior Period Settlements	(640,904)	525,694
	Total	\$ 1,053,114	\$ 157,761
The District booked an amount due back to the Medi-Cal program based on the As Filed RHC Rate Reconciliation reports for FY25, creating a negative variance in Prior Period Settlements.			
<b>3) Other Operating Revenue</b>			
Community Pharmacy revenues were below budget 1.78%.	Community Pharmacy	\$ (15,125)	\$ 555,640
	Miscellaneous	(55,563)	(552,138)
	Hospice Thrift Stores	7,234	14,626
	Grants	-	47,082
	The Center (non-therapy)	(3,985)	65,483
	IVCH ER Physician Guarantee	3,972	122,332
	Children's Center	(8,563)	(149,641)
	Total	\$ (72,031)	\$ 103,385
The revision to the FY26 HQAF and QIP budgeted receivables is creating a negative variance in Miscellaneous.			
Hospice Thrift Store revenues were above budget 6.58%.			
Child Care days were below budget 8.83%.			
<b>4) Salaries and Wages</b>			
We saw positive variances in Technical, Clerical, and Management wages. Several key management positions remain vacant with active recruitment efforts underway.	Total	\$ 764,240	\$ (1,532,808)
<b>Employee Benefits</b>			
Negative variance in PL/SL is helping offset a portion of the positive variance in Salaries and Wages.	PL/SL	\$ (125,225)	\$ (1,407,130)
	Other	(224,528)	(417,067)
	Pension/Deferred Comp	3	6
	Standby	(3,730)	(14,393)
	Nonproductive	67,531	479,283
	Total	\$ (285,948)	\$ (1,359,301)
Negative variance in Other is related to Employer Payroll Taxes.			
Accrued Physician Productivity Bonuses were below budget, creating a positive variance in Nonproductive.			
<b>Employee Benefits - Workers Compensation</b>	Total	\$ (6,262)	\$ (362,115)
<b>Employee Benefits - Medical Insurance</b>	Total	\$ 808,259	\$ 1,715,852
The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in January.			
<b>5) Professional Fees</b>			
Locums coverage in Urology is creating a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (33,484)	\$ (287,894)
	TFH Locums	(65,701)	(152,358)
	Human Resources	(36,376)	(121,902)
	Information Technology	(8,818)	(121,267)
	Multi-Specialty Clinics Administration	3,292	(15,521)
	Oncology	687	(7,632)
	Corporate Compliance	-	-
	IVCH ER Physicians	(8,571)	9,679
	Patient Accounting/Admitting	2,000	14,000
	Financial Administration	11,294	23,998
	Medical Staff Services	(1,072)	24,379
	Managed Care	(7,595)	27,515
	Marketing	20,107	172,419
	Administration	63,476	378,721
	Miscellaneous	164,680	820,359
	Total	\$ 103,919	\$ 764,497
Extended care hours, stroke alert monitoring, and radiology reads created a negative variance in TFH Locums.			
External employee relations and benefit consulting created a negative variance in Human Resources.			
Reimbursement consulting was below budget, creating a positive variance in Financial Administration.			
Graphic Design consulting services were below budget, creating a positive variance in Marketing.			
Strategic Planning and Environmental Assessment consulting services were below budget, creating a positive 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  
JANUARY 2026**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>JAN 2026</u>	<u>YTD 2026</u>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues were above budget 23.75%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (226,274)	\$ (1,265,789)
	Office Supplies	(5,375)	(5,429)
	Food	17,983	33,840
	Other Non-Medical Supplies	(11,876)	98,291
	Minor Equipment	26,050	149,742
	Pharmacy Supplies	1,005,558	3,381,577
	<b>Total</b>	<b>\$ 806,065</b>	<b>\$ 2,392,232</b>
<b>7) <u>Purchased Services</u></b>			
Outsourced billing and collection services for the Business Office created a negative variance in Patient Accounting.	Patient Accounting	\$ (199,398)	\$ (278,707)
	Laboratory	(16,447)	(97,453)
	Department Repairs	(12,570)	(96,266)
	Human Resources	(60,109)	(90,972)
	Pharmacy IP	(7,507)	(64,976)
	The Center	(8,524)	(32,981)
	Diagnostic Imaging Services - All	9,119	(22,995)
	Home Health/Hospice	(1,609)	(20,726)
	Medical Records	(2,768)	(12,671)
	Multi-Specialty Clinics	387	(4,232)
	Community Development	-	-
	Information Technology	(28,448)	34,551
	Miscellaneous	124,064	769,927
	<b>Total</b>	<b>\$ (203,812)</b>	<b>\$ 82,500</b>
<b>8) <u>Other Expenses</u></b>			
Services provided to assist in recruiting key Management positions created a negative variance in Human Resources Recruitment.	Human Resources Recruitment	\$ (30,901)	\$ (116,578)
	Dues and Subscriptions	(11,746)	(104,319)
	Other Building Rent	(15,843)	(88,512)
	Marketing	20,585	(48,864)
	Equipment Rent	(6,326)	(34,885)
	Multi-Specialty Clinics Bldg. Rent	(4,427)	(27,021)
	Insurance	(9,146)	(18,364)
	Multi-Specialty Clinics Equip Rent	502	(2,216)
	Physician Services	183	4,740
	Utilities	10,476	137,375
	Miscellaneous	34,020	338,691
	Outside Training & Travel	53,592	365,257
	<b>Total</b>	<b>\$ 40,969</b>	<b>\$ 405,305</b>
<b>9) <u>District and County Taxes</u></b>	<b>Total</b>	<b>\$ 45,541</b>	<b>\$ 355,785</b>
<b>10) <u>Interest Income</u></b>	<b>Total</b>	<b>\$ 27,932</b>	<b>\$ 481,653</b>
<b>11) <u>Donations</u></b>	IVCH	\$ (20,352)	\$ (18,599)
	Operational	15,209	(32,631)
	<b>Total</b>	<b>\$ (5,143)</b>	<b>\$ (51,230)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	<b>Total</b>	<b>\$ 10,443</b>	<b>\$ 527,568</b>
The District trued up its losses in TSC, LLC for December, creating a positive variance in Gain/(Loss) on Joint Investment.			
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	<b>Total</b>	<b>\$ (33,895)</b>	<b>\$ 468,642</b>
Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.			
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ 20,732</b>
<b>15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>16) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ 14,839</b>	<b>\$ 189,470</b>
<b>17) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ (6,041)</b>	<b>\$ (24,139)</b>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2026

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JAN 2025		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 4,773,974	\$ 4,601,877	\$ 172,097	3.7%	Total Gross Revenue	\$ 34,417,585	\$ 33,076,863	\$ 1,340,722	4.1%	1	\$ 31,085,685
Gross Revenues - Inpatient										
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,773,974	4,601,877	172,097	3.7%	Gross Revenue - Outpatient	34,417,585	33,076,863	1,340,722	4.1%		31,085,685
4,773,974	4,601,877	172,097	3.7%	Total Gross Revenue - Outpatient	34,417,585	33,076,863	1,340,722	4.1%	1	31,085,685
Deductions from Revenue:										
2,437,713	2,235,492	(202,222)	-9.0%	Contractual Allowances	17,258,008	16,099,258	(1,158,749)	-7.2%	2	14,694,111
64,573	92,038	27,464	29.8%	Charity Care	622,842	661,537	38,695	5.8%	2	453,434
71,048	69,028	(2,020)	-2.9%	Bad Debt	702,650	496,153	(206,497)	-41.6%	2	725,690
-	-	-	0.0%	Prior Period Settlements	(81,192)	-	81,192	0.0%	2	(291,973)
2,573,334	2,396,557	(176,777)	-7.4%	Total Deductions from Revenue	18,502,308	17,256,948	(1,245,360)	-7.2%	2	15,581,262
55,416	17,027	38,389	225.5%	Other Operating Revenue	473,758	248,864	224,894	90.4%	3	200,112
2,256,056	2,222,347	33,709	1.5%	TOTAL OPERATING REVENUE	16,389,034	16,068,778	320,256	2.0%		15,704,535
OPERATING EXPENSES										
822,332	814,106	(8,226)	-1.0%	Salaries and Wages	6,248,622	5,291,756	(956,867)	-18.1%	4	4,891,347
282,758	251,426	(31,332)	-12.5%	Benefits	1,550,349	1,488,823	(61,527)	-4.1%	4	1,525,229
4,119	1,957	(2,162)	-110.5%	Benefits Workers Compensation	59,493	13,699	(45,794)	-334.3%	4	8,118
130,959	178,944	47,985	26.8%	Benefits Medical Insurance	1,151,872	1,252,608	100,736	8.0%	4	1,101,400
187,117	178,640	(8,477)	-4.7%	Medical Professional Fees	1,240,897	1,250,480	9,583	0.8%	5	1,244,220
5,715	6,140	425	6.9%	Other Professional Fees	36,665	42,980	6,315	14.7%	5	16,399
97,293	143,489	46,196	32.2%	Supplies	891,961	1,017,645	125,684	12.4%	6	868,165
97,289	106,326	9,037	8.5%	Purchased Services	749,706	750,083	377	0.1%	7	590,544
113,302	117,681	4,379	3.7%	Other	816,068	803,857	(12,210)	-1.5%	8	718,621
1,740,885	1,798,709	57,824	3.2%	TOTAL OPERATING EXPENSE	12,745,634	11,911,930	(833,704)	-7.0%		10,964,043
<b>515,171</b>	<b>423,638</b>	<b>91,533</b>	<b>21.6%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>3,643,400</b>	<b>4,156,848</b>	<b>(513,448)</b>	<b>-12.4%</b>		<b>4,740,492</b>
NON-OPERATING REVENUE/(EXPENSE)										
3,762	24,114	(20,352)	-84.4%	Donations-IVCH	149,055	167,654	(18,599)	-11.1%	9	20,776
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(206,191)	(207,021)	830	-0.4%	Depreciation	(1,443,340)	(1,449,150)	5,810	0.4%	11	(1,424,601)
(3,072)	(1,958)	(1,114)	56.9%	Interest Expense	(21,999)	(14,233)	(7,766)	54.6%	12	(7,788)
(205,502)	(184,866)	(20,636)	-11.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,316,284)	(1,295,729)	(20,555)	-1.6%		(1,411,613)
<b>\$ 309,670</b>	<b>\$ 238,772</b>	<b>\$ 70,897</b>	<b>29.7%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 2,327,116</b>	<b>\$ 2,861,118</b>	<b>\$ (534,003)</b>	<b>-18.7%</b>		<b>\$ 3,328,879</b>
<b>10.8%</b>	<b>9.2%</b>	<b>1.6%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>10.6%</b>	<b>12.6%</b>	<b>-2.0%</b>			<b>15.2%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2026**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>JAN 2026</u>	<u>YTD 2026</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	\$ -	\$ -
Outpatient volumes were above budget in the following departments: Lab Send Out tests, Cat Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, and Physical Therapy.	Gross Revenue -- Outpatient	172,097	1,340,722
	Total	<u>\$ 172,097</u>	<u>\$ 1,340,722</u>
Outpatient volumes were below budget in the following departments: Emergency Department visits, Surgery cases, Laboratory tests, EKGs, Mammography, Respiratory Therapy, Speech Therapy, and Occupational Therapy.			
<b>2) Total Deductions from Revenue</b>			
We saw a shift in our payor mix with a 3.06% increase in Medicare, a .36% decrease in Medicaid, a 2.50% decrease in Commercial insurance, and a .20% decrease in Other. Revenues were above budget 3.70% and we saw a shift from Commercial to Medicare.	Contractual Allowances	\$ (202,222)	\$ (1,158,749)
	Charity Care	27,464	38,695
	Bad Debt	(2,020)	(206,497)
	Prior Period Settlement	-	81,192
	Total	<u>\$ (176,777)</u>	<u>\$ (1,245,360)</u>
<b>3) Other Operating Revenue</b>			
Positive variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.	IVCH ER Physician Guarantee	\$ 3,972	\$ 122,332
	Miscellaneous	34,417	102,562
	Total	<u>\$ 38,389</u>	<u>\$ 224,894</u>
<b>4) Salaries and Wages</b>			
	Total	<u>\$ (8,226)</u>	<u>\$ (956,867)</u>
<b>Employee Benefits</b>			
Negative variance in Other is related to Employer Payroll Taxes.	PL/SL	\$ (6,013)	\$ (47,830)
Physician Productivity bonuses were below budget, creating a positive variance in Nonproductive.	Other	(29,451)	(60,448)
	Standby	(4,943)	(14,497)
	Pension/Deferred Comp	0	0
	Nonproductive	9,074	61,247
	Total	<u>\$ (31,332)</u>	<u>\$ (61,527)</u>
<b>Employee Benefits - Workers Compensation</b>	Total	<u>\$ (2,162)</u>	<u>\$ (45,794)</u>
<b>Employee Benefits - Medical Insurance</b>	Total	<u>\$ 47,985</u>	<u>\$ 100,736</u>
The District has a self-insured plan and expense is based on actual claims paid, coming in below budget in January.			
<b>5) Professional Fees</b>			
Extended patient care hours were above budget, creating a negative variance in IVCH ER Physicians.	Miscellaneous	\$ 94	\$ (93)
	Administration	-	-
	Foundation	425	6,312
	IVCH ER Physicians	(8,571)	9,679
	Multi-Specialty Clinics		
	Total	<u>\$ (8,052)</u>	<u>\$ 15,898</u>
<b>6) Supplies</b>			
Small office furniture purchases for Surgery and IT transfers for Administration created a negative variance in Minor Equipment	Office Supplies	\$ (158)	\$ (856)
Medical Supplies Sold to Patients revenues were below budget, creating a positive variance in Patient & Other Medical Supplies.	Minor Equipment	(3,784)	1,312
Drugs sold to Patients revenues were below budget 19.86%, creating a positive variance in Pharmacy Supplies.	Food	372	1,634
	Non-Medical Supplies	3,639	24,135
	Patient & Other Medical Supplies	6,244	40,511
	Pharmacy Supplies	39,883	58,947
	Total	<u>\$ 46,196</u>	<u>\$ 125,684</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2026**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>JAN 2026</b>	<b>YTD 2026</b>
<b>7) <u>Purchased Services</u></b>			
Department Repairs for Ultrasound and Facilities were below budget, creating a positive variance.	Department Repairs	\$ 5,055	\$ (22,487)
Facility maintenance projects were below budget, creating a positive variance in Engineering/Plant/Communications.	Laboratory	1,332	(13,581)
Laundry and Linen purchases were above budget, creating a negative variance in EVS/Laundry.	Engineering/Plant/Communications	2,664	(4,499)
	Pharmacy	(484)	(3,388)
	Miscellaneous	1,366	(2,520)
	Multi-Specialty Clinics	(8)	(1,077)
	EVS/Laundry	(3,873)	326
	Diagnostic Imaging Services - All	1,734	3,854
	Foundation	1,250	43,750
	<b>Total</b>	<b>\$ 9,037</b>	<b>\$ 377</b>
<b>8) <u>Other Expenses</u></b>			
Common Area Maintenance costs and a rental increase for an employee housing unit created a negative variance in Other Building Rent.	Other Building Rent	\$ (9,022)	\$ (61,894)
Oxygen tank rentals were below budget, creating a positive variance in Equipment Rent.	Miscellaneous	(532)	(28,311)
Telephone and Water/Sewer costs were above budget, creating a negative variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	(1,087)	(7,874)
Marketing campaigns for the Hospital and Physical Therapy were below budget, creating a positive variance in this category.	Dues and Subscriptions	1,051	(2,376)
	Insurance	36	865
	Equipment Rent	6,502	4,017
	Outside Training & Travel	4,525	23,145
	Utilities	(3,620)	27,755
	Marketing	6,527	32,462
	<b>Total</b>	<b>\$ 4,379</b>	<b>\$ (12,210)</b>
<b>9) <u>Donations</u></b>	Total	<b>\$ (20,352)</b>	<b>\$ (18,599)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	Total	<b>\$ 830</b>	<b>\$ 58,810</b>
<b>12) <u>Interest Expense</u></b>	Total	<b>\$ (1,114)</b>	<b>\$ (7,766)</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2025		**BUDGET** FYE 2026	PROJECTED FYE 2026	ACTUAL JAN 2026	PROJECTED JAN 2026	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	51,886,266		27,556,243	36,885,913	\$ 6,009,164	\$ 3,931,620	\$ 2,077,544	\$ 12,945,140	\$ 9,028,708	\$ 10,417,550	\$ 4,494,515
Interest Income	3,958,656		3,622,400	4,665,105	828,860	405,600	423,260	1,076,593	1,354,051	1,328,860	905,600
Property Tax Revenue	11,279,104		11,320,000	11,752,731	6,428,588	6,000,000	428,588	587,757	236,387	6,428,588	4,500,000
Donations	1,193,437		5,037,312	4,821,826	-	120,109	(120,109)	60,899	563,235	238,506	3,959,185
Debt Service Payments	(3,516,862)		(3,876,518)	(3,597,331)	(343,823)	(261,816)	(82,008)	(1,484,229)	(798,504)	(732,133)	(582,465)
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)	(1,000,930)	(83,411)	(83,411)	0	(250,232)	(250,232)	(250,233)	(250,233)
Copier	-		-	-	-	-	-	-	-	-	-
2017 VR Demand Bond	(795,185)		(756,793)	(767,496)	(82,008)	-	(82,008)	(672,429)	(13,058)	(82,008)	-
2015 Revenue Bond	(1,576,107)		(1,645,169)	(1,355,281)	(110,744)	(110,744)	(0)	(358,585)	(332,232)	(332,232)	(332,232)
Physician Recruitment	(121,333)		(521,000)	(338,000)	-	(33,333)	33,333	(88,000)	(83,333)	(66,667)	(100,000)
Investment in Capital											
Equipment	(4,700,844)		(5,613,300)	(8,320,314)	(484,731)	(1,130,559)	645,828	(1,247,350)	(1,713,269)	(2,745,850)	(2,613,846)
Municipal Lease Reimbursement	1,340,632		4,780,000	4,780,000	1,175,694	-	1,175,694	-	-	1,175,694	3,604,306
IT/EMR/Business Systems	-		(5,027,825)	(2,320,811)	-	(483,202)	483,202	-	-	(966,405)	(1,354,406)
Building Projects/Properties	(12,436,705)		(55,592,169)	(55,592,169)	(3,281,916)	(6,171,723)	2,889,807	(5,592,451)	(12,181,170)	(16,781,285)	(21,037,264)
Change in Accounts Receivable	(8,996,668)	N1	(328,792)	3,472,696	(3,828,377)	(6,855,542)	3,027,165	6,006,700	1,943,603	(3,550,328)	(927,279)
Change in Settlement Accounts	(10,420,429)	N2	(5,011,279)	(8,687,913)	(756,312)	(6,768,380)	6,012,068	(5,260,008)	(11,199,598)	5,996,490	1,775,203
Change in Other Assets	(6,444,419)	N3	(2,248,346)	(6,517,013)	(1,446,072)	100,000	(1,546,072)	(3,518,928)	(1,052,013)	(1,746,072)	(200,000)
Change in Other Liabilities	6,736,574	N4	(7,815,000)	(9,685,158)	(9,256,696)	(6,500,000)	(2,756,696)	(664,024)	(8,365,438)	(7,131,696)	6,476,000
Change in Cash Balance	29,757,408		(33,718,273)	(28,680,438)	(4,955,621)	(17,647,226)	12,691,605	2,822,100	(22,267,341)	(8,134,747)	(1,100,451)
Beginning Unrestricted Cash	184,297,240		214,054,647	214,054,647	194,609,407	194,609,407	-	214,054,647	216,876,748	194,609,407	186,474,660
Ending Unrestricted Cash	214,054,647		180,336,374	185,374,209	189,653,786	176,962,181	12,691,605	216,876,748	194,609,407	186,474,660	185,374,209
Operating Cash	214,054,647		180,336,374	185,374,209	189,653,786	176,962,181	12,691,605	216,876,748	194,609,407	186,474,660	185,374,209
Expense Per Day	917,777		956,582	950,878	934,015	943,699	(9,684)	936,594	937,532	941,774	950,878
Days Cash On Hand	233		189	195	203	188	16	232	208	198	195

**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

<b>MEETING DATE:</b> February 26 2026	<b>ITEM:</b> 15.3. Executive Reports
<b>DEPARTMENT:</b> Administration	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Administration	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other <b>Executive Updates</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> Combined monthly Board reports from Executive Leadership.	
<b>SUMMARY/OBJECTIVES:</b> Objective: Executive Report to review key strengths and opportunities across True North areas of priority including: Health Within Reach, Peaks of Excellence, and Transformation.	
<b>SUGGESTED DISCUSSION POINTS:</b>  <b>5,000 Voices Update</b> <b>Health Within Reach</b> – System redesign efforts focus on Third Next Available Appointment. <b>Transformation</b> – TTHAC/Navigation Center. <b>Peaks of Excellence</b> – Philanthropic Support through the Foundation.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> 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.	
<b>LIST OF ATTACHMENTS:</b> Executive Board Reports – February 2026 Individual Board Reports hyperlinked in Appendix	



# TAHOE FOREST HOSPITAL DISTRICT

## Executive Board Report February 2026

**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  
Ted Owens – Executive Director Governance

### Executive Summary

Improving timely access to care remains a central priority. With our expanded imaging service capacity and optimized scheduling, MRI and screening mammography appointments are now available within two to four weeks. For procedures requiring sedation or interventional coordination, we have reduced turnaround times from over two weeks to next-day availability, supporting faster diagnosis and treatment decisions.

TFHS continues to expand access to community resources through the Tahoe Truckee Homeless Action Coalition (TTHAC) and the new Navigation Center. Tenant improvements are now complete, including the addition of six supportive beds and ten 24/7 shelter beds. The facility also offers on-site showers, laundry services, and meals. A ribbon-cutting ceremony was held on February 13, 2026, with elected officials, organizational leaders, and representatives from all funding agencies and sources in attendance. The center is expected to open in late February and will be staffed by Volunteers of America. Once operational, the Navigation Center will serve as a vital hub providing shelter, supportive services, and connections to essential resources for unhoused community members and individuals seeking assistance.

# 5,000 Voices Update

## Outreach Activity

Community outreach for the 5,000 Voices initiative continues to grow through a mix of advertising, printed materials, Spanish-language engagement, and local events.

A social media campaign has been prepared to raise awareness and encourage participation. Videos and graphics have been shared with CC Media, with launch timing currently being finalized.

- Social media ads — ready
- Campaign launch — timeline in progress

Spanish-language materials are being incorporated to ensure broader community inclusion.

- Spanish translation — completed
- Updated materials — in production
- Spanish email — planned for partner distribution

Printed outreach tools are being distributed across patient and community touchpoints.

- Pharmacy bag inserts — under review
- Postcards — available for use
- Senior Center — flyers, rack cards, surveys

Community engagement remains active, with TFHS represented at presentations and events throughout February and March, including Rotary clubs, SnowFest, the Great Ski Race, UNR Winter Fest, and upcoming community gatherings.

In March, the team will also begin hosting informal **Coffee Talks** at local cafés to gather additional feedback in relaxed, conversational settings.

These combined efforts continue to expand awareness, invite participation, and ensure community voices inform True North priorities.

## Preliminary Input

To date, about 1,500 community comments have been received through the community survey and other engagement activities. These efforts continue to provide valuable insight into how residents experience care across the Tahoe Forest Health System. Feedback reflects a clear and consistent message: patients value the quality of care and the relationships they have with providers, while identifying opportunities to improve access, affordability, and the overall navigation experience.

When asked what matters most when seeking healthcare, responses show that speed of access remains the dominant priority. More than half of respondents identified appointment availability as their primary concern, significantly outweighing other factors.

- Getting an appointment quickly — **56.56%**
- Finding the right specialist — **23.36%**
- Clinic/office hours — **8.20%**

Despite access frustrations, there is a strong preference for receiving care locally. Most respondents indicated Truckee as their preferred location, while others expressed flexibility depending on the type of care needed.

- Prefer care in Truckee — **63.52%**
- Prefer care in Incline Village — **7.38%**
- Depends on type of care — **11.07%**

Patients who seek services outside the region cite several consistent drivers. Specialist availability and appointment timelines continue to influence decisions to travel for care, followed closely by cost considerations.

- Wider range of specialists / procedures — **23.54%**
- Easier / faster appointments — **19.53%**
- Needed care unavailable locally — **18.61%**
- Lower out-of-pocket cost — **16.61%**

Care delivery preferences further reinforce the community's priorities. In-person visits remain overwhelmingly preferred, although virtual care usage indicates an opportunity for growth.

- Prefer in-person care — **77.37%**
- No strong preference — **15.23%**
- Prefer virtual care — **7.41%**
- Used virtual/phone visits in past year — **38.11%**

Affordability continues to emerge as a meaningful concern. Over one-third of respondents report delaying or avoiding care due to cost, while nearly one-quarter express financial concerns that may influence future decisions.

- Delayed/avoided care due to cost — **34.16%**
- Concerned about cost (no delay yet) — **23.87%**

Survey participants also highlighted which services they use most frequently, underscoring the importance of routine, preventative, and maintenance care within the system.

- Labs — **26.48%**
- Preventative screenings — **22.59%**
- Medications/prescriptions — **22.27%**

When asked where TFHS could be truly exceptional, responses aligned closely with existing areas of strength and strategic focus.

- Orthopedics / Sports Medicine — **25.62%**
- Women’s Health — **24.72%**

Trust and confidence drivers emphasize the importance of personalized, relationship-based care — a defining attribute of the Health System’s identity.

- Personalized, attentive care — **30.72%**
- Doctors know me / my history — **23.09%**

Looking ahead, respondents identified aging population needs and affordability as the most critical long-term priorities for the region.

- Aging population care — **29.38%**
- Affordable care for working families — **27.96%**
- Chronic disease management — **17.54%**

Communication preferences indicate strong alignment toward digital channels, particularly email and MyChart.

- Email updates — **30.30%**
- MyChart — **20.05%**

Overall, community voices continue to validate TFHS’s clinical reputation while clearly signaling priorities around faster access, specialist depth, affordability, billing clarity, and improved patient navigation.

## System Redesign

System redesign efforts remain focused on improving patient access through targeted reduction of the **Third Next Available Appointment (TNAA)** metric across Primary Care, Pediatrics, and Women’s Health.

As of February 10, the combined TNAA across these departments is:

- **36.38 days**

Significant progress has been made in understanding the current state. TNAA has been mapped and analyzed by department, provider, and visit type, providing a detailed view of scheduling patterns and constraints. This work has been consolidated into a dashboard supporting real-time monitoring and performance trending.

Predictive analytics capabilities are advancing to support proactive planning. A Pediatrics predictive model is now active, enabling demand forecasting, capacity alignment, and real-time evaluation of how effectively services meet community needs. Development of a similar model for Primary Care is underway.

The redesign initiative is now transitioning into the planning phase, during which cross-functional teams will test, measure, and refine improvement strategies aimed at reducing wait times and optimizing provider availability.

These operational improvements are supported by concurrent infrastructure investments designed to expand access capacity:

- North Shore Clinic – Fabian Way → **+6% access**
- Gateway RHC Expansion → **+17% access**
- Sierra Center → **+12% access**

Together, redesign and expansion efforts form an integrated strategy to address one of the community's most persistent concerns: timely appointment availability.

## Foundation Update

Philanthropic support continues to play a critical role in advancing patient care programs, capital improvements, and workforce initiatives across the Health System.

The Giving Tuesday campaign demonstrated strong donor engagement and community generosity to the Tahoe Forest Health System Foundation:

- Funds raised — **\$150,000+**

Year-end giving results further reinforced this momentum:

- Incline Village Community Hospital Foundation — **\$470,000+**
- Tahoe Forest Health System Foundation — **\$660,000+**

Employee philanthropy remains a meaningful contributor to Foundation success and organizational culture:

- Employee Giving — **\$86,000**

- Employee Assistance Fund — **\$11,000**

These contributions directly support patient services, staff programs, and strategic initiatives aligned with True North priorities.

## Conclusion

Community engagement findings continue to sharpen organizational focus on access, affordability, and experience. System redesign efforts targeting TNAA reduction, predictive modeling, and scheduling optimization directly respond to these priorities. Simultaneously, clinic expansions, modernization projects, and strong philanthropic performance reinforce TFHS's commitment to improving capacity, infrastructure resilience, and patient-centered care delivery.

## Appendix

[CIIO Board Report – February 2026](#)

[CMO Board Report – February 2026](#)

[CNO Board Report – February 2026](#)

[COO Board Report – February 2026](#)

[ED Governance Board Report – February 2026](#)

[VP FM&CM Board Report – February 2026](#)



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> 2/26/2026	<b>ITEM:</b> Charge Capture Workflow and Reconciliation, DREV-2601
<b>DEPARTMENT:</b> Revenue Cycle	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Crystal Felix, CFO	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other - <b>Policy</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> This policy formalizes expectations for documentation, charge capture, and reconciliation to ensure that all services provided are properly recorded, billed, and monitored.  The policy was developed at the recommendation of our internal compliance team. It will be reviewed in detail at the Compliance Committee meeting on 2/26/2026. With the recommendation of approval from the Compliance Committee on 02/26/2026 we would like to implement this policy immediately following Board approval.	
<b>SUMMARY/OBJECTIVES:</b> This policy strengthens the organization’s financial integrity, regulatory compliance, and operational accountability. It establishes clear expectations for documentation, charge capture, and reconciliation while protecting ethical clinical decision-making.	
<b>SUGGESTED DISCUSSION POINTS:</b>	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Charge Capture Workflow and reconciliation, DREV-260 as presented. (includes all consent items)  Alternate 1: Pull the policy from consent for further discussion under section 16.  Alternate 2: Pull the policy from the agenda due the recommendation of the Compliance Committee.	
<b>LIST OF ATTACHMENTS:</b> Charge Capture Workflow and Reconciliation, DREV-2601	



Origination Date 02/2026  
Last Approved 02/2026  
Last Revised 02/2026  
Next Review 02/2029

Department Revenue Cycle - DREV  
Applicabilities System

## Charge Capture Workflow and Reconciliation, DREV-2601

### RISK:

Incomplete documentation and inaccurate or delayed charges jeopardize reimbursement, increase the risk of regulatory noncompliance, and can result in monetary penalties, legal exposure, and damage to the institution's reputation. Inconsistencies may also compromise patient trust in the integrity of our Healthcare system.

### POLICY:

- A. All care provided to patients must be accurately and appropriately documented and charged at time of service, and all billing activities must comply with hospital and regulatory requirements. The purpose of charge reconciliation is to ensure timely, consistent and accurate charge capture. Each hospital department and clinic will designate staff that is responsible for revenue reconciliation daily to ensure all revenue is captured in a timely manner, expected revenue is accurately identified, and revenue volumes are tracked at a detailed level. While accurate and complete charge capture is essential, it must never compromise or influence clinical decision-making, which should always be based solely on the patient's best medical interests.
- B. Providers who bill services are responsible for verifying the accuracy of the documentation for the billed encounter, including documentation entered by clinical staff. All services rendered should be charged to the patient and/or the patient's insurance plan upon completion of the service. Providers may not waive charges or co-payments, reverse charges, not charge for services or intentionally undercharge services.
- C. Any patient who seeks discounted medical care or the reversal of valid charges shall be referred to a financial counselor.

# PROCEDURE:

## A. Charge Capture

1. It is the responsibility of both the department providing patient care and all providers and clinical staff involved in the delivery of patient care to ensure that all services rendered are accurately and completely documented in the electronic health record at the time of service. Accurate and timely documentation is required to support appropriate charge capture, coding, billing, compliance, and continuity of care.
  - a. All chargeable items and Diagnostic services provided to the patient shall be entered at the time of service.
  - b. Documentation must include, but is not limited to, physician orders, treatment notes, procedural reports, and medication administration records.
  - c. Documentation and charge entry completed after the seventy-two (72) hour time frame is considered late. If a department/individual is consistently failing to complete documentation or enter charges within the seventy-two (72) hour time frame or as outlined in the Medical Staff Bylaws, charge capture personnel will escalate to the Department/Clinic Manager/Director. Departments/individuals with multiple escalations will be referred to the Department Directors as needed.
  - d. Charge capture duties shall be limited to designated and trained staff. Departments shall ensure there is sufficient coverage for charge capture duties.
  - e. Charges generated during system downtime shall be captured within (1) business day of system availability.

## B. Charge Reconciliation

1. Designated staff shall review the accuracy of the patient account and charge detail for accounts meeting work queue criteria.
2. In accordance with department procedures, designated staff shall resolve any discrepancies at the time of account review.
  - a. Questions on inaccurate or missing charges will be routed to the appropriate individual for resolution.
3. Departments shall maintain a detailed record of patients receiving services.
4. Designated staff shall reconcile charges against detailed records at least weekly.
5. Work queue edits shall be reviewed on an annual basis or as changes are needed.
6. Periodic audits of work queue shall be performed to verify accurate and timely

resolution of edits.

## Related Policies/Forms:

[Medical Staff Bylaws 2023](#)

[Financial Assistance Program Full Charity Care and Discount Payment Policies, ABD-09](#)

## All Revision Dates

02/2026

## Approval Signatures

Step Description	Approver	Date
	Crystal Felix: CFO	02/2026
	Crystal Felix: CFO	02/2026

U U T Y



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> February 26, 2026	<b>ITEM:</b> 15.5 Board Charters
<b>DEPARTMENT:</b> Board of Directors	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Sarah Jackson, Executive Assistant / Clerk of the Board	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other <b>Committee Charters</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> Each Board Committee will annually review and recommend for approval the Committee Charter with changes as needed.	
<b>SUMMARY/OBJECTIVES:</b> <u>Board Finance Committee Charter</u> Committee reviewed the charter on January 20, 2026. Committee recommends no changes to the Charter for 2026.  <u>Board Quality Committee Charter</u> Committee reviewed the charter on February 11, 2026. Committee recommends no changes to the Charter for 2026.	
<b>SUGGESTED DISCUSSION POINTS:</b> None	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Board Finance and Board Quality Committee Charters with no changes as presented. (includes all consent items)  Alternate: Pull the Board Board Finance and Board Quality Committee Charters from consent for further discussion under section 16.	
<b>LIST OF ATTACHMENTS:</b> Board Finance Committee Charter – FINAL from August 2025 Board Quality Committee Charter – FINAL from November 2025	

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

**PURPOSE:**

The purpose of this Charter is to delineate the Finance Committee’s duties and responsibilities. The Committee assists the Board of Directors in fulfilling its fiduciary and strategic oversight responsibilities by monitoring the financial condition and performance of the District, ensuring alignment between financial planning and strategic initiatives, and recommending actions to safeguard, preserve, and enhance the community’s investment in the hospital.

**RESPONSIBILITIES:**

The Committee is responsible for assisting the Board in oversight of the District’s financial and strategic affairs by:

- Monitoring the organization’s financial and capital position, policies, and performance;
- Ensuring that long-range financial planning supports the District’s strategic direction and operational priorities;
- Reviewing, advising, and making recommendations on strategic business initiatives, partnerships, and investments that have material financial implications; and
- Recommending actions to protect and enhance the District’s fiscal sustainability and strategic competitiveness.

**DUTIES:**

In addition to its existing duties, the Committee shall:

**1. Financial Oversight**

- Review quarterly the District’s operating, cash, and capital budgets, budget performance, and financial management, and make recommendations.
- Review financial statements quarterly and monitor financial indicators relative to industry benchmarks and peer organizations.
- Oversee the annual independent audit and supervision of any necessary corrective measures.
- Review annually the investment of District funds.

**2. Strategic Alignment**

- Review and evaluate the District’s strategic plan, ensuring financial feasibility and sustainability of strategic priorities.
- Assess the financial impact of strategic initiatives, partnerships, affiliations, or service line expansions prior to Board consideration.
- Monitor progress toward achieving financial and strategic objectives, including return on strategic investments and alignment with mission and community benefit goals.
- Participate jointly with the Board and executive leadership in annual strategic and financial planning sessions to ensure cohesive integration of operational, financial, and strategic plans.

- Review key environmental, market, and regulatory trends that may impact the District’s long-term financial or strategic position.

**3. Advisory Role**

- Provide guidance to the Board and management regarding strategic business opportunities, major capital investments, and resource allocation priorities.
- Recommend performance metrics and dashboards to monitor progress toward strategic and financial goals.

**COMPOSITION:**

The Committee is comprised of at least two (2) members. The Board Treasurer shall serve on the Committee, and the second Committee member shall be appointed by the Board Chair. Additional members with strategic planning or financial expertise may be appointed at the discretion of the Board Chair.

**MEETING FREQUENCY:**

The Committee shall meet quarterly, or more frequently as necessary to review financial and strategic planning matters. A report will be made to the Board of Directors quarterly or otherwise as requested.

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

***PURPOSE:***

The purpose is to define the duties, responsibilities, and scope of authority of the Quality Committee.

***RESPONSIBILITIES:***

The Quality Committee serves as the standing committee of the Board of Directors, providing oversight of Quality Assessment and Performance Improvement (QAPI), assuring the delivery of high-quality care, promotes patient safety, and enhances the overall patient experience across the Health System.

***DUTIES:***

1. Recommend to the governing Board, action items and recommendations regarding any policies and procedures governing quality, patient safety, environmental safety, and performance improvement throughout the organization.
2. Assure the provision of organization-wide quality of care, treatment, and service provided and prioritization of performance improvement throughout the organization.
3. Steward the improvement of care, treatment, and services to ensure that it is safe, beneficial, patient-centered, customer-focused, timely, efficient, and equitable and it reflects the community.
4. Monitor the organization's performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities adheres to the mission, vision, and values.
5. Whenever quality goals/benchmarks are not met, recommend corrective actions to the governing Board to address deficiencies, mitigate risks, and improve performance.
6. Ensure the development and implementation of ongoing board education, focusing on service excellence, performance improvement, risk reduction/safety enhancement, and healthcare outcomes.

***COMPOSITION:***

The Committee is comprised of at least two (2) board members as appointed by the Board Chair, the Medical Director of Quality, and Vice Chief of Staff or designee.

***MEETING FREQUENCY:***

The Committee shall meet quarterly.

REVISED – Approved by the TFHD Board of Directors 11/20/2025



## AGENDA ITEM COVER SHEET

MEETING DATE: November 20, 2025	ITEM: 15.6. Fourth Quarter Corporate Compliance Report (Open Session)
<b>DEPARTMENT:</b> Compliance	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Scott G. Kraft and Sean Weiss, Compliance Officers, DoctorsManagement, LLC.	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other <b>Quarterly Compliance Report</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> Quarterly Compliance Report detailing ongoing work, support, investigations, and review in progress and completed by the Compliance Committee.	
<b>SUMMARY/OBJECTIVES:</b> Objective: Review the current Quarterly Compliance Report.	
<b>SUGGESTED DISCUSSION POINTS:</b>  Compliance Training, audit results, new vs. established patients, HCAI revisions	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> 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 Second Quarter Corporate Compliance Plan as presented.	
<b>LIST OF ATTACHMENTS:</b> Fourth Quarter Corporate Compliance Report	



# TAHOE FOREST

## HOSPITAL DISTRICT

### **Board Informational Report**

### **Quarterly Compliance Officer's Report**

**By: Scott G. Kraft and Sean Weiss**

Compliance Officers, DoctorsManagement, LLC

**DATE:** February 26, 2026

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Dear Members of the Board,

As the appointed Compliance Officers for Tahoe Forest Hospital District (TFHD), we (Scott G. Kraft and Sean M. Weiss) are pleased to submit this compliance officer's open session report for 2025 Quarter 4.

### **Current Corporate Compliance Committee:**

This is the composition of the Corporate Compliance Committee as of February 26, 2026:

Sean M Weiss, DoctorsManagement – Compliance Officer

Scott G. Kraft, DoctorsManagement – Compliance Officer

Anna Roth, President and Chief Executive Officer

Louis Ward, Chief Operating Officer

Jan Iida, RN, Chief Nursing Officer

Crystal Felix, Chief Financial Officer

Brian Evans, MD – Chief Medical Officer

Jake Dorst, Chief Information and Innovation Officer

Matt Mushet – In-house Legal Counsel

Gary Harper\*, compliance analyst

Sarah Swezey, Privacy Officer

Jenny Parvin, Revenue Integrity Nurse

Janet Van Gelder, Director of Quality and Regulations

\*new addition

### **On-Site Compliance Analyst**

TFHD has hired Gary Harper to serve as the new on-site compliance analyst. Gary's start date was Feb. 9.

## OPEN SESSION

Gary comes to TFHD from San Luis Obispo County, where he has been since 2016 and served most recently as Administrative Services Officer for the San Luis Obispo Health Agency, where his duties included leading investigations into PHI breaches and contract and regulation violations as well as creation and update of compliance policies.

Gary is on-site here today and will work out of San Luis Obispo in the near term while he works on relocation to Truckee/Reno.

**T1015/FQHC:** Working with Revenue Cycle we have investigated fully the use of T1015 wrap around code. We believe there will have to be a repayment for billing errors. Revenue cycle has taken the lead in ensuring appropriate claims edits are instituted going forward to ensure T1015 is billed only with face-to-face visits.

### **Dexamethasone**

We had an investigated a concern about dexamethasone injectable solution being administered orally. A data review performed last week shows that we have almost completely halted that and are reviewing a small number of claims for medical necessity.

### **Employee Onboarding**

At our last meeting we discussed doing our introductory compliance training once per quarter for new hires. Based on feedback from Louis Ward and in conjunction with human resources we are working on integrating our compliance on-boarding into the overall employee on-boarding process. This may take the form of us recording our session or breaking it down into component parts. We think this will help to solidify the presence of compliance in the organization.

### **Substance Use Disorder Treatment**

We have been informed of two potential issues regarding SUD treatments that we are working closely with revenue cycle to implement solutions. These are related to access to records and consents.

### **Telemedicine**

Under the consolidated Appropriations Act of 2026, pandemic-era telehealth flexibilities are extended until the end of 2027, which provides stability from the telehealth back-and-forth that has taken place over the previous

### **Auditing & Monitoring**

- **FQHC Billing** – We assisted with a review to ensure T1015 billing is being done correctly. We did not find exposure but will likely revisit the issue in 2026.
- **High Risk Services:** We have begun an initiative, working with revenue cycle, to pull samples of high external audit risk services and monitor these services. We have started these reviews with Transitional Care Management and Chronic Care Management. We will also review telemedicine services in the first half of the year.

### **Effective Lines of Compliance Reporting**

## OPEN SESSION

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

### **Compliance Reporting/Detected Offenses/Corrective Action Plans:**

- We received an alert from EPIC regarding a possible data breach concerning data accessed by Health Gorilla customer organizations. Health Gorilla is a Qualified Health Information Network that provides connectivity for data sharing. At this point Tahoe Forest data are not compromised.

### **Ongoing Compliance Support**

Our on-site compliance training and ongoing policy revisions are the next steps in our plan, working with Gary Harper, to continue to increase the visibility of Compliance as a resource through the system.

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

Sincerely,  
Sean M. Weiss  
[sweiss@drsmgmt.com](mailto:sweiss@drsmgmt.com)

Scott G. Kraft  
[skraft@drsmgmt.com](mailto:skraft@drsmgmt.com)

Chief Compliance Officers  
Tahoe Forest Health System



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> 02/26/2026	<b>ITEM:</b> Semi Annual Retirement Plan Update
<b>DEPARTMENT: ADMINISTRATION</b>	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Crystal Felix, Chief Financial Officer Brian Montanez, CIMA®, AIF, CPC®, TGPC, NQPC™	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> Provided a board overview of the performance of the retirement plan, plan assets, and any fiduciary education provided at the quarterly retirement plan committee meetings.	
<b>SUMMARY/OBJECTIVES:</b> Review Q3 & Q4 2025 plan activities.	
<b>SUGGESTED DISCUSSION POINTS:</b>	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Discussion item	
<b>LIST OF ATTACHMENTS:</b> 2026 Q1 Retirement Plan Presentation	



# **MULTNOMAH GROUP**

**Retirement Plans Oversight Presentation  
Tahoe Forest Hospital District Board of Directors  
Period Q3 & Q4, 2025**

February 26, 2025

# Breakdown of Plans

## 401(1) Employer Contribution Plan

Plan Assets increased from

- \$101.9 M as of June 30, 2025, to
- \$110.1 M as of December 31, 2025
- **+ \$8.2 M (8.0%)**

As of December 31, 2025, reporting:

- Multnomah Group's Investment Committee has decided to place Conestoga Small Cap on Watch List to evaluate performance.
- All remaining investments are rated Satisfactory by Multnomah Group's Investment Committee.

## 457(b) Employee Contribution Plan

Plan Assets increased from

- \$127.3 M as of June 30, 2025, to
- \$142.4 M as of December 31, 2025
- **+ \$15.1 (11.9%)**

- Investments: Same

For the period June 30, 2025, to December 31, 2025:

- **Participation Rate** increased from: 84.5% to 88.3%
- **Ave. Deferral Rate** increased from: 10.1% to 10.2%
- **Total Savings Rate** (EE & ER) increased from: 13.7% to 14.1%

\* Auto-enrollment is set at 6%

# Q3, 2025 Activities

## Reviewed Performance of the Plan Investments

- ✓ Multnomah Group's Investment Committee has decided to place Conestoga Small Cap on Watch List to evaluate performance.
- ✓ All remaining funds were rated **Satisfactory** by Multnomah Group's Investment Committee.

## Reviewed the Plan Assets

- ✓ No issues identified.

## Plan Design Discussion

- ✓ Agreed to add 401(a) In-Plan Roth In-Plan Conversions
- ✓ Agreed to add 401(a) After-Tax Contribution

## Investment Menu Review

- ✓ No changes were made because of Brokerage Account

## Results of Fidelity Enhanced Lost Participant Services

- ✓ 15% resolution rate

## Plan Loan Repayment Methods Discussion

- ✓ Agreed to move participant loan repayment from payroll to ACH.

## Fiduciary Education

- ✓ Fiduciary Training Program: "Plan Documents"

# Q4, 2025 Activities

## Reviewed Performance of the Plan Investments

- ✓ Multnomah Group's Investment Committee kept Conestoga Small Cap on Watch List to evaluate performance.
- ✓ All remaining funds were rated **Satisfactory** by Multnomah Group's Investment Committee.

## Reviewed the Plan Assets

- ✓ No issues identified.

## Began 401(a) Plan Audit as required by State of California

- ✓ Hospital's financial auditor, Baker Tilly began a state required audit of the 401(a) Plan.

## Plan Governance Documents Review

- ✓ Reviewed the Committee Charter and Investment Policy Statement. No changes were needed.
- ✓ Reviewed the Loan Policy Statements for both Plans.
  - Identified deficiency and sought legal assistance to correct.
  - Retroactively to permit up to 2 loans per plan from the effective date of the Loan Policy October 28, 2016, through January 12, 2026
- ✓ Discovered participant deferral calculation error and sought legal assistance to correct.

## Regulatory Update

- ✓ Received Multnomah Group's 2025 Regulatory Update
- ✓ Held a detailed discussion on the Age-50 Roth Catch-Up contribution rules for High-Wage Earners who will be required to make Cath-Up contributions as Roth.

## Fidelity Participant Education Update

- ✓ Discussed results of and planned education and communication efforts for participants.

## Fiduciary Education: Fiduciary Training Program: "Investment Policy Statement"

# Questions

# Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> February 26, 2026	<b>ITEM:</b> Waste Audit and Assessment Report
<b>DEPARTMENT:</b> Facilities	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Dylan Crosby, VP of Facilities & Construction	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> We worked with Waste Free Tahoe to perform a waste audit for TFHS.	
<b>SUMMARY/OBJECTIVES:</b> The purpose was to understand the type & volume of waste generated by the Health System and come up with ways to mitigate waste through different programs & opportunities.	
<b>SUGGESTED DISCUSSION POINTS:</b> TFHS is already diverting 43% of its waste. In comparison to other health systems, we are well above average with existing measures in place. There is some opportunity to divert more waste from the landfill through new programs; however, local resources are limited.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Discussion only.	
<b>LIST OF ATTACHMENTS:</b>  Presentation – Final Waste Audit & Assessment Report	

# Final Waste Audit & Assessment Report:

Elevating Sustainability & Unlocking Savings at Tahoe Forest Hospital System (TFHS)

Presented By: María Paz López Godoy,  
Founder, Waste Free Tahoe

February 2026



**WASTE  
FREE  
TAHOE**

# Agenda

- Introduction
- Waste Assessment Results
- Waste Composition Analysis
- Recommendations
- Q&A



# Introduction

## What

- Conducting a waste characterization study across TFHS (all locations).
- Establishing a baseline of waste streams, costs, and practices.
- Identifying opportunities for savings, risk reduction, and sustainability.

## Why

- TFHS sought a clearer understanding of its waste management system.
- Goals: uncover hidden costs, increase diversion potential, and build a long-term sustainability strategy.

## How

- On-site audits and visual assessments across key facilities.
- 12 months of invoice analysis (July 2024–June 2025).
- Stakeholder interviews, compliance review, and data synthesis into actionable findings.

3



# Waste Assessment Results

43%

is the current waste diversion rate\* of TFHS

29%

of waste is generated in break rooms and common areas

41%

of waste is medical supplies packaging and instruments

\$30K

of potential savings from waste reduction programs

$$\text{*Diversion Rate} = \frac{\text{Volume of Recycling + Compost}}{\text{Volume of Total Waste}} \times 100$$

Calculated based on 12 months of invoices July 2024 - June 2025 for all medical buildings and operations:

Occupational Therapy, Tahoe Forest Hospital, Warehouse, Orthopedics, Medical Office Building, Gateway West, Incline Village Community Hospital, Levon Profesional Building, Counseling Center (Tahoe City)

Diversion rates at other medical facilities vary from 15% to 60%, with goals aiming for 90%



# Waste Composition Analysis

15%

of landfill waste can be reduced through **current streams: cardboard, mixed recycling and compost**

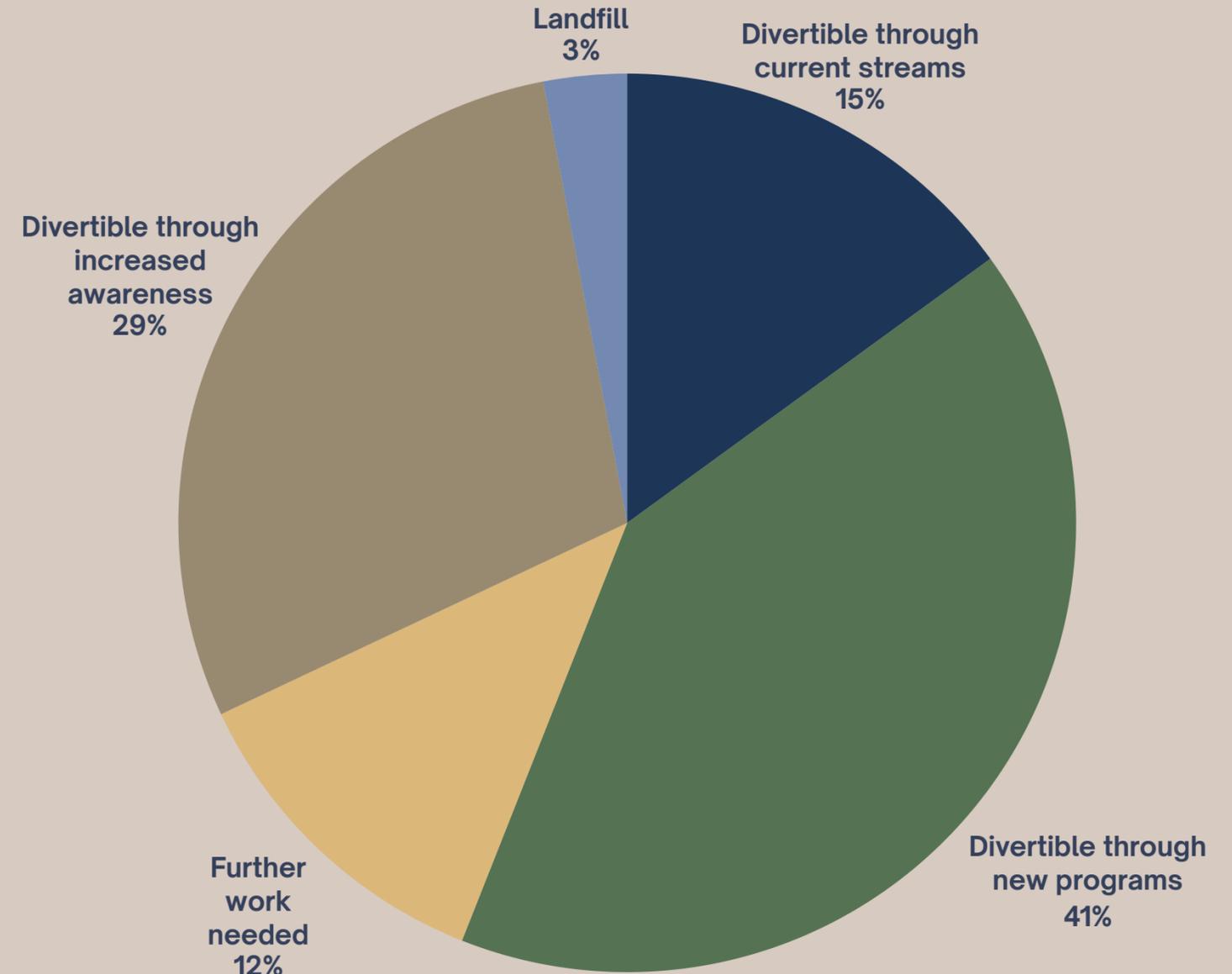
41%

of landfill waste can be reduced through **new programs**

15%

needs further research to implement long-term programs

## Landfill waste composition by opportunity - % of total volume



Locations Audited: Occupational health, Tahoe Forest Hospital (2), Gateway West, Medical Office Building, Incline Village Community Hospital



# 15% of waste can be reduced through current streams

by disposing of it in the correct container

**Recommendation:** Train staff, standardize, customize and place signage strategically, remove solitary trash cans and replace with waste sorting stations.



food scraps



paperboard boxes



paperboard boxes



office paper



cans and bottles

# 41% of waste is divertible through new programs

by planning and creating systems with new vendors

**Recommendation:** Create and establish new programs to recycle waste through specialized vendors.



masks and hair caps



paper towels



medical supplies packaging



medical supplies packaging



gowns

# 15% of waste needs to be landfilled and further work is needed to reduce

by rethinking systems

## Recommendations:

- Paper cups could be replaced by reusable ones
- Used nitrile gloves may be harder to place with specialized recyclers
- Exam room paper can potentially be switched to linens
- Absorbant pads, casts, diapers will continue to go to landfill for the near future



paper cups



nitrile gloves



absorbant pads

# 29% of landfill waste is break room trash

that could be significantly reduced by increasing awareness and creating a green champions team

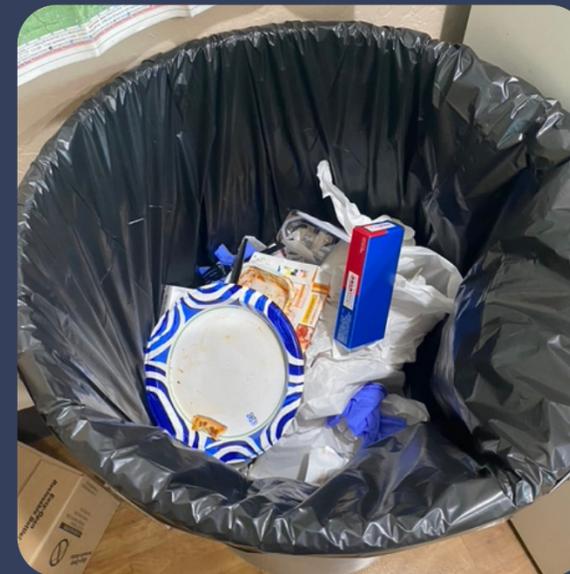
**Recommendation:** Increase internal sustainability communications and create an Environmental Stewardship Workgroup



snack wrappers



trash liners



“paper” plates



condiment packs,  
food containers

# Thank you!

Questions?



Email

**m@wastefreetahoe.com**

Instagram

**@wastefreetahoe**

Phone

**(530) 214-0975**



## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> February 26, 2026	<b>ITEM:</b> 2025 Annual Quality Assurance Process Improvement (QA/PI) Report to the Board of Directors (OPEN SESSION)
<b>DEPARTMENT:</b> Quality and Regulations	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Janet Van Gelder, RN, DNP, CPHQ, Director Q&R Annamieka Conway, MD, Quality Medical Director	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>BACKGROUND:</b> The Quality Assurance program, and the objective, structure, methodologies, and results of performance improvement activities will be evaluated at least annually. The QA/PI program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes. An annual report summarizing the improvement activities and the assessment will be provided to the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.	
<b>SUMMARY/OBJECTIVES:</b> Quality reports presented to the BOD indicate no major areas of concern in 2025. When outliers are identified, process improvement activities are initiated and monitored.	
<b>SUGGESTED DISCUSSION POINTS:</b> What quality metrics have been areas of concern in 2025, and what were the process improvement activities? How does the organization incorporate High Reliability concepts into the QA/PI & EOC Plan? What has been the focus of the Patient & Family Advisory Council in 2025? When is the 2026 Beta HEART domain validation survey?	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> n/a PRESENTATION	
2025 Annual Quality Assurance Process Improvement (QA/PI) Report to the Board of Directors (OPEN SESSION)	



TAHOE FOREST  
HEALTH SYSTEM

## 2025 ANNUAL QUALITY ASSESSMENT/ PERFORMANCE IMPROVEMENT (QA/PI) REPORT

### Report to the Board of Directors

Annamieka Conway, MD,  
Quality Medical Director

Janet Van Gelder, RN, DNP,  
CPHQ, Executive Director of  
Quality & Regulations



# MISSION

To enhance the health of our communities through excellence and compassion in all we do.



# VISION

To strive to be the health system of choice in the region and the best mountain health system in the nation.

## Values (QUEST)



### Quality

Holding to the highest standards, committing to continuous improvement, and having personal integrity.



### Understanding

Demonstrating compassion, respecting, and caring for each other.



### Excellence

Doing things right the first time, being accountable and responsible.



### Stewardship

Safeguarding and managing health resources innovatively while providing quality healthcare.



### Teamwork

Supporting each other in the jobs we do.

# Healthcare Quality

The Institute of Medicine (IOM) defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" and has the following STEEEP domains:

- S = Safe
- T = Timely
- E = Effectively
- E = Efficient
- E = Equitable
- P = Patient Centered Care

# Healthcare Quality

Our performance improvement priorities include the STEEEP domains, and the Quintuple Aim (Institute for Healthcare Improvement (IHI)):

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
- Staff engagement and joy in work
- Health equity

# Quality & Patient Safety Culture

- Acknowledge the amazing work that our team does every day for our patients, residents, families, and community
- Thank the Director/Managers and staff for their commitment to a quality & patient safety culture
- Recognize the tremendous support of the Administrative Team and Board of Directors
- A multitude of initiatives and process improvement activities across the organization in 2025
- Highlighting 7 key focus areas

# Access to Care

- Extensive analysis conducted and 18/28 interventions implemented
- Strategic redesign launched January 15th, 2026
- Primarily focused on improving access to Primary Care and Pediatrics (measured by Third Next Available Appointment).
- Created a data analytics tool to evaluate, forecast, and measure access within Pediatrics
- Data analytics for Primary Care is underway

# Geriatric Emergency Department Accreditation (GEDA)

- Eliciting Healthcare Goals
  - ensuring patients receive care aligned with their personal health priorities
- Responsible Medication Management
  - an achievable and critical goal
- Frailty Screening and Intervention
  - avoiding preventable complications
- Social Vulnerability
  - recognizing and responding to social determinants of health.
- Age-Friendly Care Leadership
  - identify dedicated geriatric champions and emphasizing hospital leadership's commitment to age-friendly initiatives.

# Geriatric Emergency Department Accreditation (cont.)

- Optimization of care in the ED prior to admission, decreasing risk for inpatient complications, and decreasing overall length of stay.
- Reduction in unnecessary hospital readmissions, by addressing key risk factors such as medication safety, frailty screening, and creating safe transitions of care.
- Local leader in Geriatric Care, highlighting the hospital's commitment to high-quality, evidence-based, age-friendly care.
  - 500 GEDA sites in the US, approximately 25% are rural. The closest are St Mary's and Northern Nevada Hospitals in Reno. There are only 3 others within 100 miles (Sacramento, Yuba City, Sonora)
- GEDA aligns directly and supports compliance with the 2025 CMS Age Friendly Hospital Measure, with the 5 domains that are intended to enhance care and outcomes for older adult patients.

# Primary Stroke Center

- Achieved ACHC Primary Stroke Center Certification (Nov 2025) with zero deficiencies.
- Participate in the AHA Rural Accelerator – Get With The Guidelines initiative.
  - Gold-level certification with an overall composite performance score of 94.8%.
- Presented at the rural stroke program initiatives at the International Stroke Symposium in New Orleans in January 2026
- Community-facing website with stroke education (BEFAST), post-stroke resources, healthy lifestyle guidance, support groups, and events.
- Ongoing focus on evidence-based stroke care while addressing rural healthcare challenges.
- Continuous process improvement to enhance patient safety, timeliness, and outcomes.

# Patient Safety Huddles

- Daily safety-focused huddles occur in most departments covering patient safety risks, equipment, IT issues, staffing concerns, and other immediate operational needs.
- Huddle formats vary by team, but most include quick updates, clarification of daily priorities, reviewing questions, and aligning on operational or workflow concerns.
- Many teams use structured tools such as Trello (virtual monitoring), scorecards, audits, service recovery logs, or huddle boards to review trends, manage follow-ups, and assign tasks.
- Management and Lead huddles meet weekly or bi-weekly to review projects, attendance, concerns from leadership, and follow up on rounding items—these serve as the closest form of a tiered huddle structure for the departments.

# Patient Safety Huddles (cont.)

- Some departments use frequent check-ins instead of brief huddles, especially where staggered shifts make formal huddling difficult (e.g., ED, ASD), and “huddles” may last longer than a traditional quick stand-up.
- Systemwide efforts are underway to standardize huddles where they do not exist and complement them with leadership rounding, aiming to improve communication, strengthen partnerships, and enhance the overall experience across the Health System.
- HIPESAC & Patient Safety Advocate pilot was successful in DI and is being considered for adoption in Surgical Services
  - Enhanced timeout with team participation
  - Includes team safety concerns and preparation for emergencies prior to proceeding
  - A neutral advocate can be called in for high-risk procedures with conflicting degrees of comfort in proceeding with case

# Health Equity Reporting (AB1204)

- Develop and administer a Health Equity Measures Reporting Program to collect, analyze, and publicly report hospital performance and patient outcome data related to health disparities, including but not limited to age, sex, race and ethnicity, payer type, preferred language, disability status, sexual orientation, and gender identity.
- Identify and submit the hospital's top ten health equity disparities to the Department of Health Care Access and Information (HCAI) on an annual basis.
- Develop and submit an annual Health Equity Plan outlining measurable strategies and interventions to address the identified disparities, with submission to HCAI by September 30 of each year.
- Post the Health Equity Plan and summary findings on the hospital's public website to promote transparency and accountability.
- Monitor progress and evaluate outcomes annually to assess the effectiveness of equity interventions and inform continuous improvement efforts.

# Health Equity Reporting (cont.)

- Breastfeeding (Medicaid): Increase rates at discharge by 5% through early lactation outreach and equity-focused perinatal education.
- Readmissions (Medicaid): Reduce 30-day readmissions by 10% using intensive transitional care, early follow-up, and robust SDOH support.
- Readmissions (Medicare): Reduce 30-day readmissions by 10% via risk stratification, transitional care, and timely post-discharge follow-up.
- Readmissions (Male Patients): Reduce 30-day readmissions by 10% with gender-specific discharge planning, chronic disease management, and behavioral health integration.
- Readmissions (Age 65+): Reduce 30-day readmissions by 10% using Age-Friendly care, tailored transitional support, and chronic disease management.

# Truckee Navigation Center

- Tenant improvements completed
  - 6 supportive & 10 shelter beds available 24/7
  - Provide showers, laundry facilities, & food
- Volunteers of America provide staffing
- Expected opening in late February
- February 13, 2026 ribbon cutting ceremony
  - Elected officials, leaders and representatives from each of the funding agencies and sources participated

# Tuberculosis Exposure

- Lessons learned include:
  - Immediate activation of Incident Command upon identification of a potential mass exposure
  - Earlier notification to Infection Prevention & Control (IPC) & prompt activation of TB rule-out flags
  - Standardized contact tracing & Public Health coordination to streamline regulatory communication
  - Development of a structured mass exposure management framework
  - Unified communication plan leveraging MyChart, secure email, and mailed notifications
  - IT representation in Incident Command meetings & an expedited pathway for urgent ticket prioritization
  - Focused education for primary care providers & clinical leaders regarding QuantiFERON interpretation, latent TB evaluation, and treatment pathways
  - Strengthened TB readiness protocol including advance procedural notifications, appropriate N95 utilization, and HEPA filter deployment

# Winning Aspirations



## Community

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



## Service

Aspire to deliver a timely, outstanding patient and family experience



## Quality

Aspire to deliver the best possible outcomes to our patients



## People

Aspire for a highly engaged culture that inspires teamwork and job



## Finance

Aspire for long-term financial strength

# Questions





## AGENDA ITEM COVER SHEET

<b>MEETING DATE:</b> 02/26/2026	<b>ITEM:</b> 16.1.Placer County LAFCO Special District Member Nomination Form
<b>DEPARTMENT:</b> Administration	<b>TYPE OF AGENDA ITEM:</b> <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
<b>RESPONSIBLE PARTY:</b> Chair of the Board, Michael McGarry Board Clerk, Sarah Jackson	<b>SUPPORTIVE DOCUMENT ATTACHED</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other <b>Nomination Form</b>
<b>BUDGET:</b> ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>PERSONNEL</b> ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>BACKGROUND:</b>  There is an upcoming vacancy for the regular Special District Representative member seat representing on the Placer County Local Agency Formation Commission (LAFCO). This seat is currently held by Commissioner Judy Friedman and the term is set to expire in May 2026. The upcoming term for this seat is May 2026 – May 2030.	
<b>SUMMARY/OBJECTIVES:</b>  If desired, the THFD Chair of the Board of Directors may consider nominating a Director to run for the upcoming vacant Special District member seat on the placer County LAFCO Commission. Submission deadline for nomination is March 17, 2026 at 4:00 p.m.	
<b>SUGGESTED DISCUSSION POINTS:</b> Once the nomination period is concluded, LAFCO staff will review all nominations. If more than one valid nomination is received a mail ballot will be distributed to the 37 independent special districts.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> <ol style="list-style-type: none"> <li>1. Move to nominate a Director from TFHD for the Special District Representative seat for Placer County Local Agency Formation Commission (LAFCO).</li>   <li>2. Decline to nominate a Director from TFHD for the Special District Representative seat for Placer County Local Agency Formation Commission (LAFCO).</li> </ol>	
<b>LIST OF ATTACHMENTS:</b> LAFCO Alternate Special District Notice dated February 10, 2026 LAFCO Special District Nominee Form	



*Electronic Transmittal*

**February 10, 2026**

**COMMISSIONERS**

- Joshua Alpine  
Chair  
*(Special District)*
- Anthony DeMattei  
*(County)*
- Whitney Eklund  
Vice Chair  
*(City)*
- Judy Friedman  
*(Special District)*
- Cindy Gustafson  
*(County)*

**TO:** Independent Special Districts of Placer County, Presiding Officer  
**c/o District Clerk**

**FROM:** Colette Santsche, Interim Executive Officer

**SUBJECT: Call for Nominations: Special District Appointment to  
Placer LAFCO**

- Sean Lomen  
*(City)*
- Susan Rohan  
*(Public)*

Dear Presiding Officer,

**ALTERNATE  
COMMISSIONERS**

- Shanti Landon  
*(County)*
- Cherri Spriggs  
*(Public)*
- Scott Wilson  
*(Special District)*

The term of office for one of the regular Special District Representatives on the Placer County Local Agency Formation Commission (LAFCO), currently held by Commissioner Judy Friedman, is scheduled to expire in May 2026. Pursuant to Government Code §56332, the Independent Special District Selection Committee serves as the appointing authority to select a representative for the upcoming four-year term, which will run from May 2026 to May 2030.

- Stephanie Youngblood  
*(City)*

You are hereby invited to submit a nomination for this seat. The presiding officer (Board Chair/President) of each independent special district may nominate any director currently serving on an independent special district board within Placer County. Formal board action to nominate a candidate is not required under the statute, but districts may choose to confirm nominations through board minutes if desired.

**COUNSEL**

- Michael Walker  
*General Counsel*

**STAFF**

- Colette Santsche  
*Interim Executive Officer*
- Amanda Ross  
*Acting Assistant Executive Officer*
- Amy Engle  
*Commission Clerk/Analyst*

**About Placer LAFCO**

Regular Commission meetings are typically held on the second Wednesday of each month at 4:00 PM in the Placer County Board of Supervisors' Chambers, located at 175 Fulweiler Avenue, Auburn, CA. Commissioners are reimbursed for mileage and receive a stipend of \$150 for attending LAFCO meetings. Additional information about Placer LAFCO is available at: <https://www.placerlafcoca.gov>.

### Nomination Guidelines and Requirements:

1. **Authorized Signature:** The nomination form must be signed by the district's presiding officer, or the presiding officer's alternate as designated by the governing body. While a formal board action to nominate a candidate is not required under the statute, the signature of the presiding officer or alternate is mandatory.
2. **Designation of Alternate:** If an alternate has been designated by the governing body, please include a copy of the official meeting minutes or minute order documenting this designation.
3. **Statement of Qualifications (Optional):** Providing a "Statement of Qualifications" is at the discretion of the district and is not a requirement for nomination. If submitted, the statement must be limited to one-page and will be distributed to all districts with the ballot package.
4. **Submission Deadline:** The nomination period begins on **Tuesday, February 10, 2026**, and will close on **Tuesday, March 17, 2026, at 4:00 PM**.

**Next Steps:** Once the nomination period concludes, LAFCO staff will review all nominations for completeness and eligibility. If only one valid nomination is received, that nominee will be deemed appointed. If more than one nomination is received, a mail-ballot election will be conducted. A ballot package—including the statements of qualifications and voting instructions—will be emailed to all 37 independent special districts.

Please submit the completed nomination form and if you choose to provide one, one-page statement of qualifications via email to [lafco@placer.ca.gov](mailto:lafco@placer.ca.gov) **no later than 4:00 PM on Tuesday, March 17, 2026**.

Thank you for your commitment to ensuring that independent special districts remain effectively represented on the Commission. Should you have any questions, please contact our office at (530) 889-4097.

Sincerely,



### Colette Santsche

Interim Executive Officer Placer LAFCO

[lafco@placer.ca.gov](mailto:lafco@placer.ca.gov)



## Placer County Independent Special District Selection Committee Nomination Form

**POSITION: Regular Voting Member Term May 2026-May 2030**

Please use this form to nominate a director from a Placer County Independent Special District board to run for the regular voting member seat on the LAFCO Commission.

### NOMINEE INFORMATION

Name of Nominee: \_\_\_\_\_

Position of Nominee: \_\_\_\_\_

Nominee's District: \_\_\_\_\_

### NOMINATING DISTRICT AUTHORIZATION

Name of Nominating District: \_\_\_\_\_

Printed Name of Presiding Officer: \_\_\_\_\_

Signature of Presiding Officer: \_\_\_\_\_

*(Signature Required).<sup>1</sup>*

### ATTACHMENTS (Optional)

- Meeting Minutes
- One-page Statement of Qualifications

**SUBMISSION:** Please email the completed form and any attachments to [lafco@placer.ca.gov](mailto:lafco@placer.ca.gov) no later than **Tuesday March 17, 2026, at 4:00 PM.**

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<sup>1</sup> The nominating district's presiding officer must sign this form unless the district's board has designated an alternate to nominate a director on behalf of the district. If this form is signed by a designated alternate, please include the district's meeting minutes or minute order evidencing the delegation of authority.