TAHOE FOREST
HOSPITAL DISTRICT

2026-03-11 Board Governance Committee Meeting

Wednesday, March 11, 2026, at 2:30 p.m.

Tahoe Forest Hospital – Aspen Conference Room

10800 Donner Pass Rd, Suite 200, Truckee, CA 96161

TAHOE FOREST
HOSPITAL DISTRICT

Meeting Book - 2026-03-11 Board Governance Committee Meeting

Governance Committee

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no related materials at time of posting

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no related materials at time of posting

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10. ADJOURN

TAHOE FOREST
HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
AGENDA

Wednesday, March 11, 2026, at 2:30 p.m.
Tahoe Forest Hospital – Aspen Conference Room
10800 Donner Pass Rd, Suite 200, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES ◈

5.1. Governance Committee Meeting: 10/15/2025 ..... ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION ◈

6.1. Board and Governance Existing Policy Review ◈

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

6.1.1. Plan for the Provision of Care to Patients, AGOV-26 ..... ATTACHMENT

6.1.2. Hand-Off Communications SBAR and C-U-S Reports, AGOV-1504 ..... ATTACHMENT

6.1.3. Medical Device Tracking, AGOV-1605 ..... ATTACHMENT

6.1.4. Guidelines for Business by the Tahoe Forest Hospital District Board of Directors, ABD-12 ..... ATTACHMENT

6.1.5. Physician and Professional Services Agreements, ABD-21 ..... ATTACHMENT

6.2. Board New Policy Review ◈

Governance Committee will review and discuss recommendations to the following new policies:

6.2.1. Disruption of Telephonic or Internet Service During Public Meetings, ABD-2601 ATTACHMENT

6.2.2. DRAFT - Community Outreach for Underserved Communities and Hospital Board Meeting Engagement, AGOV-2602 ..... ATTACHMENT*

6.3. SB 707 Brown Act Implementation Update ..... ATTACHMENT

Governance Committee will review and discussion the implementation of the required SB 707 Brown Act updates.

6.4. Board Education ..... ATTACHMENT*

Governance Committee will review and consider recommendation of implementation and

◈ Denotes Action Item

scheduling of potential Board education.

6.4.1.1. The Governance Institute

6.4.1.2. SB 707 Brown Act Training

6.4.1.3. Potential Outside Conferences

6.5. Board of Directors Webpage SB707 Compliance Update

Governance Committee will review the updates in progress being made to the THFD Board of Directors webpage to ensure compliance with SB707.

6.6. Board of Directors Bylaws..... ATTACHMENT

Governance Committee may direct staff to begin biennial review and consider potential recommendations.

7. BOARD RETREAT FOLLOW-UP

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

The Governance Committee will meet again in June, 2026.

10. ADJOURN

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at (530) 582-3583 at least 24 hours in advance of the meeting.

◈ Denotes Action Item

TAHOE FOREST
HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
DRAFT MINUTES

Wednesday, October 15, 2025 at 3:00 p.m.
Tahoe Forest Hospital – Aspen Conference Room
10800 Donner Pass Rd, Suite 200, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 3:03 p.m.

2. ROLL CALL

Board: Michael McGarry, Committee Chair; Dale Chamblin, Board Member
Staff in attendance: Anna Roth, President & CEO; Louis Ward, Chief Operating Officer; Ted Ownes, Executive Director of Governance & Business Development; Janet Van Gelder; Director of Quality & Regulations; Crystal Felix, Chief Financial Officer (zoom); Dylan Crosby, VP of Facilities; Matt Mushet, In-House Counsel (zoom); Sarah Jackson, Clerk of the Board;
Other: David Ruderman, General Counsel (zoom)

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 06/10/2025

Director Chamblin moved to approve the Board Governance Committee minutes of June 10, 2025, seconded by Director McGarry.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Board and Governance Policy Review

Governance Committee will review and discuss recommendations to the following policies: approval of the committee charter.

6.1.1. Awarding Public Construction Projects, ABD-26

Policy was revised in July 2026. Projects under progressive design build contracts are for public works contracts in excess of one million dollars versus previous verbiage of five million dollars.

Discussion was held about recommending to board regarding a policy decision of the board delegating authority to the CEO versus initial project contracts coming to the full board for approval.

Further discussion was held about processes on construction projects and phased builds.

Director Chamblin moved to recommend bringing this policy with options to the November Board Meeting as an action item, seconded by Director McGarry.

6.1.2. Guidelines for Business by the Tahoe Forest Hospital District Board of Directors, ABD-12
Discussion was held regarding the updates to SB-707 and the Brown Act.

Will bring policy back as more information regarding SB-707 is available.

6.1.3. Physician and Professional Services Agreements, ABD-21
In-House Counsel reviewed policy. Discussion was held regarding policy. Budget authority and signature authority were reviewed against the current policy limits.

Director Chamblin moved to recommend revising policy ABD-21 and bring to November or December Board Meeting. Seconded by Director McGarry.

6.1.4. TFHD Professional Courtesy Immunization Policy, ABD-24
Clerk reviewed policy and updates to policy.

Director Chamblin moved to recommend approval of ABD-24 as revised and send to October Board consent. Seconded by Director McGarry.

6.1.5. Display of the United States Flag, AGOV-2501
ED Governance reviewed the newly created policy. COO reviewed procedures. Discussion was held.

Director Chamblin moved to recommend approval of AGOV-2501 as presented and send to October Board consent. Seconded by Director McGarry.

6.1.6. Administration Policy & Procedure Manual – Table of Contents
Clerk reviewed the Administration Policy & Procedure Manual Table of Contents and Signature Page.

Director Chamblin moved to recommend approval of Table of Contents and Signature Page as presented and send to October Board consent. Seconded by Director McGarry.

6.2. <u>Draft Resolution 2025-09 Design Build</u>
Director Chamblin moved to recommend bringing this resolution back in November aligned with the policy options presented e November Board Meeting as an action item, seconded by Director McGarry.

6.3. <u>Board Governance</u>

6.3.1. Board Standing Committees
Clerk introduced the current committees and that the bylaws would need to be reviewed in 2026. There are currently 5 standing committees. Discussion was held about exploring option for a Legislative committee.

Further discussion was held about the purpose of committees and current charters as well as leveraging current charters.

Direction was given to bring committee topics to the next governance meeting.

6.3.2. Board Committee Meeting Schedule and Rolling Agenda Items

6.4. Hospital District Designation

Resolution from board / file with county clerk and state of public agencies. 90's change legislature made change Hospital District to Healthcare District. Acknowledgement that many Districts do not run Hospital's Will need to update with State. Language is "healthcare" district. General counsel recommends that if we are going to change from Hospital that it be changed to "healthcare" district.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

The Governance Committee will meet again in January.

9. ADJOURN

Meeting adjourned at 4:45 p.m.

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.1.1.Plan for the Provision of Care to Patients, AGOV-26
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Devon Kim, Executive Assistant	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

AGOV-26 describes the framework for planning, directing, coordinating, providing, and improving health care services.

SUMMARY/OBJECTIVES:

Policy sent to Jan Iida, Chief Nursing Officer, for review.

After review of the policy the scope of services included at IVCH has been updated. Additionally, staffing has been updated to include a new mandate.

SUGGESTED DISCUSSION POINTS:
Minor edits to spelling.
Review and edits to Inpatient and Outpatient services. No changes to Tahoe Forest services since last update. Additions to IVCH inpatient and outpatient services since last update.

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of AGOV-26 as updated and send to March 26, 2026, TFHD Board of Directors Consent Agenda.

Alternative Motion – recommend changes to AGOV-26 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
- Plan for the Provision of Care to Patients, AGOV-26 (redline)

Status **Draft** PolicyStat ID **20065671**

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

Plan for the Provision of Care to Patients, AGOV-26

RISK:

It is imperative to follow a framework for planning, directing, coordinating, providing, and improving health care services for our patients, and community, otherwise our patients are at risk of poor health outcomes.

PURPOSE:

The purpose this policy is to define organization-wide processes and activities that maximize the coordination and provision of care to patients at Tahoe Forest Hospital System (TFHS). The goal of the Provision of Care is to coordinate seamless services from the patients' perspective. TFHS will provide the same care to all patients and will receive the same standard of care throughout the organization. The plan describes the integrated system of settings, services, health care practitioners, and care levels that make up the continuum of care. In addition, the plan outlines organizational and functional relationships of department and committees within TFHS and how services complement one another. The Provision of Care will provide a framework for planning, directing, coordinating, providing and improving health care services in response to community, and patient needs, and improve health outcomes.

The plan serves as a basis to:

A. Identify existing and new patient care services
B. Direct and integrate patient care and support services throughout the organization
C. Implement and coordinate services among departments
D. Demonstrate improvement in the services provided
E. Direct and support comparable levels of patient care throughout the medical center
F. The Plan is a reference utilized by the organization's leadership team, staff and physicians to plan, implement, evaluate and improve services to patients and the community.

POLICY:

A. The Plan for the Provision of Care to Patients is the framework for defining patient care delivery at Tahoe Forest Hospital System. The medical staff, interdisciplinary patient care teams and organization leadership approve policies and procedures governing the provision of care. Approved hospital policies governing patient care are located in the Medical Staff Bylaws, and the Administrative, Nursing Services, Infection Control and Pharmacy manuals. Additional hospital policies governing hospital practice are found in the Surgical Services, Medical/Surgical, ICU, Diagnostic Imaging, Laboratory Services, Respiratory Therapy, Dietary, Physical, Occupational and Speech Therapies, Pharmacy, Emergency Department, Women and Family, Hospice, and Home Care manuals.

1. Tahoe Forest Hospital System provides care to patients that are appropriate, individualized and planned along a continuum of care spanning illness to wellness. Patient care is based on a multidimensional assessment of the patient's relevant physical, psychological, social, cultural and environmental status determining the patient's care needs; the hospitals capacity to meet those needs; reassessment and timely response to changing patient needs; informed decisions of providers and patients; collaboration with the continuum of care providers to meet the continuing care needs of patients, and organized to assure that care is provided in a safe and efficient manner.
2. Tahoe Forest Hospital System prohibits discrimination in all its forms on the basis of race, color, national origin, ancestry, age, disability, medical condition (limited to those conditions that are treatable within the System), and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, gender expression, genetic information, political beliefs, educational background, economic status, reprisal, or because all or part of an individual's income is derived from any public assistance program.
3. The TFHS Plan ~~fo~~for Provision of Patient Care is consistent with the
    a. Needs of our patients and community;
    b. System's Mission, Vision, Values, and Strategic Goals and Initiatives;
    c. System's Policies and Procedures;
    d. Medical Staff Bylaws'
    e. Performance Improvement and Patient Safety Plan; and
    f. Organizational capability to provide the requisite staffing, facilities and services

B. MISSION STATEMENT

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

C. VISION STATEMENT

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

a. All members of our team, working together, will ensure that the services we provide are satisfying, effective, efficient and of the highest quality, with access for all. We will strive each day to exceed patient, community, physician and employee expectations.

2. Organizational Core Values
    a. Quality – holding ourselves to the highest standards, committing to continuous improvement, and having personal integrity in all we do.
    b. Understanding – being aware of the concerns of others, demonstrating compassion, respecting and caring for each other as we interact.
    c. Excellence – doing things right the first time, every time, and being accountable and responsible.
    d. Stewardship – being a community partner responsible for safeguarding care and management of the health system resources while being innovative and providing quality healthcare.
    e. Teamwork – looking out for those we work with, finding ways to support each other in the jobs we do.

D. PHILOSOPHY OF PATIENT CARE SERVICES

1. Tahoe Forest Hospital System is committed to leadership and excellence in integrated healthcare services delivery. Community and patient services at Tahoe Forest Hospital System occur through organized and systematic processes designed to ensure the delivery of safe, effective and timely care and treatment. These structures and functions include:
    a. Mission Statement
        i. The mission statement outlines the hospital values and commitment, which serve as a foundation for planning, implementation and evaluation of goals and objectives.
    b. Planning
        i. Long range planning by the leadership of Tahoe Forest Hospital System in conjunction with the System's Medical Staff and the Board of Directors determines the services offered by the System. The planning process begins with the establishment and communication of the organization's Mission and Philosophy. Guided by these statements, the leaders assess the needs of the community, patients, Medical Staff, hospital staff, and other key stakeholders. Once needs have been determined, leaders develop and implement strategic and operational plans to meet those needs. Goals and objectives are established annually by Tahoe Forest Hospital System leadership.
    c. Prioritization Criteria:
        i. Sustainable business planning requires TFHS prioritize how and where resources will be allocated to meet identified needs. The

following criteria are utilized to assist leaders in prioritization activities:

a. Assure the safety of the physical environment
b. Assure the safety of the providers of care and the recipients of care.
c. Meet legal, regulatory, licensure, and accreditation requirements.
d. Further the Mission and strategic objectives of the organization.
e. Establish desirable outcomes of care for at-risk patient populations
f. Establish the effectiveness, timeliness, and stability of processes that are high-risk, high-volume or problem prone.
g. Determine the effectiveness of the design of new or modified services.

ii. In applying criteria, leadership is sensitive to emerging needs such as those identified through data collection and assessment, changing regulatory requirements, significant patient and staff needs, changes in the physical environment, or changes in the community.

d. Space and Facilities:

i. The planning process also ensures configuration and allocation of all necessary resources, including space, equipment and other facilities to meet specific needs of the patient populations served. The goal of the planning process is to provide effective and efficient patient care by maximizing resource utilization.

e. Type Of Services

i. Patient services are developed which are appropriate to the scope and level required by the patients to be served.

2. Evaluation Of Services

a. Processes exist for ongoing evaluation of patient services including quality improvement activities, patient safety activities, activities of oversight committees, departmental quality control processes, and patient, staff and physician surveys. Results of such activities are reported to the governing body, medical staff and employees.

3. Communication And Committee Structure

a. We encourage information about the healthcare systems performance to flow throughout the organization to accomplish the healthcare systems mission. Communication flows through the organization for healthcare

system employees via the chain of command structure. The medical staff information flows from the service director and department chairman to department meetings and quality review committees. Issues are then referred to the Medical Executive Committee and the Board of Directors.

b. The healthcare system board, leadership, departments, and medical staff all have committees with defined responsibilities. Standing committees and quality improvement program teams serve as the primary vehicles for planning, development, and evaluation. Teams are interdisciplinary. Formal committees are set up, monitored, and evaluated by their oversight function. All quality improvement teams that are interdisciplinary are commissioned and supported by the Hospital Quality Improvement Committee.

E. SCOPE OF SERVICES

1. The District owns and operates two healthcare facilities. Tahoe Forest Hospital, a Critical Access Hospital, is a 25-bed, full-service, not-for-profit healthcare facility serving a wide range of patients. Incline Village Community Hospital, which is based in Incline Village, Nevada and is operated as a four-bed Critical Access Hospital. Both hospitals provide patient care services 24 hours a day, seven days a week, 365 days a year.

a. Tahoe Forest Hospital - Inpatient Services
    i. Surgical Services
    ii. Medical Surgical Unit
    iii. Intensive Care Unit
    iv. Inpatient Oncology
    v. Physical Therapy
    vi. Occupational Therapy
    vii. Speech Therapy
    viii. Medical Nutrition Therapy
    ix. Pharmacy
    x. Radiology
    xi. Computerized Axial Tomography
    xii. Magnetic Resonance Imaging (MRI)
    xiii. Nuclear Medicine
    xiv. Clinical Laboratory
    xv. Women and Family Center
    xvi. Extended Care Center

b. Tahoe Forest Hospital - Outpatient Services
    i. 24-hour Emergency Department;

ii. Ambulatory Surgery;
iii. Cardiac Rehabilitation;
iv. Diagnostic Imaging;
v. PET;
vi. Mammography;
vii. Rehabilitation Therapies;
viii. Clinical Laboratory;
ix. Occupational Health/Workers Comp;
x. Oncology;
xi. Radiation Oncology;
xii. Tahoe Center for Health & Sports Performance;
xiii. Multi-Specialty Clinics;
xiv. Palliative Care;
xv. Mental Health Services;
xvi. Care Coordination;

c. Incline Village Community Hospital - Inpatient Services;
   i. Surgical Services
   ii. Medical Surgical Unit;
   iii. Medical Nutrition Therapy;
   iv. Pharmacy;
   v. Radiology;
   vi. Computerized Axial Tomography
   vii. Clinical Laboratory;
   viii. Physical Therapy/Occupational Therapy

d. Incline Village Community Hospital - Outpatient Services
   i. 24-hour Emergency Department;
   ii. Diagnostic Imaging;
   iii. Mammography
   iv. Ambulatory Surgery;
   v. Clinical Laboratory;
   vi. Multi-Specialty Clinics
   vii. Rehabilitation Therapies

e. Services provided under separate license:
   i. Hospice

ii. Home Health

iii. Retail Pharmacy

iv. On-Site Child Care

F. COORDINATION OF PATIENT SERVICES

1. Patient services at Tahoe Forest Hospital System occur through organized and systematic processes designed to ensure the delivery of safe, effective, and timely care and treatment. Providing patient services and the delivery of patient care require specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, psychological and medical services. As such, patient services will be planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional, and spiritual (body, mind, and spirit) needs of each person. Patient care encompasses the recognition of, disease and health, patient teaching, patient advocacy, and spiritually. Under the auspices of Tahoe Forest Hospital System medical staff, registered nurses and allied health care professionals function collaboratively as part of a multi disciplinary team to achieve positive patient outcomes.

2. In the strictest sense, patient services are limited to those departments that have direct contact with patients. The full scope of patient care is provided by only those professionals who are also charged with the additional functions of patient assessment and planning patient care based on findings from the assessment. Licensed and unlicensed staff provides patient services and patient care. Patient support is provided by a variety of individuals and departments, which may or may not have direct contact with the patients, but who support the care provided by the professional staff providers.

G. COMPETENCY OF THE PATIENT CARE WORKFORCE

1. Clinical leaders and members of the medical and clinical staff assure the provision of quality patient care in all settings, levels, and programs of care through the processes and activities required to develop and maintain a competent workforce. In the planning process, the leaders define staff qualifications and competencies necessary to fulfill Tahoe Forest Hospital System's commitment to patients. Medical, nursing, and allied health professional staff applicants' credentials and qualifications are reviewed prior to affiliation with the institution. During orientation, the education, experience and abilities of new staff members are confirmed. Staff is instructed in Tahoe Forest Hospital System's programs and services; policies, procedures, standards of care, patient care models and protocols; and training and skills testing as appropriate to the staff member's setting and role. Ongoing, periodic competence assessment evaluates staff member's continuing abilities to perform throughout their association with the System.

H. STAFFING

1. The organization recognizes its responsibility to assure sufficient numbers of qualified staff to meet its Mission and scope of services. To accomplish this, each departmental Director is responsible on an ongoing basis to evaluate their staffing

requirements. The Director, when evaluating staffing, will address the following:

a. The number and qualifications of staff necessary for the department to safely perform minimal operations.

b. Identification of the work driver that results in the need to increase the number and/or qualifications of staff to meet the increased work – load of the department.

c. The mechanism by which staffing will be adjusted to meet changes in the work driver.

d. Mechanisms to bring in additional staff if so required.

e. Mechanisms to call off staff if so required.

f. Changes in customer needs and expectations.

2. Staffing levels are monitored on a regular basis to assure an appropriate utilization of resource. Variances to staffing are documented, along with an analysis of why the variance occurred, what actions were taken to address the variance, and the impact on patient care. California Hospitals are mandated to follow nurse patient ratios.

3. The organization is committed to the retention and recruitment of staff. Please refer to TFHD's Human Resources policies and procedures for more detail.

I. ORGANIZATIONAL AND FUNCTIONAL RELATIONSHIPS BETWEEN DEPARTMENTS

1. The interdisciplinary team assesses the patient, identifies patient's needs and develops plans to meet those needs. The Medical Record reflects the interdisciplinary process on the individual patient. Specific collaboration among disciplines is evident in the provision of patient care within a service line. These functional relationships foster communication between and among disciplines with the common goal of caring for a distinct patient population. Service lines are responsible for coordinating the planning of services and evaluation of care.

2. As part of the Quality Improvement Program, each service is responsible to participate in the program. Each department is to continuously improve clinical and operational processes, patient safety, customer satisfaction, and patient outcomes relative to their specific patient populations. Through the Quality Improvement process of plan, do, check, and act, the departments assess and improve key clinical and operational processes and outcomes. Indicators/Measures and/or quality teams are developed, prioritized and reprioritized to identify opportunities to improve care, systems and functions.

J. SCOPE OF CARE AND SERVICES PROVIDED

1. Each department providing patient care is defined by a Scope of Services. The Scope of Services includes:

a. Department Description: department location, hours of service and number of beds;

b. Scope of Services Provided: types and ages of patients served, standards used to guide practice;

c. Organization of the department;

d. Important functions provided by the department; and

e. Staffing plan

K. RESPONSIBILITIES OF LEADERSHIP

1. The Tahoe Forest Hospital District leadership is defined as the Board of Directors, the Chief Executive Officer who oversees the daily functions of the organization; the Chief Operating Officer, Chief Nursing Officer, Chief Financial Officer, Chief Medical Officer, Chief Human Resources Officer, Chief Information and Innovations Officer, and the Vice President of Provider Services; the Medical Executive Committee chaired by the Chief of Staff; The Quality Committee and Operational Directors (see Tahoe Forest Hospital District organizational chart).
2. The Tahoe Forest Hospital District leadership is responsible for planning and evaluating services provided by the organization based on the District's mission and strategic plan. In addition to the collaborative assessment of the Tahoe Forest Hospital District customer and community needs, and the long range strategic plan, the planning process includes development of operational plans, annual operating budgets and monitoring of compliance, annual capital budgets, and ongoing evaluation of the plan's implementation and goal attainments. The planning process minimally addresses both patient care functions and organizational support functions.
3. The Tahoe Forest Hospital District leadership ensures communication of the organization's mission, and strategic plans across the organization through education and training, staff meetings and interdisciplinary strategic planning.
4. The Tahoe Forest Hospital District leadership establishes standards of care that all patients can expect and which can be monitored through the Hospital Quality Assessment Committee. These standards are expressed in patient rights and education materials provided to the patient.
5. The Tahoe Forest Hospital District leadership ensures the facility complies with all applicable Federal, State and local laws relating to the health and safety of patients.
6. The Tahoe Forest Hospital District leadership provides appropriate job enrichment, employee development and continuing education opportunities which serve to promote retention of staff and to foster excellence in care delivery and support services through the assessment of staff needs and the implementation of educational development programs.
7. The Tahoe Forest Hospital District leadership ensures appropriate direction, management and leadership of all services and departments through the screening, hiring, and deployment of service line directors according to established criteria.
8. The Tahoe Forest Hospital District leadership ensures staffing resources are available to appropriately meet the needs of the patients served through the development and implementation of annual operating budgets, monitoring of patient care requirements and quality care indicators.
9. The Tahoe Forest Hospital District leadership strives to ensure that systems are in place, which promotes the integration of services supporting the patient's continuum of care needs in ways appropriate and useful to the customer. This includes the

utilization of admission, transfer and discharge criteria, and referral to appropriate community resources.

10. The Tahoe Forest Hospital District leadership involves medical staff and directors in evaluating, planning and recommending annual expense and capital objectives and expense budgets based on the expected resource needs of their service lines. Directors are accountable for managing and justifying their budgets and resource utilization, including new technologies, which can be expected to improve the delivery of patient care and services.

L. SUPPORT SERVICES

1. Other healthcare system services are available and provided to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner, by coordinating identified organization functions such as leadership/management, information systems, human resources, environment, infection controls, and organizational performance improvement. These services support the comfort and safety of the patient and efficiency of services available. These services will be fully integrated with the patient services departments of the healthcare system.

References:

CoP 485.635(a)(3)(i); HFAP 01.00.01

Approval Signatures

Step Description	Approver	Date

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.1.2. Hand-Off Communications SBAR and C-U-S Reports, AGOV-1504
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Devon Kim, Executive Assistant	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

AGOV-1504 describes the standardized SBAR, Hand-Off, and C-U-S communication processes.

SUMMARY/OBJECTIVES:

Policy sent to Trent Foust, Director of Nursing, Katie Dawson, Clinical Practice Coordinator, Ashley Davis, Patient Safety Office, and Janet VanGelder, Executive Director of Quality and Regulations for review.

After review of the policy changes have been made to the risk assessment and to Procedures, section D.

SUGGESTED DISCUSSION POINTS:

The purpose of this policy is to standardize SBAR, Hand-Off, and C-U-S communications to limit critical patient information from being omitted or misunderstood.

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of AGOV-1504 as presented and send to March 26, 2026, TFHD Board of Directors Consent Agenda.

Alternative Motion – recommend changes to AGOV-1504 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
- Hand-Off Communications SBAR and C-U-S Reports, AGOV-1504 (redline)

Status **Draft** PolicyStat ID **20062510**

Origination Date	N/A	Department	Governance - AGOV
Last Approved	N/A	Applicabilities	Incline Village Community Hospital, Tahoe Forest Hospital
Last Revised	N/A		
Next Review	N/A		

Hand-Off Communications, SBAR and C-U-S Reports, AGOV-1504

RISK:

~~Transitions of patient care between providers occur frequently and require providers to transmit critical clinical information. If information is omitted or misunderstood, there may be serious clinical consequences. This policy is in place to reduce risk of patient harm by delineating a consistent process to ensure that comprehensive, accurate, and current information is communicated regarding the patient's care and identify a process to escalate communication of patient safety concerns.~~

If standardized SBAR, Hand-Off, and C-U-S communication processes are not consistently followed, critical patient information may be omitted, misunderstood, or not escalated in a timely manner, which could result in delays in clinical response, inappropriate care decisions, adverse events, and preventable patient harm.

POLICY:

A. The language used is clear and objective. Terms or abbreviations that could be misinterpreted are avoided.

B. Sufficient time is allocated for the communication of patient information. Interruptions are minimized. The receiver of the patient information will have the opportunity to review relevant historical data and treatment plans as needed and appropriate.

C. Hand-off communications and Situation-Background-Assessment-Recommendation (SBAR) reports are interactive, allowing the opportunity for questioning between the giver and receiver of information.

D. To assure accuracy and understanding, the receiver of information will read back certain information, such as critical test results and orders for any changes in patient treatment/ medication. The communicator will request the ordering clinician to confirm that the read-back

was correct.

E. Clinicians who report clinical information during transitions of care are responsible for hand-off communication. (The process does not extend to non-clinical patient transporters such as hospital volunteers). Clinicians who report acute changes in patient's condition requiring a clinical response are responsible for using the SBAR format.

F. When there has been an acute change in the patient's condition that requires a clinical response, SBAR report is used.

G. When there has been a transition in the provider, location or setting for patient care, Hand-Off communication is used.

H. When staff need to escalate communication of patient safety concerns to the healthcare team, C-U-S Protocol is used.

PROCEDURE:

A. SBAR Report to communicate an acute change in the patient's condition that requires a clinical response:

1. **(S) SITUATION** : What is the situation (acute change in patient condition) being reported?
    a. Identify self, patient and location.
    b. Briefly state the change in condition being reported (what you are concerned about).
2. **(B) BACKGROUND:** Pertinent background on the acute change in condition could include:
    a. The chronology of the change (possibly admission date and diagnosis).
    b. Current medications.
    c. Most recent clinical/physical assessment and vital signs.
    d. Date/time of past, current lab/imaging results; pending results not yet known.
    e. Code status and/or other relevant clinical information.
3. **(A) ASSESSMENT:** What is the clinical assessment of the situation?
    a. Condition that has changed and now requires a clinical response.
4. **(R) RECOMMENDATION:** What clinical response does the reporter want to address the acute change in the patient's condition? The recommendations could include:
    a. The patient needs to be seen now.
    b. The patient needs revised or new orders for treatment of the change in condition.
    c. The patient needs a change in the level of care.

B. Hand-Off communication for a transition in the provider, location or setting for patient care:

1. Hand-off communication occurs when patients transition to different care settings,

location or care providers. Examples of hand-off communications include, but are not limited to:

a. Nursing shift changes
b. Temporary change of provider, i.e., staff leaving the unit for a short time period
c. Physician transferring responsibility for a patient to another physician, either temporarily or permanently
d. Anesthesiologist hand-off of patient to the PACU nurse
e. Perioperative nurses hand-off of patient within the department (pre-procedure, operative and post anesthesia recovery areas)
f. Transfer from the Emergency Department to an inpatient care setting
g. Transfer to a different patient care area
h. Transfer to a different hospital, nursing home, home health, or other entity assuming care of the patient
i. Critical lab and radiology test results communicated to physician offices as part of a status report

2. Specific to nurse hand-off at shift change and/or the transition between care settings:
    a. Nurses will, at minimum, complete an RN to RN report of the following:
        i. Diagnosis
        ii. Patient Condition
        iii. Care
        iv. Treatment and medications
        v. Pending test or procedure results
        vi. Discharge plans
        vii. Changes in plan of care
    b. Standardized communication tools are available via the EMR to provide efficient access to the above require communication elements.

C. C-U-S Protocol to escalate communication of patient safety concerns to the healthcare team.
    1. When a caregiver perceives that the clinical process has departed significantly from the intended plan, the following process will be used to communicate a concern about patient safety. This process uses the continuous assertion model described below until the safety issue is resolved.
    2. Procedure for using the C-U-S Protocol
        a. Get the person's or team's attention.
        b. Express the specific concern.
        c. State the problem needing resolution.

d. Propose action(s) to resolve the problem.

e. Reach a decision on resolution through team consensus.

f. When the patient safety issue continues to be unresolved, the caregiver will escalate the team's attention by stating:

g. "I am **C-ONCERNED!"** (followed by using the assertion model above)

h. "I am **U-NCOMFORTABLE** !" (followed by using the assertion model above)

i. "This is a patient **S-AFETY** issue!" (followed by using the assertion model above)

3. For any situation where the C-U-S Protocol fails to resolve a hazard to patient safety, or if the hazard is worsening, the nursing or medical staff chain of command will be initiated.

D. GENERAL INSTRUCTIONS:

1. Speak up whenever there is a concern about patient safety.

   a. At any point, any team member can stop the line and request a time out or team huddle to discuss the plan of care.

2. The receiver of the patient information will have the opportunity to review relevant historical data, records and treatment plans as needed and appropriate. An opportunity for the receiver to ask questions of the reporter will be provided each time a SBAR, Hand-Off communication or transfer of care occurs.

3. A **Transfer and Referral Record** and **Transfer Physician Certification** form will be used to communicate information for patients being transferred to another facility and to home care agencies.

REFERENCES:

National Quality Forum: "Safe Practices for Better Healthcare-2/2013 Update."

Attachments

1: Hand-Off Communication Tool

2: SBAR Communication Tool to Physicians or L.I.P.

Approval Signatures

Step Description	Approver	Date

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.1.3. Medical Device Tracking, AGOV-1605
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Devon Kim, Executive Assistant	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

AGOV-1605 describes the District's position on medical device tracking information and reporting.

SUMMARY/OBJECTIVES:

Policy sent to Christine O'Farrell, Risk Management & Patient Safety Associate, and Janet VanGelder, Executive Director of Quality and Regulations for review.

After review of the policy and the associated regulation no changes are needed to be made to the previous version.

References and links were verified to ensure they were correct which is why they show as "redline" or updated.

SUGGESTED DISCUSSION POINTS:

The purpose of this policy is to comply with Federal Regulations 821 Medical Device Tracking Requirements.

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of AGOV-1605 as presented and send to March 26, 2026, TFHD Board of Directors Consent Agenda.

Alternative Motion – recommend changes to AGOV-1605 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:

- Medical Device Tacking, AGOV-1605 (draft)

Status **Draft** PolicyStat ID **20062533**

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

Medical Device Tracking, AGOV-1605

RISK:

Medical device tracking information, and reporting, is imperative to facilitate notifications, and recalls ordered by the FDA, if serious risks to health are identified with the devices.

PURPOSE:

A. To comply with Code of Federal Regulations 821 Medical Device Tracking Requirements.

B. Manufacturers are required to track certain devices from their manufacture through the distribution chain when they receive an order from the Food and Drug Administration (FDA) to implement a tracking system for a certain type of device. The purpose of device tracking is to ensure that manufacturers of certain devices establish tracking systems that will enable them to promptly locate devices in commercial distribution. Tracking information may be used to facilitate notifications and recalls ordered by FDA in the case of serious risks to health presented by the devices. Final distributors of these devices will be required to provide manufacturers with patient information.

C. The types of devices subject to a tracking order may include any Class II or Class III device:

1. the failure of which would be reasonably likely to have serious adverse health consequences;
2. which is intended to be implanted in the human body for more than one year; or
3. which is intended to be a life sustaining or life supporting device used outside a device- user facility.

POLICY:

A. Devices Subject to Tracking

1. The FDA has issued orders to manufacturers who are required to track the following implantable devices:

a. Glenoid Fossa prosthesis
b. Mandibular condyle prosthesis
c. Temporomandibular Joint (TMJ) prosthesis
d. Abdominal Aortic Aneurysm Stent Grafts
e. Automatic implantable cardioverter/defibrillator
f. Cardiovascular permanent implantable pacemaker electrode
g. Implantable pacemaker pulse generator
h. Replacement heart valve (mechanical only)
i. Implanted cerebellar stimulator
j. Implanted diaphragmatic/phrenic nerve stimulator
k. Implantable infusion pumps
l. Silicone Gel-Filled Breast Implants
m. Cultured Epidermal Autografts

2. The FDA has issued orders to manufacturers who are required to track the following devices that are used outside a device-user facility:
    a. Breathing frequency monitors
    b. Continuous Ventilators
    c. DC-defibrillators and paddles
    d. Ventricular Bypass (assist) Device; abdominal left ventricular assist device (ALVAD)

B. Tracking Responsibility
    1. Manufacturers
        a. For the above items, manufacturers have the responsibility to identify devices that meet the criteria for tracking and to initiate tracking. The hospital has the responsibility upon purchasing, or otherwise acquiring any interest in such a device, to promptly provide the manufacturer tracking the device with the following information:
            i. The name and address of the distributor, final distributor or multiple distributor;
            ii. The lot number, batch number, model number, or serial number of the device, or other identifier used by the manufacturer to track the device;
            iii. The date the device was received;
            iv. The person from whom the device was received;
            v. If and when applicable, the date the device was explanted, the date of the patient's death, or the date the device was returned to the distributor, permanently retired from use, or otherwise

permanently disposed of.

b. Upon delivery to the patient of a single use device or Implantable device, the hospital, as final distributor, shall promptly provide the manufacturer tracking the device with the following information:
    i. The name and address of the (final distributor), hospital.
    ii. The lot number, batch number, model number, or serial number of the device, or other identifier used by the manufacturer to track the device;
    iii. The name, address, telephone number, and social security number (if available) of the patient receiving the device;
    iv. The date of the device was provided to the patient for use in the patient;
    v. The name, mailing address, and telephone number of the prescribing physician;
    vi. The name, mailing address, and telephone number of the physician regularly following the patient if different than the prescribing physician; and
    vii. When applicable, the date the device was explanted and the name, mailing address, and telephone number of the explanting physician, the date of the patient's death, or the date the device was returned to the manufacturer, permanently retired from use, or otherwise permanently disposed of.

c. This information shall be provided to the manufacturer on their forms.

2. Outside Device-User Facility

Life-supporting or life sustaining device used outside a device-user facility means a device which is essential, or yields information that is essential, to the restoration or continuation of a bodily function important to the continuation of a human life that is intended for use outside a hospital, nursing home, ambulatory surgical facility, or diagnostic or outpatient treatment facility.

a. When a life sustaining or life supporting device will be used by more than one patient (such as a mechanical ventilator, IV pump, apnea monitor, etc.) and the device is used outside the hospital, the hospital will keep written records each time the device is distributed for use by a patient that will include the following:
    i. The lot number, batch number, or model number, or serial number of the device, or other identifier used by the manufacturer to track the device;
    ii. The name, address, telephone number, and social security number (if available) of the patient using the device;
    iii. The location of the device;

iv. The date the device was provided for use by the patient;

v. The name, address, and telephone number of the prescribing physician;

vi. The name, address, and telephone number of the physician regularly following the patient if different than the prescribing physician; and

vii. When applicable, the date the device was permanently retired from use or otherwise permanently disposed of.

viii. These records will be available upon request to the manufacturer within 5 working days, and to the FDA, upon request, within 10 working days.

3. Other involved departments:
    a. Home Health
    b. Nursing
    c. Pharmacy
    d. Practice Management
    e. Purchasing
    f. Respiratory Therapy
    g. Retail Pharmacy
    h. Surgery
    i. Cancer Center

References:

~~21 CFR 821 Medical Device Tracking Requirements~~21 CFR 821 Medical Device Tracking Requirements; ~~Medical Device Tracking~~Medical Device Tracking; ~~Medical Device Tracking Guidance~~Medical Device Tracking Guidance; ~~21 CFR 860 Medical Device Classification Procedures~~21 CFR 860 Medical Device Classification Procedures

Attachments

Medical-Device-Tracking---Guidance-for-Industry-and-FDA-Staff.pdf

Approval Signatures

Step Description	Approver	Date

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.1.4. Guidelines for Business by the TFHD Board of Directors, ABD-12
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

ABD-12 explains the guidelines for the Board of Directors in conducting business for the THFD while maintaining compliance with the District Bylaws and the Brown Act.

SUMMARY/OBJECTIVES:
Recent updates to the Brown act requires additional explanations about Teleconferencing and public participation. Policy updated to reflect those changes.

The policy cannot be adopted on the consent calendar.

SUGGESTED DISCUSSION POINTS:
The purpose of this policy is to comply with SB707 Brown Act

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of ABD-12 as presented and send to March 26, 2026, TFHD Board of Directors for action.

Alternative Motion – recommend changes to ABD-2601 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
Guidelines for Business by the TFHD Board of Directors, ABD-12 (redline)

Status **Pending** PolicyStat ID **19613377**

Origination Date	08/1990
Last Approved	N/A
Last Revised	03/2026
Next Review	3 years after approval
Department	Board - ABD
Applicabilities	System

Guidelines for Business by the Tahoe Forest Hospital District Board of Directors, ABD-12

RISK:

Failure to explain the guidelines for the Board of Directors in conducting business for the Tahoe Forest Hospital District and/or clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District could result in noncompliance with the Tahoe Forest Hospital District Bylaws and/or the Ralph M. Brown Act, hereinafter referred to as Brown Act.

POLICY:

In an effort to make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Tahoe Forest Hospital District, the following is a compendium of provisions from the District Bylaws and the Brown Act.

PROCEDURE:

A. **Officers of the Board of Directors**

1. The officers of the Board of Directors are: Chair, Vice Chair, Secretary and Treasurer.
2. The officers shall be chosen every year by the Board of Directors at a Board meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of Chair of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of Chair, Vice Chair, Secretary and Treasurer shall be filled by members of the Board of Directors.

B. **Meetings Of The Board of Directors**

1. Regular Meetings: Regular meetings of the Board of Directors shall be held the

fourth Thursday of each month at 4:00 PM at a location within the Hospital District boundaries, except for regular meetings in November and December which shall be held on the third Thursday of the month at 4:00 PM. The regular meeting shall begin in open session in accordance with the Brown Act and may adjourn to closed session in compliance with law. The notice for meetings of the Board of Directors and Board standing committees ("Committee(s)") shall be posted per the requirements of the Brown Act.

2. It is the duty, obligation, and responsibility of the Board Chair and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board Chair or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
3. Special Meetings: Special meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours' notice as stated in the Brown Act.
    a. The Chair of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
    b. Special meetings shall be called by delivering written notice to each Board Member and to the public in compliance with the Brown Act, including providing a description of the business to be transacted. Board Members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.
    c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the Board.
    a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone communication services are not working, notice must be given as soon as possible after the meeting.
    b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
5. Closed Session Meetings: Closed session meetings of the Board of Directors and Board Committees may be held as deemed necessary by members of the Board of Directors or the President & Chief Executive Officer (CEO) pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local

Health Care District Law.

a. Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:

    i. The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.

    ii. The conversion of any District health care facility to any other form of ownership by the District.

    iii. The dissolution of the District.

b. Documentation for closed session items may be provided on the Board portal at least 72 hours prior to the session for regular meetings and 24 hours before special closed session meetings. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation may be made available during the actual closed session but will be returned by all Board Members at the completion of the closed session.

c. As a best practice, closed session will be attended by General Counsel.

6. Teleconferencing (Traditional Teleconferencing, Reasonable Accommodation Teleconferencing, Just Cause Teleconferencing and Subsidiary Body Teleconferencing) : Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These may include:

    a. All votes taken by teleconference must be taken by roll call.

    b. At least a quorum of the Board must participate from locations within the District boundaries.

    c. Two-way audio-visual platform must be active during the entirety of the meeting.

    d. Duty to disclose persons age 18+ present in the location and their relationship.

    e. Agenda and minutes must reflect which members participate remotely.

    f. Remote location must be at least 20 miles away from physical meeting location.

7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: Chair, Vice Chair, and Secretary.

C. **Activities/Meetings of Board Committees**

1. Board Committees will undertake the activities of the committee as outlined in the

Tahoe Forest Hospital District Bylaws. In addition, each Committee will annually establish Committee goals, and such goals will be presented to the Board of Directors for approval.

D. **Meetings Open to the Public**
All meetings of the Board of Directors and Board Committees are open to the public with the exception of the closed session portion of such meetings and ad hoc committee meetings that are not subject to the Brown Act.
Members of the public must be able to attend and participate in meetings via:

1. Two-way telephone service: a dial-in service that does not require internet, OR
2. Two-way audiovisual platform: an online platform allowing both video conference and telephone service; must activate automatic captioning function
Exception:
3. If adequate telephone or internet service is not operational at the meeting location;
4. If meeting is taking place outside the usual meeting location under specified circumstances;
5. If the meeting is pursuant to an "emergency situation"

E. **Notices of Meetings of the Board of Directors ~~and Board Committees~~ Supplied to the Public**
Notices of any regular or special meeting of the Board of Directors ~~and Board Committees~~ shall be e-mailed to any interested party who has ~~filed a written~~submitted a request for such notice. The request must be renewed annually in writing (email). Notices and agendas of any regular or special meeting are also posted on the District website or at a location freely accessible to the public.

F. **Board and Board Committee Agenda Packets for Members of the Public**

1. Board and Board Committee agendas and agenda materials are available for review on the District website or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged in accordance with the Inspection and Copying of Public Records, ABD-14 policy for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all regular and special meetings of the Board of Directors and Board Committee meetings.

G. **Public Input at Meetings of the Board of Directors and Board Committee Meetings**
On each agenda of regular and special meetings of the Board of Directors and Board Committee meetings, there shall be a provision made for input from the audience. There shall be an equivalent opportunity for public comment via remote and in-person channels, including equal speaking time and procedural treatment.

H. ~~**Public Input at Meetings of the Board of Directors and Board Committee Meetings**~~
~~On each agenda of regular and special meetings of the~~The Board of Directors ~~and~~or Board Committee ~~meetings, there shall be a provision made for input from the audience. The Board of Directors or Board Committee~~ may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or
3. If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

I. **Preparation of the Agenda for Board or Board Committee Meetings**

1. Placing of Items on the Agenda:
    a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.
    b. Members of the public are directed to contact the Chair of the Board of Directors, a Director of the Board or the President & Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the President & Chief Executive Officer for follow up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.
    c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Health Care District or that are not relevant to hospital district governance.
    d. Last minute supporting documents by staff put Board Members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

2. The President & Chief Executive Officer and Board Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The President & Chief Executive Officer or his or her designee and the Board Committee chairperson shall prepare the agendas for the meetings of the Board Committees. Items to be placed on an agenda should be submitted to the President & Chief Executive Officer or the Clerk of the Board no later than 10 days prior to the Board meeting.
3. In addition to discussing with the Board Chair or President & Chief Executive Officer, a Board Member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board concurs. No more than two items per Board Member will be considered at a Board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or President & Chief Executive Officer otherwise directs:
    a. Call to Order
    b. Roll Call
    c. Deletions/Corrections to the Posted Agenda
    d. Input – Audience
    e. Closed Session, if necessary
    f. Acknowledgments (if any)
    g. Medical Staff Executive Committee
    h. Consent Calendar
    i. Items for Board Action
    j. Items for Board Discussion
    k. Discussion of Consent Calendar Items Pulled, if necessary
    l. Board Members Reports/Closing Remarks
5. The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.
6. The Board Chair and the President & Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked consent calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors or District staff requests that a consent item be removed from the list of consent items prior to the vote on the consent calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member do so on their behalf, or may provide public comment on a particular item before the Board votes on the consent calendar.
    a. Board Members are encouraged to notify the Board Chair and President &

Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.

b. Department Heads, or their designated representative, will be present during the consent calendar to answer any questions. If the Department Head is unable to attend, the President & Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.

7. The Chair of the Board of Directors will approve the agenda before its distribution.

J. **Notification by Board Member of Anticipated Absences**
In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is to provide written or electronic notification to the Clerk of the Board with information including the dates of absence and best method of contact.

K. **Minutes of Meetings of the Board of Directors and Board Committees**
Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Clerk of the Board. The minutes shall be transcribed by the Clerk of the Board and reviewed by the President & Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

L. **Discussion/Debate**

1. As is practical, staff oral summaries shall precede motions and public comment on an agendized item.
2. Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.
3. *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.
4. Any Board Committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board Members to state their views on the substance of a matter.
5. Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board Committee meetings during the time allotted for public input. Public input/comments regarding agendized items will be sought during the consideration of these items, before action is taken, at Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board Chair for the formulation of a recommendation to the Board of Directors.
6. Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board Chair.

M. **Voting/Motions**

1. Any member of the Board of Directors may introduce or second a motion, including the Board Chair or other currently presiding officer. All members, including the Board Chair, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.
2. Amendment of a motion may only be amended by the motion maker with the concurrence of the second.
3. No more than one motion can be considered at a time.
4. Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
5. Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.
6. Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board Member that voted in the minority on the original motion. The Board Chair may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.
7. "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.
8. Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in compliance with this policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) our actions.

N. **Urgent Decisions**
In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the Chair of the Board, or a majority of the Board Members, may call a special or emergency Board meeting to take action.

O. **Contingent Approval**

1. In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the President & Chief Executive Officer to execute the contract or other appropriate documentation,

contingent upon the following:

a. the terms are not substantively altered from those previously approved,

b. all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and

c. the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.

2. If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent Board meeting.

P. **Complaints Addressed to the Board**
Written comments or complaints addressed to any or all members of the Board that are received by Board Members or Health System staff member must be forwarded immediately to the Clerk of the Board. The Clerk of the Board will deliver copies of complaints to the President & CEO and Health System's Patient Experience Specialist.

Q. **Board Member Request for Information**

1. Individual Board Members may request data from the District by completing a Board of Directors Information Request Form indicating the specific information requested.

a. The President & CEO will review the request to determine material availability, sensitivity, necessary resources, and anticipated cost (if any) of production.

b. Should the President & CEO determine that materials are not readily available, sensitive in nature or costly to produce, the President & CEO may defer to a decision of the Board of Directors to fulfill the request.

c. All approved requests by the President & CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

Related Policies/Forms:

Board of Directors Information Request Form

References:

Ralph M. Brown Act (CA Govt Code §54950)

All Revision Dates

03/2026, 12/2022, 07/2019, 08/2018, 03/2016, 12/2015, 06/2014, 01/2014, 01/2012, 03/2008

Attachments

Information Request Form.pdf

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Executive Assistant, Clerk of the Board	03/2026

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.1.5. Physician and Professional Services Agreements, ABD-21
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

ABD-21 provides guidelines for the CEO to enter into Professional Services Agreements on behalf of Tahoe Forest Hospital District.

SUMMARY/OBJECTIVES:
Apart from a very limited number of professional services agreements, the current Medical Directors and Medical Staff Officer agreements all fall below the current policy $400k limit. At last review by legal, there were four (4) physician contracts providing clinical services that exceeded the $400k limit provided for in this policy.

The Board may consider revising or placing limits for other types of contracts, (ie. $400k for contractors, or $1M for construction). Per legal, it is not a legal requirement but recommended for discussion.

SUGGESTED DISCUSSION POINTS:
Triennial review of Board policies

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of ABD-21 as presented and send to March 2026, TFHD Board of Directors Consent Agenda.

Alternative Motion – recommend changes to ABD-21 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
Physician and Professional Services Agreements, ABD-21

Status **Active** PolicyStat ID **12873006**

Origination Date	01/1990
Last Approved	12/2022
Last Revised	12/2022
Next Review	12/2025
Department	Board - ABD
Applicabilities	System

Physician and Professional Service Agreements, ABD-21

RISK:

In the absence of clear guidelines for entering into Professional Service Agreements with physicians and other health professionals, Tahoe Forest Hospital District ("TFHD" or "District") could be exposed to significant legal and/or financial liability.

SCOPE:

This policy provides Tahoe Forest Hospital District's Chief Executive Officer ("CEO") a framework for professional services contracting. to ensure the professional service provider meets the needs of Tahoe Forest Hospital District ("TFHD" or "District") and the communities that it serves.

This policy provides no guidance or authority for employed physicians or other providers.

POLICY:

A. Written professional service agreements (which do not include employment offers) will be prepared for all health professionals who qualify as independent contractors under IRS guidelines and provide diagnostic or therapeutic services to TFHD's patients or provide certain medico-administrative duties within a hospital department or service.

B. The following health professionals may be covered by this policy:

    1. Anesthesiologists
    2. Medical Directors
    3. Medical Staff officers
    4. Physicians providing services in the District's Multi-Specialty Clinics, Cancer Center or other professional practice settings operated by TFHD (collectively, "TFHD Practice Settings").

5. Physicians serving in medical-administrative roles or on District committees
6. Nuclear Medicine specialists
7. Emergency Services physicians
8. Occupational therapists
9. Pathologists
10. Physical therapists
11. Radiologists
12. Speech pathologists
13. Emergency and urgent care providers
14. Physical Therapists
15. Hospitalists
16. Other contracted health or medical service providers

C. Any physician who is employed by the District may not simultaneously work under a professional services agreement.

PROCEDURES:

A. All professional service agreements will be developed between the CEO, or the CEO's designee, and the health professional.

1. Health professionals are not permitted to provide professional services until an agreement has been approved by the District prior to the agreement effective date. All PSAs and offers of employment will be reviewed by in-house legal counsel and compliance prior to offering to a physician. Signatures will be obtained prior to the agreement effective date or in accordance with current Stark Law. Agreements containing amendments to the terms and conditions of the agreement must also be executed prior to the effective date and prior to the provision of professional services under the amended agreement.
2. New and renewal agreements shall utilize the template agreement for the type of service required from the contracting professional. (See Exhibit A, attached, for a list of available model agreements.)
3. All agreements shall be reviewed by the Compliance Department. Agreements not utilizing the template agreement shall also be reviewed by legal counsel.
    a. Agreements committing $400,000.00 or more in any twelve-month period:
        i. Once agreement is reached between the CEO and health professional, CEO will present the provider-signed professional services agreement to the Board of Directors with the Contract Routing Form (or equivalent data summary report) with principal terms and conditions for their consideration. Principal terms and conditions include, but are not limited to, justification, term, compensation, scope of duties, total cost of contract, and other pertinent information, as applicable.

ii. Upon review and consideration, the Board of Directors may request specific changes be made to the proposed terms and conditions or direct a designated Board committee to review and make a recommendation to the Board of Directors.

iii. Board approval of a professional services agreement constitutes direction to CEO to execute the professional service agreement.

b. Agreements committing less than $400,000 in any twelve-month period may be authorized by the CEO without Board approval.

4. Professional service agreements due for renewal may be held over for up to twelve months with no change in terms at the discretion of the CEO and in accordance with the Stark Law and applicable regulations. Note: Stark Law regulations currently permit unlimited holdover of physician professional service agreements when the contract stays within the fair market value.

5. Urgent Services: At the discretion of the CEO, a professional service agreement required for urgent services may be executed if a quorum for a Special Meeting of the Board of Directors cannot be assembled.

B. Compensation under Professional Service Agreements (PSA) With Physicians Only

1. New and renewal agreement will specify the financial arrangements related to the provision of physician professional services.

a. In no case shall compensation to physicians take into account the volume or value of anticipated or actual referrals physicians make to TFHD.

b. Management shall strive to create financial terms that are aligned with the following organizational goals, recognizing that simultaneous achievement of all goals may not be possible in all cases; however the first of these goals (paying within fair market value) cannot be compromised in any circumstance.

i. Pay within constraints of fair market value

ii. Maintain internal equity within and between specialties

iii. Provide sufficient compensation to recruit and retain physicians

iv. Encourage quality and productivity

v. Be clear and understandable to all parties

2. The methodologies in the following section may be utilized to determine compensation with physicians.

a. Hourly rates or "per shift" rates with hours of coverage and response time specified.

i. Physicians shall be required to document and attest to the date, hours worked or shifts covered.

ii. In addition, a description of work completed or meetings attended will be provided for all administrative duties.

b. Rate per unit of production.
    i. The Work Relative Value Unit (WRVU) is the preferred measure of physician productivity and should be used as the unit of production whenever feasible.
    ii. An alternate measure of productivity such as visits may be used as deemed necessary by management.

c. Fixed Stipend.
    i. The scope of work performed in exchange for the fixed stipend shall be clearly defined. The definition may include an agreed number of days of work and/or hours of clinical availability per period of time
    ii. A production-based bonus and/or value-based incentive may be offered in addition to the fixed stipend, to align with organizational objectives.

d. Payment per service. Payment at a specified rate per service is a permitted method for limited scope agreements in which the physician is providing clearly delineated clinical services. Examples include EKG interpretations, audiology reviews, and other services that are billed on a global basis by the hospital.

e. Specialty call activation fee. In specialties where a regular on-call panel is either infeasible due to the number of physicians on the medical staff within that specialty or the low incidence of emergency need for that specialty, a specialty activation fee may be offered in the event that physician is called in to respond to an emergency.

f. Reimbursed expenses
    i. A contracted physician's direct expenses associated with the performance of duties under the professional services agreement may be reimbursed. These may include, but are not limited to:, malpractice insurance expense, IRS-allowable travel expenses, temporary lodging, medical staff application fees / annual dues, medical licenses, and continuing medical education.

g. Fair Market Value. In all cases, physician's total compensation must be within fair market value and must be determined to be commercially reasonable.

C. Multiple Agreements

1. Nothing in this policy shall prohibit TFHD from entering into multiple agreements with health professionals, provided the designated hours and types of service are clearly segregated.
    a. Physicians whose professional duties under a PSA are during regular Monday through Friday daytime hours may have a separate agreement for

on-call coverage during evenings, weekends, and scheduled days off and/or for administrative duties performed during lunch or after regular clinic hours.

b. Physicians working in a TFHD Practice Setting who provide hospitalist, on-call, or administrative services during normal scheduled clinic time shall receive WRVU credit in lieu of cash payment.

c. A physician may perform administrative duties while on call, as long as clinical duties are not needed. If a physician is needed for clinical duties, they may not bill administrative time when performing clinical duties.

d. Fair market valuations shall take into account the existence of multiple agreements with one contracting physician.

D. Physician Qualifications

1. Professional service agreements with physicians shall require:

a. A valid and unrestricted license to practice medicine in the state issued by the applicable state Medical Board.

b. Physician must achieve Board certification when eligible and/or maintain Board certification.

c. The physician is not suspended or excluded from participating in any federal health program.

d. All appropriate certifications, registrations and approvals from the Federal Drug Enforcement Administration and any other applicable federal or state agency necessary to prescribe and dispense drugs under applicable federal and state laws and regulations, in each case without restriction.

e. Prompt disclosure of the commencement, resolution or pendency of any action, proceeding, investigation or disciplinary proceeding against or involving physician, including, without limitation, any medical staff investigation or disciplinary action.

f. Prompt written notice of any threat, claim, or legal proceeding against TFHD that physician becomes aware of, and cooperation with TFHD in the defense of any such threat, claim, or proceeding and in enforcing the rights (including rights of contribution or indemnity) that TFHD may have against other parties or through its insurance policies.

g. No discrimination against a patient based on race, color, creed, religion, national origin, gender, sexual orientation, disability (including, without limitation, the condition(s) for which the patient seeks professional services from physician), marital status, age, ability to pay or payment source, or any other unlawful basis.

2. Physician Qualifications In Coordination With Medical Staff Bylaws:

a. Professional service agreements with physicians shall require their membership on the respective hospital's Medical Staff with appropriate privileges pertinent to the duties and responsibilities described by the professional service agreement.

b. Termination of the agreement will cause the physician to lose the contractual "right" to provide the services which are described in the agreement. However, this would not mean that the physician would lose Medical Staff membership and privileges; he/she would simply lose the right to gain access to the service or department which is the subject of the exclusive agreement.

3. Contract Termination Clause
    a. In all cases, professional service agreements shall provide for a termination clause which allows for termination by either party without cause upon prior written notice.
    b. The following language will be utilized:
        i. "For cause" termination of a physician contract at any time during the term;
        ii. "No cause" termination during the initial or subsequent term. In the event a "no cause" termination occurs during the first year of the agreement, the parties may not enter into a new agreement for substantially the same services until after the expiration of the initial one-year term of the agreement.
        iii. The time-frame for prior written notice may range from 60–180 days. Further, termination of the agreement does not afford the physician the right to request a medical staff hearing or any other review under the Medical Staff By-Laws or rules and regulations, based on termination of the agreement.

E. Provisions For Non-Physician Health Professional Service Agreements
1. In all cases, the contract will specify the financial arrangements related to the provision of professional services. It is desirable that remuneration be based upon a set professional fee schedule rather than a percentage of gross or net patient charges. However, it is recognized that a wide variety of other mechanisms may be utilized and such other mechanisms are left to the discretion of the CEO and Board of Directors.
2. Compensation for health professional service agreements shall not exceed fair market value of the services.
3. Professional Fee Schedule
    a. When reimbursement is based upon professional fee schedules, the fee schedule will be made a part of the agreement with the health professional. When provided for by agreement, professional fee schedule revisions will be considered once annually in a time-frame that coincides with the District's operating budget.
    b. Requests for revisions should be submitted to the CEO by April of each year for implementation by July. The request should provide sufficient detail to fully describe the professional services, relevant code numbers and professional fees requested. The CEO determines whether the

proposed changes are acceptable.

4. Health Professional Qualifications in Coordination with Medical Staff By-Laws:
    a. Professional service agreements may require certain health professionals to be members of the District's allied health professional staff with appropriate privileges pertinent to the duties and responsibilities described by the professional service agreement.
    b. Should a health services agreement be cancelled involving an allied health professional, termination of the agreement will cause the health professional to lose the contractual "right" to provide the services which are described in the agreement. However, this would not mean that the health professional would lose allied health professional appointment or related privileges.
5. Contract Termination Clause
    a. In all cases, professional service agreements shall provide for a termination clause which allows for termination by either party without cause upon written notice.
    b. The time frame for prior written notice may range from 60–180 days. When the health professional is required to be an allied health professional, termination of the agreement will not afford the allied health professional the right to request a due process hearing under any Medical Staff bylaw, rule, or regulation for allied health professionals, based on termination of the agreement.
    c. In all cases, professional service agreements will provide for termination "for cause" at any time during the contract term.

F. Physician and Health Professional Service Agreement Contract and Service Review
    1. At a minimum of every five years, the CEO or CEO's designee will conduct a service review of the contract service provided by the physician, physician group and/or other professional service.

G. General Contract Inclusion Terms: Physician and Health Professional Service Agreements
    1. Professional Service Duties and Responsibilities: Each agreement will include a detailed and specific delineation of the duties and responsibilities to be performed by the health professional as well as the District. For example, extensive detail will be provided regarding:
        a. Diagnostic and therapeutic services to be provided
        b. Medico-administrative services to be provided
        c. Coverage obligations to be assumed
        d. The rights and obligations of the District and the health professional with regard to providing space, equipment, supplies, personnel and technicians.
    2. Standards of Practice: Each agreement shall specify that the health professional will provide the service in accordance with the Hospital Bylaws; Medical Staff Bylaws,

Rules and Regulations, and if applicable, standards established by the Executive Committee of the Medical Staff;

3. Medicare and Medicaid Enrollment: Each agreement shall specify that the health professional is duly enrolled in the federal Medicare program and the applicable State Medicaid program (unless excepted by the District) and eligible to seek reimbursement under such programs for covered services rendered by the provider to beneficiaries of such programs. Every agreement must contain a provision in which the health professional agrees to notify TFHD in the event participation terminates.
4. Quality Assessment: Professional service agreements shall require the health professional to participate in the Health System Quality Improvement Program to ensure that the quality, safety and appropriateness of healthcare services are monitored and evaluated and that appropriate actions based on findings are taken to promote quality patient care. Furthermore, each agreement shall specify a process designed to assure that all individuals who provide patient care services under service agreements, but who are not subject to the Medical Staff privilege delineation process, are competent to provide such services. Whenever possible, information from customer satisfaction surveys shall be incorporated into the Quality Improvement Program for the service. Agreements which provide for Directorship responsibilities over a department or service shall require the health professional "Director" to be responsible for implementing a monitoring and evaluation process designed to improve patient care outcomes and which is integrated with the Health System Quality Improvement Program.
5. Assignability: It is desirable that all professional service agreements be non-assignable unless important to the successful negotiation of a contract where higher priority objectives may be achieved. Where assignability becomes necessary, assignability shall be allowed only with the condition that prior written consent of the District be obtained.
6. Contract Term: Professional service agreements shall specify an effective date that is later than all requirements, including credentialing, being met. In considering the term of the agreement, the termination date of related agreements should be considered by the CEO so as to minimize the likelihood of multiple agreements coming due on the same date or year. The length of the term shall be negotiable. Professional service contracts will typically range from one to four years in duration.
7. Professional Liability: In all cases, the health professional will be responsible for providing adequate professional liability insurance coverage at the health professional's expense. Limits of coverage for physicians will be a minimum of $l,000,000 per occurrence, $3,000,000 aggregate. For non-physicians, the minimum limits of coverage may vary depending on the standard established for that health profession in consultation with the District's risk manager. The agreement shall also specify that the contracting health professional will, in turn, either require or arrange for professional liability insurance coverage for all sub-contracting health professionals. Furthermore, the professional liability insurance policy must be obtained from a professional liability insurer which is authorized to transact the business of insurance in the State of California (or Nevada in the case of

professional services provided at the District's Nevada-based facilities). Also, the professional services agreement must require that the selected insurer will be responsible for notifying the District of any cancellation or reduction in coverage within thirty days of such action.

8. Regulatory Compliance: The agreement should include provisions in which both the District and the health professional commit to full compliance with all federal, state, and local laws. The contracting party should agree to keep confidential any financial, operating, proprietary, or business information relating to the District and to keep confidential, and to take the usual precautions to prevent the unauthorized use and disclosure of any and all Protected Health Information. The agreement should include provisions for amendment to the agreement in furtherance of maintaining compliance in the event of the adoption of subsequent legislation and/or regulations.
9. Recitals: Exclusive professional service agreements should include a carefully developed description of the rationales for exclusivity in a particular clinical service or department. Furthermore, if the agreement does assign exclusive responsibility for a particular service, it should state so expressly not leaving this to inference or interpretation.
10. Professional Relationships: The agreement should specify that the health professional is an independent contractor and is not an employee of the District.
11. Government Audit: The agreement should include the standard provision recognizing that the agreement and certain other materials will be subject to audit and inspection by certain federal authorities with regard to payments made for Medicare services.
12. Standard Contractual Language: The agreement should include certain standard provisions to the effect that the provisions of the contract are severable and, therefore, the ruling that any one of them is void does not invalidate the entire agreement, and that the waiver of breach of one provision does not constitute a continuing waiver, and that the written agreement constitutes the entire contract between the parties.
13. Managed Care: The physician or health professional agrees to participate as a preferred provider with all of the managed healthcare plans (PPOs and HMOs) that the District has agreements with including agreements with insurance companies, health maintenance organizations and direct contracting with self-funded employers. Any deviation of this policy must be approved by the CEO and the Board of Directors.

All Revision Dates

12/2022, 12/2019, 07/2017, 09/2016, 07/2015, 02/2014, 01/2014, 01/2012, 01/2010, 05/2000

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	12/2022
	Martina Rochefort: Clerk of the Board	12/2022

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.2.1. Disruption of Telephonic or Internet Service during Public Meetings, ABD-2601
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

ABD-2601 is a new policy describing the Board of Directors procedures if there is a disruption of telephone or internet service during a District Board Meeting.

SUMMARY/OBJECTIVES:
Requires each eligible legislative body to adopt, by July 1, 2026, a publicly approved policy to address procedures when disruption of telephone or internet service occurs. The policy must provide for recessing, reconvening, and the efforts that the body shall make to attempt to restore service.

The policy cannot be adopted on the consent calendar.

SUGGESTED DISCUSSION POINTS:
The purpose of this policy is to comply with SB707 Brown Act

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of ABD-2601 as presented and send to March 26, 2026, TFHD Board of Directors for action.

Alternative Motion – recommend changes to ABD-2601 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
Disruption of Telephonic or Internet Service during Public Meetings, ABD-2601 (draft new policy)

Status **Pending** PolicyStat ID **19717454**

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

Disruption of Telephonic or Internet Service During Public Meetings, ABD-2601

RISK:

Disruptions to telephonic or internet services can prevent the public from accessing or participating in meetings as required by the Brown Act, creating risks of noncompliance, reduced transparency, and interrupted proceedings.

POLICY:

Senate Bill 707 (2025) amended the Brown Act to require eligible legislative bodies to adopt, on or before July 1, 2026, a policy addressing how the agency will respond to disruptions in telephonic or internet service that prevent members of the public from attending or observing a meeting remotely. This policy is adopted to comply with that requirement and to ensure continuity of public participation during technical disruptions.

This policy establishes procedures for responding to a disruption in the telephonic or internet services that provide two-way remote public access to meetings of the **Tahoe Forest Hospital District (TFHD) Board of Directors**, as required by the Brown Act (Gov. Code § 54953.4). The policy ensures transparency, public participation, and continuity of government during technology disruptions.

Definitions

For purposes of this policy:

- "Disruption" means any failure, outage, or other interruption that prevents members of the public from attending or observing the meeting via these remote access services.
- "Remote access services" means the two-way telephonic service and/or two-way audiovisual

platform used to provide real-time remote public attendance and observation of meetings.

Applicability

This policy applies to all open and public meetings of the **TFHD Board of Directors** at which remote public participation is offered or required under the Brown Act.

PROCEDURE:

Procedures in the Event of a Service Disruption

1. **Response to Service Disruption**
    a. If the Presiding Officer of the Board or Clerk becomes aware of a disruption to the agency's remote access services that prevents members of the public from attending or observing the meeting remotely:
        i. The Presiding Officer or Clerk shall immediately announce the disruption to the public.
        ii. The Presiding Officer may then call for a recess of the open session or convene the legislative body in closed session, consistent with the Brown Act.
        iii. Staff shall begin efforts to diagnose and restore the disrupted service.
        iv. The meeting shall remain in recess for at least one hour or until service is restored, whichever is sooner. The recess period may be extended if restoration efforts are ongoing.
2. **Efforts to Restore Service**

The agency shall make good faith efforts to restore remote access services, which may include:

a. Troubleshooting platform or teleconferencing software
b. Resetting or replacing audiovisual equipment
c. Attempting alternative connection methods
d. Contacting necessary support staff or service providers
e. Switching to back-up equipment or platforms, if available

The **TFHD Clerk** shall document the restoration efforts undertaken.

1. **Reconvening the Open Session**
    a. **Timing**
        i. The open session may be reconvened after at least one hour has elapsed from the time of disruption or as soon as service is restored, whichever occurs earlier.
    b. **If Service Is Restored**
        i. If the remote access service is restored before or at the time the meeting reconvenes, the meeting shall continue as normal.

c. **If Service Is *Not* Restored**

i. If service has not been restored after one hour, the **TFHD Board of Directors** may reconvene and:

1. Adjourn the meeting; or
2. Continue the meeting in open session by adopting, by roll call vote, the following, or a substantially similar, finding:

"**Tahoe Forest Hospital District** has made good faith efforts to restore telephonic or internet service in accordance with its adopted policy, and the public interest in continuing the meeting outweighs the public interest in remote public access."

Upon adoption of the finding, the legislative body may continue the open session despite the fact that remote access services have not been restored.

1. **Recordkeeping**
   a. The Clerk shall enter a brief statement into the meeting minutes, including the following:
      i. The nature and time of the disruption
      ii. The restoration efforts undertaken
      iii. The time the meeting was reconvened (if applicable)
      iv. Any finding adopted pursuant to Section 6.3
2. **Review and Updates**
   a. This policy may be amended by the **TFHD Board of Directors** at a noticed public meeting in open session, not on the consent calendar.

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Executive Assistant, Clerk of the Board	01/2026

Response to Disruption of Remote Access During Public Meetings

Tahoe Forest Hospital District Board of Directors

Disruption of Remote Access Services
(Telephonic or Internet Outage)

Announce Disruption & Call Recess
Pause Meeting & Diagnose Issue

Efforts to Restore Service
- Troubleshoot Systems
- Contact Support
- Use Backup Solutions

Service Restored?
Yes

Reconvene Meeting
- Continue as Normal

Service Not Restored?*
NO After 1 Hour

Board Decision:
Adjourn Meeting
Continue Meeting w/Findings*

Document in Minutes:
- Time of Disruption
- Restoration Efforts
- Board's Action

TAHOE FOREST
HOSPITAL DISTRICT

**Tahoe Forest Hospital District has made good faith efforts to restore telephonic or internet service in accordance with its adopted policy, and the public interest in continuing the meeting outweighs the public interest in remote public access."*

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: March 11, 2026	**ITEM:** 6.2.2. Community Outreach for Underserved Communities and Hospital Board Meeting Engagement, ABD-2602
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies & Procedures**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Administrative and departmental operating policies must be reviewed *at least once every three years*, more often as necessary.

ABD-2602 is a new policy describing reasonable efforts the THFD Board of Directors may take to encourage participation in Board Meetings.

SUMMARY/OBJECTIVES:
Legislative bodies must make reasonable efforts to encourage groups that don't traditionally participate in meetings to participate. Possible groups include media serving non-English speakers, and good government, civil rights, civic engagement, neighborhood, and community organizations, including those in non-English-speaking communities.

Legislative bodies have broad discretion over meeting outreach requirements and are shielded from legal action for failure to contact any specific group.

SUGGESTED DISCUSSION POINTS:
The purpose of this policy is to comply with SB707 Brown Act

SUGGESTED MOTION/ALTERNATIVES:
Move to recommend approval of ABD-2602 as presented and send to March 26, 2026, TFHD Board of Directors for action.

Alternative Motion – recommend changes to ABD-2601 (if changes are recommended in discussion).

LIST OF ATTACHMENTS:
Community Outreach for Underserved Communities and Hospital Board Meeting Engagement, ABD-2602 (draft of new policy)

Status **Pending** PolicyStat ID **20097130**

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

Community Outreach For Hospital Board Meeting Engagement ABD-2602

Risk

Insufficient engagement with under-served communities can reduce trust, limit the Board's understanding of community needs, impede improvements in health outcomes, and lead to inequitable or uninformed decision-making. Strengthening outreach helps mitigate these risks and supports transparent, community-centered governance.

POLICY

The purpose of this policy is to strengthen the relationship between the Hospital District and the diverse communities it serves by increasing awareness of, access to, and participation in Hospital District board meetings. The Board is committed to ensuring that residents from traditionally under-served communities, including but not limited to racial and ethnic minorities, immigrants and refugees, people with disabilities, seniors, economically disadvantaged residents, and linguistically diverse populations, have equitable opportunities to engage in District governance and decision-making.

Community engagement for Hospital District Board meeting will be guided by the following principles:

- Equity: Ensure that outreach efforts pro-actively address historical and structural barriers to participation.
- Accessibility: Provide information, meeting access, and engagement opportunities in formats and languages that meet the needs of all community members.
- Transparency: Promote open, timely, and culturally relevant communication about board activities, agendas, and opportunities for public input.
- Collaboration: Partner with trusted community organizations, leaders, and networks to build

long-term relationships.

- Respect: Foster a welcoming environment where all community members feel heard, valued, and safe expressing their perspectives.

Procedures

1. Increase awareness of hospital board meetings and decision-making processes through outreach strategies.
2. Improve accessibility of meeting materials, formats, and participation options.
3. Build trust and two-way communication between the Board and under-served communities.
4. Outreach Strategies may include:
    i. Enhanced Communication & Notification
        1. Publish meeting notices in English and Spanish, which is reflective the two largest percentages of languages spoken and written in the District.
        2. Distribute notices through culturally relevant channels, including community radio, social media groups, and newsletters.
        3. Provide plain-language summaries of agendas and topics.
        4. Create a sign-up system for email meeting alerts.

    ii. Accessibility Enhancements
        1. Offer hybrid meeting options (in-person and virtual).
        2. Provide live interpretation services and offer information on how to access translated materials.
        3. Ensure meeting locations and virtual platforms comply with accessibility standards.

    iii. Community Partnerships
        1. Collaborate with community-based organizations, faith communities, schools, and advocacy groups.
        2. Engage cultural brokers or community health workers to support trust-building.
        3. Attend community events outside formal meetings.

    iv. Direct Engagement
        1. Invite community representatives to present at board meetings.
        2. Seek feedback through multilingual and accessible surveys.

5. Staff Responsibilities
    a. The Clerk of the Board will coordinate Board notifications, and when requested, translation services relating to Board documents.
    b. The Marketing and Communications departments will coordinate outreach.
    c. Leadership will maintain community partnerships, communications, and

performance tracking.

6. Evaluation & Reporting
    a. Leadership may:
        i. Report outreach metrics annually during a public meeting.
        ii. Adjust strategies based on feedback and engagement data.

Definitions

- Under-served Communities: Groups that experience barriers to participation due to historical, social, economic, linguistic, or geographic disadvantages.
- Outreach Activities: Any communication, engagement, partnership, or event intended to inform or involve community members in board proceedings.
- Culture Broker: trusted intermediary that may act as a liaison, navigator, mediator, or advocate, rather than just a translator.

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Executive Assistant, Clerk of the Board	03/2026

SB707 Brown Act Implementation

Phase 1 — Start-Up (Do first; applies to all legislative bodies unless noted)

Brown Act distribution to members (mandatory)

- ☒ Provide a copy of the Brown Act to all current legislative body members
  Done through BoardEffect Library

- ☐ Update onboarding procedures to provide a copy to all incoming members
  In Progress (New Board Member Orientation)

List of available meeting locations

- ☒ Create and maintain a list of available meeting locations for legislative bodies to use.
  Done through email and posted to Library in BoardEffect
- ☒ Distribute to relevant bodies/liaisons.
  Done through email and posted to Library in BoardEffect

ADA reasonable accommodation: member remote participation

- ☒ Begin working with IT on implementation.

- ☒ Create instructions for staff and members (including how participation will be supported and recorded).

- ☒ Update minutes templates/instructions/language as needed.

Also working with Renee of AlpenLilly on website ADA.

Special meeting web posting (workflow update)

- ☒ Update the special meeting checklist to ensure that agendas are posted on the website.
  Already doing

Disruptive behavior rules include remote participants

- ☐ Evaluate and update meeting disruption procedures so the presiding officer's authority to warn/ remove/ limit participation explicitly covers remote participants.
- ☐ Create chair script language for remote disruptions.

Tasked to Executive Director of Governance

Teleconferencing (including State of Emergency/Just Cause): update internal procedures

- ☒ Update teleconference procedures to reflect the reorganization into 54953.8 et seq.

Updated Board Policy ABD-12 to reflect teleconference procedures

- ☒ Ensure minutes templates capture remote members and legal basis (e.g., state of emergency/just cause)

Updated Board Policy ABD-12 to reflect teleconference procedures and tasked to Board Clerk

- ☒ Add the remote participation disclosure step (presence of other adults + relationship) to your script/procedures.

Updated Board Policy ABD-12 to reflect teleconference procedures

Compliance documentation: confirm with Legal Counsel every time we have a Board Member participating remotely and the language we use for agenda and minutes regarding remote Board Member

Guardrail: no special meetings for legislative body salaries/benefits

☒ Add an agenda review checkpoint: if the topic is legislative body salaries/benefits, verify it is not on a special meeting agenda.

Compliance documentation: will ensure with Legal Counsel that ongoing compliance is ensured through agenda review.

Phase 2 — Applicability Determinations (Complete early in 2026)

Determine whether the body is an "Eligible Legislative Body" (54953.4)

☒ Complete and document the determination of eligibility.
- Includes all of County with 600,000+ population and 200+ FTE employees;
- **1,000+ FTE employees; or**
- Annual revenues of $400,000,000+ and 200+ FTE employees.

☒ Retain the population/district threshold data relied upon
- **Worked with Human Resources to determine the FTE count as of 12/31/2025. Tahoe Forest Hospital District exceeds 1000 FTEs, which makes us an "Eligible Legislative Body."**

Determine "Applicable Languages" (ACS B16001)

☒ Complete the Applicable Languages determination.
☒ Prepare and retain the worksheet and the finalized list.

Language worksheet completed. – per the last census of our district population the percentage of our District population that "Speaks English Less than Very Well" is 8% with their preferred language being Spanish. We further investigated our District patient population registered in Epic that identifies as Spanish speaking for their primary language in the home. That percentage in our District is 9.99%.

We are not required to implement the Spanish Language in the Applicable Languages requirements, but are choosing to implement translations services as a best practice.

Annual + trigger-based confirmation (add as a standing control)

☒ Each January: reconfirm eligibility and applicable languages (document "no change" or update).
☒ Also reconfirm when triggers occur (boundary changes, reclassification/new district structure, special district staffing/revenue threshold shifts, etc.).

Compliance documentation: annual applicability memo; updated worksheets; change log. Will add this to our standing list of items the Board of Directors affirms each year.

Phase 3 — Eligible Legislative Bodies (Build + Adopt before 7/1/2026; Operative 7/1/2026) In Implementation Phase

Remote public participation platform (two-way telephonic or two-way audiovisual)

☒ Identify vendor / set up a two-way service for public participation.

☒ Train staff.
☒ Create meeting-day setup checklist + backup plan.

All In Progress

Compliance documentation: procedures; training log; test checklist.

Disruption of telephonic/internet service policy (must be adopted; not on consent)

☒ Draft interruption/service disruption policy.
On Governance Committee Agenda for review, if recommended for approval will go to Action at March Board meeting. ABD-2601

☒ Create template minutes order with applicable findings to continue meeting without remote access.
On Governance Committee Agenda for review, if recommended for approval will go to Action at March Board meeting. ABD-2601 attachment 1

☒ Draft chair script for roll-call findings after service disruption.
On Governance Committee Agenda for review, if recommended for approval will go to Action at March Board meeting. ABD-2601 attachment 1

☐ Schedule Board adoption with lead time (cannot be on consent).

Compliance documentation: this in in progess

Procedures for service disruption during a meeting (runbook)

☐ Add to meeting minutes: recess, restoration efforts, reconvening findings.
☐ Train staff and presiding officer on process.
On Governance Committee Agenda for review, if recommended for approval will go to Action at March Board meeting. ABD-2601 attachment 1

If using audiovisual platform: call-in option + captioning if available

☒ Ensure call-in option is posted publicly.
☒ Enable automatic captioning if available.

Equal opportunity for remote public comment

☒ Review and update public comment procedures to ensure equal time and treatment for remote participants.
☒ Train staff on queue management and consistent procedures.

Compliance documentation: this in in progess

Public meetings information webpage + translations + homepage links

☐ Create/expand the meetings webpage to include:
1. general explanation of the public meeting process
2. explanation of how to provide in-person or remote oral comment or written public comment
3. calendar of all public meetings with date/time/location
4. link to posted agendas

☐ Translate into applicable languages (if required).
☐ Add prominent homepage links to the English page and each translated page.

Compliance documentation: this in in progess

Electronic system for agenda/document requests + homepage link

- ☐ Establish/confirm an electronic system (email or agenda platform) for agenda/document requests.
- ☐ Add prominent homepage link explaining how to submit requests.
- ☐ Create internal fulfillment procedures.

Compliance documentation: this in in progess

Outreach plan to underrepresented and non-English-speaking communities + resolution (if desired)

- ☐ Create outreach plan (media orgs, civic orgs, non-English-serving outlets, etc.).
- ☐ placing plan in policy ABD-2602

Compliance documentation: in progress

Agenda translation into applicable languages + join instructions

- ☐ Identify translation method (machine translation permitted).
- ☐ Establish process for translation and integrate into agenda timelines.
- ☐ Ensure each translation includes instructions in that language for joining remotely.

Compliance documentation: bring examples of new draft website to governance committee

Physical location for posting translations + public posting of additional translations

- ☐ Determine posting location and install posting board near the agenda posting site.
- ☐ Create/post a disclaimer regarding the postings and no-liability concept.

Compliance documentation:

Public interpretation assistance instructions (reasonable assistance)

- ☐ Identify assistance to be provided (space, extra time, personal equipment, access to commercial services).
- ☐ Publicize instructions online on how to request assistance.

Compliance documentation: this in in progess

BYLAWS OF THE BOARD OF DIRECTORS

TAHOE FOREST HOSPITAL DISTRICT

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BYLAWS OF THE BOARD OF DIRECTORS
OF
TAHOE FOREST HOSPITAL DISTRICT

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this district shall be "TAHOE FOREST HOSPITAL DISTRICT" (hereinafter "District").

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of the District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and the Local Health Care District Law, the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws."

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the health system of choice in our region and the best mountain health system in the nation. We exist to enhance the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost-effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services, and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management and community-based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section 1. Election.

There shall be five members of the Board of Directors who shall be elected for four-year terms, as provided in the Local Health Care District Law.

Section 2. Responsibilities.

Provides oversight for planning, operation, and evaluation of all District programs, services, and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the President and Chief Executive Officer or designee with regard to long- and short-range plans for the development of programs and services.

2. Provides oversight to the President and Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the President and Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the President and Chief Executive Officer or designees and directs the President and Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the President and Chief Executive Officer.

2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints and re-appoints all Medical Staff members.

2. Ensures that the District Medical Staff is organized to support the objectives of the District.

3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.

4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.

2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.

3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.

4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff.

5. Receives and reviews reports of the District's auditors, which reports shall be published annually under Health and Safety Code section 32133.

6. Approves policies which govern the financial affairs of the District.

7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization, and replacement of the District's grounds, facilities, major equipment, and other tangible

assets.

2. Approves the acquisition, sale, and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment and Continuous Improvement of Quality of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system-wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in Article VIII of these District Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or

subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by the Local Health Care District Law and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. The Board of Directors may appoint an individual without engaging in public solicitation of candidates. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an

election called within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District boundaries, except for regular meetings for the months of November and December which shall be held on the third Thursday of the month at 4:00 PM. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the Chair, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail or e-mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster, mass destruction, terrorist act, threatened terrorist activity or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular, special, or emergency, shall be open to the public in accordance with

the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or President and Chief Executive Officer, pursuant to Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be Chair, Vice-Chair, Secretary, and Treasurer, who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a

regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. Chair. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which the Chair has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law. The Board Chair will serve as the chairperson of the Board Governance Committee.

B. Vice-Chair. The Vice-Chair shall perform the functions of the Chair in case of the Chair's absence or inability to act.

C. Secretary. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded and shall see that all records of the District are kept and preserved. Shall attest or countersign, on behalf of the District, all instruments in writing which the Secretary has been authorized and obligated by the Board to attest or countersign, as well as those duties charged to the secretary under the Local Health Care District Law.

D. Treasurer. The Treasurer will serve on the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

Section 1. Committee Authority.

No committee shall have the power to bind the District unless the Board provides otherwise in writing.

Section 2. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as deemed necessary or expedient. Ad Hoc Committees shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each Ad Hoc Committee chair.

Section 3. Standing Committees.

Standing committees and their charters will be affirmed annually.

The Chair shall recommend appointment of the members of these committees and the chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at or before the January Board meeting.

ARTICLE V. MANAGEMENT

Section 1. President and Chief Executive Officer.

The Board of Directors shall select and employ a President and Chief Executive Officer who shall act as its executive officer in the management of the District. The President and Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The President and Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The duties and responsibilities of the President and Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. The President and Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsels, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital, which shall be primarily engaged in providing health care services, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services, and Long-Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital, which shall be primarily engaged in providing, including but not limited to, Emergency Services,

Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services.

ARTICLE VIII. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards, and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists, oral surgeons, or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation, and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;

2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;

3. Provide verification of medical malpractice insurance coverage; and

4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assigned to a particular staff category, or granted or renewed particular clinical privileges merely because that person: (1) holds a certain degree; (2) is licensed to practice in California, Nevada, or any other state; (3) is a member of any particular professional organization; (4) is certified by any particular specialty board; (5) had, or presently has, membership or privileges at this or any other health care facility; or (6) requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors,

which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection, or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall adopt, reject, or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation**.** The Executive Committee’s response shall be considered by the Board before adopting a resolution.

If the Board’s resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the President and Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights under the Medical Staff

Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The Board of Directors may delegate decision-making authority to a committee of the Board; however, any final decision of the Board committee must be subject to ratification by the full Board of Directors at its next regularly scheduled meeting.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible, and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff

Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees, and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 (42 U.S.C. § 11101 et seq.) and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the President and Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the President and Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action

which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. Substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. The factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for

the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action

regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section, or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) whose Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS

At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 25th day of July, 2024.

REVISION HISTORY

1975
Revised – March, 1977
Revised – October, 1978
Revised – April, 1979
Revised – March, 1982
Revised – May, 1983
Revised – February, 1985
Revised – July, 1988
Revised – March, 1990
Revised – November, 1992

Revised – February, 1993
Revised – May, 1994
Revised – April, 1996
Revised – September, 1996
Revised – April, 1998
Revised – September, 1998
Revised – March, 1999
Revised – July, 2000
Revised – January, 2001
Revised – November, 2002
Revised – May, 2003
Revised – July, 2003
Revised – September, 2004
Revised – March, 2005
Revised – December, 2005
Revised – October, 2006
Revised – March, 2007
Revised – April, 2008
Revised – January, 2009
Revised – September, 2010
Revised – September, 2012
Revised – November, 2014
Revised – December, 2015
Revised – November, 2017
Revised – November, 2018
Revised – August, 2020
Revised – October, 2022
Revised – July, 2024