



2026-04-23 Regular Meeting of the Board of Directors

Thursday, April 23, 2026 , at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2026-04-23 Regular Meeting of the Board of Directors

Agenda Packet Contents

AGENDA

2026-4-23 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	4
--	---

ITEMS 1 - 11 See Agenda

12. PRESIDENT & CEO - HIGHLIGHTS

12.1. President & CEO Highlights April 2026.pdf	8
---	---

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Agenda Cover Sheet - Medical Staff Executive Committee April 2026.pdf	14
13.1.1. Emergency Medicine Privileges 04__2026.pdf	16
13.1.2.a. TFHS Standardized Procedure- Oxygen Administration & Pulse Oximetry Monitoring- DRT-2601.pdf	22
13.1.2.b. Summary of changes for DRT.pdf	25
13.1.3.a. Standardized Procedure - Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation- DED-1803-Changes.pdf	26
13.1.3.b. DED-1803.pdf	31
13.1.4. WFC policies as of 3.19.26.pdf	32
13.1.5. Dues and Fees- MSCP-6.pdf	33

14. CONSENT CALENDAR

14.1. Approval of Meeting Minutes	
14.1.1. 2026-03-26 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	36
14.2. Financial Report	
14.2. Agenda Cover Sheet - Financial Report March 2026.pdf	43
14.2.1. March 2026 Financial Statements.pdf	44
14.3. Board Reports	
14.3. Agenda Cover Sheet - Combined Executive Board Report- February 2026.pdf	73
14.3.1. Combined Executive Board Report April 2026.pdf	74
14.4. Approval of Revisions of Board and Governance Policies	
14.4. Agenda Item Cover Sheet- AGOV_ABD Consent Policies.pdf	79
14.4.1. Financial Assistance Program Full Charity Care and Discount Payment Policies- ABD-09-Changes.pdf	81
14.4.2. Trade Secrets- ABD-22-Changes.pdf	98
14.4.3. Ticket and Pass Distribution Policy- ABD-27-Changes.pdf	101
14.4.4. AGOV-19- Emergency Medical Services -EMS- of Patients on Hospital Property-changes.pdf	105
14.5. TFHS Environment of Care Committee Report	
14.5. Agenda Cover Sheet-2025 EOC Annual Report.pdf	108
14.5.1. 2025 EOC Annual Report to the BOD.pdf	109

15. ITEMS FOR BOARD DISCUSSION

15.1. Tahoe Forest Health System Foundation and Incline Village Community Hospital Foundation Update	
15.1. Agenda Cover Sheet - Foundations Annual Report.pdf	146
15.1.1. 2026 Annual Foundation Presentation for District Board.pdf	147

15.2. True North 5,000 Voices Campaign Update	
15.2. Agenda Cover Sheet-True North 5000 Voices.pdf	163
15.2.1. True North 5000 Voices Board Report.pdf	165

16. ITEMS FOR BOARD ACTION

16.1. CY 2025 Annual Infection Control Report	
16.1. Agenda Cover Sheet CY 2025 IPC Annual Report.pdf	175
16.1.1. 2025 Annual IPC Report to BOD (Open Session).pdf	176
16.2. Placer County LAFCO Special District Representative Selection	
16.2. Agenda Cover Sheet - LAFCO Nomination.pdf	198
16.2.1. 2026 LAFCO Special District Election Packet.pdf	199
16.3. Resolution 2026-03 Support of Tahoe Forest Level III Trauma Center	
16.3. Agenda Cover Sheet-Level III Trauma Center Support.pdf	204
16.3.1. Resolution 2026-03 Support Tahoe Forest Level III Trauma Center.pdf	206
16.4. Resolution 2026-04 Consolidated Election Services	
16.4. Agenda Cover Sheet-Resolution 2026-04.pdf	208
16.4.1. Resolution 2026-04 Consolidated Election Services.pdf	210
16.5. PUBLIC HEARING: AB 2561 – Status of Vacancies and Recruitment and Retention Efforts	
16.5. Agenda Cover Sheet - PUBLIC Hearing AB-2561.pdf	213
16.5.1. AB2561 BOD Presentation 1.pdf	215
16.5.2. 2026 Status of Vacant Positions AB2561.pdf	221

ITEMS 17 - 22: See Agenda

23. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, April 23, 2026, at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

If you would like to view the live meeting or speak on an agenda item, you can access the meeting remotely:

Please use this zoom link: <https://tfhd.zoom.us/j/81070388983>

Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(669) 900 6833 or (669) 444 9171

Meeting ID: 810 7038 8983

Public comment will also be accepted by email to sarah.jackson@tfhd.com or online at <https://www.tfhd.com/board-of-directors/board-meetings/#comment>. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the **three-minute** time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**
4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

5.1. Report Involving Trade Secrets (Health & Safety Code § 32106)

*Discussion will concern: Existing and potential new programs and service lines
Estimated date of disclosure: December 2026*

5.2. Report Involving Trade Secrets (Health & Safety Code § 32106)

*Discussion will concern: Existing and potential new programs and service lines
Estimated date of disclosure: December 2026*

5.3. Liability Claims (Gov. Code § 54956.95) ♦

Claimant: Vaughn Brown

Claim Against: Tahoe Forest Hospital District

5.4. Approval of Closed Session Minutes ◆

5.4.1. 03/26/2026 Regular Meeting

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

Subject Matter: Medical Staff Credentials

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

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

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

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

Privileges with Changes:

- *Emergency Medicine*

New Policies:

- *DR2601 TFHS Standardized Procedure: Oxygen Administration & Pulse Oximetry Monitoring*

Policies with Changes

- *DED-1803 Standardized Procedure – Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation*
- *Women and Family Center (DWFC) Policies*

Policies with no Changes

- *Dues and Fees – MSCP-6*

14. CONSENT CALENDAR ◆

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

14.1. Approval of Minutes of Meetings

14.1.1. 03/26/2026 Regular Meeting ATTACHMENT

14.2. Financial Reports ATTACHMENT

14.2.1. Financial Report – March 2026 ATTACHMENT

14.3. Board Reports ATTACHMENT

14.3.1. Executive Board Report – April 2026 ATTACHMENT

14.4. Approval of Revisions of Board and Governance Policies ATTACHMENT

14.4.1. ABD-09 Financial Assistance Program Full Charity Care and Discount Payment Policies
..... ATTACHMENT

14.4.2. ABD-22 Trade Secrets ATTACHMENT

14.4.3. ABD-27 Ticket and Pass Distribution Policy ATTACHMENT

14.4.4. AGOV-19 Emergency Medical Services (EMS) of Patients on Hospital Property..... ATTACHMENT

14.5. TFHS Environment of Care Committee Report ATTACHMENT

Annual Report to the Board of Directors for Calendar Year 2025

15. ITEMS FOR BOARD DISCUSSION

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

The Board of Directors will receive an update on the TFHS Foundation and IVCH Foundation activities.

15.2. True North 5,000 Voices Campaign Update ATTACHMENT

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

16. ITEMS FOR BOARD ACTION ◆

16.1. CY 2025 Annual Infection Control Report ◆ ATTACHMENT

The Board of Directors will review and consider approval of the CY 2025 Annual Infection Control Report.

16.2. Placer County LAFCO Special District Representative Selection ◆ ATTACHMENT

The Board of Directors will review and consider selecting a nominated candidate for the Placer County Special District Representation on LAFCO.

16.3. Resolution 2026-03 Support of Tahoe Forest Level III Trauma Center ◆ ATTACHMENT

The Board of Directors will consider action on a resolution for continued support of the Tahoe Forest Hospital Level III Trauma Center program and designation.

16.4. Resolution 2026-04 Consolidated Election Services ◆ ATTACHMENT

The Board of Directors will review and consider approval of a resolution determining to consolidate the Hospital District General Election with the Statewide General Election and Authorizing the Canvass of Returns by the respective Boards of Supervisors of Placer and Nevada Counties, California.

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

..... ATTACHMENT

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

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS' REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

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

23. ADJOURN

Tahoe Forest Hospital District has enabled live captioning and live Spanish translation in Zoom. To turn on live captions (subtitles) follow these steps:

1. In your Zoom meeting, look at the bottom toolbar.

You will see one of the following buttons:

- Captions
- Show Captions
- CC / Live Transcript

2. Click the button and select:

- Show Captions

3. To turn On Spanish Translation (live interpreted captions)

- Click the small arrow (^) next to the Captions button.
- Toggle the Translation button to the “on” position.
- Select: Caption Language
- Choose: Spanish

ACCESSING PUBLIC MEETINGS

As a public service to the community, The Tahoe Forest Hospital District Board of Directors meetings are held in-person, and viewable through a live webcast on the District’s website at:

https://www.youtube.com/playlist?list=PLr_DSJ6rtN1ZhLFh9EOu-oyKQBRZQGyd-

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is May 28, 2026 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.

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

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

President and CEO Monthly Highlights

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



Strategic Redesign Update



Focus Groups held April 13th and 14th

- 17 people attended



Key Learnings

- Evening & weekend access desired
- Telemedicine/virtual following in-person care



Continued Progress on Board Retreat Action Items



Proposing "Nerve Center" for Change

- Workstreams | Priorities | Timelines
- Access & community
- Leadership
- Physician alignment and Integration



Centralize the Work

- Infrastructure for what comes next
- Supports translating True North strategy into execution
- Designed to drive consistency, momentum, and impact



National Recognition in Emergency Care



Geriatric Emergency Department Accreditation Level 3 (Bronze)

- Enhanced care tailored to patients 65+
- Better outcomes
- Care closer to home



This accreditation ensures older adults receive expert, high-quality emergency care close to home.."

Anna Roth, President & CEO



Social Media Highlights

Prevention & Early Detection

CT Coronary Calcium Scoring is now available at our IVCH and TFH locations!



Workforce & Appreciation

Volunteer Appreciation Week celebrates our dedicated volunteers!



Healthy Aging & Community

TFHD hosts senior talks on muscle health, dementia, community connection at Golden Seniors weekly series @ TDRPD



Tahoe Forest Health Fall Forum: September 25

Save
The
Date

- **Featuring the Thomas D. Hobday Medical Lectureship with renowned Speaker Dr. Gurpreet Dhaliwal**
 - Professor of medicine at UC San Francisco and among the nation's leading diagnosticians
- **Other key topics:**
 - AI in healthcare
 - Prevention & wellness
 - Future of care in Tahoe





AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 13.1. Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies & Procedures
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Respective Departments have reviewed Department Policies and Privileges, recommended approval to MEC. During the April 16, 2026 Medical Executive Committee meeting, the MEC reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the April 23, 2026 Regular Meeting of the Board of Directors.	
SUMMARY/OBJECTIVES: <u>Privileges with Changes:</u> <ul style="list-style-type: none"> • Emergency Medicine <u>New Policies:</u> <ul style="list-style-type: none"> • DR2601 TFHS Standardized Procedure: Oxygen Administration & Pulse Oximetry Monitoring <u>Policies with Changes</u> <ul style="list-style-type: none"> • DED-1803 Standardized Procedure – Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation • Women and Family Center (DWFC) Policies <u>Policies with no Changes</u> <ul style="list-style-type: none"> • Dues and Fees – MSCP-6 	
SUGGESTED DISCUSSION POINTS: Medical Executive Committee has reviewed the Department recommendations on privileges and policies. The committee makes the following open session recommendation for consent agenda to the Board of Directors. <ul style="list-style-type: none"> · §485.635(a)(2) The policies are developed with the advice of members of the CAH’s professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1). · Procedures shall be approved by the Administration and Medical Staff where such is appropriate. 	

- Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.

For complete policy refer to: Policy & Procedure Structure and Approval, AGOV-9

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the MEC consent agenda as presented.

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

LIST OF ATTACHMENTS:

Privileges with Changes:

- Emergency Medicine

New Policies:

- DR2601 TFHS Standardized Procedure: Oxygen Administration & Pulse Oximetry Monitoring

Policies with Changes

- DED-1803 Standardized Procedure – Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation
- Women and Family Center (DWFC) Policies

Policies with no Changes

- Dues and Fees – MSCP-6

TAHOE FOREST HOSPITAL DISTRICT
Department of Emergency Medicine
Delineated Privilege Request

SPECIALTY: EMERGENCY MEDICINE

NAME: _____
Please print

Check which applies: **Tahoe Forest Hospital (TFH)** **Incline Village Community Hospital**
Check one: **Initial** **Change in Privileges** **Renewal of Privileges**

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

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Emergency Medicine; Internal Medicine, or Family Medicine.
Board Certification:	Board certification or qualified in Emergency Medicine or applicable ABMS Boards in Internal Medicine, or Family Medicine required. If not Board certified by an ABMS member board, must become board certified within five (5) years of residency of fellowship training.
Required Previous Experience: (required for new applicants)	Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over the last 24 months and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. References must include emergency medicine physicians and other specialists whose patients were seen in the emergency department.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the State of NV. Ability to participate in federally funded programs (Medicare or Medicaid). • (TFH Only) Must have successfully completed the ATLS course at least once.

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence. Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. . **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above. It is understood that core privileges listed on this form are considered "core" to your training and experience and the applicant is expected to perform all core privileges. The listing of conditions and components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.**

TAHOE FOREST HOSPITAL DISTRICT
Department of Emergency Medicine

recommending individual/com	Approved	CORE PRIVILEGES - EMERGENCY MEDICINE	Setting	Proctoring and Evaluation	Reappointment Criteria
-----------------------------	----------	---	---------	---------------------------	------------------------

TAHOE FOREST HOSPITAL DISTRICT
Department of Emergency Medicine

<input type="checkbox"/>	<input type="checkbox"/>	<p>Core History and Physical examinations. 24 Hour Admitting privileges to include overnight stay and admitting orders. Arrange appropriate follow-up or referral as required. Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians. Core privileges in Emergency Medicine include being able to assess, work up, and provide initial treatment to patients who present with illness or injury, condition, or symptom in the ED. The following treatments and procedures are expected to be treated by any physicians with privileges in emergency medicine:</p> <ul style="list-style-type: none"> • Abdominal paracentesis/lavage • Abdominal and GI disorders • Acute abdominal medical and surgical conditions and abdominal trauma • Acute airway obstruction • Administration of thrombolytics • Arterial puncture • Arterial catheter insertion • Arthrocentesis • Burns – preliminary evaluation and treatment • Cardiac injuries, including hemopericardium • Cauterization, intranasal • Chest injuries including fracture, flail chest, pneumothorax, hemothorax, and tension • Closed chest cardiac compression • Coma of any etiology • Convulsive states • CVA's and other neurologic emergencies • Cut-down venipuncture • Defibrillation and emergency cardioversion • Dysrhythmias without M.I • EKG interpretation (dysrhythmias, ischemia, injury and infarctions) • ENT trauma, infections, F.B., nasal hemorrhage – anterior and posterior • Emergency stabilization of all fractures • Eye injuries including burns, embedded foreign body, hyphema, orbital fracture and infections • Esophagogastric tamponade • Fracture/dislocations/sprains • Gastric lavage • G. I. Bleeding • Head, ear, eye, nose and throat disorders • Head injuries with or without coma • Immune system disorders • Ingestions, poisonings and overdoses • Interosseous Line Placement • Lacerations • Laryngoscopy, direct and indirect • Lumbar puncture (adult and pediatric) • Maintenance of airway (Endotracheal intubation, tracheostomy or cricothyroidotomy) • M.I. with dysrhythmia, shock and/or CHF/pulmonary edema • Multiple trauma – head, spine, chest, abdominal, pelvis extremities, neuro • Nasogastric tube 	<p>Emergency Department Limited In-Patient as defined</p>	<p>Representative case chart review and observation during one or more shifts. Documentation of at least 10 representative cases observed</p>	<p>Demonstration of on-going work in the Emergency Department/s, seeing a minimum of 100 patients annually 25 Hours annually of continuing medical education (CME) in Emergency Medicine (submit with reapplication form)</p>
--------------------------	--------------------------	--	---	---	---

TAHOE FOREST HOSPITAL DISTRICT

Department of Emergency Medicine

		<ul style="list-style-type: none"> • Ob/Gyn emergencies (e.g. initial tubal pregnancy stabilization, placenta previa, abruption, threatened or incomplete abortion, emergency vaginal delivery) • Packing, intranasal, anterior and posterior • Paracentesis • Partial tendon repair • Pediatric airway management – Epiglottitis, croup, foreign body • Pericardiocentesis • Placement IV needle/catheter • Placement C.V. P. catheter (subclavian, internal jugular) • Placement temporary transvenous pacemaker • Psychiatric emergencies (e.g. acute neuroses/anxiety states, acute psychosis, depression including suicidal patients) • Procedural Sedation (light, moderate, and deep) • Pulmonary ventilation via mechanical means • Rapid sequence intubation • Removal (simple) foreign body embedded corneal, conjunctival, ear canal, nose, pharynx, vagina, urethra, rectum, subcutaneous and muscle • Renal and urogenital disorders • Respiratory disorders • Severe infections including sepsis and meningitis • Shock (Cardiogenic, hypovolemic, septic, neurogenic and anaphylactic) • Slit lamp examination • Spinal injuries including unstable injuries • Suprapubic bladder catheterization • Testicular detorsion • Thoracentesis • Tooth stabilization • Transtracheal needle jet insufflation • Tube thoracostomy • Urologic trauma, calculi, obstructions, infections and torsion. • Urethral catheterization • Vaginal delivery, emergency • X-ray interpretation, initial 			
<input type="checkbox"/>		<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>			
		<p>SELECTED PROCEDURES</p> <p>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</p>			
<input type="checkbox"/>	<input type="checkbox"/>	EZ Interosseous Line Placement	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
<input type="checkbox"/>	<input type="checkbox"/>	Limited Use of Ultrasound in the Emergency Department (See attached credentialing criteria)	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department
<input type="checkbox"/>	<input type="checkbox"/>	Gastric Occult Testing	Emergency Department	Successfully complete competency	Demonstration of ongoing work in the Emergency Department

TAHOE FOREST HOSPITAL DISTRICT

Department of Emergency Medicine

		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.			
		EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.			

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

Date Applicant's Signature

DEPARTMENT CHAIR REVIEW

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

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

Date Department Chair Signature

Modifications or Other Comments:

Medical Executive Committee: _____ (date of Committee review/recommendation)

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

Board of Directors: _____ (date of Board review/action)

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

Department Review Date: 1/07; 6/07; 3/09; 3/8/2016, 9/19; 3/26
 Medical Executive Committee: 2/21/07, 6/20/07; 3/09; 3/16/16, 9/19; 3/26
 Board of Directors approval: 2/27/07, 6/26/07; 3/09; 3/24/16, 9/19

TAHOE FOREST HOSPITAL DISTRICT
Department of Emergency Medicine

Credentialing Criteria for Limited Emergency Focused Ultrasound Exam

INITIAL CREDENTIALING REQUIREMENTS:

Board certification by the American Board of Radiology with radiology-level Ultrasound level experience

OR

Previous certification in emergency department ultrasound at an ACGMA accredited residency program.

OR

Evidence of current privileges at another acute care hospital.

OR

Completion of an approved course in didactic instruction of ultrasonography by a nationally recognized expert that includes lecture, structured reading, and practice on models with demonstrable pathology as well as normal exams. Single indication credentialing is available by documentation of 25 exams in each of:

- hemopericardium
- Abdominal Aortic Aneurysm
- Biliary
- Cardiac for Asystole
- Cardiac ECHO
- FAST (focused abdominal sonography for trauma)
- E-FAST (extended FAST)
- Musculoskeletal
- Lower Extremity DVT
- Ocular
- Pelvis OB First Trimester
- Renal and Bladder
- Soft Tissue
- Thoracic
- Procedures – Ultrasound for vascular access, thoracentesis and paracentesis, abscess location and foreign body isolation, etc. Ultrasound is used as an adjunct for guidance and risk reduction only. There is no minimum required.



Origination Date 01/2026
Last Approved 01/2026
Last Revised 01/2026
Next Review 01/2028

Department **Respiratory
Therapy - DRT**

TFHS Standardized Procedure: Oxygen Administration & Pulse Oximetry Monitoring, DRT-2601

RISK:

Without a standardized procedure for initiating oxygen therapy and pulse oximetry monitoring, patients experiencing hypoxemia may face delayed treatment, increasing the risk of rapid deterioration, respiratory failure, or death. Lack of timely intervention also poses regulatory and liability risks to the organization.

SETTING:

This standardized procedure applies to all inpatient units, Medical Surgical and ICU.

PERSONNEL:

A. Respiratory Therapists (RTs)

1. Competency Requirements

- a. Current licensure as a Respiratory Care Practitioner in the state of California or Nevada as applicable.
- b. Orientation and training in oxygen therapy and pulse oximetry.
- c. Annual competency validation on oxygen delivery devices, pulse oximetry, and documentation requirements.

2. Documentation of Competency

- a. Maintained in the employee's file within the education competency management platform (Healthstream).

SUPERVISION & SUPERVISING INSTRUCTIONS:

- A. RTs function under the general supervision of the attending physician or Advanced Practice Provider (APP).
- B. RTs may initiate therapy independently under this standardized procedure and must place the order under the attending physician for co-signature.

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

A. Criteria to Utilize this Procedure

- 1. RTs may initiate oxygen therapy and pulse oximetry monitoring in the absence of an active physician order when any of the following are present:
- 2. SpO₂ < 90% on room air (unless otherwise specified by physician or protocol)
- 3. Signs/symptoms of hypoxemia (dyspnea, cyanosis, increased work of breathing, tachycardia)
- 4. Post-procedure status, acute change in condition, or by nursing/provider request

PROCEDURE:

A. Pulse Oximetry

- 1. Obtain baseline SpO₂ before oxygen initiation when possible.
- 2. Apply continuous or intermittent monitoring as clinically indicated.
- 3. Document values in the medical record.

B. Oxygen Administration

- 1. Initiate oxygen using the lowest effective flow/device to achieve target SpO₂:
 - a. Adults: Maintain 90–96%
 - i. Known or suspected Chronic Obstructive Pulmonary Disease (CO₂ retainers): Maintain 88–92%
 - b. Acceptable delivery devices: Nasal cannula and Oxymask.
 - c. Escalate to higher-level systems (High-Flow Nasal Cannula, Non-Invasive Ventilation, invasive ventilation) according to existing protocols and with physician notification.

C. Monitoring & Communication

- 1. Document device, flow/FiO₂, and SpO₂ in the EMR.
- 2. Monitor for adverse effects (CO₂ retention, oxygen toxicity with prolonged high FiO₂).
- 3. Place oxygen/pulse oximetry order under the attending physician's name for co-signature.
- 4. Notify physician/APP if unable to achieve target SpO₂ or if patient condition deteriorates.

RECORD KEEPING:

- A. All clinical information—including baseline SpO₂, oxygen device, flow/FiO₂, reassessments, and patient response—will be documented in the Electronic Medical Record (EMR).
- B. A progress note will be written to document the initiation of oxygen administration.

DEFINITIONS & REFERENCES:

- A. American Association for Respiratory Care (AARC) Clinical Practice Guideline: Oxygen Therapy for Adults in the Acute Care Facility (2020)
- B. AARC Clinical Practice Guideline: Pulse Oximetry (2021)

DEVELOPMENT & APPROVAL:

- A. **Development:**
This standardized procedure was developed through collaboration between the Respiratory Therapy Department, Nursing Leadership, and Medical Staff.
- B. **Approval:**
This standardized procedure was reviewed and approved by the appropriate department chairs, Interdisciplinary Practice Committee (IDPC), Medical Executive Committee, and the TFHS Board.

PERIODIC REVIEW:

This standardized procedure will be reviewed every two (2) years by Respiratory Therapy Leadership, Nursing/Clinic Leadership, and medical staff such as IDPC and the Medical Executive Committee.

All Revision Dates

01/2026

Approval Signatures

Step Description	Approver	Date
	Jan Iida: CNO	01/2026
	Greg Tirdel: Physician	01/2026
	Jason Becker: Respiratory Care Manager	01/2026
	Jason Becker: Respiratory Care Manager	01/2026

Summary of changes for DRT-2601

New standardized procedure- Was approved by IDPC

Allows therapists to initiate oxygen therapy/pulse ox without an order

For adults only

Applies to Med-sur and ICU

RT will maintain Competency

RT will place the order for the physician to sign

This is per the American Association for Respiratory care



Origination 04/2018
Date
Last 09/2025
Approved
Last Revised 09/2025
Next Review 09/2026

Department Emergency
Department -
DED
Applicabilities Incline Village
Community
Hospital,
Tahoe Forest
Hospital

Standardized Procedure - Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation, DED-1803

RISK:

- ~~A. Failure to ensure a detailed policy to provide expedited care of the patient presenting to the Emergency Department with suspected extremity fracture or dislocation may lead to delay in patient care.~~

SPECIFIC REQUIREMENTS:

- ~~A. The evaluation of patient and the implementation of the standardized procedure for the patient presenting with suspected extremity fracture or dislocation will only be performed by a qualified Emergency Department evaluator. A qualified evaluator is the attending ED MD or an RN employed in the TFH/IVCH Emergency Department with at least one year ED experience and the competencies defined in this standardized procedure.~~

EXPERIENCE, TRAINING AND CONTINUED EDUCATIONAL REQUIREMENTS:

- ~~A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year Emergency Department experience and successful completion of the following required competencies:
 - ~~1. TFH/IVCH Emergency Department orientation including submission of completed skills checklist.~~
 - ~~2. The Emergency Department RN will complete annual competency requirements and~~~~

~~maintain all required licensing as directed by Department Manager and hospital policy.~~

Failure to provide a standardized procedure for expedited care of patients presenting to the Emergency Department with a suspected extremity fracture or dislocation may result in delays in treatment and compromised patient outcomes.

SETTING:

- ~~A. This standardized procedure applies to any patient presenting to the Tahoe Forest Emergency Department for evaluation.~~

This standardized procedure applies to any patient presenting to the Tahoe Forest Hospital (TFH) or Incline Village Community Hospital (IVCH) Emergency Departments.

PERSONNEL:

- A. Registered Nurses (RNs) employed in the TFHS Emergency Departments (TFH or IVCH).

- B. Competency Requirements: RNs must meet the following criteria:

1. Hold a current license
2. Have a minimum of one year Emergency Department experience
3. Have completed department-specific orientation, including
 - a. Completed skills checklist
 - b. Fulfilled annual competency requirements
4. Maintain current certifications:
 - a. Basic Life Support (BLS)
 - b. Advanced Cardiac Life Support (ACLS)
 - c. Pediatric Advanced Life Support (PALS)

- C. Documentation of Competency: A list of all ED RNs authorized to initiate standardized procedures will be maintained by TFHS Education Department.

SUPERVISION & SUPERVISING INSTRUCTIONS:

- A. A TFHS Emergency Department Physician must be on duty and available for consultation and guidance.
- B. For any patient presenting with emergent or critical symptoms requiring prompt or immediate medical intervention, the RN must immediately inform the Physician prior to initiating any orders.

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE

REQUIREMENTS:

- A. ~~The RN will evaluate every patient presenting to the Emergency Department.~~
- B. The RN will evaluate every patient presenting to the ED and, using clinical judgment, may initiate ~~the~~this standardized procedure ~~for Suspected Extremity Fracture or Dislocation for anywhen a patient presenting~~presents with the following ~~complaints and based on clinical judgment of the RN.:~~
 - 1. ~~Any patient presenting to the Emergency Department with complaint of:~~
 - a. ~~Extremity injury~~
 - b. ~~Extremity pain~~
 - c. ~~Extremity deformity~~
 - 2. Extremity injury
 - 3. Extremity pain
 - 4. Extremity deformity

~~NURSING INTERVENTION AND PROCEDURE:~~

- A. ~~Based on this standardized procedure and the the nurses' clinical judgment, the Emergency Department RN may place the order for the following from the Extremity Fracture Complaint Guidelines drop down order set in EMR:~~
 - 1. ~~RN will evaluate CMS distally in all suspected extremity fractures or dislocations.~~
 - 2. ~~RN may place order for extremity xray to include laterality and number of views.~~
 - a. ~~If patient presents with obvious tib/fib or ankle fracture, the RN will consider including an order for 4 view xray of the knee.~~
 - 3. ~~The RN will alert MD immediately of any patient presenting with suspected long bone fracture.~~
 - 4. ~~The RN will alert MD immediately of any patient presenting with emergent or critical symptoms.~~
 - 5. ~~Upon patient arrival, RN will document time of last pain medication administration and assess patient's current pain level.~~
 - 6. ~~RN must place order for and insert peripheral IV based on clinical judgment. IV will be placed in contralateral extremity from injured site.~~
 - 7. ~~RN must place order and pull from the Pyxis pain medications after discussing with ED Physician, for all extremity fractures with stable vital signs and with a pain level greater than 5.~~
 - a. ~~RN will verify allergies.~~
 - b. ~~RN must place order per standardized procedure for pain medications administration.~~

- e. RN may administer pain medications per standardized procedure. MD order and hospital policy.
- d. RN will reevaluate patient 15 minutes after giving medications for pain.

SUPERVISION AND SPECIAL INSTRUCTIONS/DEFINITIONS:

- A. The Emergency Department MD on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the MD of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.

PERIODIC REVIEW

- A. A review of the patient EMR will be performed by the responsible ED physician in a timely manner and the reviewing physician will co-sign the order set.
- B. Annual chart reviews will be completed by the Emergency Department.

A. Patient Assessment

1. **Notify the ED Physician immediately for:**
 - a. **Suspected long bone fracture**
 - b. **Emergent or critical symptoms**
2. **Initiate procedure only in stable patients with extremity injury, pain or deformity where clinically indicated.**
3. **Perform a distal CMS (circulation, motor, sensation) check on all suspected extremity injuries.**
4. **Assess pain level upon arrival and document the time of the patient's last pain medication.**

B. Orders for Imaging, Medications, Etc

1. **Using the Manage Orders Quick List "XR-Trauma", the RN may:**
 - a. **Order extremity X-rays, specifying laterality and number of views**
 - b. **For suspected tib/fib or ankle fractures, consider adding a 4-view knee X-ray.**
2. **Order and insert a peripheral IV based on clinical judgment in the contralateral extremity from the injury.**
3. **For patients with pain >5 RN will notify physician.**

C. Monitoring

1. **Monitor CMS status of the affected extremity.**
2. **Monitor and reassess pain levels.**

RECORD KEEPING:

~~A. The RN caring for the patient will complete all documentation in the EMR.~~

The RN providing direct patient care of the patient is responsible for complete and accurate documentation in the EMR.

DEVELOPMENT AND APPROVAL:

A. This standardized procedure was developed through interdisciplinary collaboration between ~~Nursing Leadership, Pharmacy, Education, Vituity Emergency Physicians group, and the TFH/IVCH Emergency Department.;~~

1. Nursing Leadership
2. Pharmacy
3. Education Department
4. Vituity Emergency Physician
5. TFH/IVCH Emergency Departments

This standardized procedure was approved by all appropriate department chairs, Medical Executive Committee, TFHS Board.

PERIODIC REVIEW:

The standardized procedure will be reviewed every 2 years by Emergency Department Leadership.

All Revision Dates

09/2025, 06/2024, 07/2022, 04/2021, 01/2020, 03/2019, 04/2018

Approval Signatures

Step Description	Approver	Date
	Trent Foust: Director of Nursing	09/2025
	Katie Lamb: ED Manager	08/2025

Title	Department	Last Approved	Next Review	Summary of Changes
Standardized Procedure - Preparation of the Patient Presenting with Suspected Extremity Fracture or Dislocation, DED-1803	Emergency Department - DED	9/2/2025	9/2/2026	Changed format to match other standardized procedures.

Title	Department	Last Approved	Next Review	Summary of Changes
Labor - Analgesia, Epidural/Intrathecal, DWFC-1413	Women and Family Center - DWFC	3/17/2026	3/16/2028	Anesthesia updates – Per Dr Anna Olsen, removed Section J “Nonpregnant patients” since separate policy exists. Updated RN assessment responsibilities for patient comfort post epidural Per Dr Anna Olsen Updated references Policy statement revised Removed Section J “Nonpregnant patients” since separate policy exists. Adding RN assessment responsibilities for patient comfort post epidural Updated references
Labor - Cervical Ripening with a Cervical Balloon Catheter, Inpatient Setting, DWFC-1498	Women and Family Center - DWFC	3/17/2026	3/6/2028	OBs/ Medical Director updates - remove “direct visualization of the cervix” as this is at the discretion of the provider, revised cook catheter procedure. Updated references
Labor - Nitrous Oxide Use For Labor Patient, DWFC-17	Women and Family Center - DWFC	3/3/2026	3/2/2028	Combined risk and policy statement with updates. No changes Per Anesthesia or OB Updated date references
Neonate - Sepsis Prevention and Management of, DWFC-1447	Women and Family Center - DWFC	3/17/2026	3/6/2028	Updated references



Origination 01/1998
Date
Last 06/2023
Approved
Last Revised 06/2023
Next Review 06/2026

Department **Credentialing and
Privileging -
MSCP**
Applicabilities **System**

Dues and Fees, MSCP-6

RISK:

Not collecting dues, initial application, and reappointment fees will limit the Medical Staff's ability to provide financial assistance to its medical staff members. In addition, not collecting fees could result in invalid credentialing requests, and create a lack of medical staff engagement.

POLICY:

1. All practitioners including Allied Health Professionals submitting an application to the Medical Staff of Tahoe Forest Hospital District must also include a non-refundable processing fee of \$300.00, with the exception of the following:
 - A. Resident Staff,
 - B. Honorary Staff
 - C. Volunteers
 - D. Distant-site practitioners holding telemedicine privileges at TFHD are not required to pay medical staff dues.
2. All practitioners including Allied Health Professionals submitting a reappointment application to the Medical Staff of Tahoe Forest Hospital District must also include a non-refundable processing fee of \$200.00, with the exception of the following:
 - A. Resident Staff,
 - B. Honorary Staff
 - C. Volunteers
 - D. Distant-site practitioners holding telemedicine privileges at TFHD are not required to pay medical staff dues.
 - E. Practitioners and Allied Health Professional staff who have met all meeting

attendance requirements.

3. The non-refundable application, reappointment, and dues fee can be paid electronically, or by check payable to "TFHD MEDICAL STAFF" and can be submitted to the Medical Staff Services office along with the completed application and/or reappointment application. The application and reappointment application will not be processed and considered incomplete until the fee is received in the Medical Staff Services Office.
4. All members of the Medical Staff and Allied Health Professional Staff (AHP) are required to pay annual dues. The request for payment of the annual Staff Membership Dues is distributed by the Medical Staff Services Office on April 1st of each year and is due and payable by June 1st. The non-refundable dues can be paid electronically, or by check, made payable to "TFHD MEDICAL STAFF". All dues received after June 10th will be charged a late fee of \$10.00 per month until the dues are received. Medical Staff and AHP Staff members who are on Provisional status are not required to pay dues.
5. Dues shall be charged as described below:

Provisional	N/A
Active Staff	\$300.00
Courtesy	\$300.00
Allied Health Professional	\$100.00
Dental	\$50.00
Podiatry	\$300.00

6. Failure to pay Dues/Assessments, per the medical staff bylaws:
 - A. Failure without good cause as determined by the Medical Executive Committee, or Chief of Staff, to pay dues or assessments shall be grounds for automatic suspension of a Member's Clinical Privileges. Such suspension shall take effect automatically if the dues and assessments remain unpaid thirty (30) calendar days after the Member is given notice of delinquency and warned of the automatic suspension. If the Member still has not paid the required dues or assessments within six (6) months after such notice of delinquency, the Member's membership shall be automatically terminated.

Approved by:

MEC: 1/10; 1/11; 1/12; 1/13; 1/14; 3/16, 6/23

All Revision Dates

06/2023, 03/2020, 03/2020, 11/2016, 03/2016, 01/2014, 01/2013, 01/2012, 11/2006, 07/1999

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	06/2023
Board of Directors	Dorothy Piper: Director Medical Staff Services	06/2023
MEC	Dorothy Piper: Director Medical Staff Services	06/2023
	Dorothy Piper: Director Medical Staff Services	06/2023

COPY

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

Thursday, March 26, 2026 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161
Telephonic Location GC 54953(b): 7524 Homing Pigeon, Las Vegas, Nevada 89084

1. CALL TO ORDER

Meeting was called to order at 4:04p.m.

2. ROLL CALL

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

Board Member Absent: none

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Kim McCarl, Chief Strategy Officer; Janet Van Gelder, Director of Quality & Regulations; Louis Ward, Chief Operating Officer; Sarah Jackson, Clerk of the Board;

Other: David Ruderman, General Counsel; Tere LeBarron, Mark Finucane, and Keith Kelson from Alvarez & Marsal (zoom); Larry Gage from Alston & Bird (zoom)

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

4. INPUT AUDIENCE

Open Session recessed at 4:05 p.m.

5. CLOSED SESSION

5.1. Approval of Closed Session Minutes ♦

5.1.1. 02/26/2026 Regular Meeting

5.1.2. 03/04/2026-03/05/2026 Special Meeting

Discussion was held on a privileged item.

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

Claimant: Jeffrey D. Cisneros

Claim Against: Tahoe Forest Hospital District

Discussion was held on a privileged item.

5.3. Report Involving Trade Secrets (Health & Safety Code § 32106)

*Discussion will concern: Existing and potential new programs and service lines
Estimated date of disclosure: December 2026*

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:02 p.m.

Meeting Dedication and Adjournment in Memory of Greg Tarter

Chair McGarry stated:

“Before we begin this meeting, I would like to announce that the Board will be adjourning today’s meeting in memory of Greg Tarter, longtime colleague and respected nurse for the organization.”

Chair McGarry continued:

“I did not have the privilege to know Greg personally, but he has been described as more than a co-worker; he was a source of kindness, support, and steady strength. He was known for his compassion for others, his dedication to Tahoe Forest, and the warmth he brought to every interaction. He made a lasting impact on everyone who had the privilege of knowing him.”

“One of those individuals is fellow Board Member, Alyce Wong, who would like to share some words at this time.”

Director Alyce Wong stated:

“Today we pause to remember Greg Tarter, a nurse in the Intensive Care Unit whose presence meant so much to his patients and to all of us who had the privilege of knowing him.

Greg was a landscape architect prior to entering nursing. When asked why he changed careers, he said “trees and plants can’t carry on a conversation”.

In 1998 he relocated to Truckee and started working in the ICU at Tahoe Forest. Greg brought more than conversation to the ICU. He brought kindness, compassion, and a genuine sense of caring that patients felt. He had a way of connecting with others that made even the hardest days a little lighter.

Working in the ICU requires critical care expertise, calmness under pressure, and deep compassion for patients and families facing some of life’s most stressful moments. Greg embodied those qualities every day.

He also had a wonderful sense of humor. Greg could make us smile if not laugh when we needed it most. Many of us remember how he could break into song at the drop of a hat. Music was clearly something he loved, and it became part of the joy he shared with those around him. If his singing was not enough to make you smile, then he would offer you a piece of gum from his back pocket. Seems that back pocket held an endless store of pieces of gum!

In a place where the work can be intense and emotional, Greg had a special way of reminding us how much kindness, humor, and small moments of joy matter.

His passing was sudden and deeply felt by all who knew him. While we grieve the loss, we also celebrate the spirit he brought to our team and the care he gave so generously to his patients. For many of us, Greg will be remembered as the Face of the ICU!

On behalf of the Tahoe Forest Hospital District’s Board of Directors, I want to express our deep gratitude for Greg’s service and our heartfelt condolences to Ellen, Julia, his family, friends, and colleagues. His compassion and his spirit will remain a lasting part of our health system. Rest in peace Greg.”

Director McGarry then called for a Moment of Silence:

“Please join us in a moment of silence in memory of Greg Tarter.”

Chair McGarry then continued with the posted agenda for the Regular Meeting of the TFHD Board of Directors:

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session. Item 5.1. Closed Session Minutes were approved on a 5-0 vote. Closed Session Item 5.2, Liability Claim was rejected with a 5-0 vote. There was no reportable actions for item 5.3. Trade Secrets and Medical Staff Credentials, item 5.4 was approved with a vote of 5-0.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

10. INPUT – AUDIENCE

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

None.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

None.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights

President & CEO Anna M. Roth provided an update highlighting Health Within Reach, Peaks of Excellence, Transformation, key developments, initiatives, and recent activities impacting the District.

Discussion was held.

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policies with Changes:

- Emergency Department Policies
- IVCH ED Policies
- Infection Control Policies
- Quality Assurance/ Performance Improvement Policies
- Employee Health Policies
- Environment of Care Policies

Annual Plan Approval

- Medication Error Reduction Plan, APH-34
- Quality Assessment/ Performance Improvement Plan, AQPI-05
- Risk and Patient Safety Plan, AQPI-02
- Trauma Performance Improvement Plan
- Utilization Review Plan, DCM-1701
- Available CAH Services, TFH & IVCH, AGOV-06

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

Discussion was held.

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

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

14. CONSENT CALENDAR ◆

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 26, 2026 DRAFT MINUTES – Continued

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

14.1. Approval of Minutes of Meetings

- 14.1.1. 02/26/2026 Regular Meeting
- 14.1.2. 03/04/2026-03/05/2026 Special Meeting

14.2. Financial Reports

- 14.2.1. Financial Report – February 2026

14.3. Board Reports

- 14.3.1. Executive Board Report – March 2026

14.4. Board Policy Review

- 14.4.1. Plan for the Provision of Care to Patients, AGOV-26
- 14.4.2. Hand-Off Communications SBAR and C-U-S Reports, AGOV-1504
- 14.4.3. Medical Device Tracking, AGOV-1605
- 14.4.4. Physician and Professional Services Agreement, ABD-21
- 14.4.5. Available CAH Services, TFH & IVCH, AGOV-06

14.5. Quality Assessment/Performance Improvement (QA/PA) Plan, AQPI-05 Policy

14.6. Affirm Board Committee Charters

- 14.6.1. Board Executive Compensation Committee Charter

14.7. Ratify TFHS Foundation Board Member

- 14.7.1. Lynne Weakley

Discussion was held.

ACTION: Motion made by Director Chamblin to approve the Consent Calendar with the Executive Board Report pulled, item 14.3.1., seconded by Director Darzykiewicz.

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

15. ITEMS FOR BOARD DISCUSSION

15.1. Sports Medicine Presentation - Athletic Training Month

The Board of Directors will receive a presentation from the Sports Medicine Department.

Anna Aldridge, Manager of Sports Medicine, presented to the Board of Directors.

Discussion was held.

16. TIMED ITEMS FOR BOARD ACTION ♦

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

New Board policy recommended for approval by the Governance Committee, required by the passage of SB 707.

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve ABD-2601 as presented, seconded by Director Wong.

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

16.2. Community Outreach for Underserved Communities and Hospital Board Meeting Engagement, ABD-2602

New Board policy recommended for approval by the Governance Committee, required by the passage of SB 707.

Discussion was held.

ACTION: Motion made by Director Chamblin to approve ABD-2602 as presented, seconded by Director Brown.

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

16.3. Guideline for Business by the Tahoe Forest Hospital District Board of Directors, ABD-12

Revised Board policy with significant edits recommended for approval by the Governance Committee, required by the passage of SB 707.

Discussion was held.

ACTION: Motion made by Director Brown to approve ABD-12 as presented, seconded by Director Wong.

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Item 14.3.1. Executive Board Report (pulled from the Consent Calendar)

Director Chamblin referred to the March CIIO Board Report.

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve the Executive Board Report, pulled Consent Item 14.3.1., seconded by Director Chamblin.

ROLL CALL VOTE:

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong (zoom), McGarry.

Abstention: None

NAYS: None

Absent: None

18. BOARD COMMITTEE REPORTS

Chair McGarry reported on the Board Governance Committee.

Director Wong reported on the Board Executive Compensation Committee.

19. BOARD MEMBERS' REPORTS/CLOSING REMARKS

Director Darzynkiewicz provided remarks.

Director Chamblin provided remarks.

Chief Strategy Officer provided remarks.

20. CLOSED SESSION CONTINUED

21. OPEN SESSION

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

23. ADJOURN

Chair McGarry, "The Board Meeting of March 26th 2026 is now adjourned in memory of Greg Tarter."



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 14.2 Financial Reports 14.2.1 Financial Report – March 2026
DEPARTMENT: Finance	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.4 states, "Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff." Consent Agenda Item 14.2.1 Financial Report – March 2026 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.	
SUMMARY/OBJECTIVES: To provide the Board information about the District’s monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.	
SUGGESTED DISCUSSION POINTS: Opportunity to pull the Financial Report – March 2026 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 17 Discussion of Consent Calendar Items Pulled, If Necessary.	
SUGGESTED MOTION/ALTERNATIVES: Motion to accept the Financial Report – March 2026 as part of the Consent agenda. Alternative: If pulled from Consent agenda, provide discussion under Item 17 on the Board agenda. After discussion, request a motion to approve the Financial Report – March 2026 as presented.	
LIST OF ATTACHMENTS: Financial Report – March 2026	

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

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT REPORT
7	NINE MONTHS ENDING MARCH 2026 STATEMENT OF NET POSITION KEY FINANCIAL INDICATORS
8	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
9 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	NINE MONTHS ENDING MARCH 2026 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION KEY FINANCIAL INDICATORS
12	IVCH STATEMENT OF REVENUE AND EXPENSE
13 - 14	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
15	STATEMENT OF CASH FLOWS
16 - 29	TFH VOLUMES AND GRAPHS

Board of Directors
Of Tahoe Forest Hospital District
MARCH 2026 FINANCIAL NARRATIVE

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

Activity Statistics

- ❑ TFH acute patient days were 392 for the current month compared to budget of 423. This equates to an average daily census of 12.6 compared to budget of 13.6.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Blood units, EKGs, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, Tahoe City Occupational Therapy, and Outpatient Speech and Occupational Therapies.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Hospice visits, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 43.1% in the current month compared to budget of 45.9% and to last month's 45.1%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.0% compared to budget of 45.7% and prior year's 46.8%.
- ❑ EBIDA was \$848,227 (1.2%) for the current month compared to budget of \$1,918,844 (3.1%), or \$1,070,617 (-1.9%) below budget. Year-to-date EBIDA was \$30,377,268 (5.2%) compared to budget of \$23,061,729 (4.0%), or \$7,315,539 (1.1%) above budget.
- ❑ Net Income/(Loss) was \$(740,192) for the current month compared to budget of \$1,304,709 or \$(2,044,901) below budget. Year-to-date Net Income was \$26,827,865 compared to budget of \$17,886,828 or \$8,941,037 above budget.
- ❑ Cash Collections for the current month were \$28,270,060 which is 88% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$124,733,707 at the end of March compared to \$122,286,609 at the end of February.

Balance Sheet

- ❑ Working Capital is at 32.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 209.4 days. Working Capital cash decreased a net \$136,000. Decrease in Cash is related to: Accounts Payable increased \$1,214,000, Accrued Payroll & Related Costs increased \$2,983,000, and Capital Project and Equipment expenditures totaled \$1,649,000. Cash Collections were below target by 12%, and the District received \$1,132,000 from the State for FY25 AB915 Outpatient Supplemental Program.
- ❑ Net Patient Accounts Receivable increased a net \$632,000. Cash collections were 88% of target. EPIC Days in A/R were 56.7 compared to 56.9 at the close of February.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$456,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$1,132,000 from the State for FY25 AB915 Outpatient Supplemental Program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$723,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of March.
- ❑ Investment in TSC, LLC decreased \$135,000 after recording the estimated loss for March and trueing up the losses for February.
- ❑ To comply with GASB 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close of March.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for March and trueed-up the GASB 96 schedules to eliminate subscriptions no longer in use and add subscriptions entered into in FY26, increasing its Right-To-Use Subscription asset \$884,000.
- ❑ Accounts Payable increased \$1,214,000 due to the timing of the final check run in March.
- ❑ Accrued Payroll & Related Costs increased a net \$2,983,000 due to five additional accrued payroll days in March and an increase to the Accrued Physician RVU bonuses based on the new accrual model.
- ❑ To comply with GASB No. 96, the District recorded an increase in its Right-To-Use Subscription Liability for March with the addition of new subscriptions entered into in FY26, increasing the liability by \$861,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$504,000. The District paid back its overpayments on Inpatient claims for FY26.
- ❑ Health Insurance Plan IBNR increased \$500,000 based on information received from our Third-Party Administrator.
- ❑ The District trueed up its Current Maturities of Other Long Term Debt and Other Long Term Debt Net of Current Maturities to properly state the payoff of the loan for the purchases of the Old Gateway Building.

March 2026 Financial Narrative

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$71,425,064 compared to budget of \$62,870,648 or \$8,554,416 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,487,945 compared to budget of \$8,421,905 or \$66,040 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$62,937,119 compared to budget of \$54,448,743 or \$8,488,376 above budget.
- ❑ Current month’s Gross Revenue Mix was 42.42% Medicare, 15.64% Medi-Cal, 1.37% Other, and 40.57% Commercial Insurance compared to budget of 38.72% Medicare, 16.55% Medi-Cal, 1.20% Other, and 43.53% Commercial Insurance. Last month’s mix was 40.40% Medicare, 17.33% Medi-Cal, 1.22% Other, and 41.05% Commercial Insurance. Year-to-Date Gross Revenue Mix was 42.71% Medicare, 16.83% Medi-Cal, 1.32% Other, and 39.14% Commercial Insurance compared to budget of 39.10% Medicare, 16.57% Med-Cal, 1.19% Other, and 43.14% Commercial.
- ❑ Current month’s Deductions from Revenue were \$40,650,805 compared to budget of \$34,009,388 or \$6,641,417 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 3.70% increase in Medicare, a .91% decrease to Medi-Cal, a .16% increase in Other, and Commercial Insurance was below budget 2.96%, and 2) Revenues were above budget 13.60%.

DESCRIPTION	March 2026 Actual	March 2026 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	13,259,054	12,457,177	(801,877)	We saw negative variances in Technical, RN, and PA/FNP salaries.
Employee Benefits	4,462,244	3,731,355	(730,889)	Accrued Physician Productivity Bonuses using the new model created a negative variance in Employee Benefits.
Benefits – Workers Compensation	82,748	90,315	7,567	
Benefits – Medical Insurance	3,129,002	3,011,858	(117,144)	The District has a self-insured plan and expense is based on actual claims paid, and an additional amount was recorded for Incurred but Not Reported (IBNR) claims liability.
Medical Professional Fees	646,049	641,378	(4,672)	Locums coverage for Urology and Hospitalist Physician fees were above budget. These negative variances were offset by positive variances in Anesthesia and Radiology Physician fees.
Other Professional Fees	258,051	332,361	74,310	Graphic design consulting for Marketing and Strategic Planning and Environmental Assessment consulting for Administration were below budget, creating a positive variance in Other Professional Fees.
Supplies	6,052,841	5,174,030	(878,811)	Medical Supplies Sold to Patients revenues were above budget 45.22% and Drugs Sold to Patients revenues were above budget 20.51%, creating negative variances in Patient & Other Medical supplies and Pharmacy supplies.
Purchased Services	2,277,346	2,381,367	104,021	We saw positive variances in Department Repairs, Wellness Bank usage, Employee Health screenings, Network Maintenance services, Community Health Index support, credit card fees, Snow Removal services, and Work Force Management/AI services, creating a positive variance in Purchased Services.
Other Expenses	1,549,530	1,209,150	(340,380)	A one time sponsorship for the Truckee Navigation Center Pilot program created a negative variance in Other Expenses.
Total Expenses	31,716,866	29,028,991	(2,687,876)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MARCH 2026

	Mar-26	Feb-26	Mar-25	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 30,555,493	\$ 30,691,134	\$ 44,806,755	1
PATIENT ACCOUNTS RECEIVABLE - NET	56,605,625	55,973,511	53,062,689	2
OTHER RECEIVABLES	11,256,821	10,148,479	10,202,018	
GO BOND RECEIVABLES	941,168	472,642	931,107	
ASSETS LIMITED OR RESTRICTED	15,803,167	14,506,078	10,777,293	
INVENTORIES	7,287,043	7,293,435	5,551,914	
PREPAID EXPENSES & DEPOSITS	4,227,292	4,533,579	3,850,555	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	35,618,448	35,162,141	20,640,353	3
TOTAL CURRENT ASSETS	162,295,056	158,780,999	149,822,684	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	51,005,777	1
* CASH INVESTMENT FUND	94,050,366	94,096,713	96,636,376	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	8,994,230	9,716,972	5,142,762	4
MUNICIPAL LEASE 2025	3,418,185	3,418,185	4,593,879	
TOTAL BOND TRUSTEE 2017	23,793	23,793	22,910	
TOTAL BOND TRUSTEE 2015	922,515	838,300	1,008,392	
GO BOND TAX REVENUE FUND	3,111,952	3,111,952	2,966,850	
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,658	
DONOR RESTRICTED FUND	1,202,654	1,202,653	1,194,994	
WORKERS COMPENSATION FUND	40,488	35,187	33,847	
TOTAL	186,086,367	186,765,939	162,609,446	
LESS CURRENT PORTION	(15,803,167)	(14,506,078)	(10,777,293)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	170,283,201	172,259,861	151,832,153	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(6,142,201)	(6,006,760)	(5,044,464)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	216,586,371	214,318,371	197,454,256	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,016,694	2,002,386	2,219,847	
TOTAL ASSETS	546,756,092	543,071,828	498,001,447	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	164,852	168,084	203,640	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	178,888	200,425	204,560	6
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,778,550	3,802,255	4,063,007	
GO BOND DEFERRED FINANCING COSTS	368,140	370,461	395,990	
DEFERRED FINANCING COSTS	90,504	91,544	102,987	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,642,356	13,719,210	10,505,193	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	22,136,859	21,253,048	24,248,753	7
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 40,360,148	\$ 39,605,027	\$ 39,724,130	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	13,826,212	12,612,639	\$ 9,677,079	8
ACCRUED PAYROLL & RELATED COSTS	28,031,858	25,049,223	19,430,679	9
INTEREST PAYABLE	204,547	149,654	207,394	
INTEREST PAYABLE GO BOND	480,155	240,078	502,905	
SUBSCRIPTION LIABILITY	24,128,211	23,267,082	26,057,866	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,820,356	6,102,931	11
HEALTH INSURANCE PLAN	5,128,800	4,628,800	3,219,201	12
WORKERS COMPENSATION PLAN	2,315,069	2,315,069	2,297,841	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,876,447	2,876,447	2,771,063	
CURRENT MATURITIES OF GO BOND DEBT	2,730,000	2,730,000	2,440,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,606,719	5,139,974	4,371,046	13
TOTAL CURRENT LIABILITIES	87,644,229	82,829,322	77,078,005	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,903,695	30,499,533	30,729,872	13
GO BOND DEBT NET OF CURRENT MATURITIES	84,461,742	84,479,697	87,697,209	
DERIVATIVE INSTRUMENT LIABILITY	178,888	200,425	204,560	6
TOTAL LIABILITIES	203,188,554	198,008,977	195,709,646	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	382,725,032	383,465,225	340,820,936	
RESTRICTED	1,202,654	1,202,653	1,194,994	
TOTAL NET POSITION	\$ 383,927,686	\$ 384,667,878	\$ 342,015,931	

* Amounts included for Days Cash on Hand calculation



















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

1. Working Capital is at 32.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 209.4 days. Working Capital cash decreased a net \$136,000. Net decrease in Cash is related to: Accounts Payable increased \$1,214,000 (See Note 8), Accrued Payroll & Related Costs increased \$2,983,000 (See Note 9), and Capital Project and Equipment expenditures totaled \$1,649,000. Cash Collections were below target by 12% (See Note 2), and the District received \$1,132,000 from the State for FY25 AB915 Outpatient Supplemental Program.
2. Net Patient Accounts Receivable increased a net \$632,000. Cash collections were 88% of target. EPIC Days in A/R were 56.7 compared to 56.9 at the close of February.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$456,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$1,132,000 from the State for FY25 AB915 Outpatient Supplemental Program.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$723,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of March.
5. Investment in TSC, LLC decreased \$135,000 after recording the estimated loss for March and trueing up the losses for February.
6. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close of March.
7. To comply with GASB No. 96, the District recorded Amortization Expense for March and trued-up the GASB 96 schedules to eliminate subscriptions no longer in use and add subscriptions entered into in FY26, increasing its Right-To-Use Subscription asset \$884,000.
8. Accounts Payable increased \$1,214,000 due to the timing of the final check run in March.
9. Accrued Payroll & Related Costs increased a net \$2,983,000 due to five additional accrued payroll days in March and an increase to the Accrued Physician RVU bonuses based on the new accrual model.
10. To comply with GASB No. 96, the District recorded an increase in its Right-To-Use Subscription Liability for March with the addition of new subscriptions entered into in FY26, increasing the liability by \$861,000.
11. Estimated Settlements, Medi-Cal & Medicare decreased \$504,000. The District paid back its overpayments on Inpatient claims for FY26.
12. Health Insurance Plan IBNR increased \$500,000 based on information received from our Third Party Administrator.
13. The District trued up its Current Maturities of Other Long Term Debt and Other Long Term Debt Net of Current Maturities to properly state the payoff of the loan for the purchase of the Old Gateway Building.

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

WORKING CAPITAL			
US Bank	\$ 29,303,671	3.28%	
US Bank/Incline Village Thrift Store	25,378		
US Bank/Truckee Thrift Store	169,420		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,057,024</u>	1.61%	
Total			\$ 30,555,493
BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Cash Portfolio Fund	251,385	3.27%	
Chandler Investment Fund	<u>93,798,981</u>	VAR	
Total			\$ 94,050,366
Building Fund	\$ -		
Cash Reserve Fund	<u>74,318,485</u>	3.82%	
Local Agency Investment Fund			\$ 74,318,485
Municipal Lease 2018			\$ 3,418,185
Bonds Cash 2017			\$ 23,793
Bonds Cash 2015			\$ 922,515
GO Bonds Cash 2008			\$ 3,111,952
DX Imaging Education	\$ 3,700		
Workers Comp Fund - B of A	40,488		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 44,188</u>
TOTAL FUNDS			\$ 206,444,976
RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,390	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,166,955</u>	3.82%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,202,654</u>
TOTAL ALL FUNDS			<u><u>\$ 207,647,630</u></u>

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2026**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2026</u> Jul 25 to Mar 26	<u>FY 2025</u> Jul 24 to June 25	<u>FY 2024</u> Jul 23 to June 24	<u>FY 2023</u> Jul 22 to June 23	<u>FY 2022</u> Jul 21 to June 22	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position	 		FYE 7.0% Budget 3rd Qtr 4.7%		7.0%	14.2%	12.4%	11.2%	13.0%	12.3%	17.1%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days <u>Gross Accounts Receivable</u> 365 Days	 		FYE 60 Days		57	59	69	59	63	65	89
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 		Budget FYE 189 Days Budget 3rd Qtr 188 Days Projected 3rd Qtr 201 Days	Bond Covenant 60 Days A- 243 Days BBB- 112 Days	209	233	229	197	234	272	246
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)			22%		33%	31%	31%	24%	27%	26%	31%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)			27%		36%	34%	35%	33%	36%	32%	40%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 		FYE Budget \$944,810 End 3rd Qtr Based on Budgeted Net Revenue \$944,944 End 3rd Qtr Based on Actual Net Revenue \$995,111		\$964,033	\$913,700	\$804,216	\$713,016	\$634,266	\$603,184	\$523,994
Debt Service Coverage: Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense			Without GO Bond 12.67 With GO Bond 5.43	1.95	14.99 6.33	23.91 8.39	15.47 6.88	9.74 5.25	9.72 5.22	8.33 4.49	9.50 5.06

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD	
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	MAR 2025	
				OPERATING REVENUE					
\$ 71,425,064	\$ 62,870,648	\$ 8,554,416	13.6%	Total Gross Revenue	\$ 589,531,261	\$ 575,348,267	\$ 14,182,994	2.5% 1	\$ 543,250,756
\$ 3,836,427	\$ 3,765,039	\$ 71,388	1.9%	Gross Revenues - Inpatient					
4,651,518	4,656,866	(5,348)	-0.1%	Daily Hospital Service	\$ 33,098,297	\$ 31,487,914	\$ 1,610,383	5.1%	\$ 30,690,117
8,487,945	8,421,905	66,040	0.8%	Ancillary Service - Inpatient	38,063,105	40,756,128	(2,693,023)	-6.6%	40,450,986
62,937,119	54,448,743	8,488,376	15.6%	Total Gross Revenue - Inpatient	71,161,402	72,244,042	(1,082,640)	-1.5%	71,141,103
62,937,119	54,448,743	8,488,376	15.6%	Gross Revenue - Outpatient	518,369,859	503,104,225	15,265,634	3.0%	472,109,653
				Total Gross Revenue - Outpatient	518,369,859	503,104,225	15,265,634	3.0%	472,109,653
				Deductions from Revenue:					
38,768,391	31,785,943	(6,982,448)	-22.0%	Contractual Allowances	310,781,292	291,985,522	(18,795,770)	-6.4%	283,295,617
731,290	1,257,413	526,123	41.8%	Charity Care	2,790,292	11,506,966	8,716,674	75.8%	2,673,987
1,128,268	966,032	(162,236)	-16.8%	Bad Debt	5,408,466	8,819,997	3,411,531	38.7%	4,287,340
22,855	-	(22,855)	0.0%	Prior Period Settlements	(475,441)	-	475,441	0.0%	(1,489,863)
40,650,805	34,009,388	(6,641,417)	-19.5%	Total Deductions from Revenue	318,504,609	312,312,485	(6,192,124)	-2.0%	288,767,081
75,877	117,457	41,580	35.4%	Property Tax Revenue- Wellness Neighborhood	759,536	1,095,634	336,098	30.7%	929,623
1,714,956	1,969,118	(254,162)	-12.9%	Other Operating Revenue	16,949,403	17,221,009	(271,606)	-1.6%	16,513,798
32,565,093	30,947,835	1,617,258	5.2%	TOTAL OPERATING REVENUE	288,735,591	281,352,425	7,383,166	2.6%	271,927,096
				OPERATING EXPENSES					
13,259,054	12,457,177	(801,877)	-6.4%	Salaries and Wages	111,738,793	109,504,402	(2,234,391)	-2.0%	100,414,324
4,462,244	3,731,355	(730,889)	-19.6%	Benefits	35,661,949	33,471,858	(2,190,091)	-6.5%	33,910,363
82,748	90,315	7,567	8.4%	Benefits Workers Compensation	1,161,242	812,835	(348,407)	-42.9%	564,000
3,129,002	3,011,858	(117,144)	-3.9%	Benefits Medical Insurance	25,578,905	27,106,722	1,527,817	5.6%	23,026,873
646,049	641,378	(4,672)	-0.7%	Medical Professional Fees	5,428,411	5,746,360	317,950	5.5%	4,741,642
258,051	332,361	74,310	22.4%	Other Professional Fees	3,302,748	3,689,549	386,801	10.5%	3,144,244
6,052,841	5,174,030	(878,811)	-17.0%	Supplies	45,012,951	47,163,279	2,150,329	4.6%	41,854,060
2,277,346	2,381,367	104,021	4.4%	Purchased Services	20,217,261	20,440,791	223,530	1.1%	18,807,481
1,549,530	1,209,150	(340,380)	-28.2%	Other	10,256,064	10,354,901	98,836	1.0%	9,228,846
31,716,866	29,028,991	(2,687,876)	-9.3%	TOTAL OPERATING EXPENSE	258,358,323	258,290,696	(67,627)	0.0%	235,691,833
848,227	1,918,844	(1,070,617)	-55.8%	NET OPERATING REVENUE (EXPENSE) EBIDA	30,377,268	23,061,729	7,315,539	31.7%	36,235,263
				NON-OPERATING REVENUE/(EXPENSE)					
856,661	815,081	41,580	5.1%	District and County Taxes	7,732,511	7,297,208	435,303	6.0%	7,993,973
468,526	468,526	0	0.0%	District and County Taxes - GO Bond	4,216,730	4,216,730	-	0.0%	4,100,698
298,873	274,288	24,584	9.0%	Interest Income	3,542,244	2,943,845	598,399	20.3%	3,253,675
79,192	120,109	(40,917)	-34.1%	Donations	919,540	1,078,127	(158,587)	-14.7%	797,958
(135,442)	(151,882)	16,441	10.8%	Gain/(Loss) on Joint Investment	(731,886)	(1,366,941)	635,055	46.5%	(1,102,721)
(710,719)	300,000	(1,010,719)	336.9%	Gain/(Loss) on Market Investments	2,635,578	2,700,000	(64,422)	2.4%	4,554,894
(29,372)	-	(29,372)	0.0%	Gain/(Loss) on Disposal of Assets	(8,640)	-	(8,640)	0.0%	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	37,450
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-	-	-	100.0%	-
(1,926,236)	(1,995,743)	69,507	3.5%	Depreciation	(17,695,769)	(17,961,687)	265,918	1.5%	(16,109,150)
(241,754)	(196,366)	(45,388)	-23.1%	Interest Expense	(1,915,006)	(1,837,475)	(77,531)	-4.2%	(1,683,661)
(248,148)	(248,148)	0	0.0%	Interest Expense-GO Bond	(2,244,703)	(2,244,707)	4	0.0%	(2,345,870)
(1,588,418)	(614,135)	(974,283)	-158.6%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,549,403)	(5,174,901)	1,625,497	31.4%	(502,754)
\$ (740,192)	\$ 1,304,709	\$ (2,044,901)	-156.7%	INCREASE (DECREASE) IN NET POSITION	\$ 26,827,865	\$ 17,886,828	\$ 8,941,037	50.0%	\$ 35,732,509
				NET POSITION - BEGINNING OF YEAR					
				NET POSITION - AS OF MARCH 31, 2026					
1.2%	3.1%	-1.9%		RETURN ON GROSS REVENUE EBIDA	5.2%	4.0%	1.1%	6.7%	














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

		Variance from Budget	
		Fav / <Unfav>	
		MAR 2026	YTD 2026
1) Gross Revenues			
Acute Patient Days were below budget 7.33% or 31 days. Swing Bed days were above budget 166.67% or 15 days.	Gross Revenue -- Inpatient	\$ 66,040	\$ (1,082,640)
	Gross Revenue -- Outpatient	8,488,376	15,265,634
	Gross Revenue -- Total	\$ 8,554,416	\$ 14,182,994
Outpatient volumes were 5% or more above in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Blood units, EKGS, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasounds, Cat Scans, PET CT, Drugs Sold to Patients, Tahoe City Occupational Therapy, and Outpatient Speech and Occupational Therapies.			
Outpatient volumes were below budget 5% or more in the following departments: Home Health visits, Hospice visits, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy.			
2) Total Deductions from Revenue			
The payor mix for March shows a 3.70% increase to Medicare, a .91% decrease to Medi-Cal, .16% increase to Other, and a 2.96% decrease to Commercial when compared to budget. Revenues were above budget 13.6%, and the Business Office continues its efforts in cleaning up older, uncollectible accounts.	Contractual Allowances	\$ (6,982,448)	\$ (18,795,770)
	Charity Care	526,123	8,716,674
	Bad Debt	(162,236)	3,411,531
	Prior Period Settlements	(22,855)	475,441
	Total	\$ (6,641,417)	\$ (6,192,124)
The District booked an estimated reserve for the TFH FY25 Medicare cost report desk audit, creating a negative variance in Prior Period Settlements.			
3) Other Operating Revenue			
Community Pharmacy revenues were below budget 12.31%.	Community Pharmacy	\$ (114,699)	\$ 431,913
	Miscellaneous	(151,866)	(852,067)
	Oncology Drug Replacement	-	-
The revision to the FY26 HQAF and QIP budgeted receivables is creating a negative variance in Miscellaneous.	Hospice Thrift Stores	(824)	20,528
	Grants	10,000	82,082
The District received funding for participation in the Partnership HealthPlan Rural Provider recruitment program, creating a positive variance in Grants.	The Center (non-therapy)	(712)	61,615
	IVCH ER Physician Guarantee	32,601	156,438
	Children's Center	(28,662)	(172,115)
	Total	\$ (254,162)	\$ (271,606)
Child Care Days were below budget 17.69%.			
4) Salaries and Wages			
We saw negative variances in Technical, RN, and PA/FNP Salaries.	Total	\$ (801,877)	\$ (2,234,391)
Employee Benefits			
Accrued Physician Productivity Bonuses using the new model created a negative variance in Nonproductive.	PL/SL	\$ 85,927	\$ (1,544,045)
	Other	29,039	(347,909)
	Pension/Deferred Comp	0	6
	Standby	(13,872)	(16,250)
	Nonproductive	(831,983)	(281,893)
	Total	\$ (730,889)	\$ (2,190,091)
Employee Benefits - Workers Compensation	Total	\$ 7,567	\$ (348,407)
Employee Benefits - Medical Insurance	Total	\$ (117,144)	\$ 1,527,817
The District has a self-insured plan and expense is based on actual claims paid, plus an additional \$500,000 was recorded for Incurred but Not Reported (IBNR) claims liability.			
5) Professional Fees			
Locums coverage in Urology is creating a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (14,270)	\$ (324,852)
	TFH Locums	(56,131)	(260,031)
	Financial Administration	8,383	(144,237)
Hospitalist Physician fees created a negative variance in TFH Locums.	Multi-Specialty Clinics Administration	(17,033)	(119,364)
	Information Technology	2,803	(115,131)
Consulting work for a Physician Compensation Admin Team and Anesthesia Compensation Assessment created a negative variance in Multi-Specialty Clinics Administration.	Human Resources	6,352	(105,982)
	Oncology	(5,535)	(5,628)
	Corporate Compliance	-	-
Graphic Design consulting services were below budget, creating a positive variance in Marketing.	Patient Accounting/Admitting	2,000	18,000
	IVCH ER Physicians	5,679	30,315
	Medical Staff Services	6,230	30,436
Strategic Planning and Environmental Assessment consulting services were below budget, creating a positive variance in Administration.	Managed Care	2,417	34,564
	Marketing	12,319	200,176
	Administration	40,938	461,337
Anesthesia and Radiology Physician Fees were below budget, creating a positive variance in Miscellaneous.	Miscellaneous	75,487	1,005,147
	Total	\$ 69,638	\$ 704,751

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

		Variance from Budget	
		Fav / <Unfav>	
		MAR 2026	YTD 2026
6) <u>Supplies</u>			
Medical Supplies Sold to Patients revenues were above budget 45.22%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (374,885)	\$ (1,925,138)
Drugs Sold to Patients revenues were above budget 20.51%, creating a negative variance in Pharmacy Supplies.	Office Supplies	(2,633)	(12,465)
	Food	(4,149)	27,985
	Other Non-Medical Supplies	5,523	106,901
	Minor Equipment	19,594	203,457
	Pharmacy Supplies	(522,261)	3,749,590
	Total	\$ (878,811)	\$ 2,150,329
7) <u>Purchased Services</u>			
Outsourced billing and collection services for the Business Office created a negative variance in Patient Accounting.	Patient Accounting	\$ (142,124)	\$ (648,294)
Outsourced coding services and a termination of services invoice from Iron Mountain Record Retention & Retrieval company created a negative variance in Medical Records.	Medical Records	(115,476)	(132,491)
Lab Send Out tests were above budget 9.29%, creating a negative variance in Laboratory.	Laboratory	(16,627)	(100,554)
Excess volume orders created a negative variance in Pharmacy IP.	Pharmacy IP	(11,115)	(85,541)
A true-up of GASB 96 schedules created a positive variance in Department Repairs, primarily in Information Technology.	Department Repairs	44,774	(43,395)
Wellness Bank usage and Employee Health screenings were below budget, creating a positive variance in Human Resources.	The Center	(904)	(37,441)
Expenses were below budget for Occupational Health and Physician Administration, creating a positive variance in Multi-Specialty Clinics.	Human Resources	31,184	(30,221)
A correction of GL coding created a positive variance in Information Technology.	Home Health/Hospice	790	(21,679)
Community Health Index support, Credit Card fees, Snow Removal services, and budgeted Workforce Management/AI services were below budget, creating a positive variance in Miscellaneous.	Diagnostic Imaging Services - All	6,902	(647)
	Community Development	-	-
	Multi-Specialty Clinics	22,272	33,162
	Information Technology	35,614	93,361
	Miscellaneous	248,730	1,197,270
	Total	\$ 104,021	\$ 223,530
8) <u>Other Expenses</u>			
The timing of receipt of annual invoices and their prepaid expense write-off period created a negative variance in Dues and Subscriptions.	Dues and Subscriptions	\$ (37,457)	\$ (153,883)
Rental rate increases for the District's employee housing units and common area maintenance services created a negative variance in Other Building Rent.	Human Resources Recruitment	2,249	(136,220)
Oxygen tank rentals created a negative variance in Equipment Rent.	Other Building Rent	(20,720)	(128,257)
Physician malpractice policies created a negative variance in Insurance.	Equipment Rent	(24,594)	(71,285)
Marketing campaigns for Orthopedics and Website Maintenance were below budget, creating a positive variance in Marketing.	Multi-Specialty Clinics Bldg. Rent	(4,445)	(35,894)
A one time sponsorship for the Truckee Navigation Center Pilot program created a negative variance in Miscellaneous.	Insurance	(14,977)	(34,401)
	Multi-Specialty Clinics Equip Rent	127	(3,175)
	Marketing	24,546	(2,014)
	Physician Services	159	5,076
	Utilities	1,052	93,554
	Miscellaneous	(287,089)	104,704
	Outside Training & Travel	20,768	460,631
	Total	\$ (340,380)	\$ 98,836
9) <u>District and County Taxes</u>	Total	\$ 41,580	\$ 435,303
10) <u>Interest Income</u>	Total	\$ 24,584	\$ 598,399
11) <u>Donations</u>	IVCH	\$ (24,114)	\$ (65,114)
	Operational	(16,803)	(93,473)
	Total	\$ (40,917)	\$ (158,587)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 16,441	\$ 635,055
The District true up its losses in TSC, LLC for February, creating a positive variance in Gain/(Loss) on Joint Investment.			
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ (1,010,719)	\$ (64,422)
Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ (29,372)	\$ (8,640)
15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u>	Total	\$ -	\$ -
16) <u>Depreciation Expense</u>	Total	\$ 69,507	\$ 265,918
True-up of GASB 87 and GASB 96 schedules created a positive variance in Depreciation Expense.			
17) <u>Interest Expense</u>	Total	\$ (45,388)	\$ (77,531)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2026

	Current Status	Desired Position	Target	<u>FY 2026</u> Jul 25 to Mar 26	<u>FY 2025</u> Jul 24 to June 25	<u>FY 2024</u> Jul 23 to June 24	<u>FY 2023</u> Jul 22 to June 23	<u>FY 2022</u> Jul 21 to June 22	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue			FYE 3.1% 3rd Qtr 3.1%	4.6%	6.9%	5.9%	6.3%	6.2%	5.8%	8.5%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue			FYE 2.0% 3rd Qtr 2.0%	.5%	.4%	.1%	.6%	2.6%	3.4%	4.0%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue			FYE 1.5% 3rd Qtr 1.5%	.9%	.7%	1.2%	1.2%	-.01%	1.2%	1.4%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue	 		FYE 14.2% 3rd Qtr 11.9%	8.6%	14.2%	12.0%	12.2%	12.2%	13.7%	.1%
Operating Expense Variance to Budget (Under<Over>)			-0-	\$(67,627)	\$(20,846,891)	\$380,780	\$(1,499,954)	\$(10,431,192)	\$(8,685,969)	\$(9,484,742)
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue			FYE 3.6% 3rd Qtr 4.0%	5.2%	7.0%	6.1%	6.3%	7.9%	7.8%	6.2%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MARCH 2026

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAR 2026		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE						
\$ 4,892,649	\$ 4,171,557	\$ 721,092	17.3%	Total Gross Revenue	\$ 43,568,489	\$ 41,429,207	\$ 2,139,282	5.2%	1	\$ 38,919,408
				Gross Revenues - Inpatient						
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,892,649	4,171,557	721,092	17.3%	Gross Revenue - Outpatient	43,568,489	41,429,207	2,139,282	5.2%		38,919,408
4,892,649	4,171,557	721,092	17.3%	Total Gross Revenue - Outpatient	43,568,489	41,429,207	2,139,282	5.2%	1	38,919,408
				Deductions from Revenue:						
2,872,814	2,026,855	(845,959)	-41.7%	Contractual Allowances	22,115,284	20,150,382	(1,964,901)	-9.8%	2	18,453,430
69,994	83,431	13,437	16.1%	Charity Care	753,318	828,584	75,266	9.1%	2	487,443
146,025	62,573	(83,452)	-133.4%	Bad Debt	970,170	621,438	(348,732)	-56.1%	2	990,379
-	-	-	0.0%	Prior Period Settlements	(53,794)	-	53,794	0.0%	2	(749,343)
3,088,833	2,172,859	(915,973)	-42.2%	Total Deductions from Revenue	23,784,977	21,600,405	(2,184,573)	-10.1%	2	19,181,909
77,996	46,038	31,958	69.4%	Other Operating Revenue	603,340	345,530	257,810	74.6%	3	531,513
1,881,813	2,044,736	(162,923)	-8.0%	TOTAL OPERATING REVENUE	20,386,851	20,174,333	212,519	1.1%		20,269,012
				OPERATING EXPENSES						
882,094	757,645	(124,449)	-16.4%	Salaries and Wages	7,967,696	6,795,508	(1,172,188)	-17.2%	4	6,251,703
287,841	220,727	(67,114)	-30.4%	Benefits	2,086,073	1,931,511	(154,563)	-8.0%	4	1,996,086
4,119	1,957	(2,162)	-110.5%	Benefits Workers Compensation	67,730	17,613	(50,117)	-284.5%	4	12,302
184,845	178,944	(5,901)	-3.3%	Benefits Medical Insurance	1,519,722	1,610,496	90,774	5.6%	4	1,437,378
173,618	178,640	5,022	2.8%	Medical Professional Fees	1,577,355	1,607,760	30,405	1.9%	5	1,586,334
6,125	6,140	15	0.2%	Other Professional Fees	48,511	55,260	6,749	12.2%	5	21,480
271,035	125,589	(145,446)	-115.8%	Supplies	1,398,360	1,262,192	(136,168)	-10.8%	6	1,119,579
97,752	106,312	8,559	8.1%	Purchased Services	949,398	962,771	13,373	1.4%	7	788,779
127,858	112,461	(15,396)	-13.7%	Other	1,043,843	1,020,334	(23,509)	-2.3%	8	911,742
2,035,287	1,688,415	(346,872)	-20.5%	TOTAL OPERATING EXPENSE	16,658,689	15,263,445	(1,395,244)	-9.1%		14,125,383
(153,475)	356,321	(509,796)	-143.1%	NET OPERATING REV(EXP) EBIDA	3,728,163	4,910,888	(1,182,725)	-24.1%		6,143,629
				NON-OPERATING REVENUE/(EXPENSE)						
-	24,114	(24,114)	-100.0%	Donations-IVCH	149,055	214,169	(65,114)	-30.4%	9	20,776
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(206,192)	(207,021)	829	-0.4%	Depreciation	(1,855,724)	(1,863,193)	7,469	0.4%	11	(1,834,398)
(3,024)	(1,907)	(1,117)	58.6%	Interest Expense	(28,071)	(18,073)	(9,998)	55.3%	12	(12,279)
(209,216)	(184,815)	(24,402)	-13.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,734,740)	(1,667,097)	(67,643)	-4.1%		(1,825,901)
\$ (362,691)	\$ 171,506	\$ (534,197)	-311.5%	EXCESS REVENUE(EXPENSE)	\$ 1,993,422	\$ 3,243,791	\$ (1,250,368)	-38.5%		\$ 4,317,728
-3.1%	8.5%	-11.7%		RETURN ON GROSS REVENUE EBIDA	8.6%	11.9%	-3.3%			15.8%

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

		Variance from Budget	
		Fav<Unfav>	
		MAR 2026	YTD 2026
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	\$ -	\$ -
Outpatient volumes were above budget in the following departments: Laboratory tests, Lab Send Out test, Ultrasounds, Cat Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology Cases, and Physical Therapy.	Gross Revenue -- Outpatient	721,092	2,139,282
Outpatient volumes were below budget in the following departments: Emergency Department visits, Surgery cases, EKGs, Diagnostic Imaging, Mammography, Speech Therapy, and Occupational Therapy.	Total	\$ 721,092	\$ 2,139,282
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 11.72% increase in Medicare, a 1.94% decrease in Medicaid, a 10.75% decrease in Commercial insurance, and a .96% increase in Other. Revenues were above budget 17.3%, we saw a shift from Commercial and Medicaid to Medicare, and we had a large Medicare claim with a high Drug Sold to Patients charge impacting the contractual write-off, lending to the negative variance in Contractual Allowances.	Contractual Allowances	\$ (845,959)	\$ (1,964,901)
	Charity Care	13,437	75,266
	Bad Debt	(83,452)	(348,732)
	Prior Period Settlement	-	53,794
	Total	\$ (915,973)	\$ (2,184,573)
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in above budget in March.	IVCH ER Physician Guarantee	\$ 32,602	\$ 156,438
	Miscellaneous	(643)	101,371
	Total	\$ 31,958	\$ 257,810
4) <u>Salaries and Wages</u>			
We saw increases in Physician and Management salaries, creating a negative variance in Salaries and Wages.	Total	\$ (124,449)	\$ (1,172,188)
<u>Employee Benefits</u>			
Physician Productivity bonuses were accrued using the new model, creating a negative variance in Nonproductive.	PL/SL	\$ 1,079	\$ (71,812)
	Other	(2,632)	(71,777)
	Standby	(1,163)	(16,714)
	Pension/Deferred Comp	0	0
	Nonproductive	(64,398)	5,739
	Total	\$ (67,114)	\$ (154,563)
<u>Employee Benefits - Workers Compensation</u>	Total	\$ (2,162)	\$ (50,117)
<u>Employee Benefits - Medical Insurance</u>	Total	\$ (5,901)	\$ 90,774
The District has a self-insured plan and expense is based on actual claims paid and changes to the Incurred But Not Reported liability.			
5) <u>Professional Fees</u>			
Extended patient care hours were below budget, creating a positive variance in IVCH ER Physicians.	Administration	\$ -	\$ -
	Multi-Specialty Clinics	-	-
	Miscellaneous	(656)	94
	Foundation	15	6,745
	IVCH ER Physicians	5,679	30,315
	Total	\$ 5,037	\$ 37,154
6) <u>Supplies</u>			
Drugs Sold to Patients revenues were above budget 183.02%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (156,155)	\$ (218,601)
We saw a decrease in Minor Equipment purchases across most departments in March.	Office Supplies	105	(1,331)
Supply purchases for Facility maintenance projects were below budget, creating a positive variance in Non-Medical Supplies.	Food	57	1,719
Medical Supplies Sold to Patients revenues were below budget 23.44%, creating a positive variance in Patient & Other Medical Supplies.	Minor Equipment	2,419	6,436
	Non-Medical Supplies	3,822	31,504
	Patient & Other Medical Supplies	4,306	44,106
	Total	\$ (145,446)	\$ (136,168)

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

		Variance from Budget	
		Fav<Unfav>	
		MAR 2026	YTD 2026
7) <u>Purchased Services</u>			
We saw fewer department repairs in Surgery, Sterile Processing, Diagnostic Imaging, and Plant maintenance.	Department Repairs	\$ 6,475	\$ (10,324)
Outsourced Laboratory testing was above budget, creating a negative variance in Laboratory.	Laboratory	(1,204)	(8,375)
Facility maintenance projects were below budget, creating a positive variance in Engineering/Plant/Communications.	Engineering/Plant/Communications	1,616	(5,276)
Laundry and Linen costs were below budget, creating a positive variance in EVS/Laundry.	Pharmacy	(318)	(5,049)
Radiology reads for Diagnostic Imaging and Mammography were below budget, creating a positive variance in Diagnostic Imaging Services - All.	Miscellaneous	(817)	(2,722)
	Multi-Specialty Clinics	(17)	(2,076)
	EVS/Laundry	1,659	2,297
	Diagnostic Imaging Services - All	1,172	4,949
	Foundation	(6)	39,951
	Total	\$ 8,559	\$ 13,373
8) <u>Other Expenses</u>			
Common Area Maintenance costs and a rental increase for an employee housing unit created a negative variance in Other Building Rent.	Other Building Rent	\$ (12,962)	\$ (87,818)
Transfer of labor from TFH to result IVCH lab tests created a negative variance in Miscellaneous.	Miscellaneous	(9,534)	(36,486)
Natural Gas/Propane and Electricity costs were below budget, creating a positive variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	(1,087)	(10,049)
Marketing campaigns for the Hospital and Physical Therapy were below budget, creating a positive variance in this category.	Dues and Subscriptions	(1,775)	(3,247)
	Equipment Rent	(349)	1,631
	Insurance	650	2,165
	Outside Training & Travel	(24)	26,530
	Utilities	4,055	36,967
	Marketing	5,629	46,798
	Total	\$ (15,396)	\$ (23,509)
9) <u>Donations</u>	Total	\$ (24,114)	\$ (65,114)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ 829	\$ 7,469
12) <u>Interest Expense</u>	Total	\$ (1,117)	\$ (9,998)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2025		**BUDGET** FYE 2026	PROJECTED FYE 2026	ACTUAL MAR 2026	PROJECTED MAR 2026	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	51,886,266		27,556,243	34,897,546	\$ 848,227	\$ 1,918,844	\$ (1,070,617)	\$ 12,945,140	\$ 9,028,708	\$ 8,429,183	\$ 4,494,515
Interest Income	3,958,656		3,622,400	4,325,295	46,115	250,000	(203,885)	1,076,593	1,354,051	989,050	905,600
Property Tax Revenue	11,279,104		11,320,000	11,762,020	-	-	-	587,757	236,387	6,437,876	4,500,000
Donations	1,193,437		5,037,312	4,832,412	-	120,109	(120,109)	60,899	563,235	249,092	3,959,185
Debt Service Payments	(3,516,862)		(3,876,518)	(3,611,933)	(167,626)	(194,155)	26,529	(1,484,229)	(798,504)	(746,735)	(582,465)
Property Purchase Agreement	(811,927)		(473,624)	(541,285)	-	-	-	(202,982)	(202,982)	(135,321)	-
Municipal Lease 2025	(333,643)		(1,000,932)	(1,000,930)	(83,411)	(83,411)	0	(250,232)	(250,232)	(250,232)	(250,233)
Copier	-		-	-	-	-	-	-	-	-	-
2017 VR Demand Bond	(795,185)		(756,793)	(767,496)	-	-	-	(672,429)	(13,058)	(82,008)	-
2015 Revenue Bond	(1,576,107)		(1,645,169)	(1,302,223)	(84,215)	(110,744)	26,529	(358,585)	(332,232)	(279,174)	(332,232)
Physician Recruitment	(121,333)		(521,000)	(271,333)	-	(33,334)	33,334	(88,000)	(83,333)	-	(100,000)
Investment in Capital											
Equipment	(4,700,844)		(5,613,300)	(7,087,752)	(395,702)	(1,375,786)	980,084	(1,247,350)	(1,713,269)	(1,513,287)	(2,613,846)
Municipal Lease Reimbursement	1,340,632		4,780,000	4,780,000	-	-	-	-	-	1,175,694	3,604,306
IT/EMR/Business Systems	-		(5,027,825)	(1,354,406)	-	(483,202)	483,202	-	-	-	(1,354,406)
Building Projects/Properties	(12,436,705)		(55,592,169)	(51,054,593)	(3,285,206)	(7,822,783)	4,537,577	(5,592,451)	(12,181,170)	(9,024,413)	(24,256,560)
Change in Accounts Receivable	(8,996,668)	N1	(328,792)	3,629,357	(632,113)	150,853	(782,966)	6,006,700	1,943,603	(4,033,596)	(287,350)
Change in Settlement Accounts	(10,420,429)	N2	(5,011,279)	(7,723,578)	(960,452)	(1,468,999)	508,547	(5,260,008)	(11,199,598)	8,092,825	643,203
Change in Other Assets	(6,444,419)	N3	(2,248,346)	(6,738,195)	(770,141)	(200,000)	(570,141)	(3,518,928)	(1,052,013)	(1,967,254)	(200,000)
Change in Other Liabilities	6,736,574	N4	(7,815,000)	(6,326,960)	5,134,912	825,000	4,309,912	(664,024)	(8,365,438)	(3,773,498)	6,476,000
Change in Cash Balance	29,757,408		(33,718,273)	(19,942,121)	(181,987)	(8,313,454)	8,131,467	2,822,100	(22,267,341)	4,314,937	(4,811,818)
Beginning Unrestricted Cash	184,297,240		214,054,647	214,054,647	199,106,331	199,106,331	-	214,054,647	216,876,748	194,609,407	198,924,344
Ending Unrestricted Cash	214,054,647		180,336,374	194,112,526	198,924,344	190,792,877	8,131,467	216,876,748	194,609,407	198,924,344	194,112,526
Operating Cash	214,054,647		180,336,374	194,112,526	198,924,344	190,792,877	8,131,467	216,876,748	194,609,407	198,924,344	194,112,526
Expense Per Day	917,777		956,582	956,979	949,903	949,373	530	936,594	937,532	949,903	956,979
Days Cash On Hand	233		189	203	209	201	8	232	208	209	203

Footnotes:

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

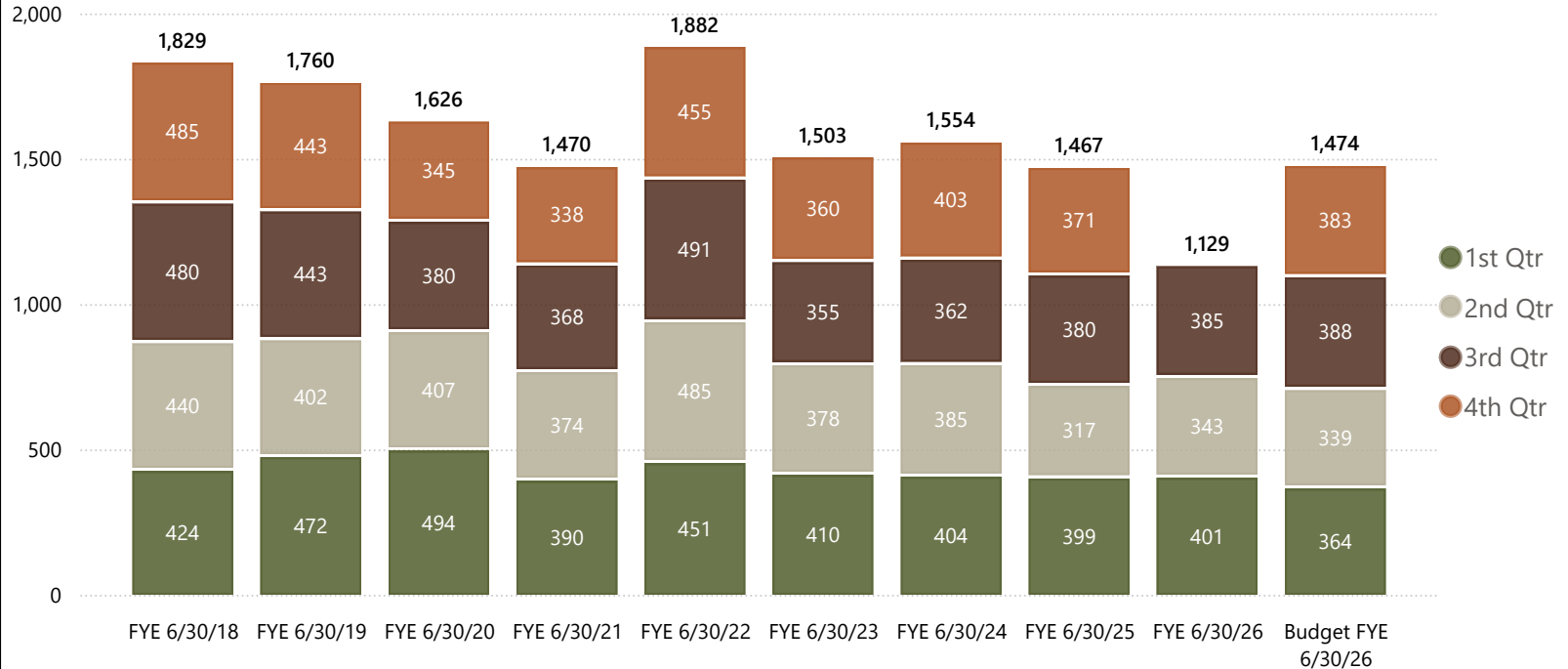
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

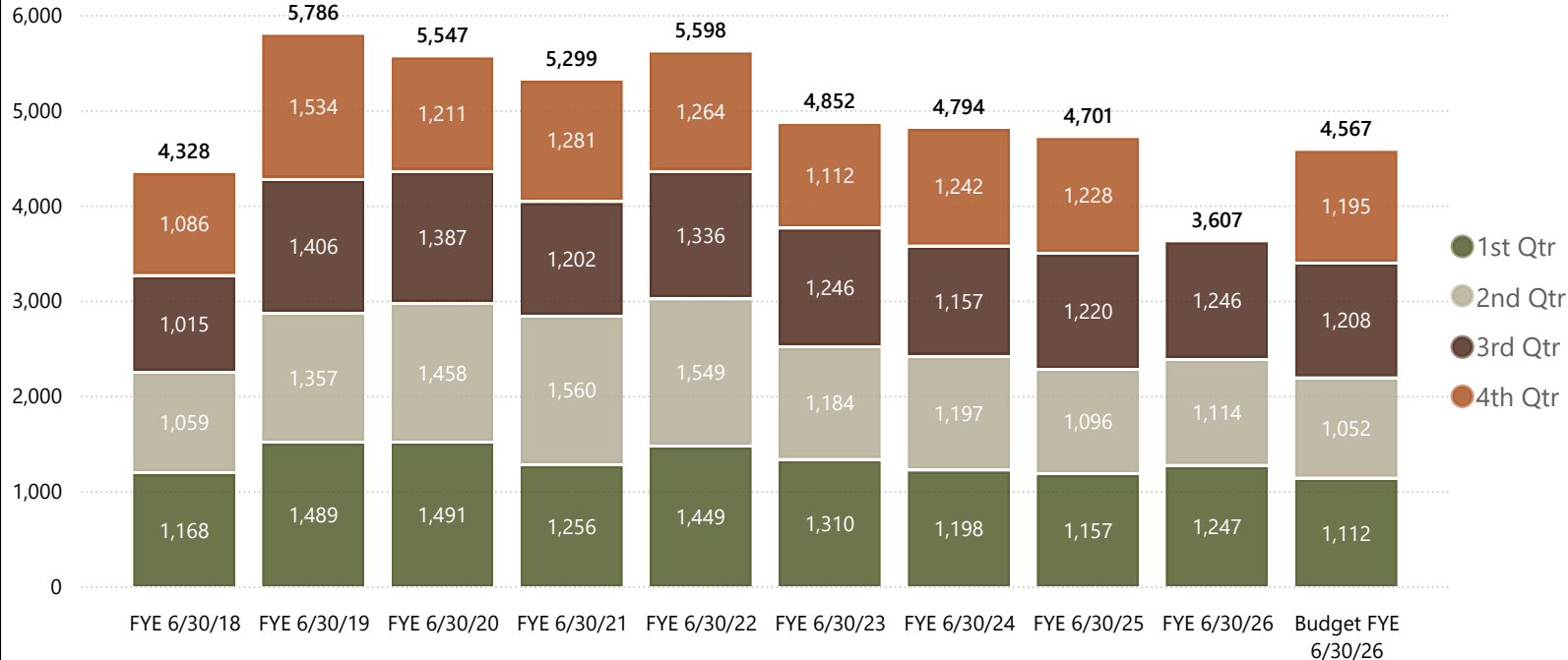
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

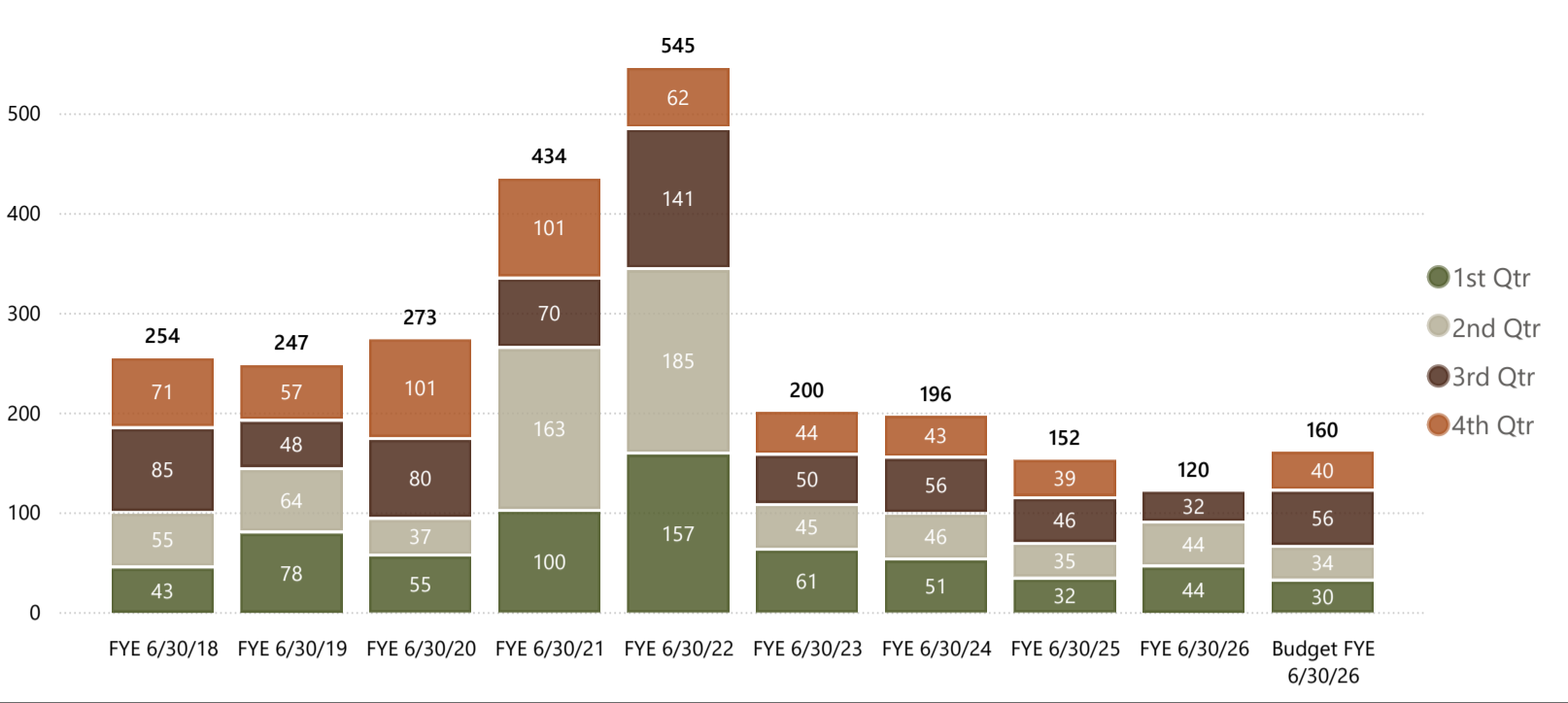
TOTAL ADMISSIONS



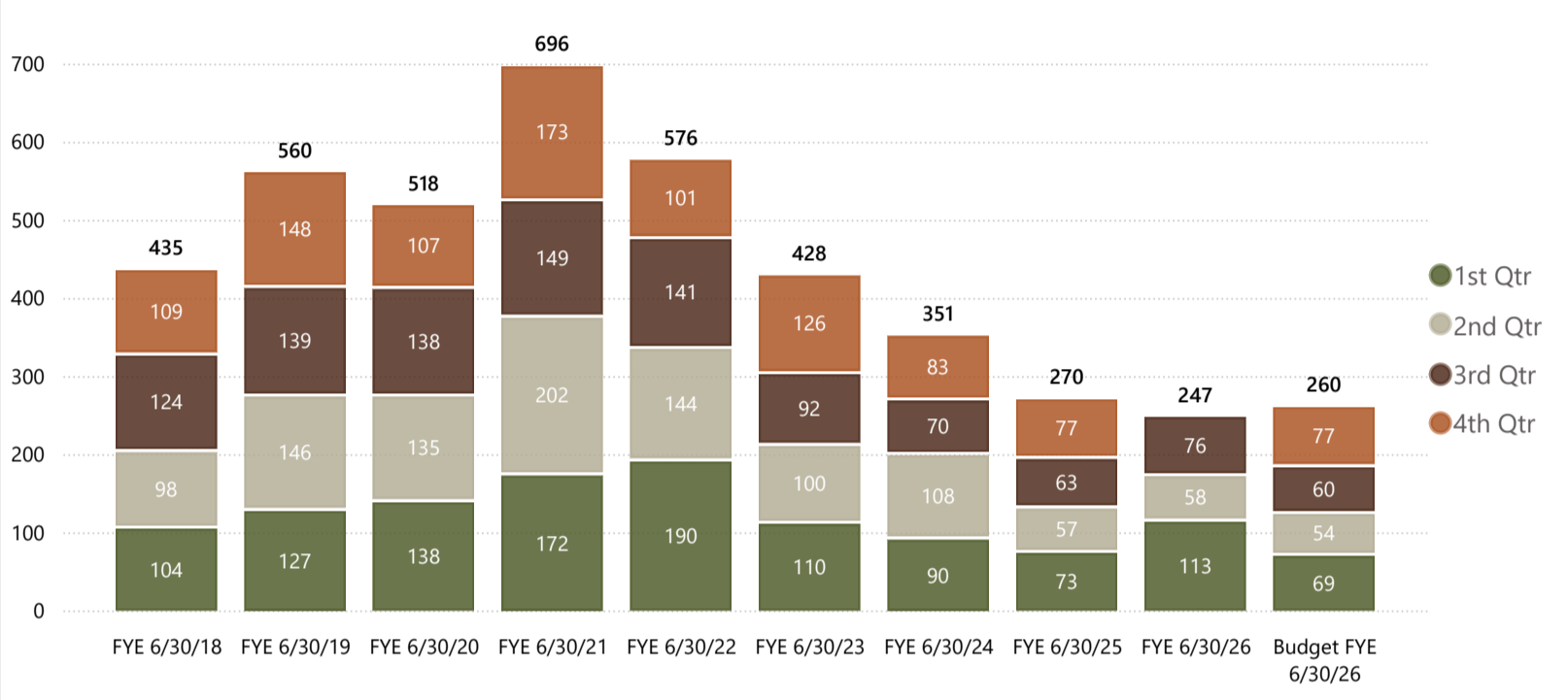
TOTAL TFH PATIENT DAYS



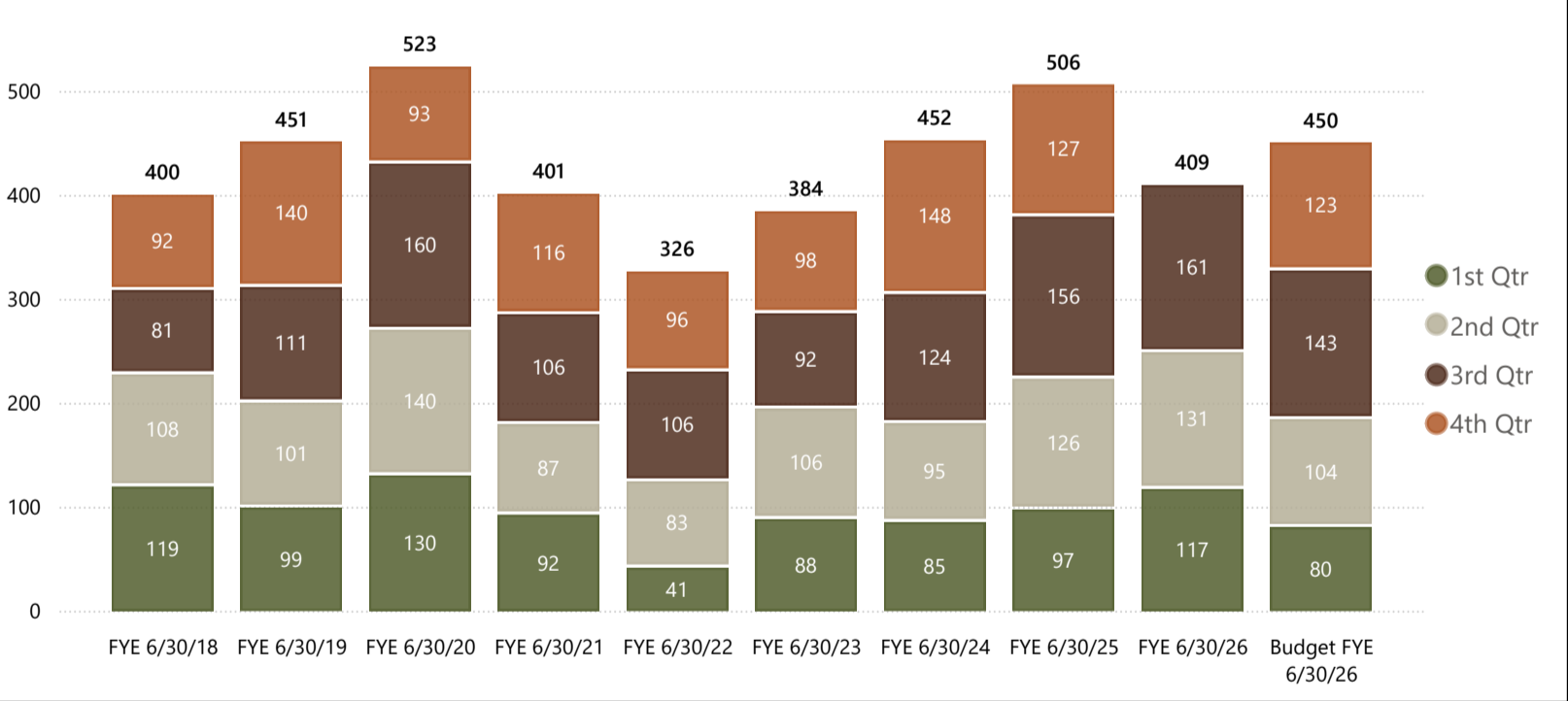
TOTAL TFH ICU INPATIENT DAYS



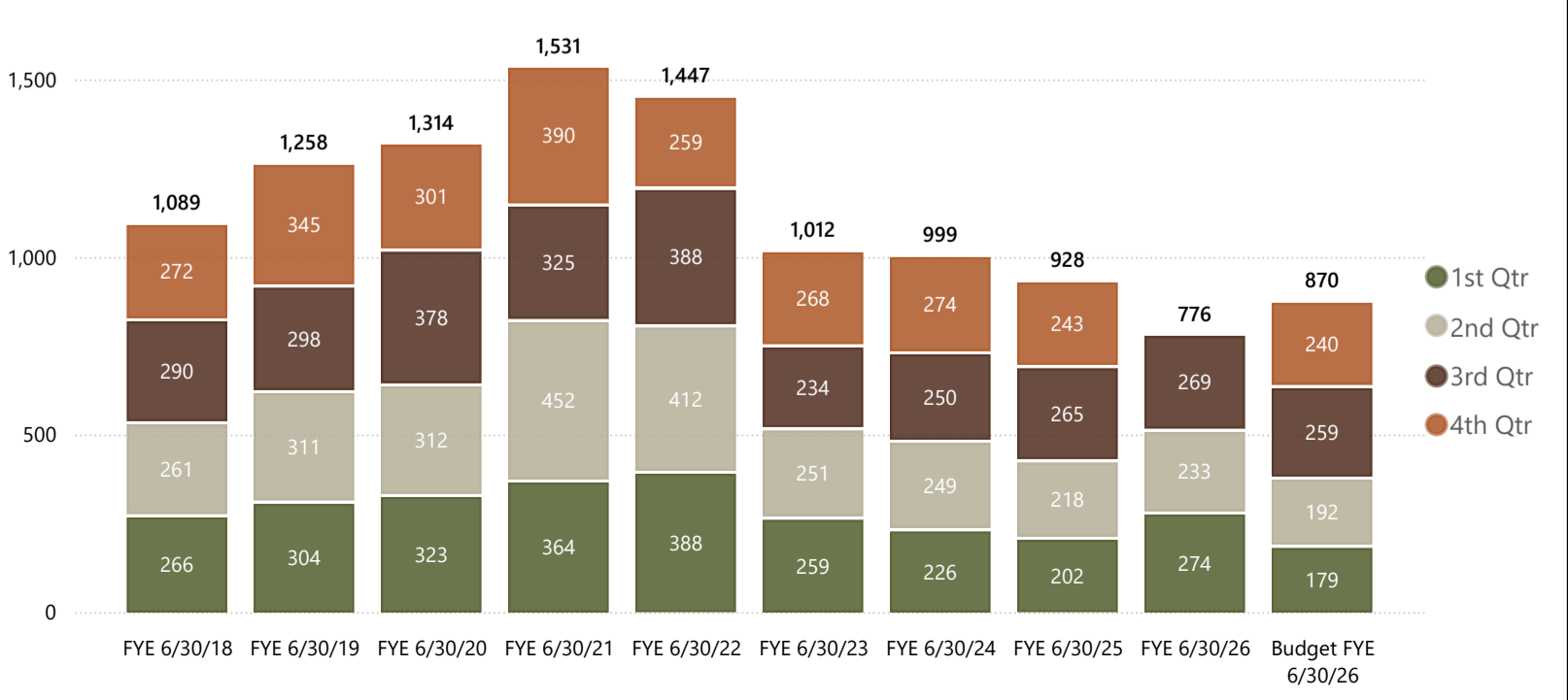
TOTAL TFH ICU STEPDOWN DAYS



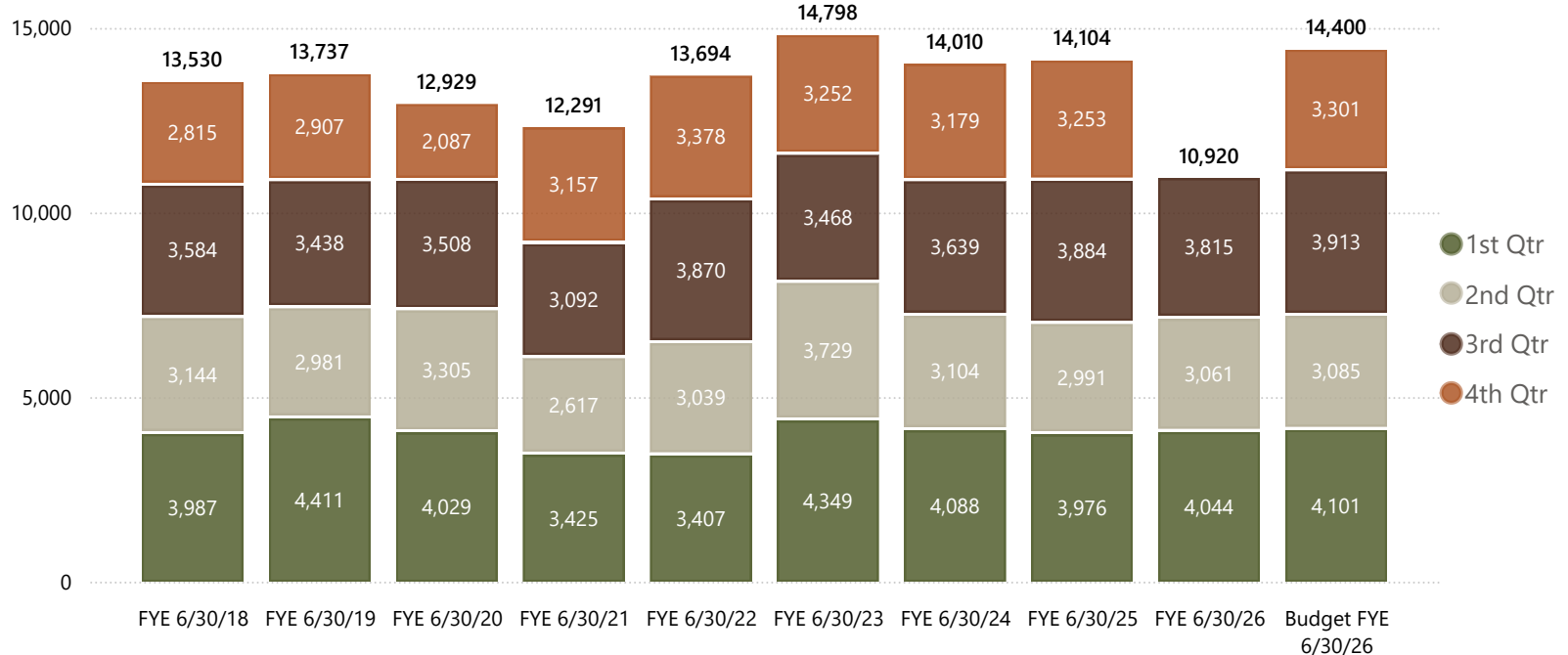
TOTAL TFH ICU MED/SURG DAYS



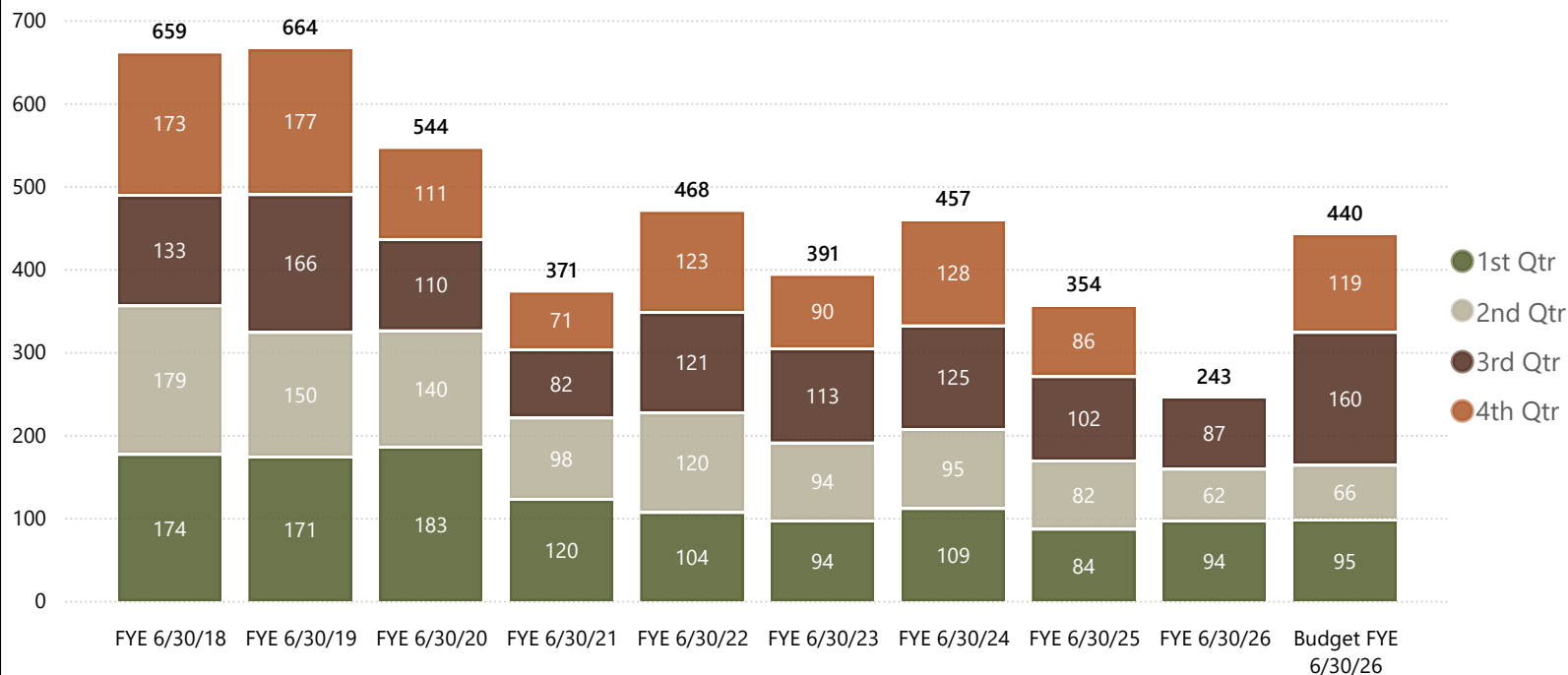
TOTAL TFH ICU DAYS



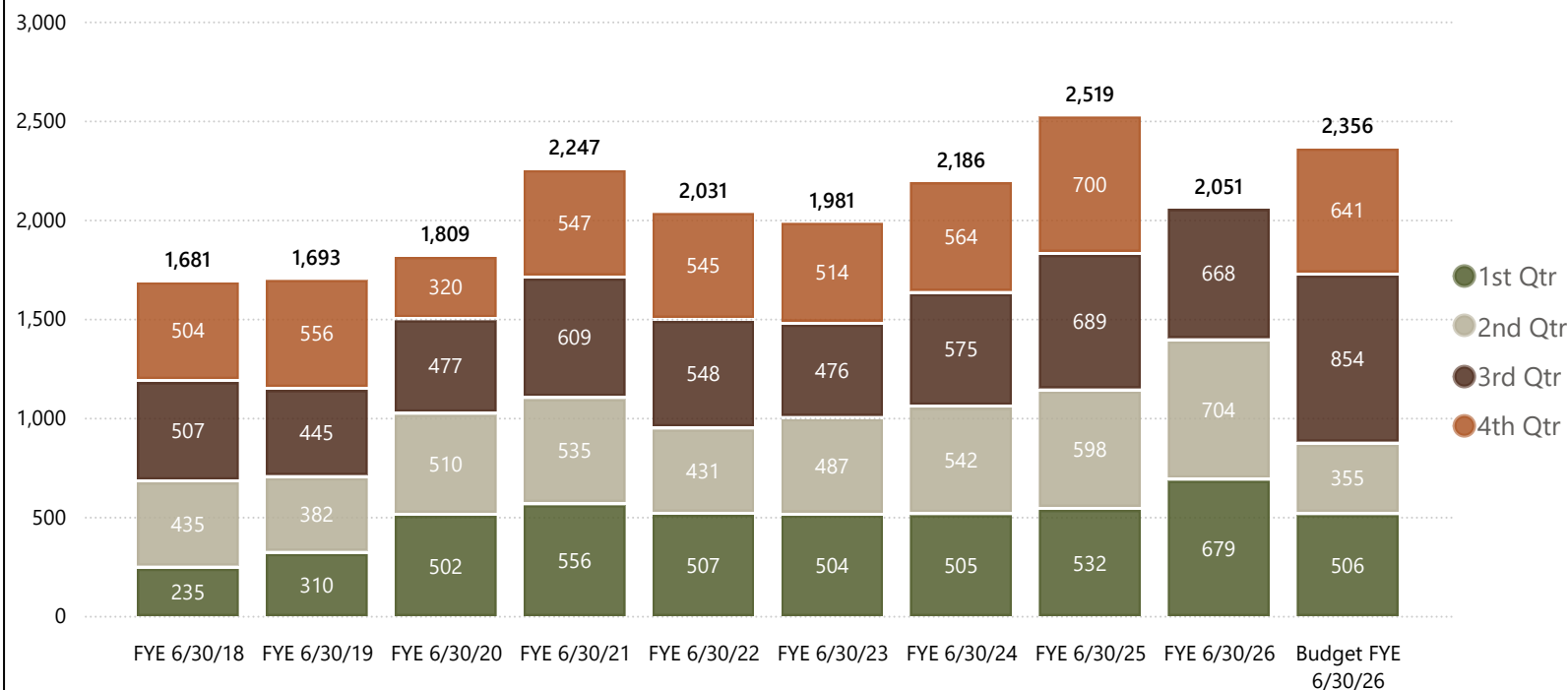
TOTAL TFH ER VISITS



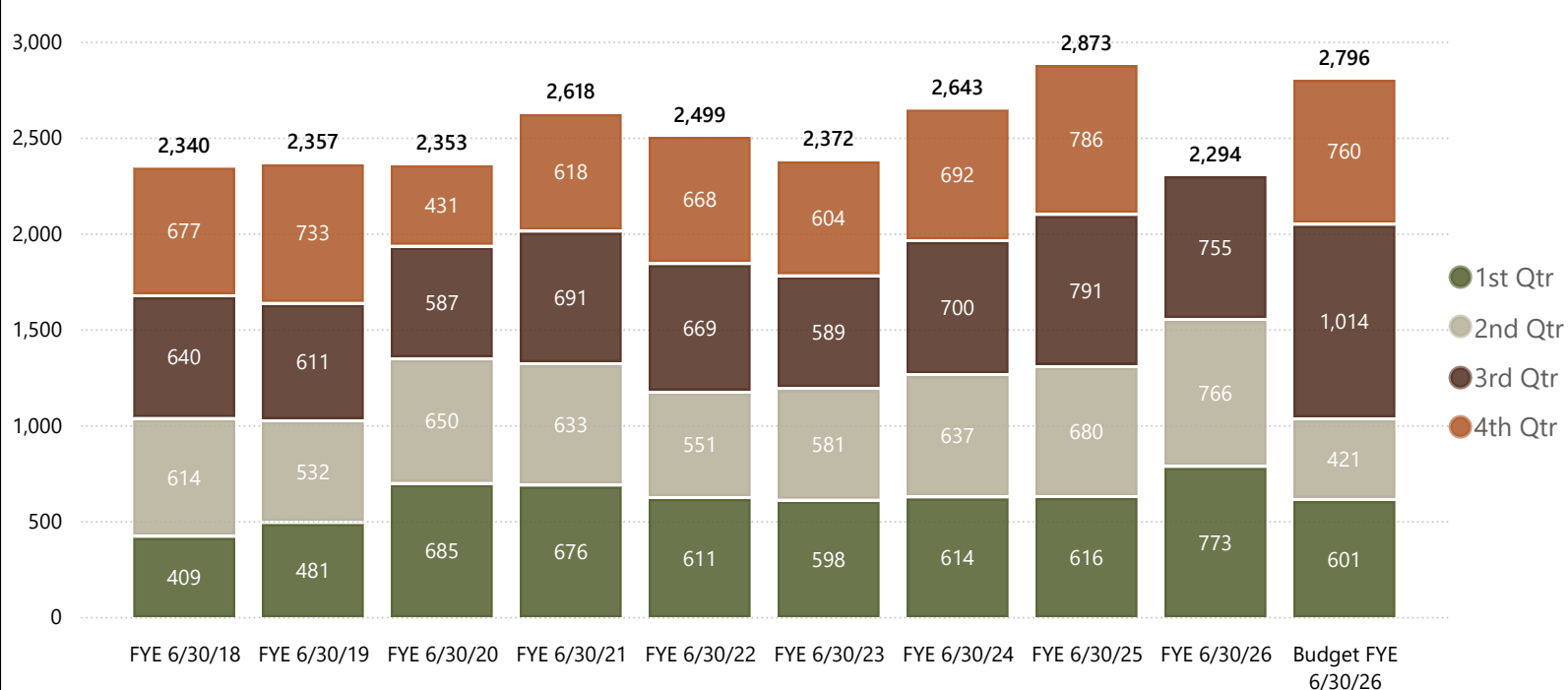
TOTAL TFH INPATIENT OR CASES



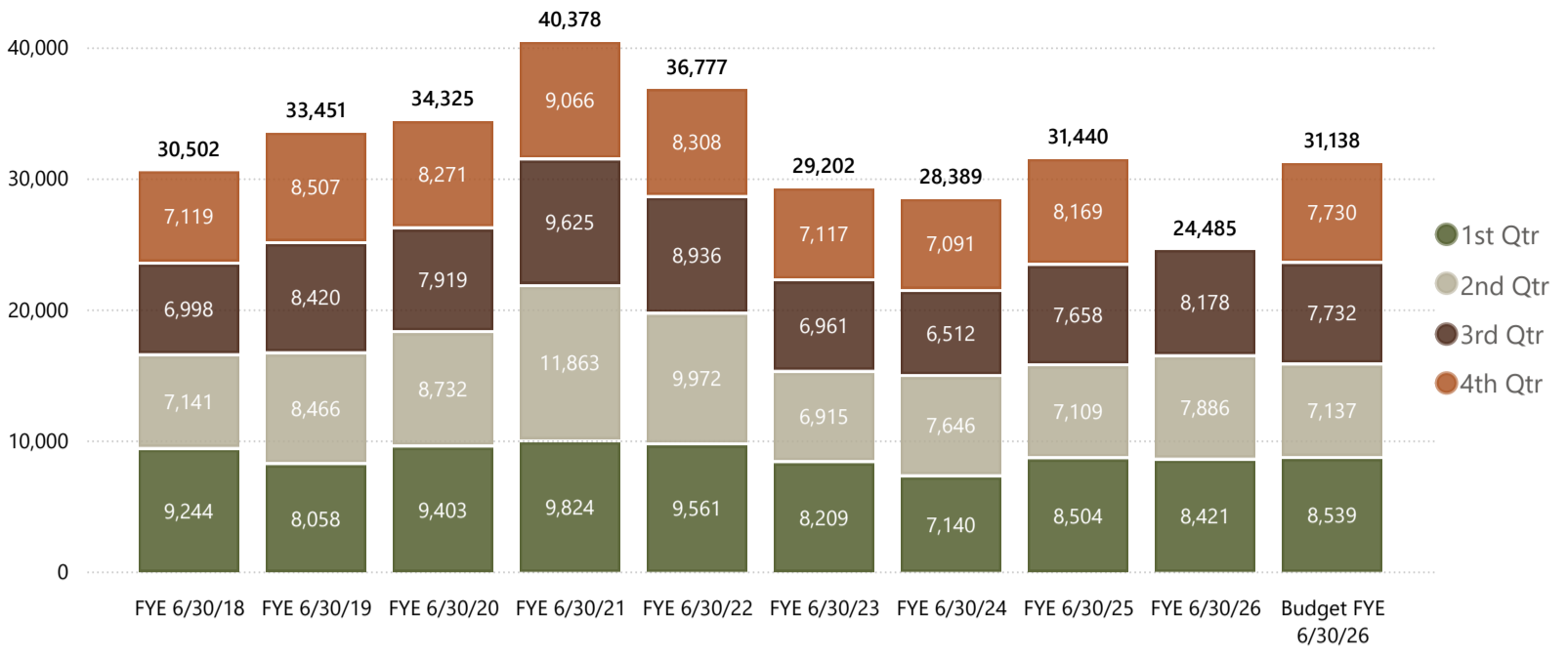
TOTAL TFH OUTPATIENT OR CASES



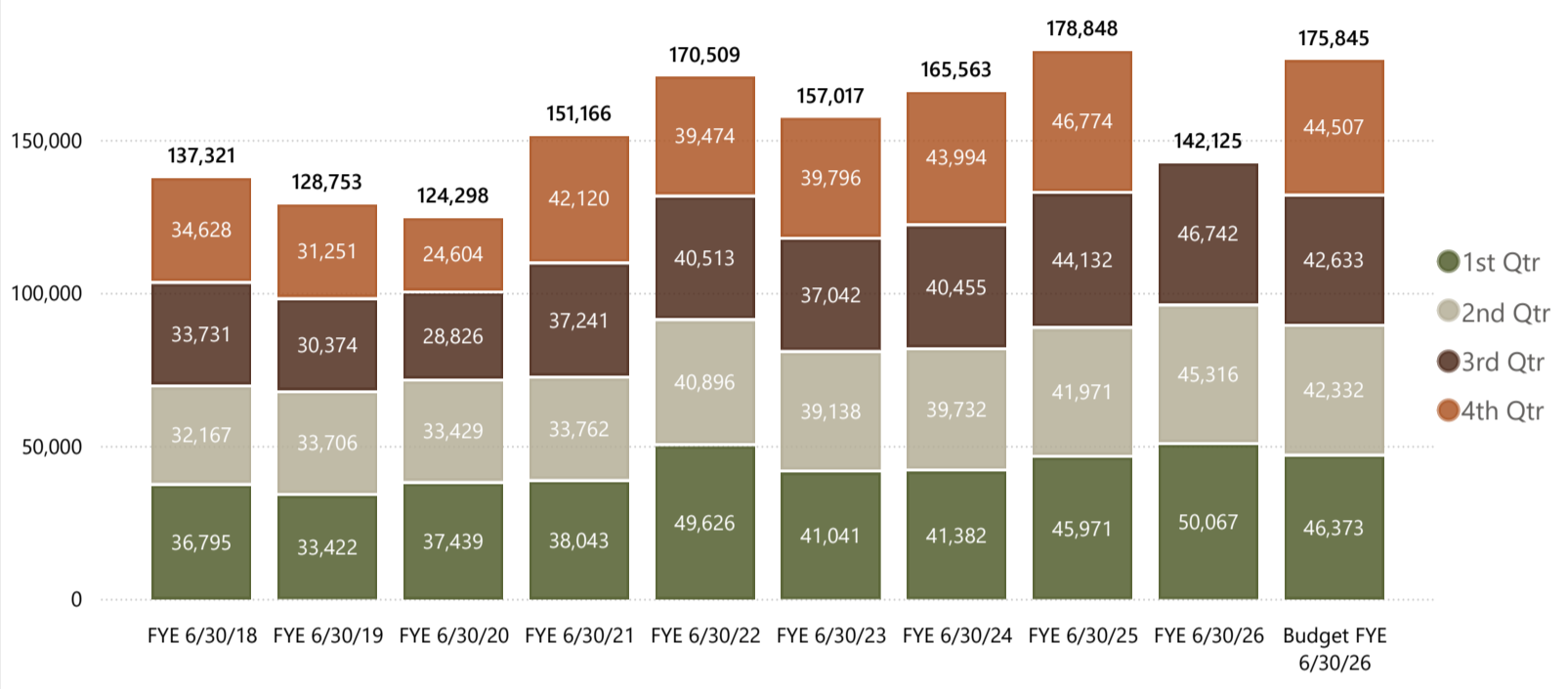
TOTAL TFH OR CASES



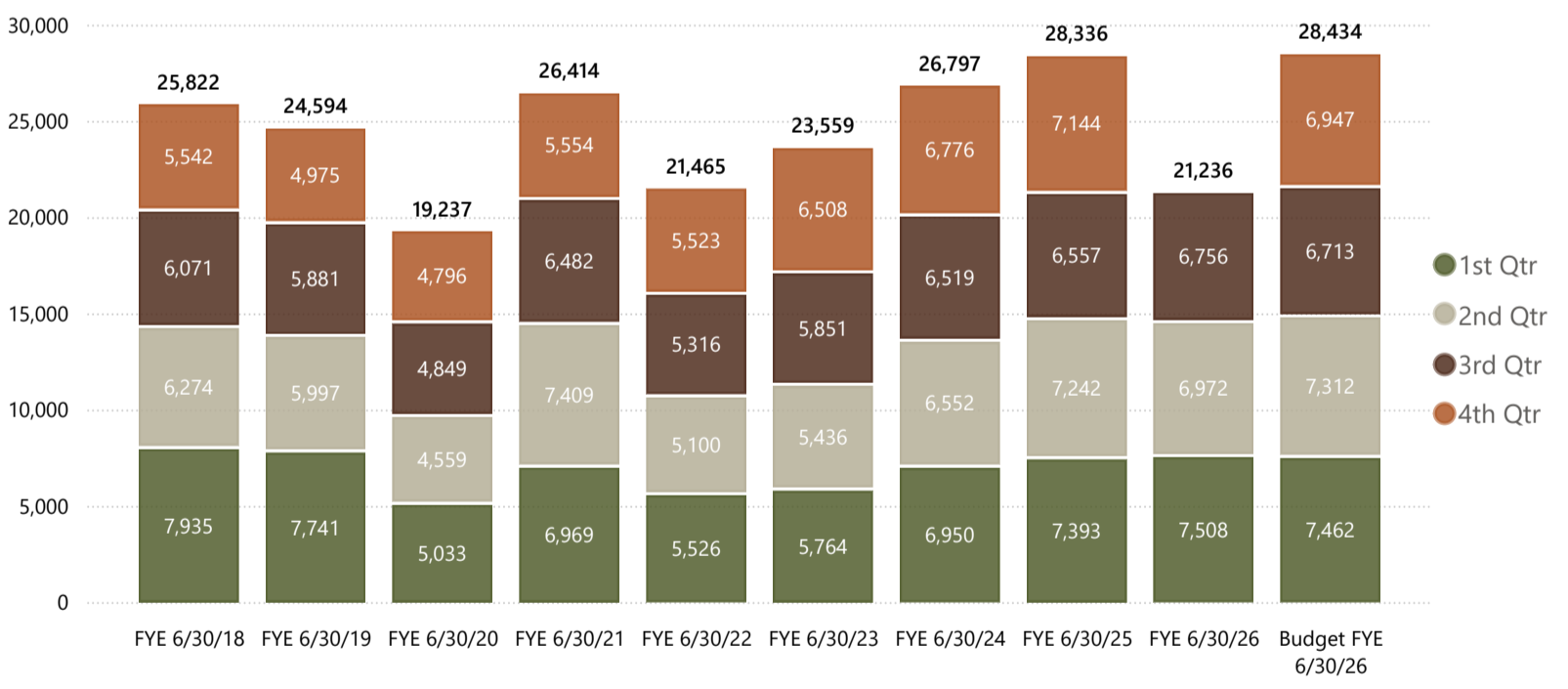
TOTAL TFH INPATIENT LAB TESTS



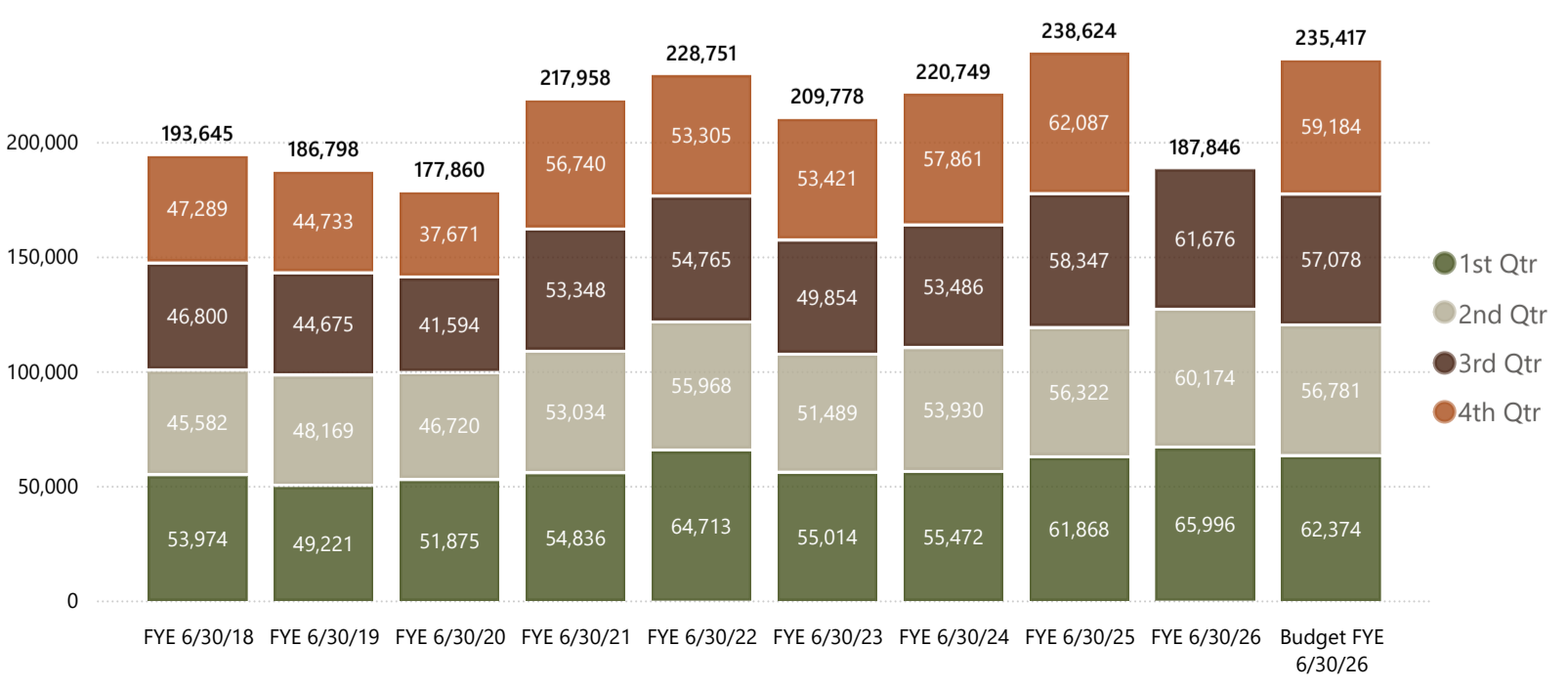
TOTAL TFH OUTPATIENT LAB TESTS



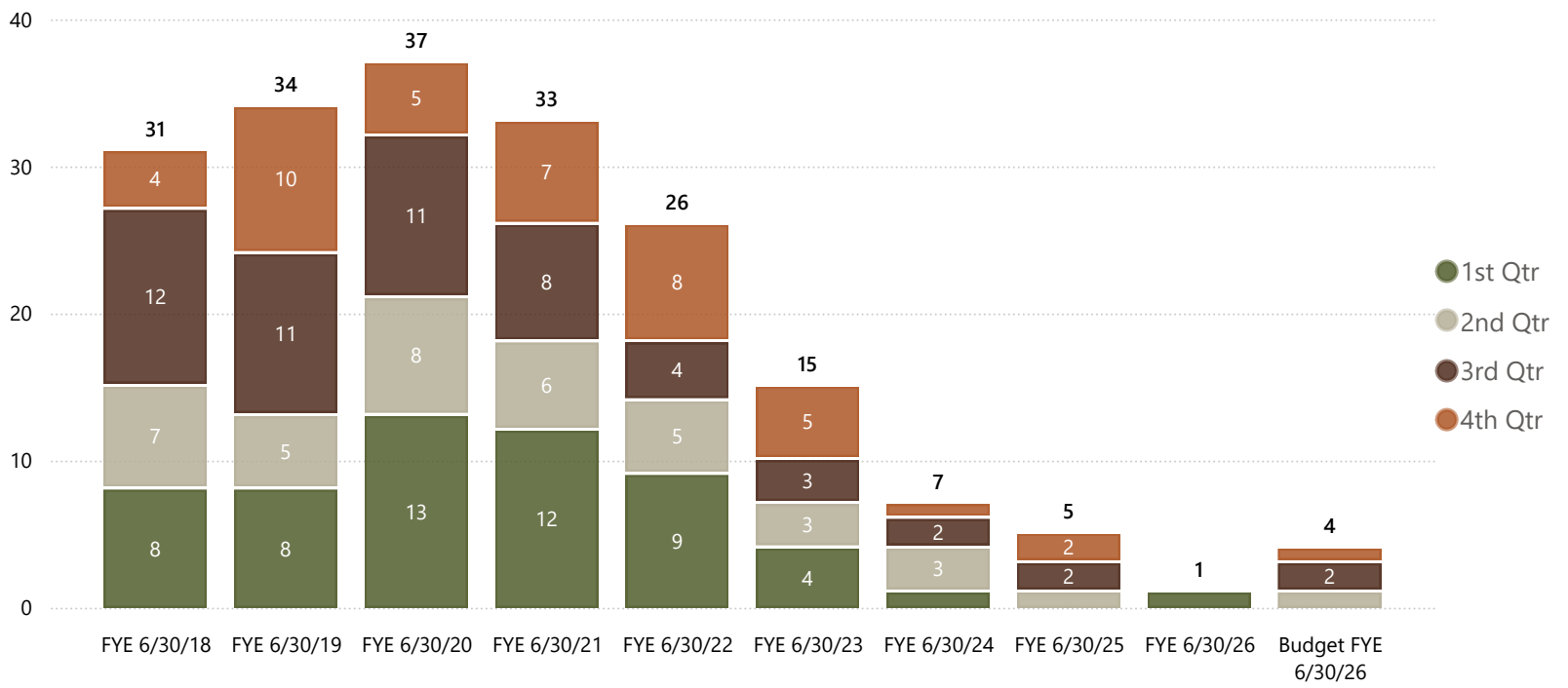
TOTAL TFH OTHER OUTPATIENT LAB TESTS



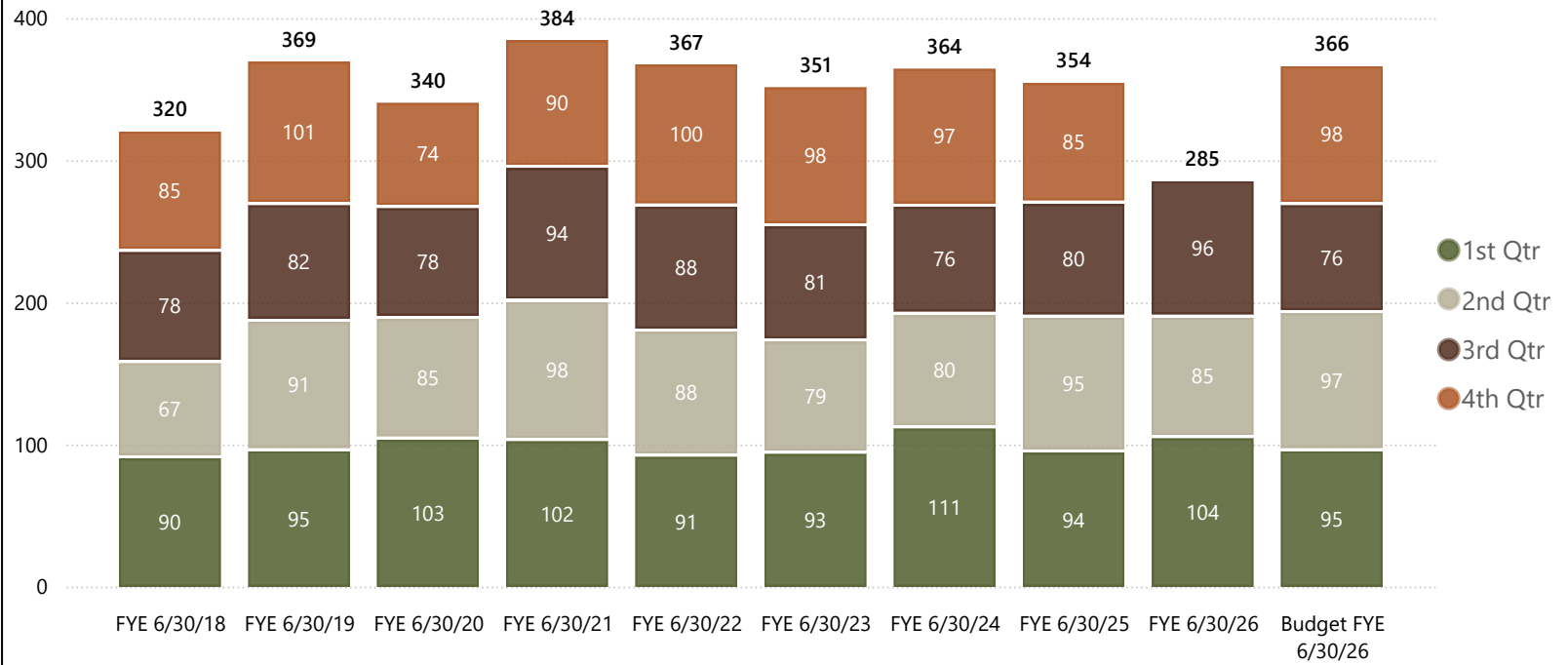
TOTAL TFH LAB TESTS



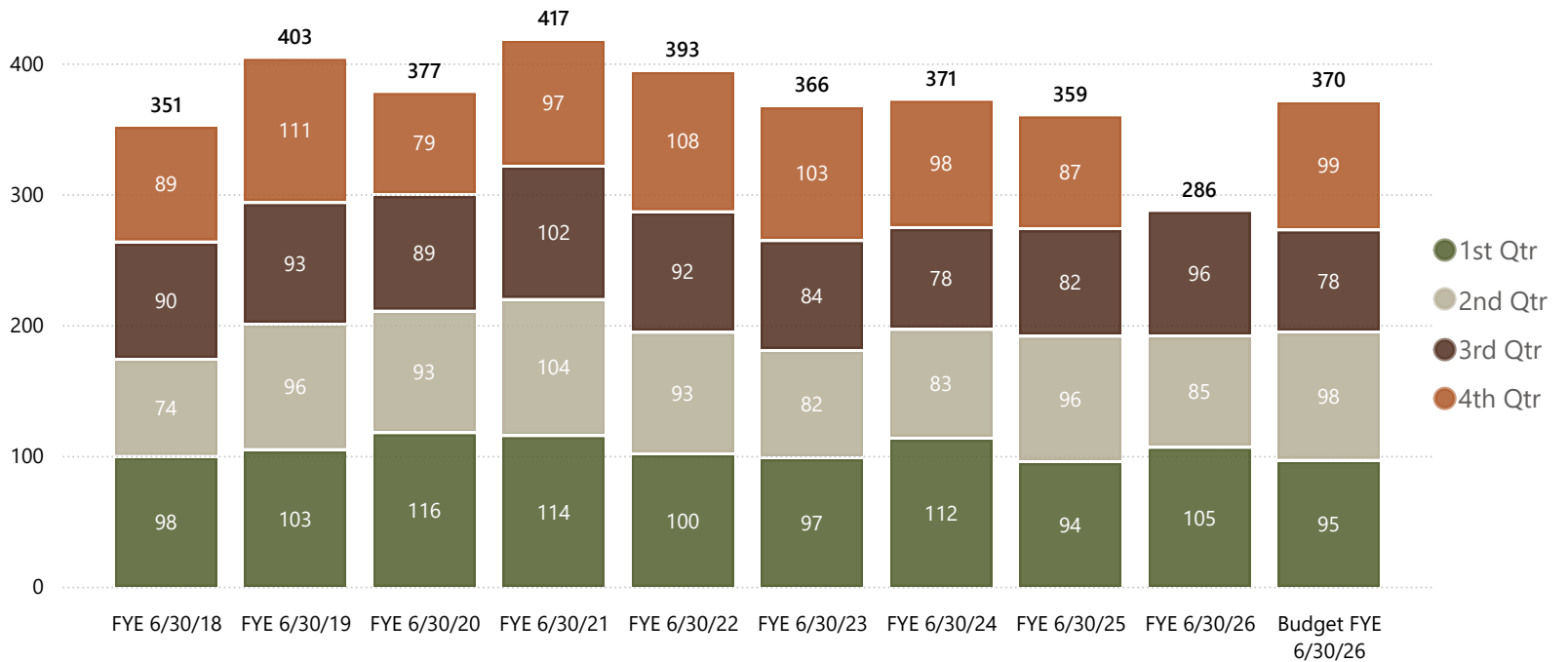
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



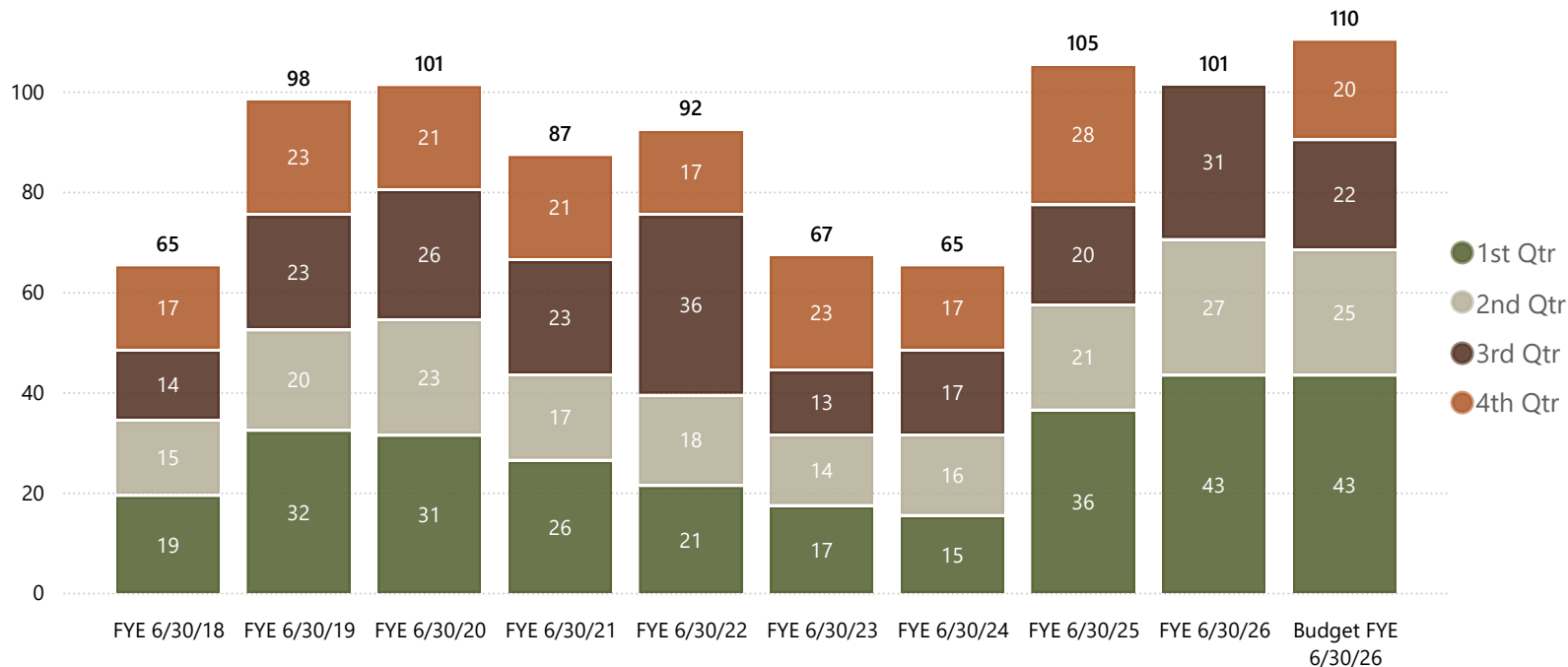
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



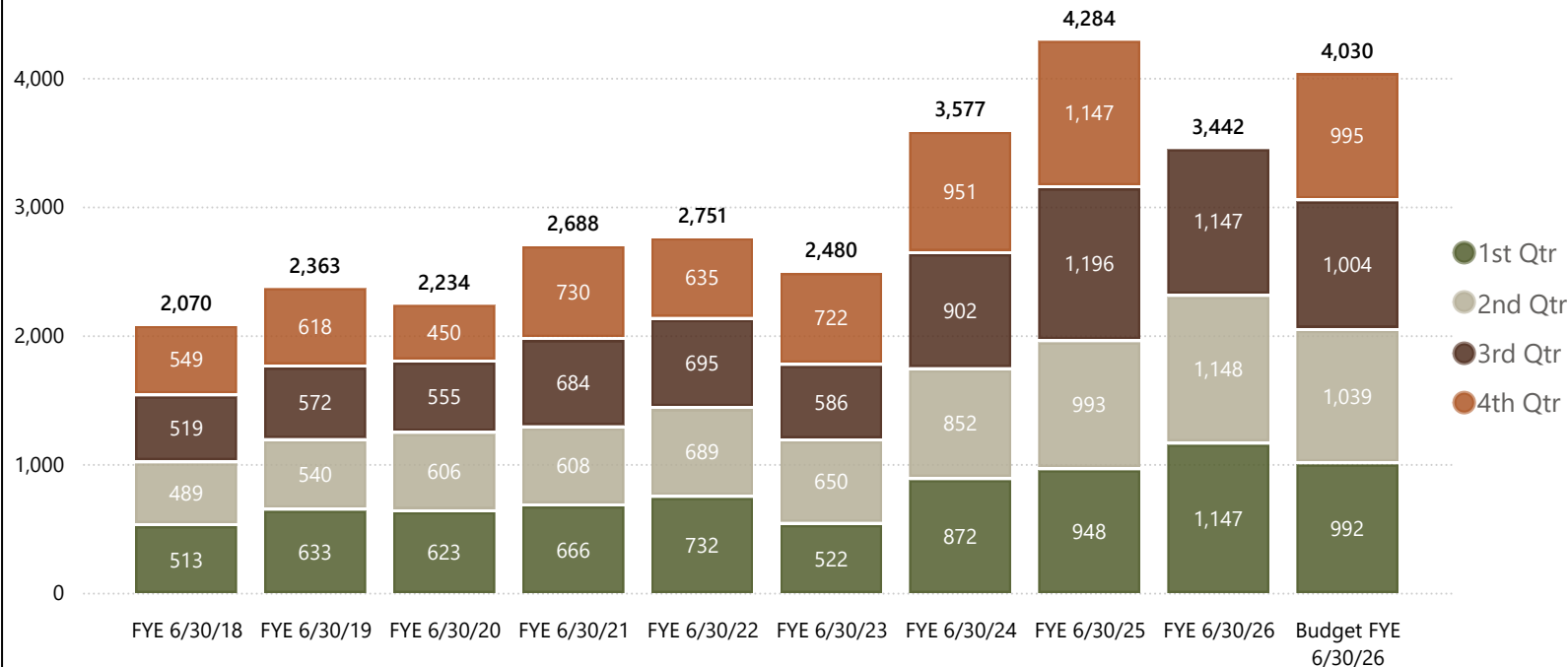
TOTAL TFH NUCLEAR MEDICINE EXAMS



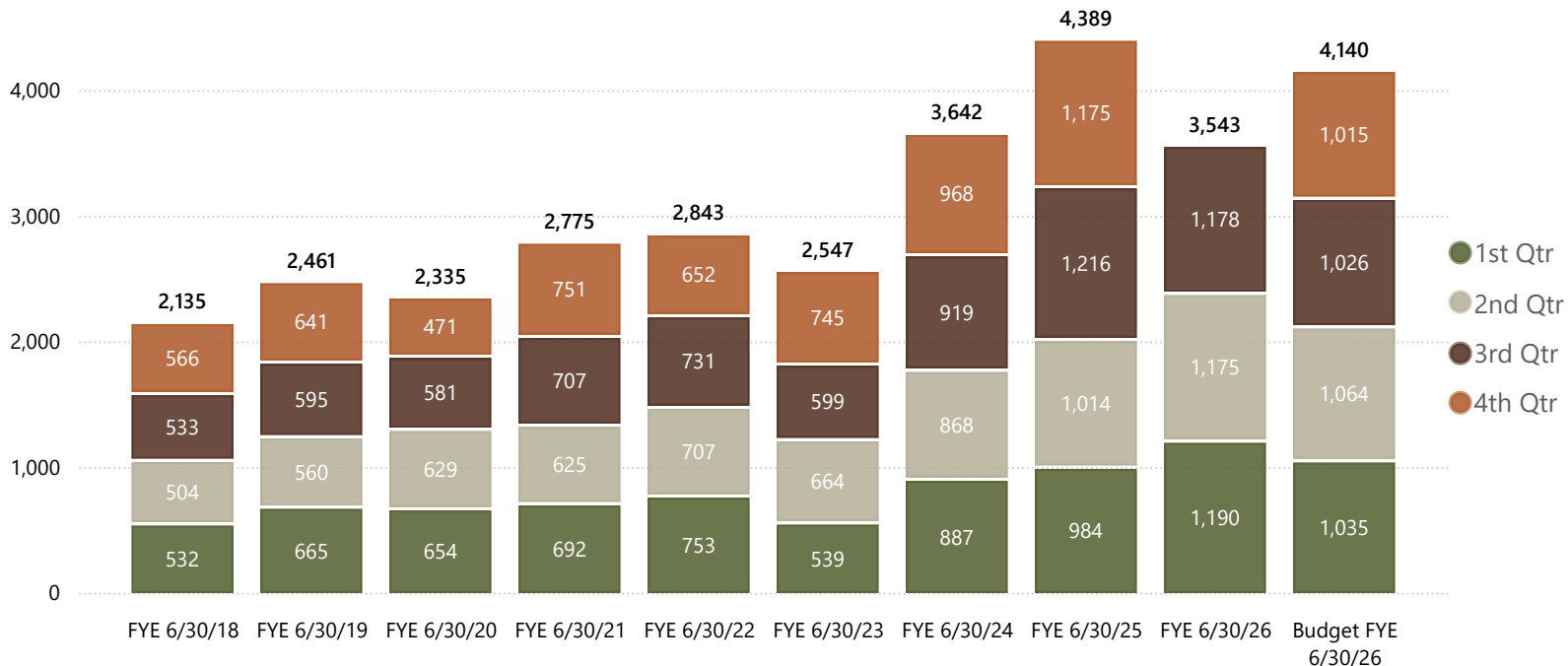
TOTAL TFH MRI INPATIENT EXAMS



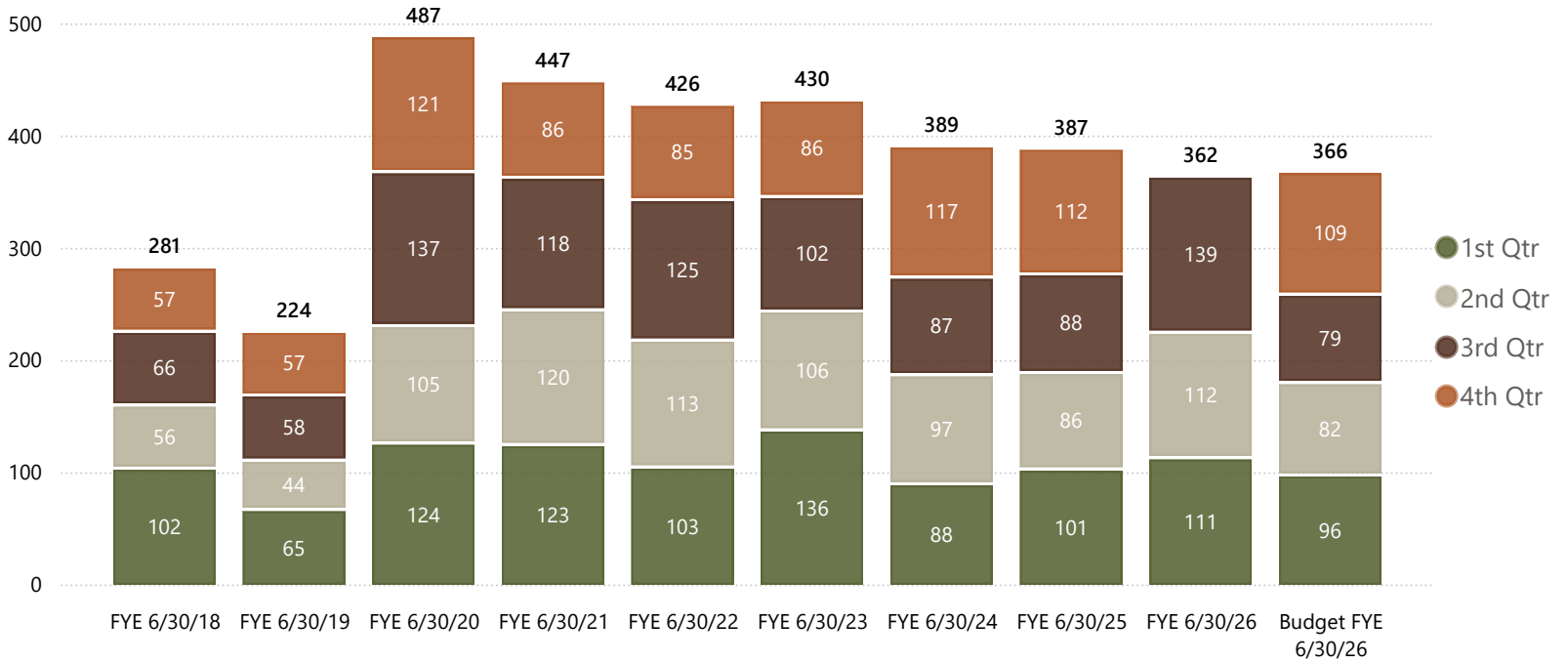
TOTAL TFH MRI OUTPATIENT EXAMS



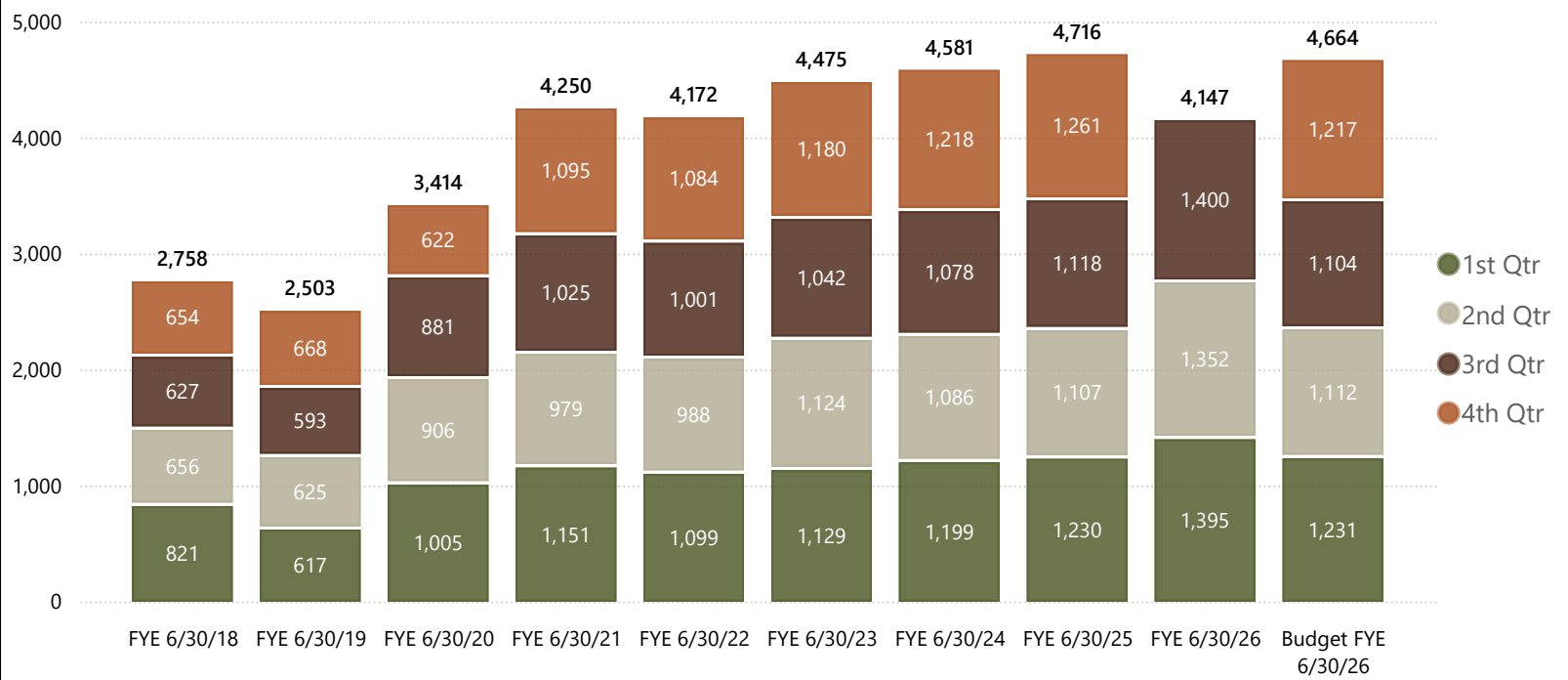
TOTAL TFH MRI EXAMS



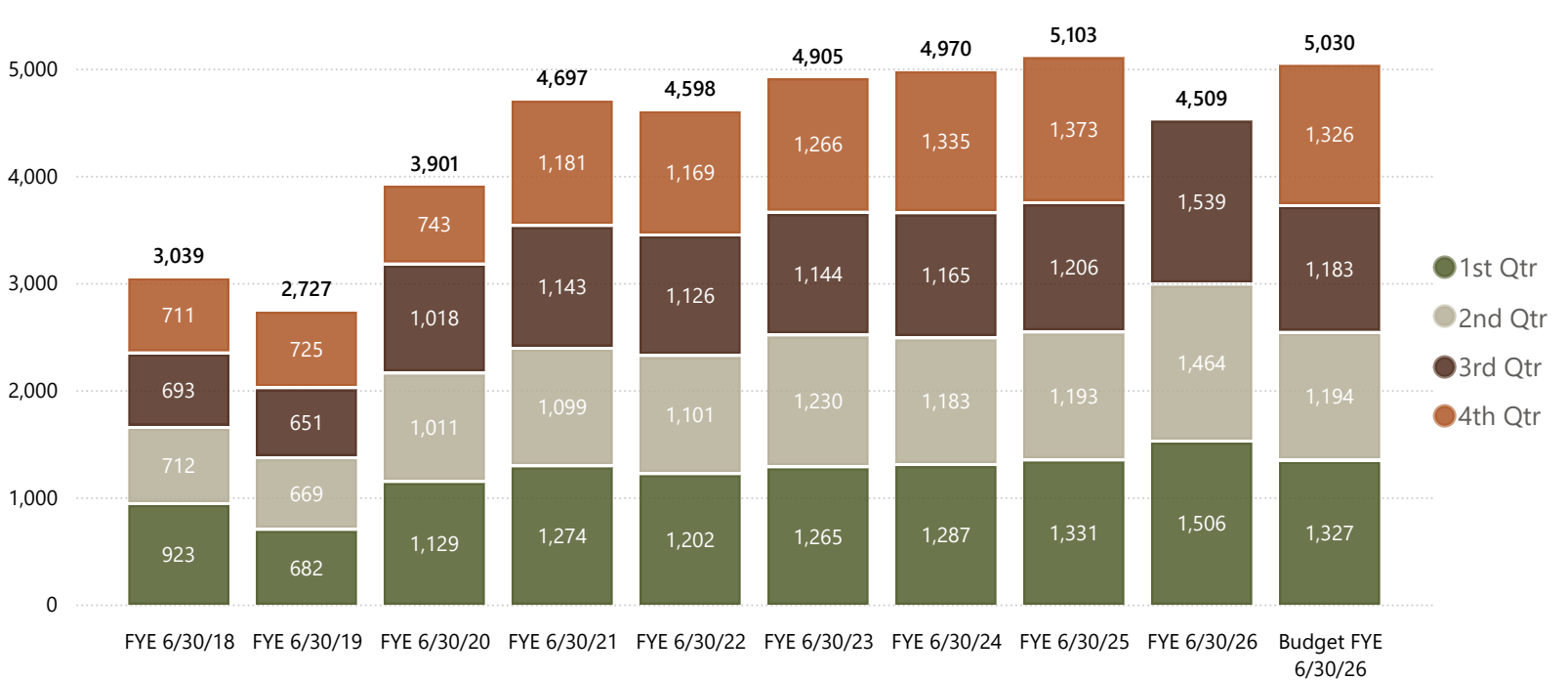
TOTAL TFH ULTRASOUND INPATIENT EXAMS



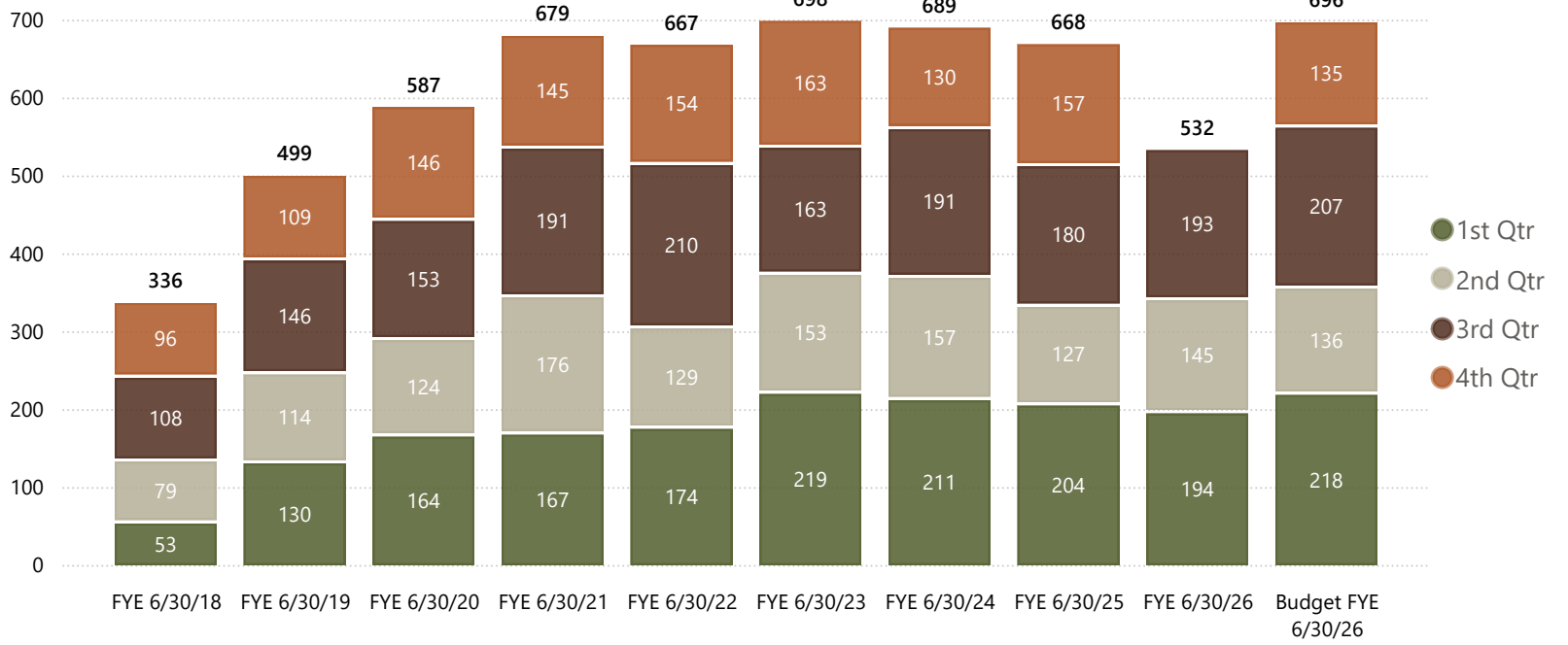
TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



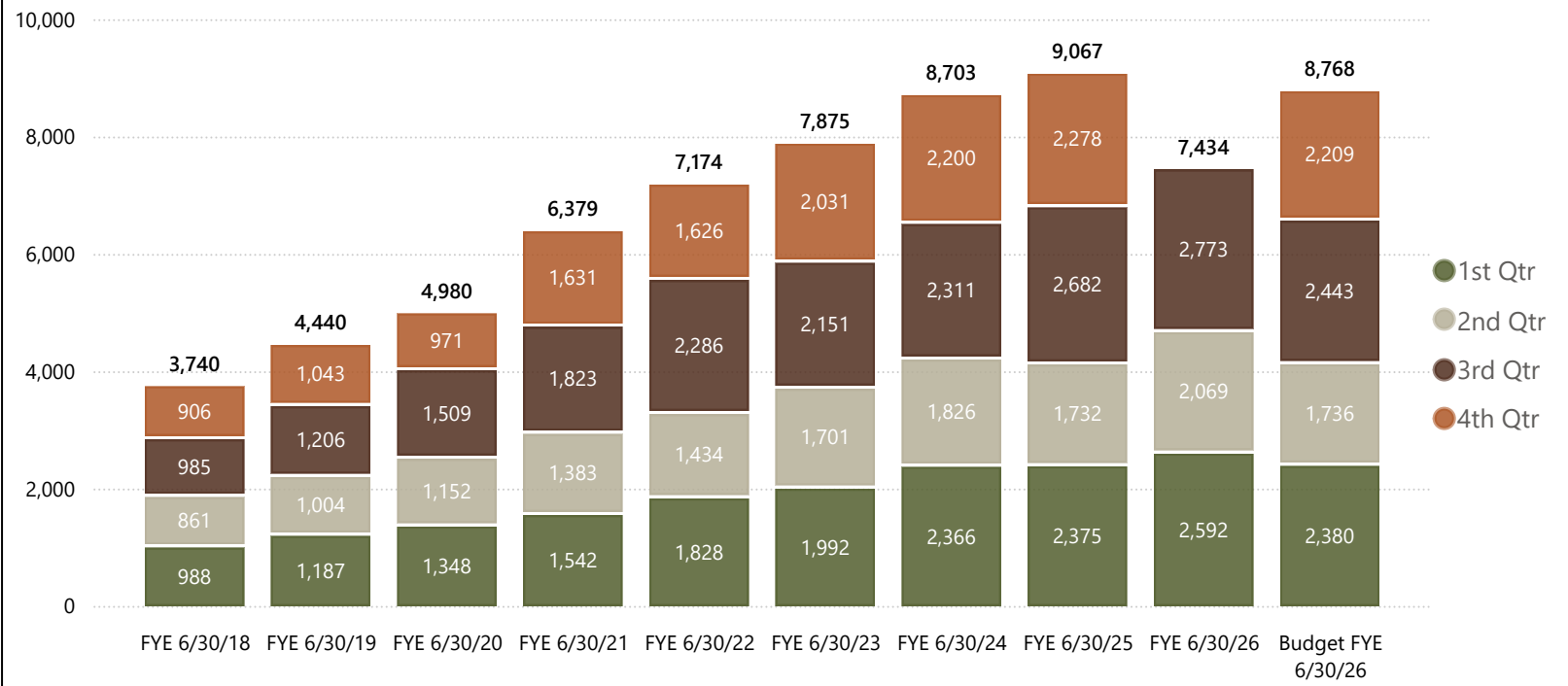
TOTAL TFH ULTRASOUND EXAMS



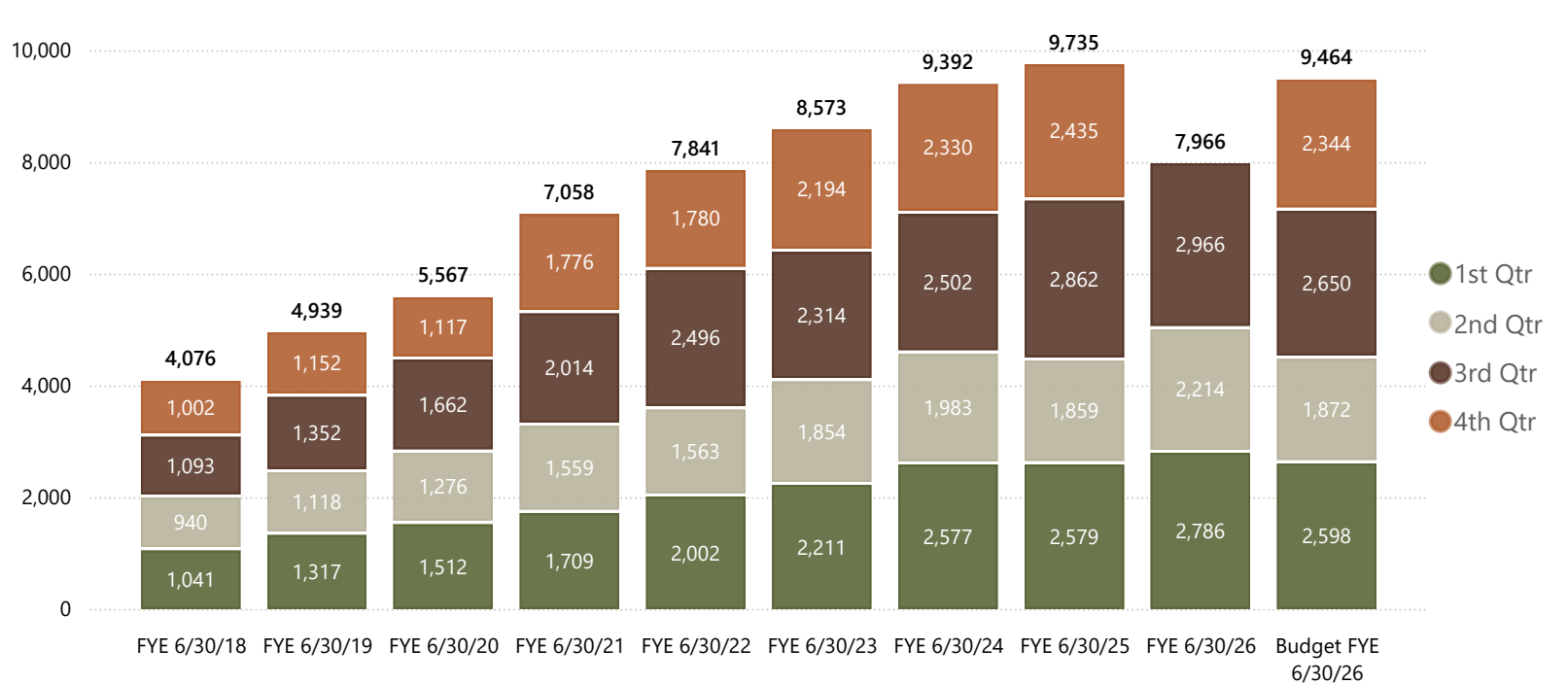
TOTAL TFH CT INPATIENT EXAMS



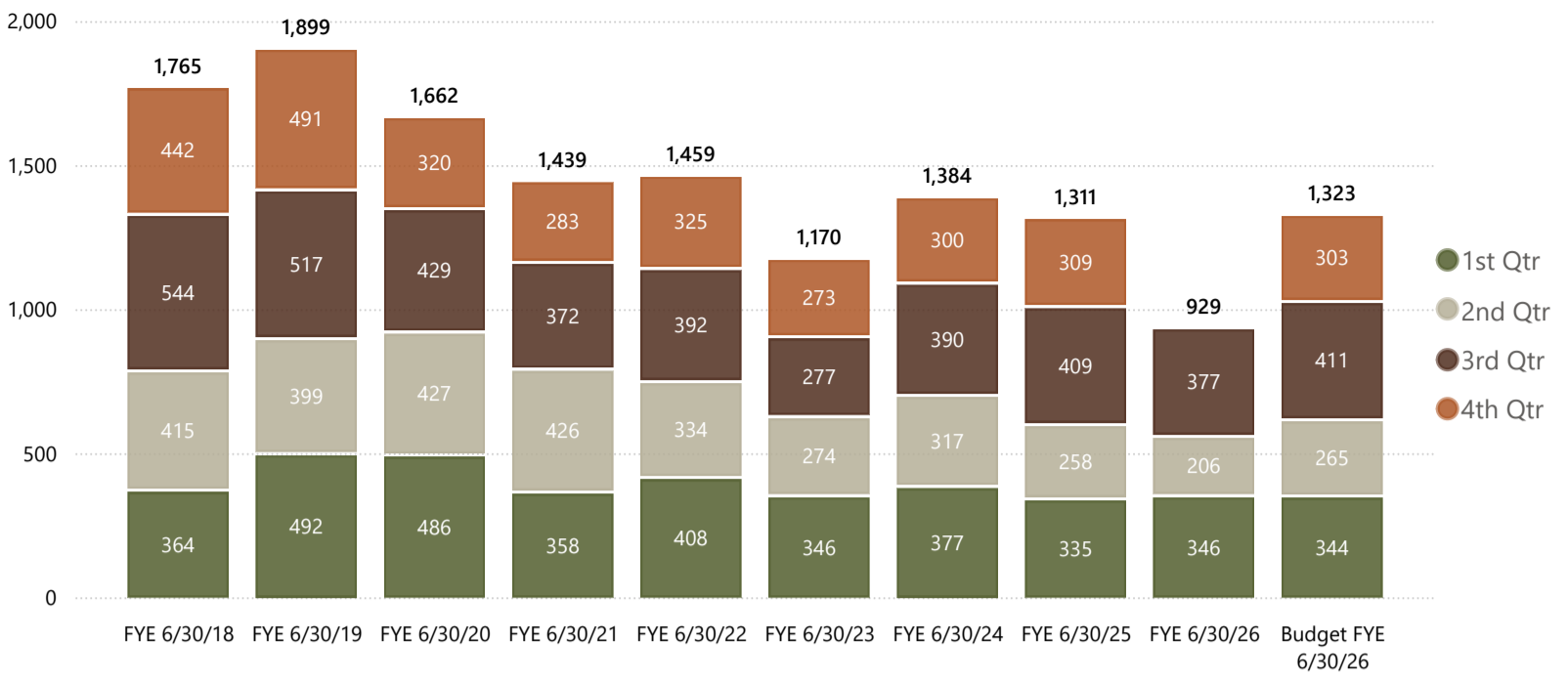
TOTAL TFH CT OUTPATIENT EXAMS



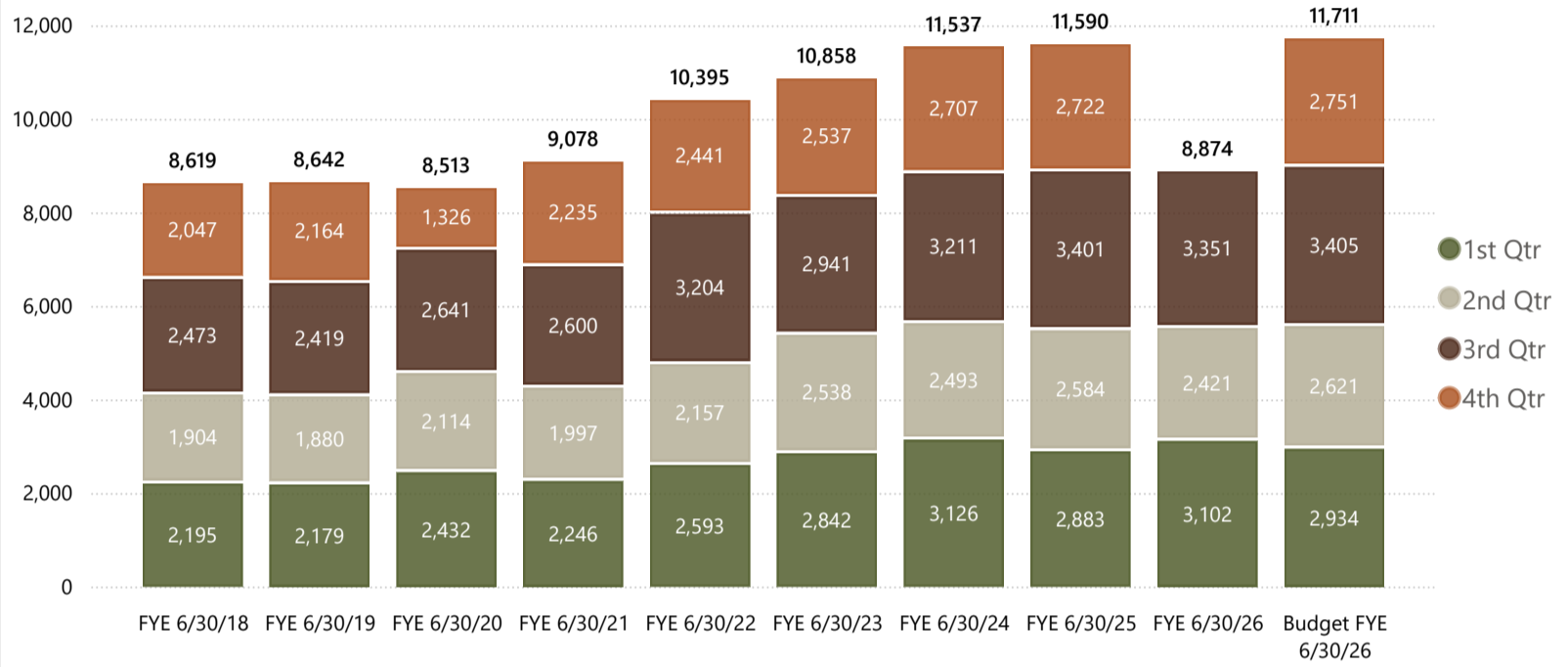
TOTAL TFH CT EXAMS



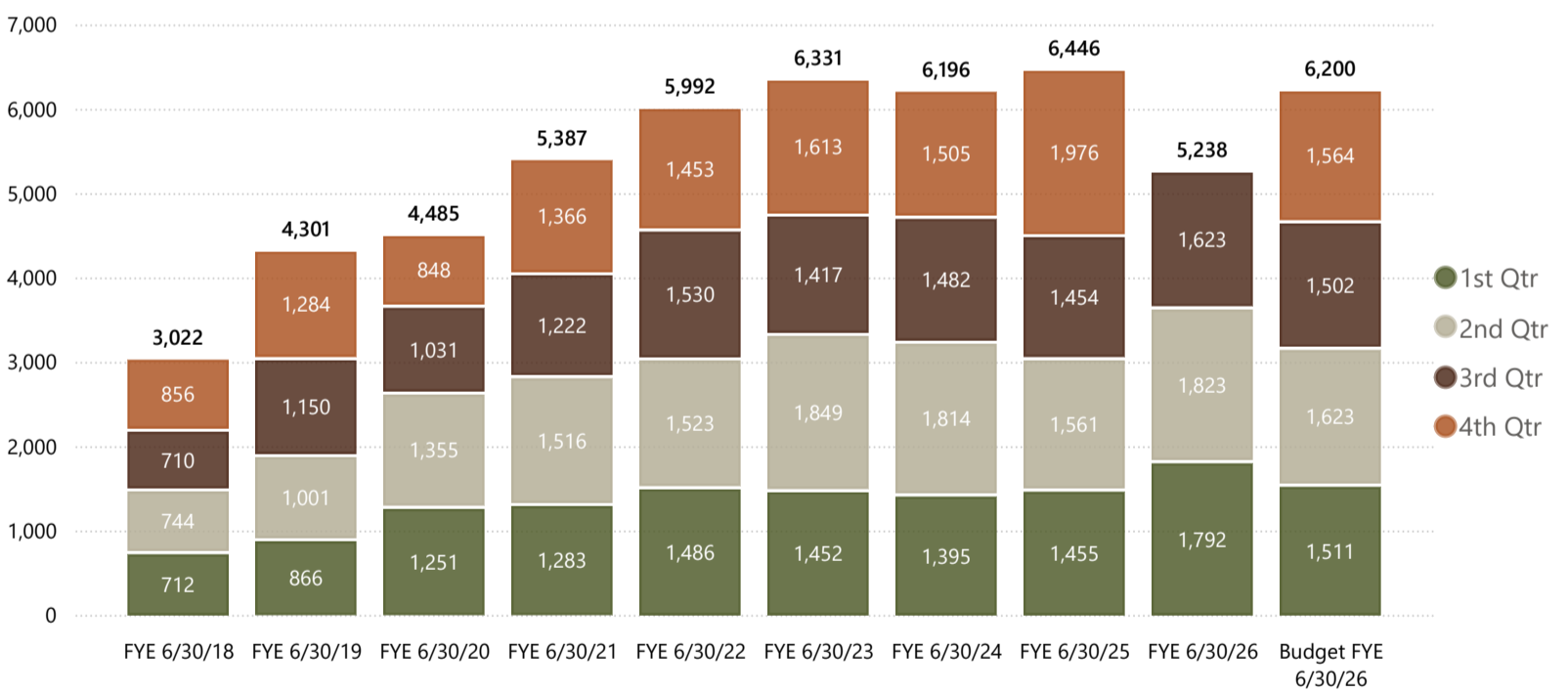
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



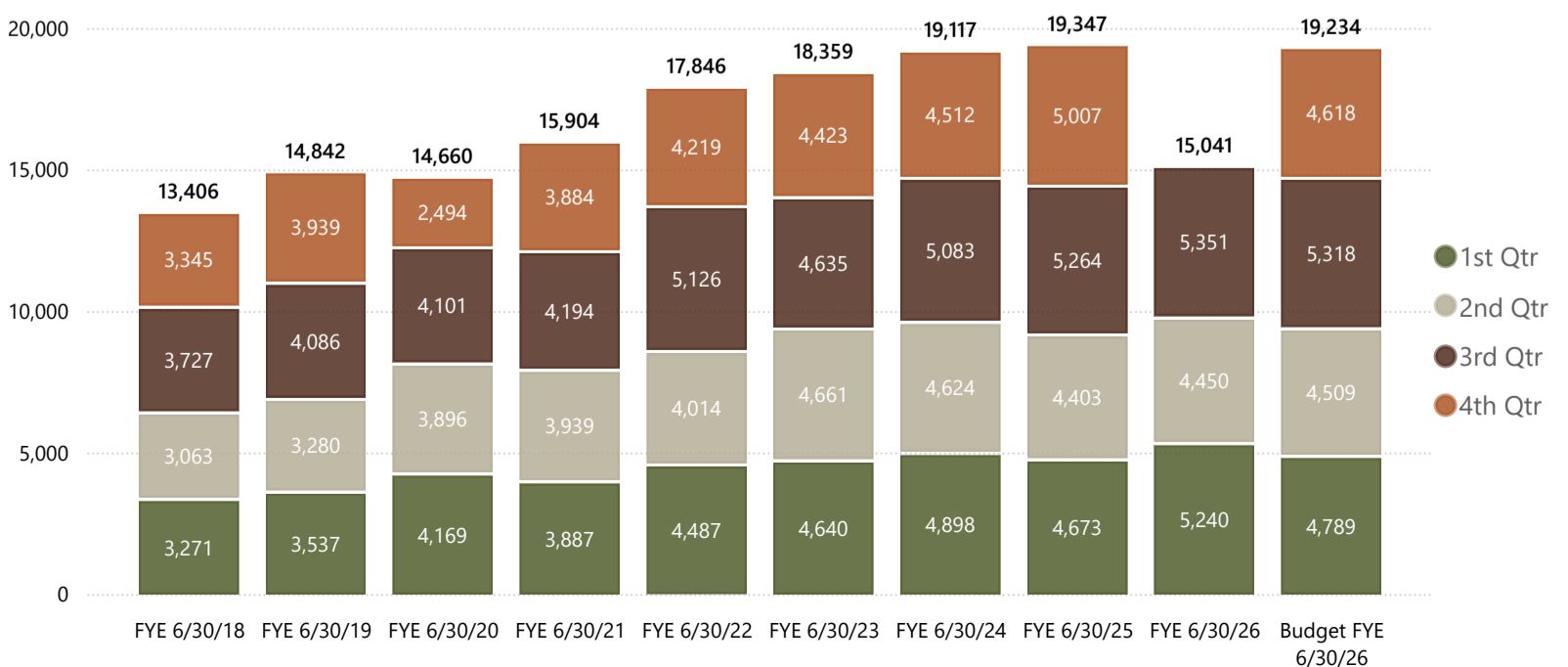
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



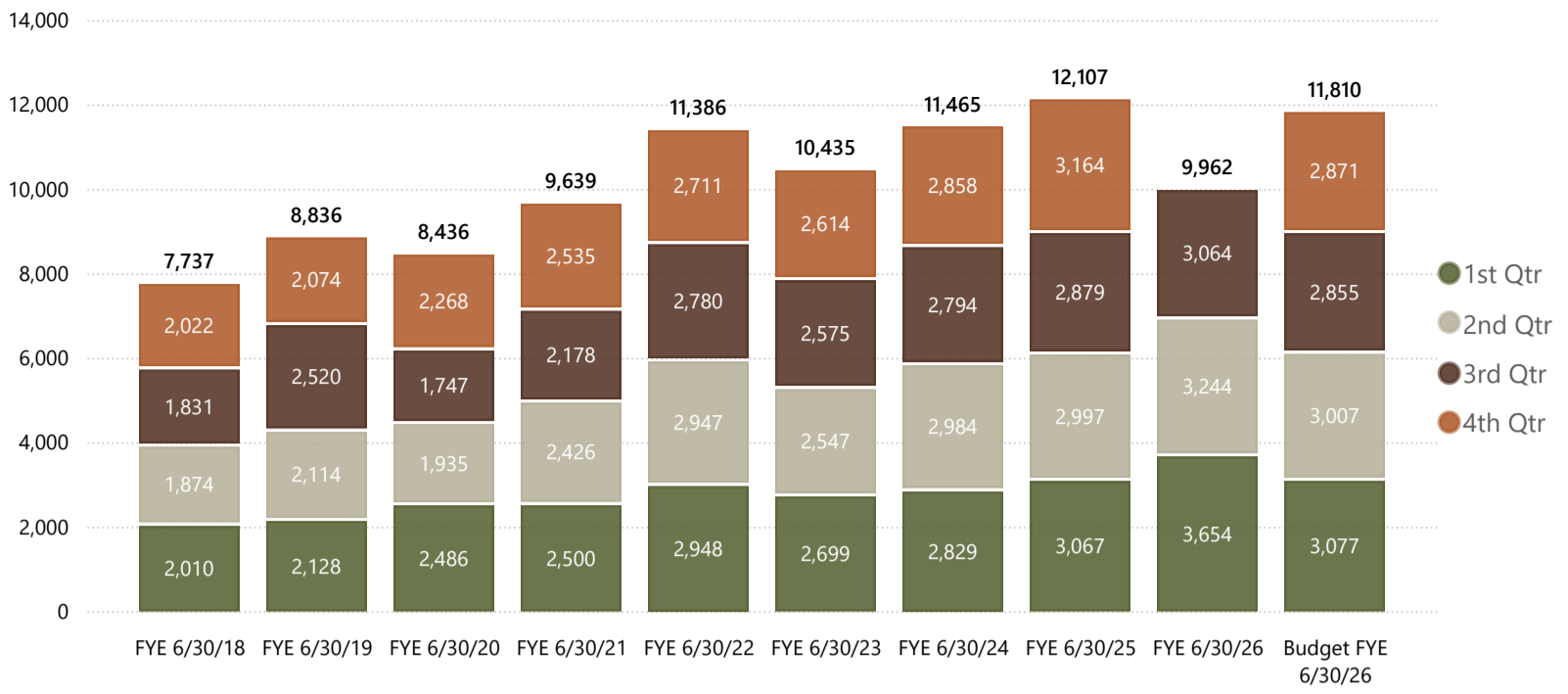
TOTAL TFH MAMMOGRAPHY EXAMS



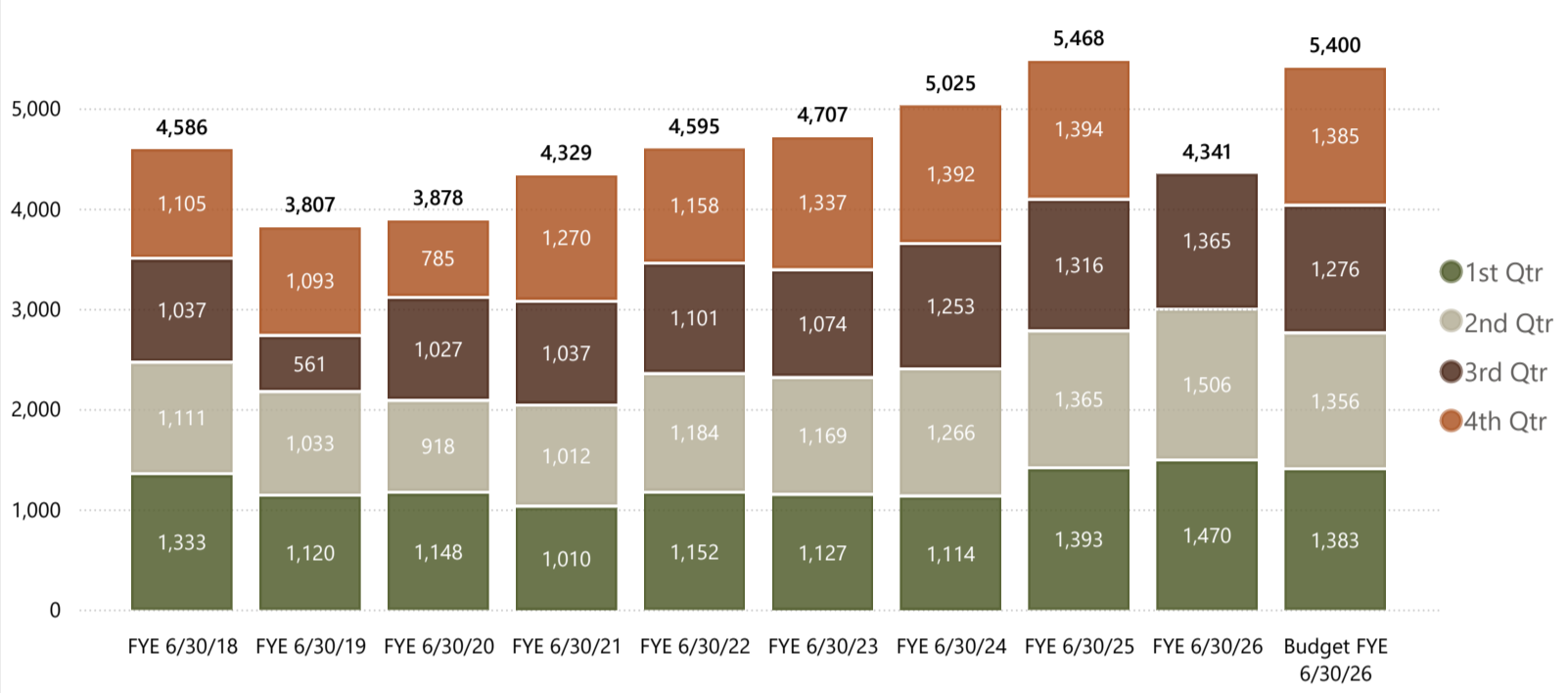
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



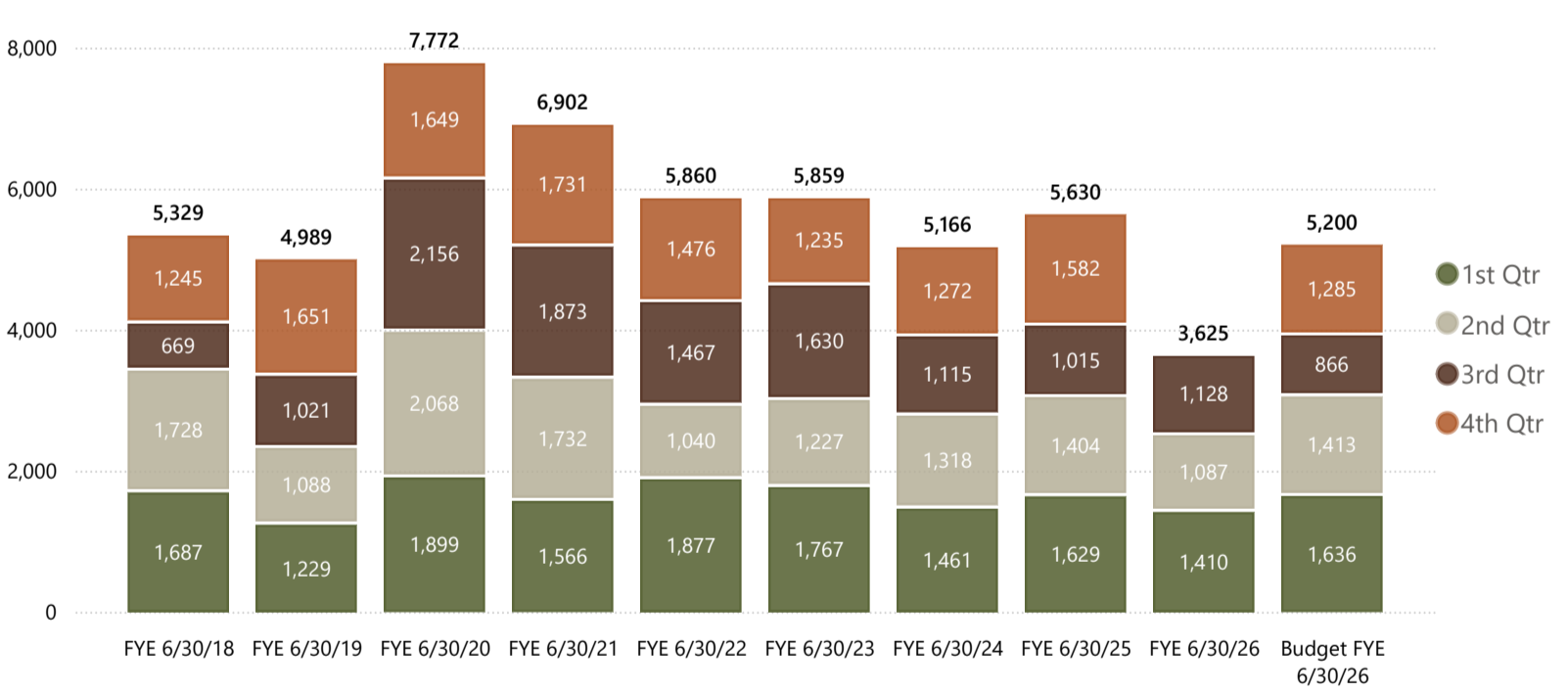
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



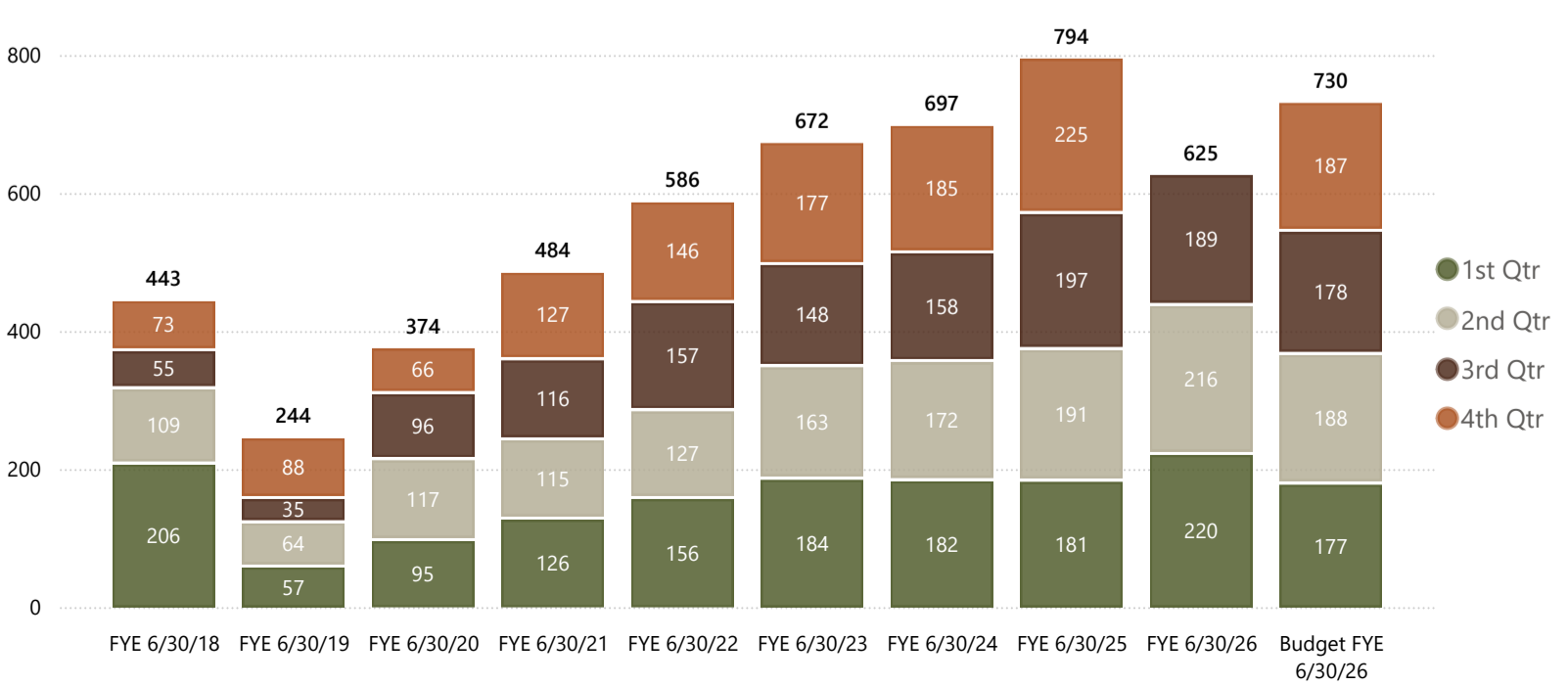
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



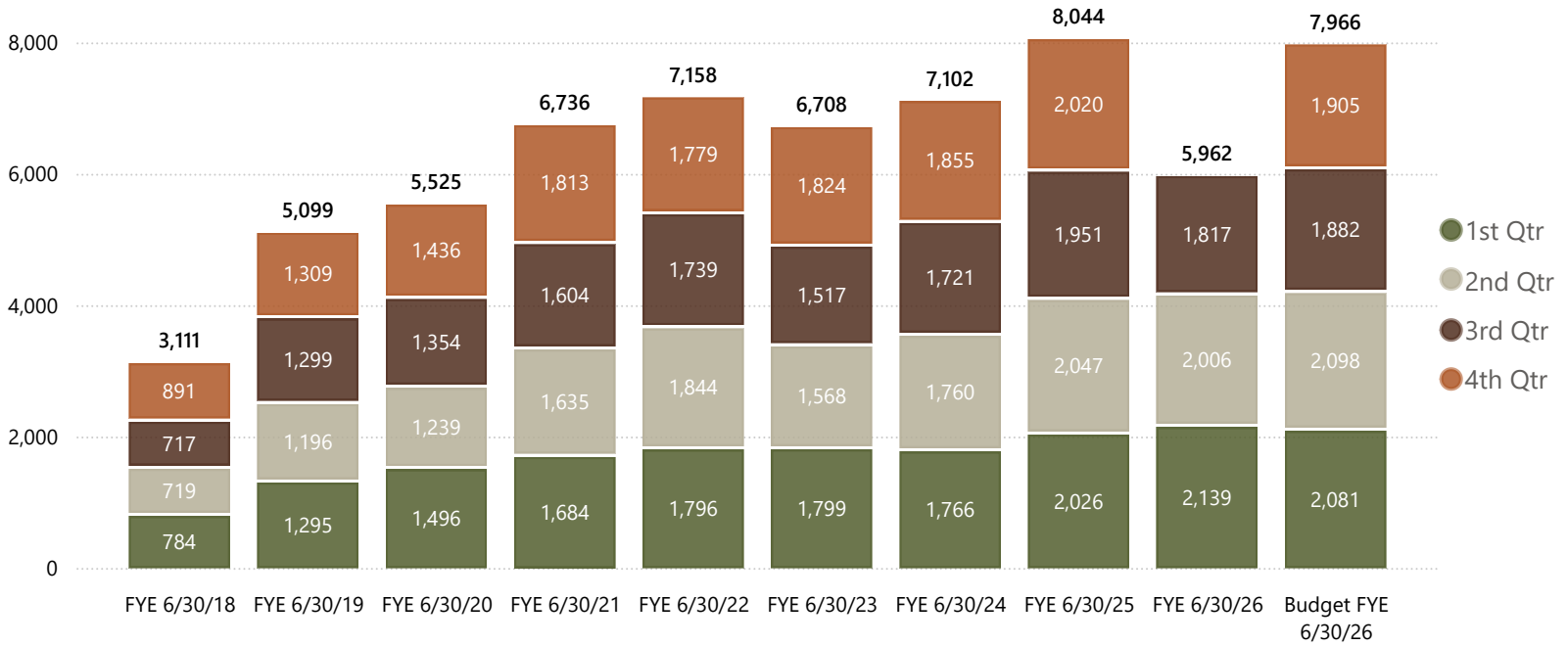
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



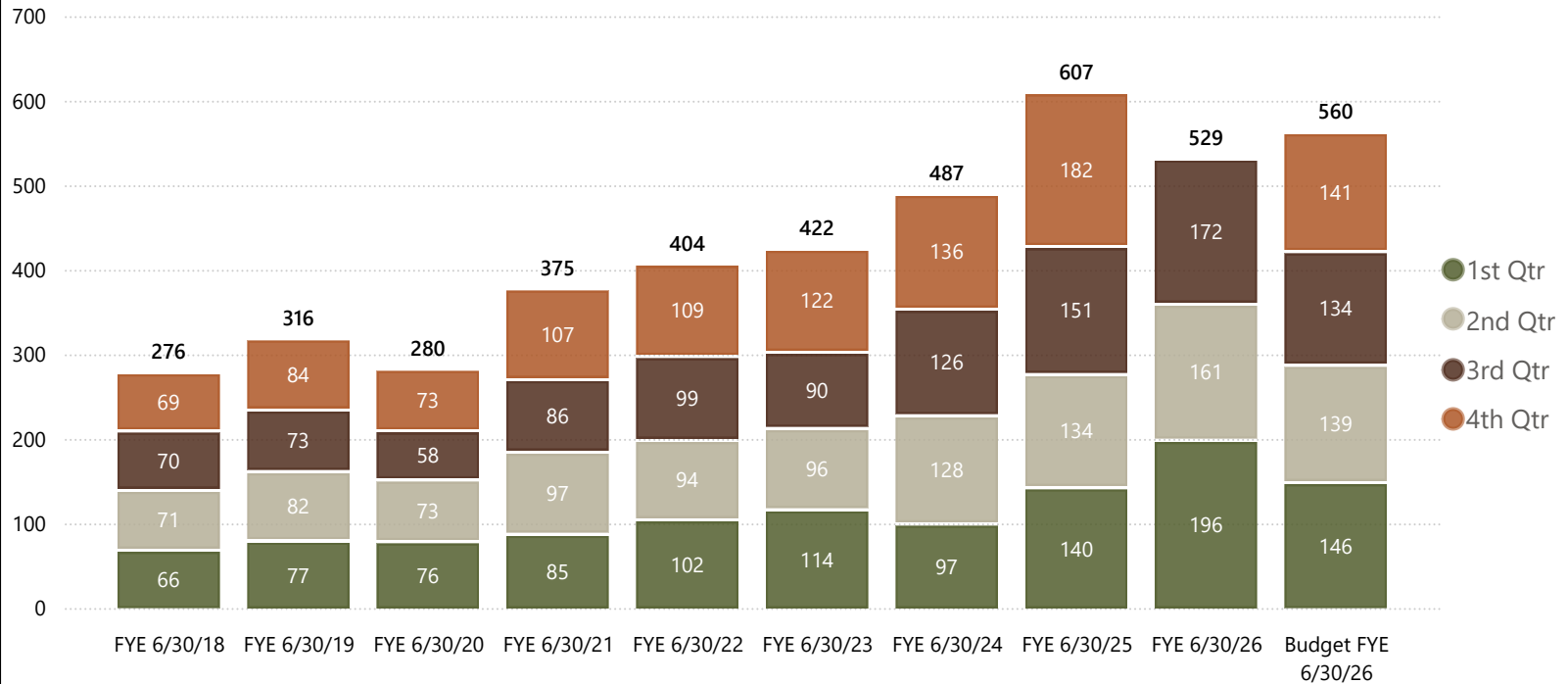
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



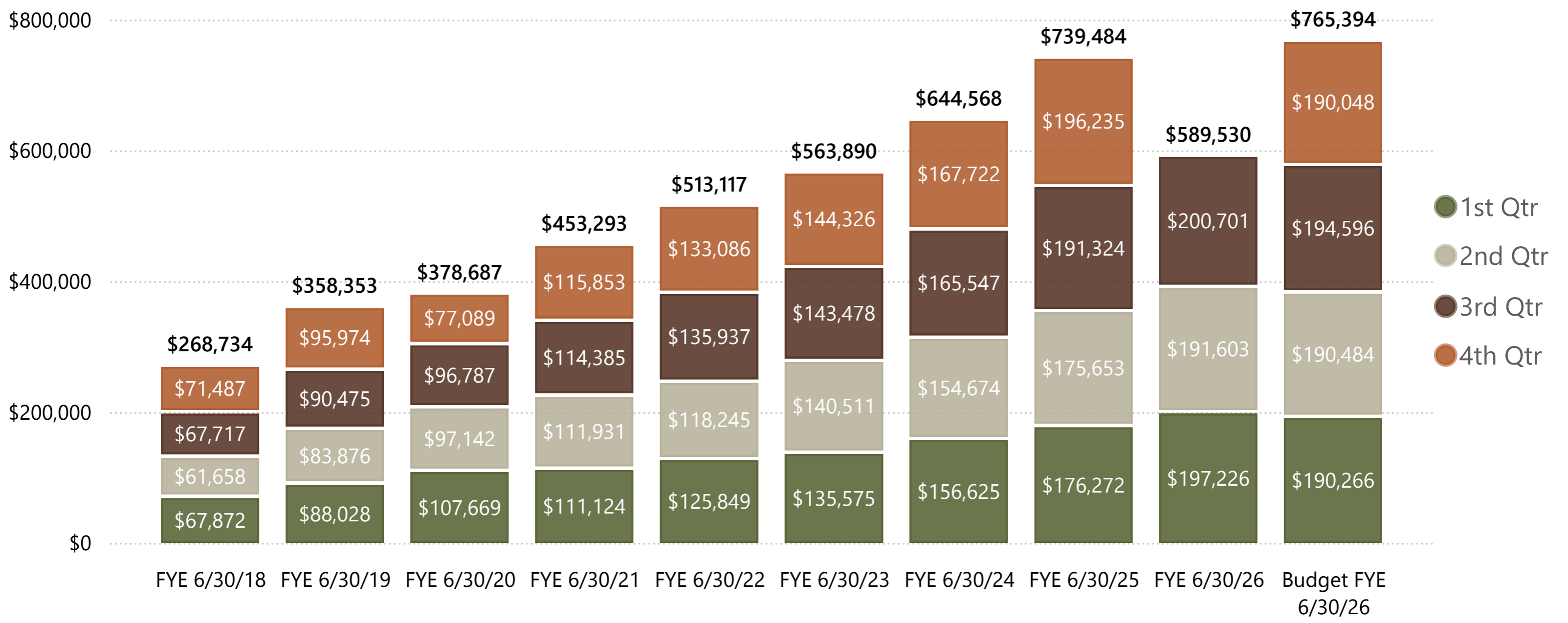
TOTAL TFH ONCOLOGY LABORATORY TESTS



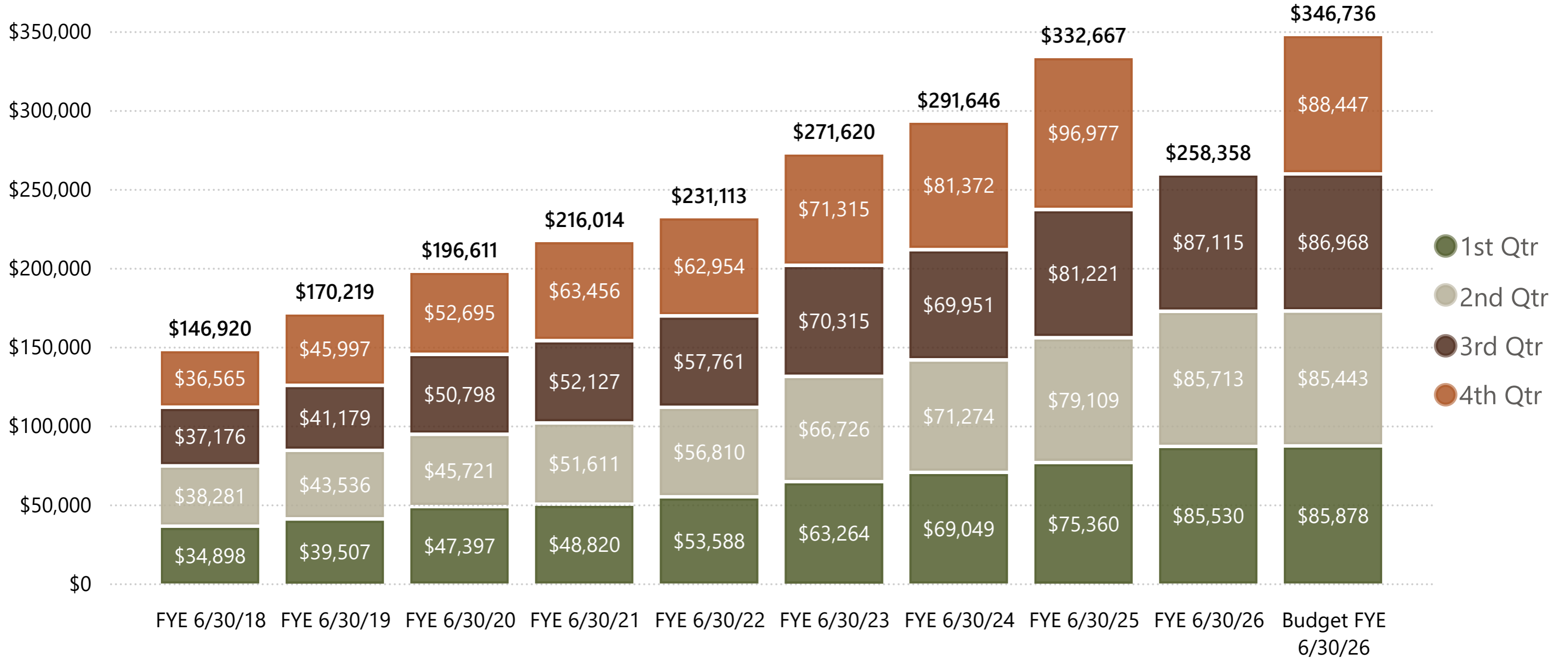
TOTAL TFH PET CT EXAMS



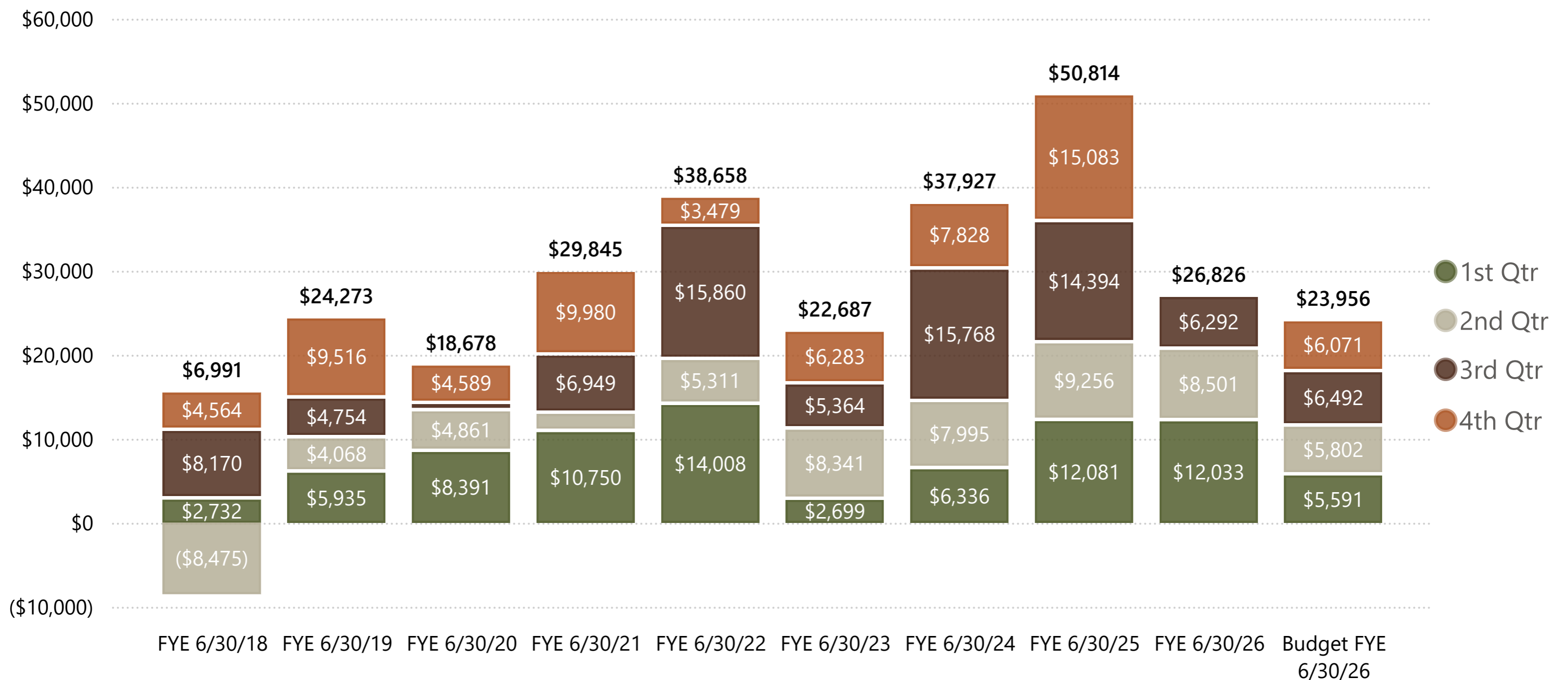
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 14.3. Executive Reports April 2026
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Administration	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Executive Updates
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Combined monthly Board reports from Executive Leadership.	
SUMMARY/OBJECTIVES: Objective: Executive Report to review key strengths and opportunities across True North areas of priority including: Health Within Reach, Peaks of Excellence, and Transformation.	
SUGGESTED DISCUSSION POINTS: Health Within Reach – System redesign efforts focus on capacity, Diagnostic Imaging Service updates Peaks of Excellence / People – Care Coordination has moved to Truckee Campus, Transformation – Nuclear Medicine Project has started, Launched AI Governance Committee to guide ethical and strategic adoption of AI, Surgical Enhancement Project People / Financial / Stewardship – Technology upgrades and refinements continue, Leadership Development, Grateful Patient giving programs, gratitude grams, Economic Impact Analysis Looking Ahead – Fall Forum, community health radio program: Mountain Health Today	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Executive Report as presented.	
LIST OF ATTACHMENTS: Executive Board Reports – April 2026 Individual Board Reports hyperlinked in Appendix	



TAHOE FOREST HOSPITAL DISTRICT

Executive Board Report April 2026

By:

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

Executive Summary

April reflects continued movement from **strategy definition to coordinated execution** under the True North framework. Efforts across the system are increasingly aligned, with clearer connection between community input, operational decisions, and strategic priorities.

Community engagement is directly shaping operations, particularly around access. Feedback gathered this month is already informing pilots and staffing strategies designed to expand availability and reduce friction.

Key highlights:

- Community input reinforcing demand for:
 - Evening and weekend access
 - Telemedicine following initial in-person care
- Expansion of early detection services, including cardiac screening
- Completion of the **\$10 million Surgical Renovation Campaign at Incline Village Community Hospital**
- Continued strength in digital infrastructure, access tools, and cybersecurity

These efforts reflect a coordinated shift toward **execution, alignment, and measurable impact**.

Health Within Reach: Access & Affordability

Expanding access, affordability, and connection to care

Community input this month provided clear direction on how patients want to access care, reinforcing both existing data trends and operational priorities.

Key Updates

- Focus groups (April 13–14) identified strong demand for:
 - Expanded evening and weekend appointments
 - Telemedicine visits after care relationships are established
- Access improvements underway:
 - Fast Pass scheduling implemented in rehabilitation
 - Upgrades to communication platforms improving call reliability
 - Telemedicine pilots in primary care and pediatrics
 - New provider onboarding to expand capacity

Peaks of Excellence: Quality, Safety, Patient Experience

Delivering high-quality, reliable, and patient-centered care

Clinical services continue to evolve in response to both **increasing patient complexity** and expectations for local access to high-quality care.

Key Updates

- Obstetrics responding to rising complexity:
 - Increased gestational diabetes
 - Higher neonatal acuity and transfer needs
 - Multidisciplinary care standardization underway
- Continued investment in specialty care:
 - Oncology system upgrades
 - Cardiology imaging access improvements
- Completion of **\$10 million Incline Village Community Hospital Surgical Renovation Campaign**

- Launch of *Mountain Health Today*:
 - Community-facing health radio program
 - Focus on prevention, screening, and locally relevant topics
- Fall Forum (September 25) in development:
 - Full-day community convening
 - To include the Thomas D. Hobday Medical Lectureship
 - Topics include AI, prevention, and future care models
- Geriatric Emergency Department Accreditation Level 3 (Bronze)

Transformation: Strategy, Infrastructure, Innovation

The organization is building the infrastructure needed to ensure strategy is executed consistently and at scale.

Key Updates

- Establishment of **AI Governance Committee**:
 - Structured, ethical approach to technology adoption
- Workflow modernization:
 - Transition of key processes fully into the EMR
 - Elimination of manual and paper-based steps
- Technology optimization:

People: Workforce, Engagement, Leadership

As the system grows, efforts remain focused on maintaining alignment, engagement, and leadership clarity.

Key Updates

- Continued workforce growth to support expanding services
- Culture and recognition efforts:
 - ~600 Gratitude Grams delivered to physicians

- Enhancements to collaboration tools:
 - Improved hybrid work and communication
- Ongoing evaluation of clinic leadership structure:
 - Aligning with upcoming expansions

Financial & Operational Stewardship

The organization continues to strengthen financial clarity while investing in long-term infrastructure.

Key Updates

- Completion of structured **IT budgeting framework**:
 - Clear separation of operational, capital, and lifecycle costs
- Launch of **regional economic impact analysis**:
 - Partnership with University of Nevada, Reno
 - Quantifying system's role in the local economy
- Continued capital investments:
 - Imaging (nuclear medicine, fluoroscopy)
 - Infrastructure upgrades (MEP systems)
 - Clinic expansions (North Shore, Sierra Center, Gateway)

Closing Perspective

The organization continues to demonstrate a clear shift from strategy to disciplined execution, with stronger alignment across leadership, operations, and community priorities. Efforts this month highlight meaningful progress in expanding access, responding to increasing clinical complexity, and building the infrastructure needed to sustain long-term transformation. By grounding decisions in community input and reinforcing coordination through the Transformation Office, Tahoe Forest Health System is strengthening its ability to deliver high-quality, accessible care while positioning the organization to adapt and lead in an increasingly complex healthcare environment.

Appendix

[CCOF Board Report – April 2026](#)

[CIO Board Report – April 2026](#)

[CMO Board Report – April 2026](#)

[CNO Board Report – April 2026](#)

[COO Board Report – April 2026](#)

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

[ED Foundations Board Report – April 2026](#)



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: ABD and AGOV Policies
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies & Procedures
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Administrative and departmental operating policies must be reviewed <i>at least once every three years</i> , more often as necessary. ABD - Board P&P's describes the role, organization, integration and responsibilities of the Governing Bodies within the organization including, Board Members and Administration, guiding consistent corporate behavior and decision making in alignment with the Mission and Values of TFHS. AGOV - Governance P&P's describe the services provided and basic principles that direct the provision of care at all levels within the organization.	
SUMMARY/OBJECTIVES: <u>Policies – Minor Changes</u> ABD-09 Financial Assistance Program Full Charity Care and Discount Payment Policy (additional minor edits required after last update, reviewed by Director of Patient Access and CFO) ABD-27 Ticket and Pass Distribution Policy (minor edits to provide clarity and correct grammar, reviewed by General Counsel) AGOV-19 Emergency Medical Services (EMS) of Patients on Hospital Property (one edit to policy, added Children’s Center as a location. Reviewed by Risk and appropriate departments) <u>Policies – Moderate Changes</u> ABD-22 Trade Secrets (periodic review due in April. District General Counsel reviewed and provided recommendations based on policy best practice and various Government Code and Health & Safety Code updates)	

SUGGESTED DISCUSSION POINTS:

n/a

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the policies listed on the consent agenda as presented.

LIST OF ATTACHMENTS:

ABD-09 Financial Assistance Program Full Charity Care and Discount Payment Policy (redline)

ABD-22 Trade Secrets (redline)

ABD-27 Ticket and Pass Distribution Policy (redline)

AGOV-19 Emergency Medical Services (EMS) of Patients on Hospital Property (redline)



Origination Date 10/2007
Last Approved N/A
Last Revised 04/2026
Next Review 3 years after approval

Department Board - ABD
Applicabilities System

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

RISK:

In order to comply with the Fair Pricing Law and California Assembly Bill 1020, uninsured patients or patients with high medical costs whose incomes are at or below 400 percent (400%) of the federal poverty level shall be eligible to apply for participation under a hospital's charity care policy or discount payment policy. Providing patients with opportunities for financial assistance coverage for healthcare services is also an essential element of fulfilling the TFHD mission. The risk associated with not offering financial assistance is the Health System would be non-compliant with the Fair Pricing Law and California Assembly Bill 1020. We would also not be fulfilling an essential element in the TFHD mission.

PURPOSE:

- A. Tahoe Forest Hospital District (hereinafter referred to as "TFHD") provides hospital and related medical services to residents and visitors. As a regional healthcare provider, TFHD is dedicated to providing high quality, customer oriented healthcare services that meet the needs of its patients. Providing patients with opportunities for financial assistance to help pay for the cost of healthcare services is also an essential element of fulfilling the TFHD mission. This policy defines the TFHD Financial Assistance Program; its criteria, systems, and methods.
- B. California acute care hospitals must comply with the "Hospital Fair Pricing Policies" law at Health & Safety Code Section 127400 et seq. (the "Fair Pricing Law"), including requirements for written policies providing discounts and charity care to financially qualified patients. Under the Fair Pricing Law and California Assembly Bill 1020, uninsured patients or patients with high medical costs whose incomes are at or below 400 percent (400%) of the federal poverty level shall be eligible to apply for participation under a hospital's charity care policy or discount payment policy. This policy is intended to fully comply with all such legal obligations by

providing for both charity care and discounts to patients who qualify under the terms and conditions of the TFHD Financial Assistance Program. While the Fair Pricing Law requires hospitals to provide financial assistance to certain qualifying patients only for services they have received, TFHD policy permits individuals to apply for financial assistance for future services. Any individuals who qualify for such assistance will still be subject to ~~to a~~ determination that these services are medically appropriate and will have to demonstrate their ability to meet any applicable financial obligation which is not covered by any discount or other financial assistance granted.

- C. Patients are hereby notified that a physician employed or contracted to provide services in the emergency department of TFHD's hospital in Truckee, California is also required by law to provide discounts to uninsured patients or patients with high medical costs ~~who~~ whose incomes are at or below 400 percent (400%) of the federal poverty level.

DEFINITIONS:

- A. "Discount Payment" means a reduction in the total cost of the services provided, to a level lower than what the patient would be expected to pay without participation in the TFHD Financial Assistance Program. For example, TFHD may discount the charge to the patient under the TFHD Financial Assistance Program to the amount that the Medicare program pays for the service on behalf of the patient. The discount in this case would be the co-insurance the patient would otherwise pay as part of the Medicare benefit. Discount Payment, when granted to a patient, does not waive the payment obligation of a third party and does not excuse the patient from any obligations to pay for balances that remain following any reductions granted under the TFHD Financial Assistance Program.
- B. "Elective Services" means any services which are not medically necessary services.
- C. "Emergency Services" means services required to stabilize a patient's medical condition initially provided in the TFHD emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et seq. of the California Health & Safety Code, and continuing until the patient is medically stable.
- D. "Federal Poverty Level" or "FPL" means the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.
- E. "Financial Assistance Program" means the TFHD Financial Assistance Program established by this policy for providing Full Charity Care or Discount ~~Partial Charity Care~~ Payment (each, as defined below) to qualified patients.
- F. "Full Charity Care" means free care as allowed by current regulations. When a patient is granted Full Charity Care, it means that the patient will not be charged any fees for medically necessary services provided by TFHD to a patient who qualifies under the TFHD Financial Assistance Program which are not covered by a third party, and for which the patient is otherwise responsible for paying. Full Charity Care, when granted to a patient, will not excuse a third party from its obligation to pay for services provided to such patient.
- G. "Medically Necessary Services" means hospital and clinic-based medical services. A determination of medical necessity will be based upon a medical evaluation by a qualified medical provider, and include those services considered to be necessary to preserve a patient's life or health. This does not include elective services.

- H. "Non-Emergency Services" means medically-necessary services that are not Emergency Services.
- I. "Patient" means an individual who has received Emergency Services or Non-Emergency Services at a facility operated by TFHD who is requesting financial assistance with respect to such services.
- J. "Expected payment limit" means the hospital shall limit expected payment for services it provided to a patient whose income is at or below 400 percent of the federal poverty level eligible for discount payment. Expected payment for these patients shall be limited to the amount of payment TFHD would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.
- K. "Third Party Insurance" means health benefits coverage by a public or private program, insurer, health plan, employer, multiple employer trust, or any other third party obligated to provide health benefits coverage to a patient.
- L. "High medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

SCOPE:

- A. This policy applies to all TFHD patients. This policy does not require TFHD to accept as a patient and provide services to any person who does not qualify for treatment or admission under any of TFHD's applicable policies, practices, and procedures, and does not prohibit TFHD from discharging, or otherwise limiting the scope of services provided to, any person in accordance with its normal policies, practices and procedures. This policy does not require TFHD to provide patients with any services that are not medically necessary or to provide access to non-emergency services or to elective services.
- B. The acute care hospital operated by TFHD provides many specialized inpatient and outpatient services. In addition to services provided at the main hospital location, Tahoe Forest Hospital operates primary care and multi-specialty clinics, home health, hospice and therapy service programs at sites in the same community but not located on the main hospital campus. Tahoe Forest Hospital also operates a distinct part skilled nursing facility. Only medically necessary services provided at facilities listed on the Tahoe Forest Hospital acute care license are included within the scope of this Financial Assistance Policy. TFHD has extended this policy to services provided at the Incline Village Community Hospital location, and clinics and therapy service programs.
- C. This policy pertains to financial assistance provided by TFHD. All requests for financial assistance from patients shall be addressed in accordance with this policy.
- D. During an Access to Healthcare Crisis, TFHD may "flex" its patient financial assistance policy to meet the needs of the community in crisis. It must be proclaimed by hospital leadership and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of the hospital's community during the Access to Healthcare Crisis. These changes will be included in the patient financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order

to meet more pressing needs during the Access to Healthcare Crisis).

Hospital Inpatient, Outpatient and Emergency Service Programs:

A. Introduction:

1. This policy sets forth a program to assist patients who are uninsured or underinsured in obtaining financial assistance in paying their hospital bill. Such financial assistance may include government sponsored coverage programs, Full Charity Care, and Discount Payment.

B. Full Charity Care and Discount Payment Reporting

1. TFHD will report actual Charity Care (including both Full Charity Care and Discount ~~Partial Charity Payment~~) provided in accordance with regulatory requirements of the California Department of Health Care ~~provided in accordance with regulatory requirements of the California Department of Health Care~~ Access and Information (HCAI) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. The hospital will maintain written documentation regarding its Charity Care criteria and, for individual patients, written documentation regarding all Charity Care determinations. As required by HCAI, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.
2. TFHD will provide HCAI with a copy of this Financial Assistance Policy which includes the Full Charity Care and Discount Payment policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount payment; and 3) the review process for both full charity care and discount payment. Forms of these documents shall be supplied to HCAI every two years or whenever a substantial change is made.

C. Full Charity Care and Discount Payment Eligibility: General Process and Responsibilities:

1. Any patient whose family income is at or below 400% of the FPL, is not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account, is eligible to apply for financial assistance under the TFHD Financial Assistance Program.
2. The TFHD Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Payment Care. The process is designed to give each applicant an opportunity to apply for the maximum financial assistance benefit for which he or she may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to determine the maximum coverage under the TFHD Financial Assistance Program for which the patient or patient's family may qualify.
3. Eligible patients may apply for financial assistance under the TFHD Financial Assistance Program by completing an application consistent with application instructions, together with documentation and health benefits coverage information sufficient to determine the patient's eligibility for coverage under the program. Eligibility alone is not an entitlement to financial assistance under the TFHD

Financial Assistance Program. TFHD must complete a process of applicant evaluation and determine, in accordance with this policy, whether financial assistance will be granted.

4. The TFHD Financial Assistance Program relies upon the cooperation of individual patients to determine who may be eligible for full ~~or partial assistance~~ Charity Care or discount payment. To facilitate receipt of accurate and timely patient financial information, TFHD will use a financial assistance application. All patients without adequate financial coverage by Third Party Insurance will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs may also be eligible for financial assistance. Any patient who would like to receive financial assistance will be asked to complete a financial assistance application.
 5. The financial assistance application is provided to all patients with billing statements. It is also available upon patient request.
 6. To the extent it deems necessary, in its sole and reasonable discretion, TFHD may require an applicant for financial assistance to provide supplemental information in addition to a complete financial assistance application to provide:
 - a. Confirmation of the patient's income and health benefits coverage;
- a. For purposes of determining eligibility for discounted payment or charity care, documentation of income shall be limited to recent pay stubs or income tax returns.
 1. However, a completed financial assistance application may not be required if TFHD determines, in its sole discretion, that it has sufficient patient information from which to make a financial assistance qualification decision.

PROCEDURES:

- A. Qualification: Full Charity Care and Discount Payment
 1. Eligibility for financial assistance shall be determined based on the patient's and/or patient's family's ability to pay and on the other factors set forth in this policy. Eligibility for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.
 2. The patient and/or the patient's family representative who requests assistance in meeting their financial obligation to TFHD shall make every reasonable effort to provide information necessary for TFHD to make a financial assistance qualification determination. TFHD will provide guidance and assistance to patients or their family representative as reasonably needed to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.
 3. Whether financial assistance will be granted is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in

this policy, as it may be amended from time to time. While financial assistance shall not be provided on a discriminatory or arbitrary basis, TFHD retains full discretion, consistent with this policy, laws and regulations, to determine when a patient has provided sufficient evidence to establish eligibility for financial assistance, and what level of financial assistance an eligible patient is will receive.

4. Except as otherwise approved by TFHD, patients or their family representative must complete an application for the Financial Assistance Program in order to qualify for eligibility. The application and required supplemental documents are submitted to Financial Counseling at TFHD.
5. Eligibility for discounted payments or charity care shall be determined at any time, and there are no time limits for applying. Applications will not be denied eligibility based on the timing of the patients application.
6. TFHD will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.
7. Approval of an application for financial assistance to eligible patients will be made only by approved TFHD personnel according to the following levels of authority:
 - a. Financial Counselor: Accounts less than \$2,500
 - b. Director of Patient Access: Accounts less than \$10,000
 - c. Chief Financial Officer: Accounts less than \$50,000
 - d. Chief Executive Officer: Accounts greater than \$50,000
8. Factors considered when determining whether to grant an individual financial assistance pursuant to this policy may include (but are not limited to):
 - a. Extent of Third Party Insurance;
 - b. Family income based upon tax returns or recent pay stubs
 - i. A patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application for Financial Assistance. Family income is earnings of all members of the patient family as shown by the recent pay stubs or recent income tax returns. "Recent income tax returns" are tax returns that document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed. "Recent paystubs" are paystubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.
 - c. The nature and scope of services for which the patient seeks financial assistance;
 - d. The patient family shall be determined as follows:
 - i. For patients 18 years or older, family includes the patient's spouse, registered domestic partner, dependent children under 21 whether living at home or not, and dependent children of any

age if those children are disabled.

- ii. For patients who are 18 to 20 years of age and are a dependent child, the patient family includes their parents, caretaker relatives, other dependent children under twenty one years of age of the parents or caretakers relatives, and a child of the parents or caretaker relatives of any age if the child is disabled.
- iii. For patients under eighteen years of age, the patient family includes their parents, caretaker relatives, the parents or caretaker relatives other children under twenty-one years of age, and a child of the parents or caretaker relatives of any age if the child is disabled.

e. We cannot require a patient to apply for Medicare, Medi-Cal or other coverage before the patient is screened for, or provided, discount payment. However, we do require the patient to participate in screening for Medi-Cal and Medicaid eligibility.

- 9. Financial assistance will be granted based upon consideration of each individual application for financial assistance in accordance with the Financial Assistance Program set forth in this policy.
- 10. Financial assistance may be granted for Full Charity Care or Discount Payment, based upon this Financial Assistance Program policy.
- 11. Once granted, financial assistance will apply only to the specific services and service dates for which the application has been approved by TFHD. In cases of care relating to a patient diagnosis which requires continuous, on-going related services, the hospital, at its sole discretion, may treat such continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital will not be included unless applied for and approved by TFHD pursuant to this policy.

B. Full Charity ~~Care and~~ Care and Discount Payment Qualification Criteria

- 1. Cap On Patient Liability For Services Rendered to Patients Eligible for Financial Assistance:
Following completion of the application process for financial assistance, if it is established that the patient's family income is at or below 400% of the current FPL, and the patient meets all other Financial Assistance Program qualification requirements, the entire patient liability portion of the bill for services rendered will be no greater than the amount Medicare would have paid for the services, net of any Third Party Insurance ("the Basic Discount"). This shall apply to all medically necessary hospital inpatient, outpatient and emergency services provided by TFHD.
- 2. Financial Assistance For Emergency Services
If an individual receives Emergency Services and applies for financial assistance under the Financial Assistance Program, the following will apply:
 - a. If the patient's family income is at or below 200% or less of the current FPL, and the patient meets all other Financial Assistance Program

qualification requirements, the patient will be granted Full Charity Care for Emergency Services provided.

- b. If the patient's family income is between 201% and 400% of the current FPL, and the patient meets all other Financial Assistance Program qualification requirements, the patient will be granted Discount Payment for Emergency Services provided in accordance with the following:
 - i. Patient's care is not covered by Third Party Insurance. If the services are not covered by Third Party Insurance, the patient's payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary. The actual percentage paid by any individual patient shall be based on the sliding scale shown in Table 1 below:

TABLE 1
Sliding Scale Payment Schedule

Family Percentage of FPL	Percentage of Medicare Amount Payable (subject to an additional discount if TFHD determines, in its sole discretion, that unusual circumstances warrant an additional discount).
201 – 215%	10%
216 – 230%	20%
231 – 245%	30%
246 – 260%	40%
261 – 275%	50%
276 – 290%	60%
291 - 305%	70%
306 - 320%	80%
321 – 335%	90%
336 – 400%	100%

- ii. Patient's care is covered by Third Party Insurance. If the services are covered by Third Party Insurance, but such coverage or liability is insufficient to pay TFHD's billed charges, leaving the

patient responsible for a portion of the billed charges (including, without limitation, any applicable deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between the gross amount paid by Third Party Insurance and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by Third Party Insurance exceeds what Medicare would have paid, the patient will have no further payment obligation. In no event shall the patient's obligation to pay a percentage of the unpaid amount be greater than the percentages of the amounts Medicare would pay for the same services set forth in Table 1, above.

- c. If a patient who meets all other Financial Assistance Program requirements whose family income is either greater than 400% the current FPL, or has family income of less than 400% of the FPL and the seeks a discount for emergency services greater than the discount set forth above, then TFHD may decide, in its sole discretion, whether to provide such financial assistance, and the extent to which it will be provided, if at all. In making its decision, TFHD may consider the following factors, without limitation:

- i. The patient's need for financial assistance.
- ii. The extent of TFHD's limited charitable resources, and whether they are best spent providing these services at an additional discount or whether there are other patients with greater immediate need for TFHD's charitable assistance.

3. Financial Assistance For Non-Emergency Services:

If a patient requests financial assistance for Non-emergency Services (with the exception of primary care clinic, multispecialty care clinic, home health, hospice or skilled nursing services, which are covered as described below), the following will apply:

If the patient's family income is 400% or less of FPL and meets all other Financial Assistance Program qualification requirements, the patient will be granted the Basic Discount. TFHD may decide, in its sole discretion, whether and to what extent additional financial assistance will be provided, such as whether to provide the level of assistance the patient would receive if he/she had received Emergency Services.

- a. TFHD will decide, in its sole discretion, whether and to what extent to grant financial assistance in addition to the Basic Discount. Only medically necessary services will be considered. In making its determination, TFHD may, in addition to any other criteria set forth in this policy and without limitation, consider the following factors:
 - i. The degree of urgency that the services be performed promptly.
 - ii. Whether the services must be performed at TFHD, or whether there are other providers in the patient's geographic area that could provide the services in question.

- iii. Whether the services can most efficiently be performed at TFHD, or whether there are other providers that could perform the services more efficiently.
- iv. The extent, if any, that TFHD's limited charitable resources are best spent providing the requested service and whether there are others with greater immediate need for TFHD's charitable assistance.
- v. The patient's need for financial assistance.
- vi. Any other facts that, in TFHD's sole discretion, are appropriate to take into account in considering the patient's request for financial assistance.

C. Refunds

In the event that a patient is determined to be eligible for financial assistance for services for which he/she or his/her guarantor has made a deposit or partial payment, and it is determined that the patient is due a refund because the payments already made exceed the patient's liability under this policy, any refund due shall be processed under TFHD's Credit and Collection Policy, which provides, in pertinent part, as follows:

" In the event that a patient or patient's guarantor has made a deposit payment, or other partial payment for services and subsequently is determined to qualify for full Charity Care or discount payment, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance ~~or discount partial~~ Financial Assistance, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance Program process, shall be refunded to the patient and include interest at the statutory rate pursuant to Health and Safety Code section 127440, provided that hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5). Any overpayment due to the patient under this obligation may not be applied to other open balance accounts or debt owed to TFHD by the patient or family representative. Any or all amounts owed shall be reimbursed to the patient or family representative within 30 days." TFHD is not required to reimburse a patient if: it has been five years or more since the patient's last payment to the hospital/debt buyer, or the patients debt was sold before January 1, 2022, in accordance with the law at the time.

D. Primary Care and Multi-Specialty Clinics

TFHD operates certain outpatient clinics which can be located apart from the main campus of the hospital. Because of the lower cost of these services performed on an outpatient basis, the following shall apply to office visit services and professional fees rendered in these outpatient clinics:

- 1. Clinic patients are patients of the hospital, and will complete the same basic financial assistance application form
- 2. The patient's family income will primarily be determined using pay stubs
- 3. Tax returns will not be required as proof of income unless Financial Counseling determines it is reasonable and necessary due to unusual circumstances
- 4. A patient attestation letter may be used on a limited basis when appropriate to an individual patient's circumstance

- Subject to consideration of the factors set forth in paragraph 3 above for non-emergency services, to be determined by TFHD in its sole discretion, patients will pay a reduced fee based on the sliding scale below. If the Patient is covered by a third party obligation, the Patient's obligation will be to pay the difference between the amount paid by the third party and the amounts of the sliding scale, if any.

Clinic Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Clinic Visit</i>
Incomes less than or equal to 200%	\$25 flat fee per visit
Incomes between 201% and 400%	Actual Medicare Fee Schedule

E. Home Health and Hospice Services

TFHD operates both Home Health and Hospice Services that are located apart from the hospital campus and provide care and services in patient homes per Medicare and Medi-Cal/Medicaid guidelines. Due to the lower cost related to providing care in the home for patients who are homebound verses the related additional cost of transportation and follow up in outpatient clinic or the hospital, the following shall apply to services rendered in the home setting:

- Home Health and Hospice patients are patients of TFHD, and will complete the same basic financial assistance application form.
- The patient's family income will primarily be determined using pay stubs.
- Tax returns will not be required as proof of income unless Financial Counseling or Home Health and Hospice personnel determine it is reasonable and necessary due to unusual circumstances.
- A patient attestation letter may be used on a limited basis when appropriate to an individual patient's circumstance.
- Subject to consideration of the factors set forth above for non-emergency services, to be determined by TFHD in its sole discretion, patients will pay a reduced fee based on the sliding scale below. If the patient is covered by a third party obligation, the patient's obligation will be to pay the difference between the amount paid by the third party and the amounts of the sliding scale, if any.

Home Health and Hospice Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Home Visit</i>
Incomes less than or equal to 200%	50% of the Medicare Payment Rate
Incomes between 201% and 400%	Actual Medicare Fee Schedule

F. Distinct Part Skilled Nursing Services

- Skilled nursing services are also quite different in nature than acute care inpatient, outpatient and emergency services. Patients at the distinct part skilled nursing facility are often residents at the hospital and require special programs designed to meet their long-term care needs.

2. Given the unique nature of providing care to skilled nursing facility patients, the following financial assistance requirements shall apply:
 - a. All skilled nursing patients and/or their family representatives shall complete the TFHD financial assistance application and provide supporting documents as required by the standard application
 - b. Patients will pay a reduced fee based on the following sliding scale
Distinct Part Skilled Nursing Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Distinct Part Skilled Nursing Facility Services</i>
Incomes less than or equal to 200%	50% of the Medi-Cal Payment Rate
Incomes between 201% and 400%	100% of the Medi-Cal Payment Rate

G. Payment Plans

1. When a determination to grant Discount Payment has been made by TFHD, the patient may be given the option to pay any or all outstanding amount due through a scheduled term payment plan, as an alternative to a single lump sum payment.
2. TFHD will discuss payment plan options with each patient that requests to make arrangements for long-term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than three (3) months. In addition, TFHD works with an outside vendor if patients need payment plan terms that exceed three (3) months. TFHD and the patient will negotiate the terms on the payment plan and take into consideration the patient's family income and essential living expenses. If a hospital and patient cannot agree on the payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly income, excluding deductions for essential living expenses. "Essential living expenses" means, rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses. No interest will be charged to qualified patient accounts for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.
3. We may require a patient or guarantor to pay the hospital any amounts sent directly to the patient by third-party payors, including from legal settlements, judgements, or awards.

H. Special Circumstances

1. If a patient is determined to be homeless he/she may be deemed eligible for charity care, in the sole discretion of TFHD.
2. Deceased patients who do not have any third party coverage, an identifiable estate,

or for whom no probate hearing is to occur, may be deemed eligible for charity care, in the sole discretion of TFHD.

3. Charges for patients who receive Emergency Services for whom TFHD is unable to issue a billing statement may be written off as Full Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

I. Other Eligible Circumstances

1. TFHD deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid and any other applicable state or local low-income program) to be eligible under the Financial Assistance Policy when services are provided which are not covered by the governmental program. For example, services to patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients which the government program does not cover, are eligible for Financial Assistance Program coverage. Under TFHD's Financial Assistance Policy, these resulting non-reimbursed patient account balances are eligible for full write-off as Full Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care if, at the time that the services were provided TFHD believed that the services rendered were medically necessary.
2. The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payor including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:
 - a. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
 - b. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

J. Catastrophic Care Consideration

1. Patients who do not qualify for charity care or Discount Payment may nevertheless be eligible for financial assistance in the event of an illness or condition qualifying as a catastrophic event. Determination of a catastrophic event shall be made on a case-by-case basis. The determination of a catastrophic event shall be based upon the amount of the patient's liability at billed charges, and consideration of the individual's family income and assets as reported at the time of occurrence. Management may use its reasonable discretion on a case-by-case basis to determine whether and to what extent an individual or family is eligible for financial assistance based upon a catastrophic event. Financial assistance will be in the form of a percentage discount of some or all of the applicable monthly charges. The Catastrophic Event Eligibility Table will be used as a guideline by management to determine eligibility and the level of any financial assistance. The Catastrophic Event Eligibility Table does not guarantee that any individual will receive financial assistance, or the level of any

assistance given.

K. Criteria for Re-Assignment from Bad Debt to Charity Care

1. TFHD will make all attempts to deem patients are ineligible for financial assistance prior to sending accounts to collections. Patient accounts will only be assigned to collections when they are severely past due and patients have a). been determined to be ineligible for financial assistance b). have not responded to attempts to bill or offer financial assistance for 180 days.
2. Any account returned to TFHD from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation. An application may also be requested.

L. Determination

1. Once a determination of eligibility is made, a letter indicating the determination status will be sent to the patient or family representative. The determination status letter will indicate one of the following:
 - a. Approval: The letter will indicate that financial assistance has been approved, the level of assistance, and any outstanding or prospective liability by the patient.
 - b. Denial: If the patient is not eligible for financial assistance due to his/her income, or type of service, the reasons for denial of eligibility will be explained to the patient. Any outstanding amount owed by the patient will also be identified.
 - c. Incomplete: The applicant will be informed as to why the financial assistance application is incomplete. All outstanding information will be identified and requested to be supplied to TFHD.

M. Reconsideration of Eligibility Denial

1. In the event that a patient disputes TFHD's determination of eligibility, the patient may file a written request for reconsideration with TFHD within 60 days of receiving notification of eligibility. The written request should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any additional relevant documentation to support the patient's claim should be attached to the written appeal.
2. Any or all appeals will be reviewed by TFHD's Chief Financial Officer. The Chief Financial Officer or his/her designee shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the Chief Financial Officer shall provide the patient with a written explanation of the results of the reconsideration of the patient's eligibility. All determinations by the Chief Financial Officer shall be final. There are no further appeals.
3. All discretionary decisions by TFHD shall not be subject to further review or reconsideration.

N. Public Notice

1. TFHD shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay his/her bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. Notices will also include information about obtaining applications for potential coverage through Covered California and Medi-Cal as well as contact information for Health Consumer Alliance.
2. These notices shall be posted in English and Spanish and any other languages that are representative of the primary language of 5% or greater of residents in the hospital's service area.
3. Patients are notified at the time of service that Charity Care or Financial Assistance may be available within the [Guide to Billing and Financial Assistance](#).
4. Patients will receive an application as part of the billing statement cycle. Additional documentation and patient information may be requested following the initial application.
5. TFHD displays a summary of its financial assistance program on its website.
 - a. A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

O. Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

P. Good Faith Requirements

1. TFHD makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.
2. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all Full Charity Care or Discount Payment services when information has been intentionally withheld or inaccurate information has been intentionally provided by the patient or family representative to the extent such inaccurate or withheld information affects the eligibility of the patient for financial assistance, or any financial assistance provided at TFHD's discretion. In addition, TFHD reserves the right to seek all remedies, including but not limited to civil and criminal remedies from those patients or family representatives who have intentionally withheld or provided inaccurate information in order qualify for the TFHD Financial Assistance Program.

Q. Availability of Financial Assistance Information

This policy shall be available in the primary languages of Hospital's service area. In addition, all notices and communications provided in this section shall be available in primary languages of Hospital's service area and in a manner consistent with all applicable federal and state laws and regulations. If assistance is needed, patients can call 530-582-6458 or visit 10121 Pine Avenue Truckee, CA 96161. The office is open 8:00 a.m. to 4:30 p.m. Monday through Friday. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free. Note: Authority cited: Section 127010, Health and Safety Code. Reference: Sections 127405, 127410 127425, and 127430, Health and Safety Code.

References:

See TFHD BOD Meeting Minutes of January 26, 2015 and May 24, 2011;

The Patient Protection and Affordable Care Act, Public Law 111–148 (124 Stat. 119)

(2010) Section 9007; Health and Safety Code Sections 127360-127360; Health and Safety Code Sections 127400-127440

Approver Date:

Anna Roth: President & CEO

08/2025

Sarah Jackson: Executive Assistant, Clerk of the Board

08/2025

COPY

All Revision Dates

04/2026, 01/2026, 01/2026, 08/2025, 12/2024, 12/2023, 12/2021, 04/2020, 03/2020, 01/2015, 02/2014, 01/2014, 01/2012, 05/2011

Attachments

[COVID-19 Access to Healthcare Crisis FA Addendum.pdf](#)

Approval Signatures

Step Description

Approver

Date

Anna Roth: President & CEO

Pending

COPY



Origination Date 06/2000
Last Approved N/A
Last Revised 04/2026
Next Review 3 years after approval

Department Board - ABD
Applicabilities System

Trade Secrets, ABD-22

RISK:

The risks involved with improper disclosure of Trade Secrets include putting the District at an economic disadvantage, impairing its ability to develop and provide healthcare services, which could put the District at an economic disadvantage that would potentially result in patient harm.

POLICY:

- A. For the District to achieve its mission and strategic objectives, it will protect its Trade Secrets from disclosure to competitors and others who can obtain economic value from their disclosure or use.
- B. "Trade Secrets" as defined in the Uniform Trade Secrets Act, Civil Code section 3426 et seq., means information, including a formula, pattern, compilation, program, device, method, technique, or process, such as statistical and financial information, that: (1) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use, and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
- C. "Health care facility trade secrets" as defined under Health and Safety Code section 32106 of the Local Health Care District Law, means a "trade secret" as defined in the Uniform Trade Secrets Act, and in addition meets all of the following: (1) is necessary to initiate a new district service or program or add a district health care facility, and (2) would, if prematurely disclosed, create a substantial probability of depriving the district of a substantial economic benefit.
- D. When the District competes with other entities in the hospital service area, it will take steps to protect its Trade Secrets related to these competitive operations.

PROCEDURE:

- A. Access to Trade Secrets is limited to only those employees and persons/entities with whom the District does business and who have a "need to know."
- B. Prior to being provided access to Trade Secrets, employees and persons/entities shall sign a non-disclosure agreement and agree to return all Trade Secrets at the end of their employment or contract.
- C. Employees and persons/entities with access to Trade Secrets shall use computer security measures, such as passwords, to protect Trade Secrets in electronic format.
- D. Employees and persons/entities with access to Trade Secrets shall use reasonable efforts to clearly identify the District's Trade Secrets.
- E. Employees and persons/entities with access to Trade Secrets shall ensure areas where Trade Secrets are held are physically secure.
- F. Requests from the public for information pertaining to District operations will follow a prescribed sequence as outlined in the Board policy titled [Inspection And Copying Of Public Records, ABD-14](#). ~~When information that qualifies as District Trade Secrets are requested will be withheld from disclosure to the extent permitted by law, the information will be protected as Trade Secrets as allowed by law including but not limited to Civil Code section 3426 et seq. Nothing in this policy is intended to limit the District's obligations under the California Public Record Act (Government Code section 79200.000 et seq.).~~
- G. When necessary, a determination of whether information qualifies as a Trade Secret shall be made by the President and Chief Executive Officer or designee in consultation with District legal counsel.
- H. Any suspected unauthorized disclosure of Trade Secrets shall be promptly reported to the President and Chief Executive Officer or designee.

MEETING REQUIREMENTS:

- A. Nothing in this policy affects the District's responsibilities under the Ralph M. Brown Act, Government Code section 54950 et seq.
- B. The Board of Directors ("Board") or President and Chief Executive Officer may order that a meeting held solely for the purpose of discussion or deliberation, or both, of reports involving District Trade Secrets be held in closed session, pursuant to Health and Safety Code section 32106 and as outlined in the Board policy titled [Guidelines for Business by the Tahoe Forest Hospital Board of Directors, ABD-12](#).
- C. The exception allowing the Board to discuss and/or deliberate on reports involving District Trade Secrets in closed session shall not apply to a closed session meeting where there is action taken, as defined in Government Code section 54952.6.
- D. The Board shall not order a closed meeting for the purposes of discussing or deliberating or to permit the discussion or deliberation of any proposals regarding: (1) 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, (2) the conversion of any district health care facility to any other form of ownership by the district, or (3) the dissolution of any district.

Related Policies/Forms:

[Inspection And Copying Of Public Records, ABD-14](#)

[Guidelines for Business by the Tahoe Forest Hospital Board of Directors, ABD-12](#)

All Revision Dates

04/2026, 04/2023, 03/2020, 03/2017, 11/2015, 01/2014, 01/2012, 01/2010

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Clerk of the Board	04/2026

COPY

Status

Pending

PolicyStat ID

20410834



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date	07/2018
Last Approved	N/A
Last Revised	04/2026
Next Review	3 years after approval

Department Board - ABD

Ticket and Pass Distribution Policy, ABD-27

RISK:

The risk of having tickets distributed without a policy is that it may constitute a gift to the official and be subject to the reporting and gift limits under the Political Reform Act, as well as having the appearance of impropriety and/or favoritism.

POLICY:

A. Purpose of Policy

1. The purpose of the Ticket and Pass Distribution Policy of the Tahoe Forest Hospital District ("District") is to ensure all tickets and passes distributed by the District to an official of the District, or at the behest of an official of the District, are issued in furtherance of public purposes of the District as required under Section 18944.1 of the Regulations of the Fair Political Practices Commission ("FPPC"). This policy applies to any tickets or passes which the District: (i) receives from a third party but which is not earmarked by that party for use by a specific public official; (ii) controls as a sponsor of, or otherwise because it has control over, an event; or (iii) purchases.
2. This policy shall be applicable to every officer, agent and employee of the District who is obligated to file an Annual Statement of Economic Interests (Form 700) under state law or the District's current [ABD-06 Conflict of Interest Code](#).

B. Limitations

1. This policy only applies to the District's distribution of tickets and passes to a public official, or at the request of a public official, for which no consideration of equal value is provided by the public official. Reimbursement of actual and necessary expenses of any member of the District Board or any District committee incurred in the performance of official duties shall be governed by the District's [ABD-03 Board](#)

Compensation and Reimbursement Policy.

2. Nothing in this policy shall inhibit the District's full compliance with the federal ~~anti~~Kickback Statute, which prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare and Medicaid). The unlawful acceptance of any gifts or business courtesies from vendors or others with whom the District presently conducts, or potentially could conduct business is strictly prohibited.
3. A ticket or pass is not subject to this policy and shall not be considered a gift for purposes of the Political Reform Act, if it is taxable income to the official.

C. Official Duties; Ceremonial Roles

1. Tickets provided to public officials as part of their official duties, or tickets provided so that the public official may perform a ceremonial role or function on behalf of the District are exempt from any disclosure or reporting requirements subject to the criteria set forth under Section 18944.1 of the FPPC Regulations and this policy.

D. Public Purposes

1. The District may provide a ticket or pass to a person subject to this policy for any of the following District purposes provided the President and Chief Executive Officer or his or her designee, or the District Board, determines that providing the ticket or pass actually benefits the District by accomplishing one or more of the following:
 - a. Promotion of District-controlled or sponsored events, activities, or programs, including conventions and conferences.
 - b. Promotion of community programs and resources available to District employees, including nonprofit organizations and youth programs.
 - c. Highlighting the achievements of District officials, employees, or hospital stakeholders.
 - d. Promotion of private facilities available to District residents, including charitable and nonprofit facilities.
 - e. Promotion of public facilities available to District employees.
 - f. Promotion of District growth and development, including economic development and job creation opportunities, which contributes to the healthcare of the community in the future.
 - g. Promotion of special events conducted pursuant to a contract to which the District is party.
 - h. Promotion of the District on a local, regional, state, or national scale.
 - i. Promotion of open government by participation of public officials at business or community events.
 - j. Implementation of written contracts under which tickets or passes are required to be made available for District use.

- k. Furtherance of employment retention programs.
 - l. Furtherance of special outreach programs for veterans, teachers, emergency services, medical personnel and other civil service occupations.
 - m. To reward a hospital healthcare partner for its contributions to the District or the community.
 - n. To provide opportunities to those who are receiving services from county and state agencies consistent with the District's goals for the particular population (e.g., for use by juvenile wards in the custody of the Chief Probation Officer or mental health clients and seniors receiving services from the Health and Human Services Agency/Public Health); or
 - o. Any similar purpose stated in any District contract.
2. A ticket or pass distributed to an official for the official's personal use, other than Board Members, the President and Chief Executive Officer, political appointees, or department heads, to support general employee morale, retention, or to reward public service is deemed to serve a public purpose.
 3. Tickets distributed under this section are not gifts within the meaning of the applicable FPPC regulations, and as such need not be reported on the employee's Form 700. However, the President and Chief Executive Officer or his or her designee shall report tickets distributed for a public purpose under this section on FPPC form 802 within 45 days of distribution. A completed Form 802 will be maintained as a public record, subject to inspection and copying under Government Code section 81008. The District will post FPPC form 802, or a summary of the information on the form, on its website and send a link to such form or summary to the FPPC via e-mail for posting on the FPPC web site.

E. Return of Tickets and Passes

1. Any public official may refrain from using or return any ticket or pass to the District. Under no circumstances may either the public official or a member of his or her immediate family sell any ticket and pass provided under this policy. Tickets and passes are not subject to this policy or gift limitations under the Political Reform Act if the public official reimburses the District for the fair value within 30 days of receipt.
2. Tickets or passes provided to public officials ~~cannot~~may not be transferred to any other person except to a member of the public official's immediate family or (a spouse or dependent child) or to no more than one guest, and solely for their attendance at the event.
3. If a public official transfers a ticket he or she has received from the District to another person, as opposed to returning the ticket to the District for redistribution or as provided in section E.2 above, then the value of the ticket or tickets he or she transfers shall constitute a gift to him or her and shall be reportable as provided by the regulations of the FPPC.

F. President and Chief Executive Officer

1. The District delegates the authority to distribute any ticket and pass in accordance with this policy to the President and Chief Executive Officer or his or her designee and such authority includes the power to distribute such a ticket to the President and Chief Executive Officer provided that doing so is otherwise consistent with this Policy. Tickets and passes must not be distributed disproportionately to Board Members, the President and Chief Executive Officer, political appointees, or department heads.

G. Website Posting

1. This policy and Form 802 reports required by Section 18944.1 of the FPPC Regulations shall be posted on the District's website as required by that Section. A link to the District's posting of this policy shall be sent to the FPPC via e-mail so that the FPPC may post the link.

All Revision Dates

04/2026, 05/2023, 07/2020, 07/2018

Approval Signatures

Step Description

Approver

Date

Anna Roth: President & CEO

Pending

Sarah Jackson: Clerk of the Board

04/2026



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date 07/2001
Last Approved N/A
Last Revised 04/2026
Next Review 3 years after approval

Department Governance - AGOV
Applicabilities System

Emergency Medical Services (EMS) of Patients on Hospital Property, AGOV-19

RISK:

Providing a medical screening examination (MSE), and necessary stabilizing treatment for any individuals situated on campus, or within 250 yards of the main hospital building, is required otherwise there is a risk for increased patient morbidity and mortality, and noncompliance with regulations.

POLICY:

- A. It is the policy of Tahoe Forest Hospital District to ensure that individuals situated within 250 yards of the Tahoe Forest Hospital or Incline Village Community Hospital buildings or hospital properties and who request, or on whose behalf a request is made, for emergency medical services, shall receive a medical screening examination by qualified personnel.
- B. Should any individual be found to have an emergency medical condition, that person will receive all necessary stabilizing treatment within the capability of the department.
- C. **NO PATIENTS SEEKING EVALUATION AND TREATMENT OF A POSSIBLE EMERGENCY MEDICAL CONDITION WILL BE REFUSED CARE DUE TO THEIR INSURANCE STATUS OR ABILITY TO PAY.**
- D. Definition
 - 1. "250 Yard Perimeter" – an area encompassed within a 250 yard radius of the main hospital building. Sites within the 250 yard radius that are exempt from response include, but are not limited to, private physician's offices, private residences, [TFHD Children's Center](#), private business and buildings that accommodate any business or services that are not hospital owned or operated.
 - a. Sites covered within this area include sidewalks, streets, alleys, parking lots, parks, and non-owned buildings that are rented, leased or operated by

the hospital.

E. Procedures

1. Upon request for an evaluation of what is believed by an individual, or a person requesting such evaluation on behalf of an individual, to be a possible emergency medical condition, the individual (patient) will receive a medical screening examination (MSE) and any necessary stabilizing treatment that can be provided within the capability of the department, including resources available within the main hospital.
 2. If a request is made for evaluation of an individual who is located at a site covered by the 250 yard guidelines notes above, an employee will notify the Emergency Department of the individual.
 3. A staff member or Emergency Department RN will bring the patient to the Emergency Department.
 4. If transport of the patient is required back to the Emergency Department, to conduct the medical screening examination and provide stabilizing treatment, appropriate transport options shall be considered including, but not limited to, calling 911 for assistance.
 5. The ED shall notify police promptly if traffic control is needed or there is evidence of a violent or criminal act.
- F. Should a patient refuse to consent to examination or stabilizing treatment, the staff member shall offer the patient further medical examination and stabilizing treatment
1. The staff member shall contact the Emergency Department physician who, in turn, shall make a reasonable effort to inform the patient, or patient's representative, of the benefits to the patient of further evaluation or treatment and the reasonably foreseeable risks, if known, to the patient should such evaluation or treatment not be accepted; and
 2. The staff member shall take all reasonable steps to secure the written informed refusal (Against Medical Advice – AMA) of the individual.
 3. If the patient or his/her legal representative fails or refuses to sign the form, the attempts at counseling and efforts to seek the patient's/legal representative's signature shall be documented.
 4. Should the patient request transport or transfer to another hospital or care provider, the staff member shall notify the Emergency Department physician for further directions.

All Revision Dates

04/2026, 02/2023, 03/2021, 11/2017, 09/2015, 03/2012, 03/2011, 03/2010

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Devon Kim: Executive Assistant	04/2026

COPY



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 14.5. TFHS Environment of Care Committee Report CY 2025
DEPARTMENT: Environment of Care / Safety	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY:	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Report
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: 2025 Environment of Care (EOC) annual report to the BOD is on the consent calendar because it is part of the CY 2025 Annual QA PI Report to the BOD that Dr. Conway and Janet Van Gelder, Exec. Director of Quality, Regulations & Oncology presented at the February BOD meeting. The EOC annual report was deferred at that time because the EOC meeting is in March and they needed to approve prior to present to the TFHD Board of Directors	
SUMMARY/OBJECTIVES: The Annual EOC report covers Building safety and security, hazardous materials and waste, fire safety, medical equipment, emergency management, employee safety, infectious control, and Risk Management.	
SUGGESTED DISCUSSION POINTS:	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the 2025 Environment of Care annual report as presented. (includes all consent items) Alternate: Pull the 2025 Environment of Care annual report from consent for further discussion under section 16.	
LIST OF ATTACHMENTS: 2025 EOC Annual Report to the BOD	



TFHS ENVIRONMENT OF CARE COMMITTEE

ANNUAL REPORT TO THE BOARD OF DIRECTORS

YEAR ENDING 2025

*Submitted by: Dylan Crosby, TFHS Safety Officer
Myra Tanner, Environment of Care/Security Manager
Anthony Lavin, Emergency Management Coordinator*

Table of Contents

1	Introduction	3
2	Building Safety.....	4
3	Building Security.....	5
4	Hazardous Materials & Waste	6
5	Fire Safety Control	7
6	Medical Equipment Management	7
7	Utility System Management	12
8	Emergency Management.....	12
9	Employee Safety.....	19
10	Infectious Control.....	21
11	Risk Management	25
12	Approval.....	29
13	Appendix A: Environment of Care Policies and Procedures	30
14	Appendix B: Environment of Care 2023 Fire Drills.....	32
15	Appendix C: Additional Access Controls	34

1 Introduction

The Environment of Care (EOC) Committee (the Safety Committee) is responsible for all environmental safety-related policies, procedures, and processes in the Tahoe Forest Health System. The EOC Program minimizes risks to patients, visitors, and staff by managing the identified hazards and risks in the physical environment associated with providing services for patients and staff performing their daily functions.

The Environment of Care Program encompasses the following areas:

1. Building Safety
2. Building Security
3. Hazardous Materials and Waste
4. Fire Life Safety
5. Medical Equipment
6. Utility Systems
7. Emergency Management

The EOC Committee also reviews reports related to:

8. Employee Safety
9. Infectious Control
10. Risk Management

The EOC Committee is comprised of the following members:

- EOC Committee Facilitator
- TFHS Administration
- Human Resources/Education
- In-Patient & Emergency Departments
- Quality & Regulations
- Extended Care Center
- Dietary
- Materials Management
- Occupational Health
- Infection Control
- Surgical Services
- Digital Imaging/Radiation
- Facilities Management
- Laboratory Services
- Information Technology (IT)

Performance Improvements (PIs) are identified in each EOC area listed above, and the PIs are monitored during each EOC Committee Meeting.

During 2025, the EOC Committee focused on the following:

- Preparation and correction activities from Local, County, State, ACHC, and RHC surveys.
- Monitoring security services to ensure the safety of all staff.
- Management of Disruptive Patients.
- Security Risk Assessment recommendations.

- The Tahoe Forest CT Scan Equipment and Room remodel
- The Tahoe Forest X-Ray Room 1 remodel
- NPC4 1990 & 1993 Bldgs. Seismic Upgrade
- IVCH (2) Sterilizer Replacement
- Outpatient Lab Suite Relocation
- Monitoring/responding to the following emergency events:
 - Tuberculosis Exposure
- Participated in workshops/tabletops/exercises with EMS partners to ensure proper response to the following:
 - TFH: 04/23/25 TFH ED Decon Skills Day
 - IVCH: 05/14/25 NNPH Earthquake Exercise
 - TFH: 05/20/25 NNPH Earthquake Exercise
- November/December 2025 Fire Mitigation East of Levon Ave in the McIver Dairy area of Truckee.
- Ongoing compliance with all Life Safety and Emergency Management measures.

The 2025 unannounced Annual CDPH ECC State Survey did not occur.

The annual Nevada County Underground Storage Tank (UST) inspection on the Tahoe Forest 15,000-gallon UST was conducted on September 15 and September 24, 2025.

The Emergency Preparedness portion of the Rural Health Clinic Survey for the MSC Internal Medicine/Cardiology Clinic, located in the Gateway West Building, was completed on April 10, 2025 with no deficiencies.

The Environment of Care policies and procedures were reviewed and updated in late 2025 and approved at the January 5, 2026, EOC Committee Meeting as per Appendix A.

2 Building Safety

To ensure building safety and compliance, the EOC Rounding Team conducts unannounced inspections, varying the Department inspected month to month, in the following areas:

- Building Upkeep and Safety
- Fire Life Safety
- Infection Control
- Medication Administration
- Patient Rights
- Patient Kitchen
- General Supplies
- Performance Excellence
- Staff Questions

The results of these EOC Rounds are distributed to all responsible departments for corrections.

3 Building Security

Vigilance surrounding security issues continues to increase.

- Workplace Violence Prevention Program (WVPP):
 - The Workplace Violence Sub-Committee meets monthly to review the previous months events and discuss outcomes and violence prevention. In 2025, the Committee discussed, reviewed, and implemented a new EPIC flag placed on disruptive patients charts so all TFHS locations are notified of past behaviors.
 - The Committee also discussed and approved the Read Only restriction on MyChart messages for patients who use abusive language when messaging their providers.
 - Staff training is one of the pillars of success for the WVPP. This training includes a HealthStream class and a live in-person class. These classes provide an overview of program reporting requirements, hospital security information, Active Assailant, and de-escalation techniques. TFHS Educators are AVADE certified trainers and provide 2-hour AVADE classes for staff working in lower risk areas and a 4-hour AVAD class for staff working in higher risk areas. AVADE is a leader in workplace violence prevention with a mission to provide training and education aimed at preventing and reducing the risk of violence towards individuals in the workplace. The AVADE training methodology provides comprehensive awareness so that TFHS staff can become prepared, responsible, and capable of effectively handling challenging situations. In-person AVADE classes are conducted regularly.
 - TFHS contracts with Triumph Security for on-site guards. These guards are another pillar of the WVPP's success.
 - TFH/Truckee campus: There is one guard on-site at the Truckee campus 24/7 with most shifts having two guards. The guards round Tahoe Forest Hospital and all locations near the Hospital campus. When there is a 5150 patient, both guards are posted in the Emergency Dept. Triumph Security has an on-site security vehicle used to perform security inspections at off-site locations or for special needs.
 - IVCH: A patrol guard performs 2 exterior hospital inspections as well as interior corridor inspections between 8:00 pm and 4:30 am, 365 days a year.
- Additional access controls were added a various locations within both Hospitals, Clinics, and administration locations in 2025 for increased security. (See Appendix C).
- Code Tan Lockdown: TFH & IVCH have lockdown capabilities in emergencies such as an active assailant, chemical release, or other safety concerns and are announced as “Code Tan.” Additional non-hospital sites were added to the lockdown in 2025 and tested to ensure proper functionality.
 - Below are the locations of the lockdown buttons and the doors that secure when activated. Employee badges will still open doors when in lockdown mode.
 - Incline Village Community Hospital has 1 lockdown button.
 - Lockdown button located between Patient Registration and the Emergency Dept.
 - Lockdown button activates:
 - Main Lobby entrance double doors at Patient Registration
 - Administration entrance double doors
 - Tahoe Forest Hospital has three lockdown buttons. When these TFH lockdown buttons are activated, hospital exterior doors, various internal unit doors, and doors at other campus locations change from open to locked.
 - Lockdown button is located at each of the two ED Patient Registration desks.
 - Lockdown button is located behind the ED Nurse Station.
 - Lockdown button activates:

- TFH Main Lobby double doors
- ED Entrance outer door
- TFH Briner Imaging main door
- Cardiac Rehab door
- Ambulatory Surgery Waiting Room/Office doors
- Cancer Center exterior double entrance doors
- Cancer Center Specialty Clinic exterior door
- Medical Office Building front entrance sliding doors
- Medical Office Clinics:
 - Retail Pharmacy door
 - Primary & Urgent Care, Suite 110 – Hall/Waiting Room door
 - Pulmonology/Endocrinology, Suite 130 – Hall/Waiting Room door
 - Primary Care, 2nd floor – Hall entrance doors
 - Primary Care/Pediatrics/Behavioral Health, 3rd floor – Hall/Waiting Room doors
- Orthopedic Clinic exterior Waiting Room door
- TFH Outpatient Lab exterior Waiting Room door
- Internal Medicine/Cardiology entrance door
- Occupational Health Clinic exterior Waiting Room doors
- Human Resource entrance door
- Warehouse three exterior man doors
- Administration Spring Lane exterior door
- An Administrative member, House Supervisor, Safety Officer, or Incident Commander will determine if a lockdown is required. Staff members, when in imminent danger, may also activate a lockdown.
- Individual locations can be placed in lockdown mode by the Administrator of the TFHS DSX System.
- Intrusion and Silent Alarms are located at various locations in both Hospitals and Clinics. A location and equipment audit was completed in 2022 and found that monitoring companies and equipment varied from location to location. A standardization project was initiated and will continue into 2026 to move all installations, maintenance, and monitoring to T&R Communications, Inc. Standardization of all call-down lists, as well as testing of silent alarms, are also underway.
- Research into a new desktop computer duress system, Total Alert, occurred during 2025. Implementation of this system will occur in a phased approach starting in 2026.

4 Hazardous Materials & Waste

- Semi-Annual Clinical and Annual Non-Clinical Safety and Hazardous Materials inspections were performed district-wide.
- Updated licensure for TFH Large Quantity Medical Waste Generator.
- Updated licensure for Tahoe City Clinic Small Quantity Medical Waste Generator.
- Updated licensure for Olympic Valley Clinic Small Quantity Medical Waste Generator.
- Updated licensure for the Ears, Nose, and Throat Clinic Small Quantity Medical Waste Generator.
- Updated licensure for Tahoe Forest Hospital Hazardous Waste Generator & Storage.
- The Nevada County Hazardous Materials Business License was submitted and accepted.
- State of Nevada Combined Agency Hazmat Facility Report submitted.

5 Fire Safety Control

Testing and maintenance of Fire/Life Safety Systems continued per NFPA 72, 2010 requirements. Risk assessments, Fire Watches, and Alternate Life Safety Measures for all construction projects were performed as needed.

The District's accomplishments for 2025:

- IVCH and TFH annual fire extinguisher servicing performed.
- IVCH & TFH Quarterly & Annual Sprinkler System Test/Inspections completed.
- IVCH & TFH Semi-Annual & Annual Fire Alarm System Test/Inspections completed.
- TFH Data Center Semi-Annual & Annual Fire Alarm System/Inergen System Test/Inspections completed.
- TFH Dietary Hood Semi-Annual Test/Inspections
- Cancer Center Semi-Annual & Annual Fire Alarm System Test/Inspections completed.
- Occupational Health Clinic Semi-Annual Fire Alarm/Quarterly Sprinkler System Test/Inspections completed.
- Backflow inspections/corrections were completed District-wide.
- Hospital fire drills conducted once/shift/quarter per requirements (See Appendix B).
- Clinics, Cancer Center and off-site business location fire drills conducted annually per requirements (See Appendix B).
- ECC CDPH Emergency Management/Life Safety Inspection: No inspection in 2025.

6 Medical Equipment Management

The TFHS Biomed Program maintains all patient care equipment in good working order and compliance. At the end of 2025, there were 3,571 active pieces of biomed equipment. The completion rate for the year was 100% for both High risk and Non-High risk with completion status of PM Successful, PM Failed, Unable to Locate (UTL), and Device in Use.

TFHS has two full-time medical equipment technicians who can efficiently address the preventative maintenance program under normal circumstances. The EOC Rounding found very few medical equipment issues in 2025, indicating that the BioMed program runs smoothly and efficiently.

6.1 Product Recall

The chart below lists the recalls received in Materials Management for 2024.

2025 Product Recalls						
Date Received	Item	Vendor	Reason for Recall	Solution	Action Taken	Close Date
1/20/2025	Breast Biopsy Device	Hologic	Hand piece Breakage	Departments Notified	Product returned	1/20/2025
1/20/2025	Lab Items	BD	Security Risk	Departments Notified	No further action required	1/20/2025
1/20/2025	Forceps Irrigation Plug	Olympus	Infection Control	Departments Notified	No further action required	1/20/2025
1/21/2025	Medihoney wound and burn gel	Cardinal	Contamination	Departments Notified	No further action required	1/21/2025
2/12/2025	Medline Syringes	Medline	Leaks / Breakage	Departments Notified	No product found	2/12/2025
2/20/2025	Tnl Reagent Kit	Beckman Coulter	Product Clarification	Lab Notified	No product found	2/20/2025
2/20/2025	Hemostatic Forceps	Aesculap	Hemostatic Forceps Proper Usage	Surgery Notified	No product found	2/20/2025
2/21/2025	Blood Pressure Cuffs	Welch Allyn	Storage recommendations	Departments Notified	No further action required	2/21/2025
2/26/2025	Prevena	KCI	Nuisance Alarms	Departments Notified	No further action required	2/26/2025
2/28/2025	Nasal Dressings	Stryker	Problems with the seal	Departments Notified	No further action required	2/28/2025
3/11/2025	McGrath Laryngoscope	Medtronic	Battery Issues	Departments Notified	No further action required	3/11/2025
3/18/2025	Sternum Saw	Stryker	Internal instrument issues	Departments Notified	No further action required	3/18/2025
3/18/2025	Mega Soft Electrode	Megadyne	Printing issues	Departments Notified	No further action required	3/18/2025
3/18/2025	COVID Test	Abbott	Inaccurate results	Departments Notified	No further action required	3/18/2025
3/18/2025	Blood Pressure Gauge	Baxter	Calibration issues	Departments Notified	No further action required	3/18/2025
3/25/2025	Suture	Ethicon	Needle coating issue	Departments Notified	No further action required	3/25/2025
3/26/2025	Q-stress	McKesson	Software issue	Departments Notified	No further action required	3/26/2025

3/28/2025	Spray Adhesive	Convatec	Odor issue	Departments Notified	No further action required	3/28/2025
4/2/2025	Batteries	Welch Allyn	Use of unapproved batteries creates hazard	Departments Notified	No further action required	4/2/2025
4/2/2025	Connex	Welch Allyn	Latex Hazard upon opening	Departments Notified	No further action required	4/2/2025
4/15/2025	IntelliSpace	Phillips	Software issue	Departments Notified	No further action required	4/15/2025
4/16/2025	NACL IV Fluid	B Braun	Contamination	Departments Notified	No further action required	4/16/2025
4/28/2025	ET Tube	Bard	Defective Product	Departments Notified	No further action required	4/28/2025
4/30/2025	MUSE DIACOM Gateway	GE Healthcare	Security Risk	Departments Notified	No further action required	4/30/20025
4/30/2025	Hemostatic Forceps	Aesculap	Inappropriate use	Departments Notified	No further action required	4/30/2025
5/5/2025	Umbilical Catheter	Cardinal	Sterility Issues	Departments Notified	No further action required	5/5/2025
5/9/2025	Test Kits	Abbott	Inaccurate results	Departments Notified	No further action required	5/9/2025
5/14/2025	IT Issues	Pyxis	update issues	Departments Notified	No further action required	5/14/2025
5/16/2025	Software Issues	Quidel Ortho	Loading Station door	Departments Notified	No further action required	5/16/2025
5/21/2025	Leaks	BD	Single Lumen Power PICC	Departments Notified	No further action required	5/21/2025
5/29/2025	Actustor Issues	Astra Zeneca	Airsupra	Departments Notified	No further action required	5/28/2025
6/5/2025	Fenwal Blood-Pack Units	Fresenius	Bacteria contamination	Departments Notified	No further action required	6/5/2025
6/6/2025	DXL 9000	Beckman Coulter	Inaccurate results	Departments Notified	No further action required	6/6/2025
6/10/2025	CADD Solis Pump	Smiths Medical	Various Concerns	Departments Notified	No further action required	6/10/2025
6/12/2025	Disinfecting Cap	ICU Medical	Bad package seal	Departments Notified	No further action required	6/12/2025
6/25/2025	NACL IV Fluid	B Braun	Contamination	Departments Notified	No further action required	6/25/2025
6/30/2025	Carelink	Medtronic	Software Update	Departments Notified	No further action required	6/30/2025
6/30/2025	Bedside SpO2	Medtronic	Alarm Issues	Departments Notified	No further action required	6/30/2025

7/1/2025	SwabCap	Cardinal	Incomplete seal	Departments Notified	No further action required	7/1/2025
7/2/2025	Istat	Abbott	Survey	Departments Notified	No further action required	7/2/2025
7/11/2025	Istat Calibration	Abbott	inaccurate results	Departments Notified	No further action required	7/11/2025
7/24/2025	Foley Tray	BD	Incorrect product insert	Departments Notified	No further action required	7/24/2025
7/28/2025	Flexicare BritePro Solo Fiber Optic Laryngoscope Handles	Flexicare	Quality issues	Departments Notified	No further action required	7/28/2025
8/1/2025	Liquichek Unassayed Chemistry Control	Bio Rad	Lower Calcium Recovery	Departments Notified	No further action required	8/1/2025
8/1/2025	Suction Irrigator	Stryker	Leaking issues	Departments Notified	No further action required	8/1/2025
8/5/2025	Dell ESXi VMSSA	BD / Dell	Security Issue	Departments Notified	No further action required	8/5/2025
8/13/2025	Medihoney wound and burn gel	Medline	Seal issues	Departments Notified	No further action required	8/13/2025
8/15/2025	Nasopore	Stryker	Seal issues	Departments Notified	No further action required	8/15/2025
8/21/2025	iStat CG8+	Abbott	Inaccurate Results	Departments Notified	No further action required	8/21/2025
8/22/2025	Saws	Stryker	Spring Issues inside unit	Departments Notified	No further action required	8/22/2025
8/26/2025	Mac Vue 360	GE Healthcare	Cable issue	Departments Notified	No further action required	8/26/2025
9/3/2025	Vacurette	Greiner	No Gel Separator	Departments Notified	No further action required	9/3/2025
9/15/2025	Clearlink	Baxter	Leaking issues	Departments Notified	No further action required	9/15/2025
9/16/2025	Bronchoscope	Olympus	Combustion issues	Departments Notified	No further action required	9/16/2025
9/17/2025	IntelliSpace	Philips	Software issue	Departments Notified	No further action required	9/17/2025
9/17/2025	3 Tesla MRI	Siemens	Venting Problem	Departments Notified	No further action required	9/17/2025
9/17/2025	Sterile Water, Sodium Chloride	B Braun	Leaking issues	Departments Notified	No further action required	9/17/2025

9/22/2025	Salem Sump Tube	Cardinal	Breaking issues	Departments Notified	No further action required	9/22/2025
9/26/2025	Perifix Catheter	B Braun	Incorrect Assembly	Departments Notified	No further action required	9/26/2025
10/3/2025	Anes Station	Pyxis	Software issues	Departments Notified	No further action required	10/3/2025
10/6/2025	GE Nuclear System	GE Healthcare	Detector Mounting	Departments Notified	No further action required	10/6/2025
10/7/2025	Pyxis	BD	Update from May 2024	Departments Notified	No further action required	10/7/2025
10/7/2025	Dell Server	Dell	Security Concerns	Departments Notified	No further action required	10/7/2025
10/12/2025	Flex Focus Cart	GE Healthcare	Battery Issues	Departments Notified	No further action required	10/12/2025
10/15/2025	ChemoLock Port	ICU Medical	Seal issues	Departments Notified	No further action required	10/15/2025
10/22/2025	BD Luer Tip Cap	Cardinal	Quality Testing Issues	Departments Notified	No further action required	10/22/2025
10/27/2025	Marquette OR Light	Getinge	Acknowledgement needed	Sent to Bio Med	No further action required	10/27/2025
11/4/2025	Magnet Venting System	Siemens	Potential Ice Blockage	Departments Notified	No further action required	11/4/2025
11/4/2025	Reprocessor	Olympus	Fire Hazard	Departments Notified	No further action required	11/4/2025
11/28/2025	Access 2 Bottles	Beckman Coulter	Defect in bottle	Departments Notified	No further action required	11/28/2025
11/28/2025	Half Height CUBIE	Pyxis	Software Issues	Departments Notified	No further action required	11/28/2025
11/28/2025	IV Sets	B Braun	Stuck Check Valve	Departments Notified	No further action required	11/28/2025
11/28/2025	O2 Masks	Medline	Disconnecting from Mask	Departments Notified	No further action required	11/28/2025
11/28/2025	Intellivue Patient Monitor	Philips	Alarm Issues	Departments Notified	No further action required	11/28/2025
12/10/2025	Pyxis Products	BD	Multiple issues	Departments Notified	No further action required	12/2/2025
12/10/2025	Pyxis ES Server	BD	Timely Updates	Departments Notified	No further action required	12/2/2025
12/10/2025	Mastisol	Ferndale Lab	Sterilization Issue	Departments Notified	No further action required	12/10/2025

7 Utility System Management

During 2025, major equipment and utilities inspections, upgrades, and repairs were completed as follows:

- TFH & IVCH Automatic Transfer Switch testing and maintenance.
- TFH, IVCH, TSC, & Pioneer Annual Generator testing/maintenance performed.
- Nevada County Underground Storage Tank Annual Inspection completed.
- TFH & IVCH MedGas System Annual Inspections.
- Water Management Program Quarterly Meetings. Water mitigation efforts as outline in the program policy.
- Repairs/Replacements:
 - TSC OR 1 and OR 2 Humidifiers 9/1/25 10/17/25
 - Control Boards for the steam plant boilers 7/1/25 – 8/22/25
 - Cancer Center Domestic Hot Water Heater 6/10/25

8 Emergency Management

Incident Command Events 2025

- **Winter Storms:** Mountain winter weather is challenging as storms can cause chaos on the roads, impacting the ability for staff to get to and from work, as well as supplies and services. TFHS Management monitors reports from the National Weather Service as well as television news casts. When the forecast includes a Winter Weather Warning, a Code Triage – Level 1, External is activated, at which time the House Supervisor contacts the on-call personnel and offers housing near the hospital if needed to assure response within 30 minutes. 2025 had seven Winter Weather Warnings that required this activation on the following dates: 2/3 – 2/6, 2/13 – 2/14, 3/12 – 3/13, 3/17 – 3/18, 3/31 – 4/2, and 12/24 – 12/27.
- **NNPH Earthquake Exercise:** As always, TFHS is grateful for the opportunity to regularly exercise with such active partners as Northern Nevada Public Health. While our partners in Washoe County began their exercise 24 hours post-earthquake, we found it would be beneficial to begin our exercise the moment after the earthquake. This allowed us to see how, operationally, our Facility can sustain operations for at least 24-hour post-event. TFHS has numerous Memorandums of Understanding (MOUs) in place for emergency supplies... As Incident Command assembled, the House Supervisor, B. Stockham, directed Emergency Management to send out a FastCommand notification to all Administrators. With internet and EMR access temporarily out of commission, alternate means of communication were necessary, in addition to “Epic Downtime”. Facilities Manager C. Delano contacted the Facilities Engineers to come to TFH for a post-earthquake building inspection. Five minutes later, numerous Engineers arrived to quickly inspect the facility. Given no apparent damage, TFH staff remained in the facility to continue operations. The Engineers quickly discovered and reported damaged sewage, water line, natural gas line, and O2 line. They quickly isolated the lines, and TDPUD (Tahoe Donner Public Utility District), Southwest Gas, and Matheson Gas were notified of the respective damaged lines. All vendors were able to respond quickly to the needed supplies and repairs. IT

was able to restore internet service within 30 minutes, but access to Epic was not restored for several hours.

Once the damage assessments were completed, the Logistics Section began contacting the applicable emergency supply vendors. Unfortunately, not all vendors were able to provide supplies as readily as we needed, such as Flyers Energy, who are not able to deliver fuel until the next business day at the soonest. Fortunately, for our situation, we had enough generator fuel and were able to receive the other supplies needed within appropriate timeframes... Ultimately, TFH was able to successfully remain operational post-earthquake thanks to the hard work, diligence, and situational awareness of all staff and Regional Partners involved.

- **TFHS Tuberculosis (TB) Exposure Event:** On October 30, 2025, Incident Command was activated to address a QuantiFERON test obtained Week 43 of 2025 which provided a positive TB result. However, this did not mean the patient had active TB, but that the virus was present in their lungs. Ultimately, approximately 400 patients and 40 staff met the exposure criteria. In coordination with TFHS Lab, Occupational Health, Gene Upshaw Center, and Primary Care, patients were contacted, tested, and monitored as appropriate. This exposure was successfully managed, resulting in no further cases.

Earthquakes: TFHS Emergency Management monitors earthquake activity via USGS. Significant earthquakes occurring 75 – 100 miles away can have an impact to our region. Through 2025, there were 72 M_w 2.5 – 4.9 earthquakes as near as 11 miles and as far as 90 miles away. The deepest of these earthquakes was only 8.2 miles, which is considered a very shallow (more damaging) earthquake. The shallowest earthquakes were only 0.56 miles deep; however, they appear related to geothermal activity in the area.

Wildfires 2025

The Greater Tahoe Region was fortunate to have experienced little to no wildfire related activity for the 2025 wildfire season. Emergency Management continues to monitor and prepare for wildfire events in our area.

TFH Emergency Department Skills Day – Decontamination

In April, TFH ED Manager K. Lamb invited TFHS Emergency Management to provide education to the department on decontamination for their Skills Day. For this education, EM reviewed decontamination procedures, available equipment, equipment uses, and recovery operations. The staff asked a variety of thoughtful questions, leading to an effective and fulfilling educational opportunity.

FEMA Training – Hospital Decontamination

At the beginning and end of 2025, the TFHS Coordinator of Emergency Management, A. Lavin, attended a week-long training at the FEMA Center for Domestic Preparedness. This Federally funded training provided the tools and information needed to provide the training in-house for the Health System. Prior to this, TFHS would outsource this certified training to a third party. Bringing this training in-house provides more flexibility in when the training is provided and to whom the training is provided. This three-day course will provide all students with the tools and certifications required to provide decontamination services for the Health System. The first training A. Lavin attended in January 2025 was cut short due to poor weather conditions in Alabama. The training was completed when he returned in December 2025.

Purpose and Objectives for 2025

Throughout 2025, the TFHS Emergency Management Committee (EMC) continued to meet monthly.

Both Tahoe Forest Hospital and Incline Village Community Hospital are situated in areas where the threat of earthquakes is present year-round. It is not a matter of if but when a significant earthquake in the area will occur. Therefore, the EMC continues to be prepared for an evacuation. Northern Nevada Public Health (NNPH) organized a multi-agency Earthquake Exercise on May 14 & 20, 2025. Participants included:

- Tahoe Forest Hospital
- Incline Village Community Hospital
- Northern Nevada Public Health
- Reno Emergency Medical Service Authority
- Reno Fire Department
- Reno Police Department
- Nevada Seismological Laboratory

These exercises increased the Tahoe Forest staff and our EMS partner's preparedness for an actual fire evacuation event.

Emergency Management and Information Technology have partnered to expand the capability of the Health System's Continuity of Operations Plan (COOP). After attending the California Hospital Association Disaster Planning Conference, it was found that the TFHS COOP should be bolstered. The intent of this effort is to provide each department within TFHS with a specific COOP that has been tailored to the specific department's needs. This will be a major improvement to the generalized plan we have now.

Additionally, Emergency Management began efforts to create an effective emergency management group to address the needs of the various clinics. Initially, EM participated in the Clinic Manager Meetings, but there was not enough time available to focus on the various emergency management elements the clinics need to address. A clinic EM sub-committee has since been organized, and quarterly meetings are to begin in 2026.

TFHS continues to utilize the FastCommand notification system. This mass notification system via text messaging has been a valuable and effective resource for quick notifications.

A. Regular Activities:

The EMC meets regularly to discuss various hospital and healthcare emergency preparedness issues, including surge capacity, evacuation planning, communication, resource management, utility failures, training, and exercises. The committee effectively works to achieve and maintain the following requirements:

- Hospital Incident Command System (HICS) Compliance Activities which include:
 - Communication
 - Resources and assets
 - Safety and Security
 - Staff roles and responsibilities

- Utilities
- Clinical Activities
- Ensure ACHC Emergency Preparedness standards are communicated and met.
- Support the on-going education of the HICS throughout the organization.
- Orchestrate the execution of two District-wide emergency preparedness exercises or real activations per year, one of which must include a coordinated response with local emergency services.
- Strive towards interoperable communication systems.
- Participate in bed tracking capabilities through Juvare’s EMResource® system.

B. Preparedness/Mitigation Activities:

- Hazard Vulnerability Analysis (HVA)
 - On an annual basis, the hospital conducts a Hazard Vulnerability Analysis to identify events that could impact services or the ability to provide those services.
 - An HVA identifies the disasters or large-scale incidents most likely to affect the hospital and the surrounding community and the probable impact if those disasters or incidents were to occur.
- Hazards identified as the highest risks at Tahoe Forest Hospital:
 - Cybersecurity – 50%
 - Chemical Exposure – 49%
 - Workplace Violence/Threat – 48%
 - Extreme Weather – 46%
 - Temperature Extremes – 46%
 - Severe Storms – 46%
- Hazards identified as the highest risks at Incline Village Community Hospital:
 - Cybersecurity – 50%
 - Telephone Failure – 48%
 - Extreme Weather – 43%
 - Temperature Extremes – 43%
 - Severe Storms – 43%
- Develop, update, and maintain the following plans and policies (See Appendix A):
 - Evacuation Plan
 - Rapid Discharge Tool
 - Disaster Surge Capacity Plan
 - Weapons of Mass Destruction Plan
 - Code Red (Fire)
 - Code Yellow (Bomb Threat)
 - Code Silver (Person with a Weapon/Hostage)
 - Code Orange (Hazardous Materials)
 - Code Pink/Purple (Infant/Child Abduction)
 - Code Gray (Immediate Security)
 - Code Tan (Lockdown)
 - Code Triage Internal or External – Level 1, 2, or 3
 - Patient Decontamination Procedures
 - Emergency Management Plan
 - Emergency Operations Plan

- Emergency Operations Plan for TFHS Clinics
 - Hospital Incident Command System (HICS) Activation Binder
 - Evacuation Binders for M/S, ICU, OB, ECC, ED, and Surgery
 - CHEMPACK Deployment (Nerve Agent Antidote Deployment)
 - Crisis Standards of Care
- Mutual Aid Agreements:
 - TFH recognizes that many emergency incidents may exceed the response capabilities of the facility. Tahoe Forest and Incline Village Community Hospitals are part of Washoe County’s Mutual Aid Evacuation Plan, Multi-Casualty Incident Plan, and Alpha Plan. Additionally, TFH and IVCH maintain MOUs with Red Rock Water for potable water, Flyers Energy for diesel fuel, and Sani-Hut for portable restrooms. Matheson has provided an open-ended letter with a commitment to use commercially reasonable efforts to continue providing medical gas services during a national or local disaster or pandemic. AmeriGas, our propane vendor, would not renew the TFHS MOU, stating they will do their best to fulfill all customer needs during any emergency.
 - A California mandate requires TFHS to obtain MOUs for potable water and vacuum truck services in a disaster. The following companies agreed to and signed MOUs for these services when needed:
 - Alpine Septic & Pumping Vacuum Truck
 - Granny’s Potable Water Truck
 - Granny’s Vacuum Truck
 - H2O to Go Water Truck
 - Waters Vacuum Truck
 - Additionally, Truckee Sanitary District (TSD) agreed to an MOU accepting wastewater from the above vacuum trucks locally during a disaster. This will free up TFH holding capacity and increase the efficiency of discarding the wastewater.
 - TFH maintains a working relationship with the Nevada County’s Medical Health Operational Area Coordinator (MHOAC), who, during a disaster, would coordinate resources through the State of California Disaster Medical Response Plan. The EMS Authority, as the lead agency responsible for coordinating California’s medical response to disasters, provides medical resources to local governments in support of their disaster response. This may include the identification, acquisition and deployment of medical supplies and personnel from unaffected regions of the state to meet the needs of disaster victims. Response activities may also include arranging for evacuation of injured victims to hospitals in areas/regions not impacted by a disaster. The medical response to disasters requires the contributions of many agencies. The EMS Authority works closely with the California Governor’s Office of Emergency Services (Cal OES), California National Guard (CNG), California Department of Public Health (CDPH) and other local, state, and federal agencies to improve disaster preparedness and response. The EMS Authority also works closely with the private sector: hospitals, ambulance companies, and medical supply vendors.
 - TFHS maintains a similar relationship with Northern Nevada Public Health (Washoe County) via the Inter-Hospital Coordination Council (Coalition). Annually, TFHS agrees to MOUs and MAEAs with NNPH, ranging from Point-of-Dispensing operations to facility evacuations. In a true disaster, TFHS will rely heavily on assistance from our partners in Nevada.

- Communication
 - In the 3rd quarter of 2025, the decision was made to eliminate the Plain Old Telephone Service (POTS) line that serviced our “red analog phones” and fire alarm system components due to the increasingly significant cost of the service. Since then, numerous lines have been converted to a cellular or IP based backup system, with the rest of the lines being updated soon.
 - Internal and external communications are the key to effective disaster response. The EMC’s goal is to maintain successful communication systems that are interoperable and redundant within our regional area. To this end, EMC’s resources are as follows:
 - PA System
 - GETS Cards assigned to EMC & Management allowing priority to calls during emergencies.
 - At TFH, two Communication Carts hold:
 - 36 UHF, narrow band radios (8 additional radios were purchased in 2020)
 - 14 older style radios
 - 2 satellite phones
 - 7 portable phones
 - Cell phone chargers
 - 1 desk phone
 - 3 laptops
 - 1 pocket projector
 - 1 portable printer
 - 2 multi-functional printers
 - 1 monitor/TV
 - 1 ham radio
 - At IVCH
 - One 800MHz radio
 - One ham radio
 - Six VHF, narrow band radios (three purchased by NNPH in ‘25).
 - Cell phone chargers
 - One laptop
 - System Wide
 - TFH has a 15 red analog phones.
 - IVCH has 2 red analog phones.
 - The Childcare Center has 1 red analog phone
- Resources
 - A portable HICS Disaster Cart is maintained to activate the Hospital Command Center (TFH). HICS documentation is located in a designated cabinet in the ED.
 - Adequate supplies, pharmaceuticals, and equipment are available to support a surge in capacity or an alternative care site (TFH and IVCH).
 - Adequate supplies, PPE, and personnel are maintained to support a HazMat event. Both hospitals have a three-bay pool for self-decontamination. Tahoe Forest has a three-lane decontamination tent with a heater, as the threat of a hazmat incident is larger due to the close proximity to I-80, railroad tracks as well as underground pipelines.

- Dietary maintains food and water on hand to support 250 individuals for five days, and IVCH maintains food and water for 50 people.
- 79 cots and the appropriate linens are available off-site in a Truckee airport hangar.
- Bed Tracking
 - TFH participates in the California Region IV EMResource HAvBED System, and IVCH participates in the Nevada State EMResource HAvBED System. This provides the ability to exchange data regarding hospitals' bed availability, status, and capacity. This system was used continuously throughout the pandemic, providing information to EMS partners and other hospitals on bed availability for possible patient transfers.

C. Specific Activities for Education, Planning, Training and Exercises:

Hospital disaster exercises, drills, tabletops, education, and other training are designed to test the hospital's disaster plan and to allow employees to become familiar with disaster procedures. The information gained enables EMC Members to investigate, research, and make recommendations regarding best practices concerning emergency preparedness. The following table itemizes activities employed to achieve that end.

Education/Planning/Training/Surveys	Date	Event
FEMA Hospital Emergency Response Team Training (1)	01/05/25 – 01/09/25	Certified Training
Truckee Surgery Center Air Contamination	01/23/25 – 02/06/25	Real Event
TFHS Winter Storm Level 1 Alert Activation	02/14/25 – 02/15/25	Real Event
TFHS Winter Storm Level 1 Alert Activation	03/11/25 – 03/14/25	Real Event
Gene Upshaw Fire & Security In-Service	03/18/25	Education
Nevada County Coalition Meeting	04/10/25, 12/17/25	Meeting
NNPH/TFHS Earthquake Workshop	04/16/25	Workshop
TFH Decontamination – ED Skills Day	04/23/25	Education
NNPH/IVCH Earthquake Full-scale Exercise	05/14/25	Full-scale Exercise
NNPH/TFH Earthquake Full-scale Exercise	05/20/25	Full-scale Exercise
TFH Diagnostic Imaging Fire Response In-Service	05/01/25	Education
TFH Diagnostic Imaging Fire Response Presentation	06/03/25	Education
TFH House Supervisors EM Presentation	06/16/25	Education
CHA Disaster Preparedness Conference	09/09/25 – 09/10/25	Education
Standardized Awareness Training – Decon/Chemicals	09/22/25	Education
Protective Measures for Biological Events	10/09/25	Education
First Receiver Training – Decontamination Refresher	10/16/25	Certified Training
TFHS TB Exposure Event	10/30/25 – 12/03/25	Real Event
IVCH – NV Statewide Emergency Comms Exercise	11/12/25	Functional Exercise
TFHS Quality Education Series – Emergency Management	11/19/25	Education
FEMA Hospital Emergency Response Team Training (2)	12/14/25 – 12/20/25	Certified Training
TFHS Winter Storm Level 1 Alert Activation	12/23/25 – 12/25/25	Real Event

9 Employee Safety

Submitted by Carleigh Brekke, FNP-C, Clinical Nurse Leader/Employee Health

This 2025 annual employee health report is submitted in compliance with Accreditation Commission for Health (ACHC) Standards (Infection Control/Safety) and Center for Medicare and Medicaid Services (CMS) QAPI requirements for Critical Access Hospitals (CAH).

Facility Name: Tahoe Forest Health System

Reporting Period: January 1, 2025 – December 31, 2025

Date of Report: January 15, 2026

Prepared By: Carleigh Brekke, FNP-C, Employee Health

Influenza Vaccination Program

- Maintained mandatory annual surveillance of healthcare personnel (HCP) vaccination status in accordance with CMS requirements.
- Vaccines provided onsite to support accessibility and participation.
- Tracked and documented all vaccinations and medical/religious exemptions.
 1. Compliance Data for 2025:
 - a. Total HCP Population: 1480
 - b. Vaccination Rate: 1384 (95%)
 - c. Medical/religious exemptions: 75
- Vaccination compliance data is reviewed annually with Infection Control and Leadership to assess trends and identify opportunities to improve uptake.

Work-Related Injury Surveillance

- Employee Health monitored and managed all work-related injuries, ensuring appropriate medical evaluation, follow-up, and return-to-work clearance.
- Total Recordable Incidents (2025): 55
- Top 3 Injury Categories:
 - Needlesticks/Possible Bloodborne Pathogen Exposures: 19
 - Patient Handling/Strains: 8
 - Slips, Trips, and Falls: 4
- Maintained the OSHA 300 Log of work-related injuries and illnesses throughout the calendar year.
- The OSHA 300A Summary has been prepared and will be posted from February 1 to April 30, 2026.

Ergonomic Evaluations

- Ergonomic evaluations of employee workstations occur with collaboration between Employee Health, Supervisors/Managers and individual employees to mitigate musculoskeletal risks.
- 41 total ergonomic evaluations were completed in 2025.
- Recommendations resulting from ergonomic evaluations included workstation adjustments, equipment modifications, and employee education to reduce injury risk.

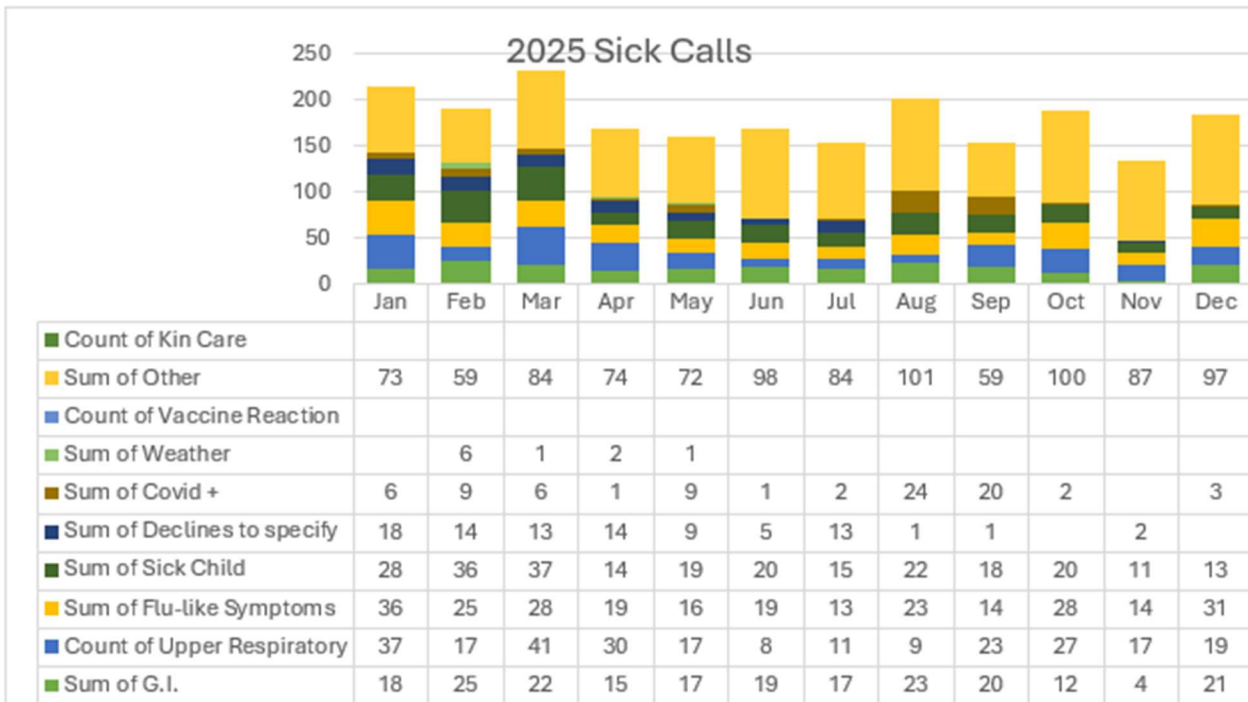
Sharps Injury Prevention & Bloodborne Pathogen Exposure Response

- A high priority was placed on reducing percutaneous injuries through surveillance and the introduction of improved response protocols.
- Total Sharps Injuries (2025): 15

- Red Envelope Implementation (Launched Oct 2025): Standardized “Red Envelopes” were deployed to high-risk areas.
 - It contains immediate guidance, reporting forms, and lab requisitions to streamline the post-exposure process.
 - Education provided to staff on proper use of the “Red Envelope” system.
 - Early feedback indicates improved timeliness and consistency of post-exposure reporting following implementation.
- Sharps injury data is reviewed by the Infection Prevention and Control committee to evaluate device safety and training needs.

Sick Call & Respiratory Illness Tracking

- Maintained a surveillance log of employee absences related to communicable illnesses.
- Monitored for potential departmental clusters or outbreaks to mitigate the risk of healthcare-associated transmission.
- Aligned return-to-work clearances with the most current CDC/CMS 2025 guidelines for respiratory viruses (COVID-19, Influenza, and RSV) in collaboration with Infection Control.



N95 Fit Testing & Respiratory Protection

- Respiratory protection program maintained for employees requiring respirator use.
- Medical clearance and fit testing completed as required.
- Education provided on proper use, storage, and limitations of respiratory protective equipment.
- Documentation maintained by Employee Health.

Tuberculosis (TB) Surveillance

- Performed baseline and post-exposure TB screening in accordance with county health department and CDC recommendations.
- Two TB exposure events were identified and managed during the 2025 reporting period.

- Impacted employees received timely notification, evaluation, and post-exposure testing as indicated.
- Follow-up surveillance was completed per protocol.
- One employee was identified with latent tuberculosis infection (LTBI) and was referred for and completed appropriate treatment.
- No employees developed active TB.
- TB surveillance data reviewed periodically to ensure ongoing compliance and employee safety.

Policy Review and Program Oversight

- Employee Health policies and procedures reviewed and updated as needed to reflect regulatory and accreditation requirements.
- Employee Health activities support organizational safety, infection prevention, and quality initiatives.

2026 Quality Improvement Focus

- Based on 2025 data, Employee Health has identified two primary goals for the upcoming year:
 - Continued reduction of sharps and needlestick injuries through education and device evaluation.
 - TB Protocol Refinement: Review the 2025 contact investigation process to identify opportunities for improvement, faster identification of exposed personnel and streamlined testing workflows.

Summary Statement

Tahoe Forest Health System’s Employee Health maintains a comprehensive occupational health and safety program designed to protect employees, reduce workplace risk, and support regulatory and accreditation compliance. Ongoing surveillance, standardized exposure management processes, and continuous quality improvement efforts were maintained throughout 2025.

10 Infectious Prevention & Control

2025 Infection Prevention & Control

Annual Report to EOC

Submitted by

Svetlana Schopp, MSN, RN, CIC, CNL, CNOR

Infection Prevention & Control Nurse Coordinator

Surveillance, Reporting, Process Improvement, & Education

- 1) COVID-19:
 - a) Maintained COVID-19 intranet page to provide infection prevention and control guidance based on guidelines from Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), California Department of Public Health (CDPH), and local health departments.
 - b) Consulted as needed on specific cases.
 - c) Collaborated with CDPH and local health departments as needed.

- d) Performed mandatory reporting to regulatory agencies.
- 2) Performed hand hygiene (HH) compliance monitoring. TFHS' overall hand hygiene compliance observed by infection control was 82%.
- 3) Continued to educate new and existing staff on the use of standard and transmission-based precautions, especially as it relates to activation of appropriate precautions based on suspicion with presenting symptoms. Updated Best Practice Advisory (BPA) for CDI to reflect best and current practices went into effect in September of 2024. Assist with cases in real time to aid with appropriate testing and activation of transmission-based precautions.

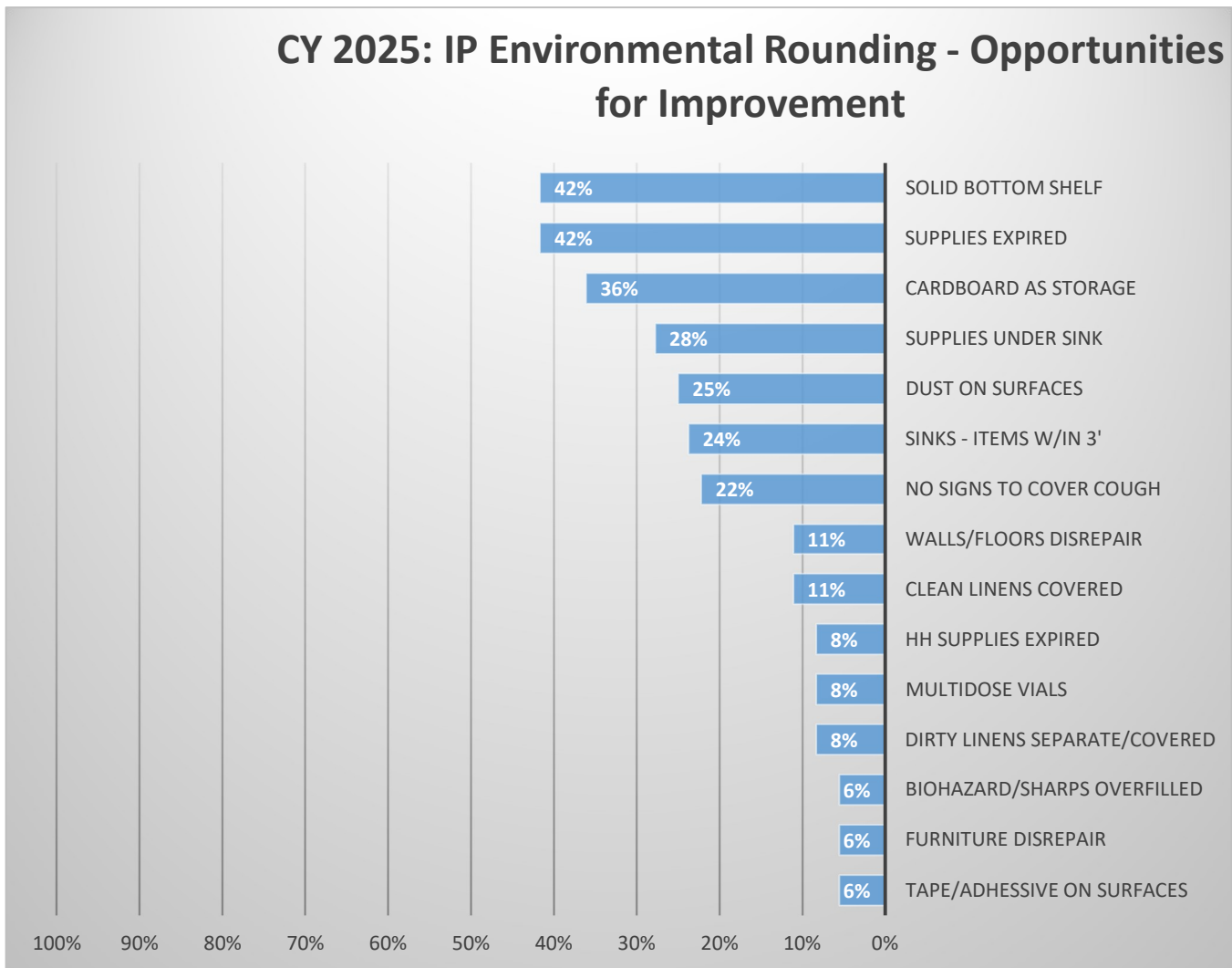
a) Clostridioides difficile infection (CDI) data:

<i>Calendar Year</i>	2020	2021	2022	2023	2024	2025
Number of Observed/ Number of Predicted	3/2.146	2/2.704	0/2.556	0/2.257	1/2.076	0/2.996
Standardized Infection Ratio	1.398	0.740	0.000	0.000	0.482	0.000

Did not identify any hospital onset CDIs.

- 4) Performed monthly infection prevention and control environmental rounding and reported out quarterly through various committees.

IP Environmental Rounding data:



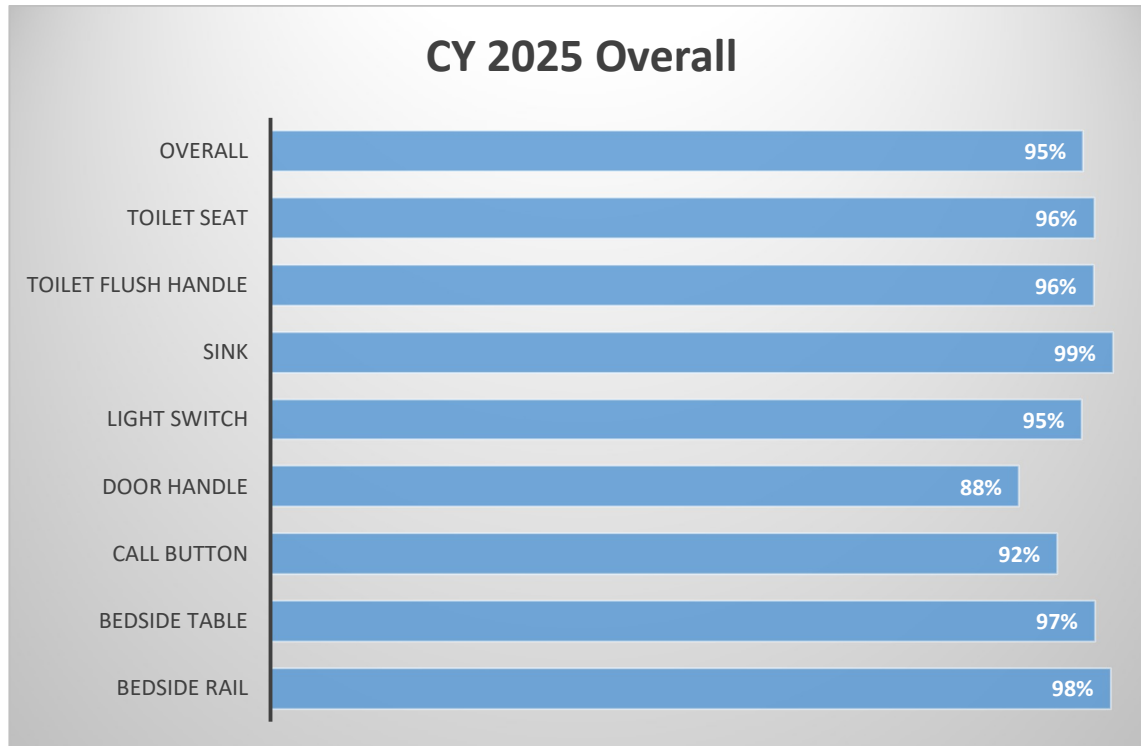
The data reflects a summary of all locations including inpatient, outpatient, clinics, and skilled nursing.

Top five opportunities in 2025:

1. Bottom shelf of storage carts must be solid or have a liner to protect supplies from splashing when floors are cleaned.
2. Sterile supplies should never be expired (supplies' expirations should be regularly checked at a minimum, once per quarter; supplies should be rotated: restock newest supplies in the back of the bin, to ensure older supplies are used first).
3. Corrugated cardboard should never be used as storage (upon receiving supplies, empty out promptly, do not use as storage).
4. Supplies or equipment should never be stored under sink as they can be contaminated in the event of a water or sewer leak.
5. Surfaces should be free of dust and debris (clean/sterile storage should be regularly cleaned, quarterly or more often if needed).

- 5) Environmental Services (EVS) monitors cleanliness of the hospital environment using Adenosine Triphosphate (ATP) testing to assess the quality of the EVS surface cleaning and disinfection to understand gaps in cleaning and disinfection and to provide feedback to EVS staff in real time.

Cleanliness data:



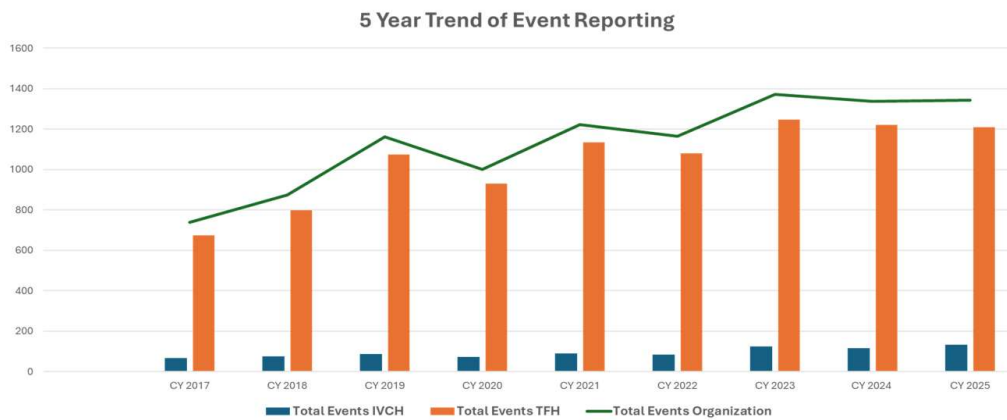
- 6) Continue to promote, monitor, and report annual flu vaccination rates for all employees and providers. Annual flu vaccination is condition of employment at TFH. TFH flu vaccine rates are in high 90% with very few exemptions. Data for 2025 is pending.
- 7) Continued to meet with facilities to perform Infection Control Risk Assessments (ICRA) as construction or remodel projects come out throughout the year.
- 8) Participated in the Water Management Team meetings to review and update the water management program.
- 9) Conducted a tracer and follow up of a mass exposure to active TB patient who visited multiple locations over several months.

11 Risk Management

Risk Management Annual Summary submitted by Christine O’Farrell, Risk and Patient Safety Associate

Tahoe Forest Hospital System has an online event reporting system that staff may use to report events. Upon submittal, staff may choose to include their name or they may choose to remain anonymous. Reporting events is encouraged. The event reporting rate remained stable in 2025.

5 Year Trend of Event reporting

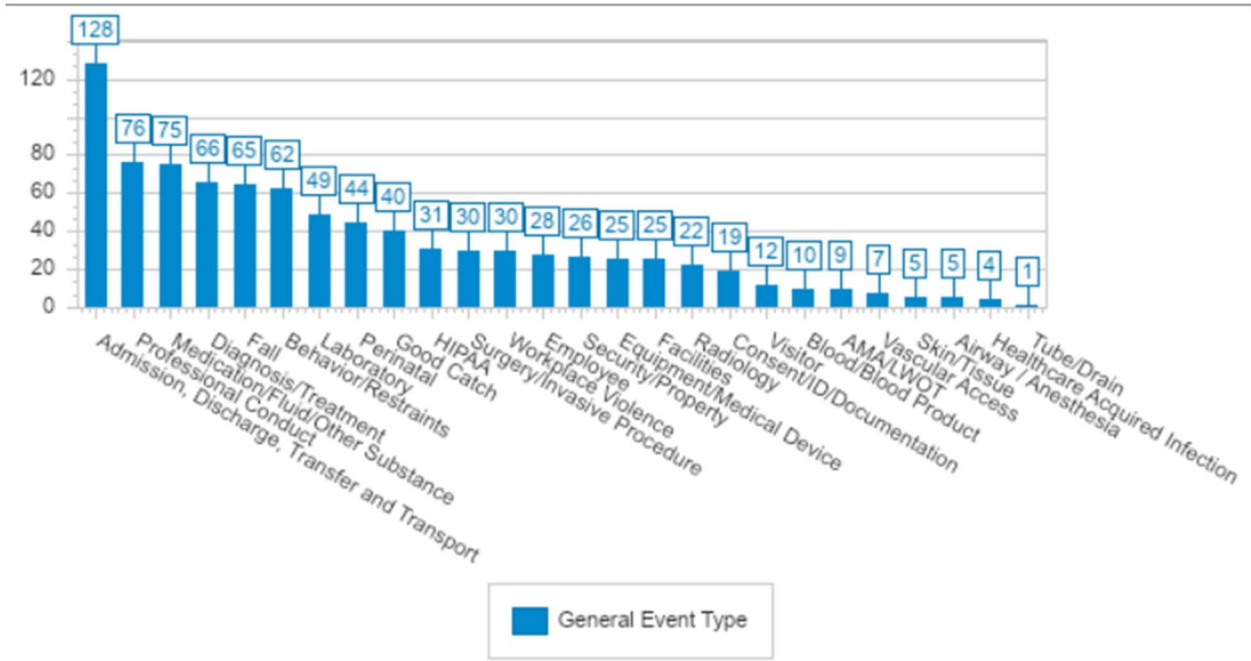


3 Confidential

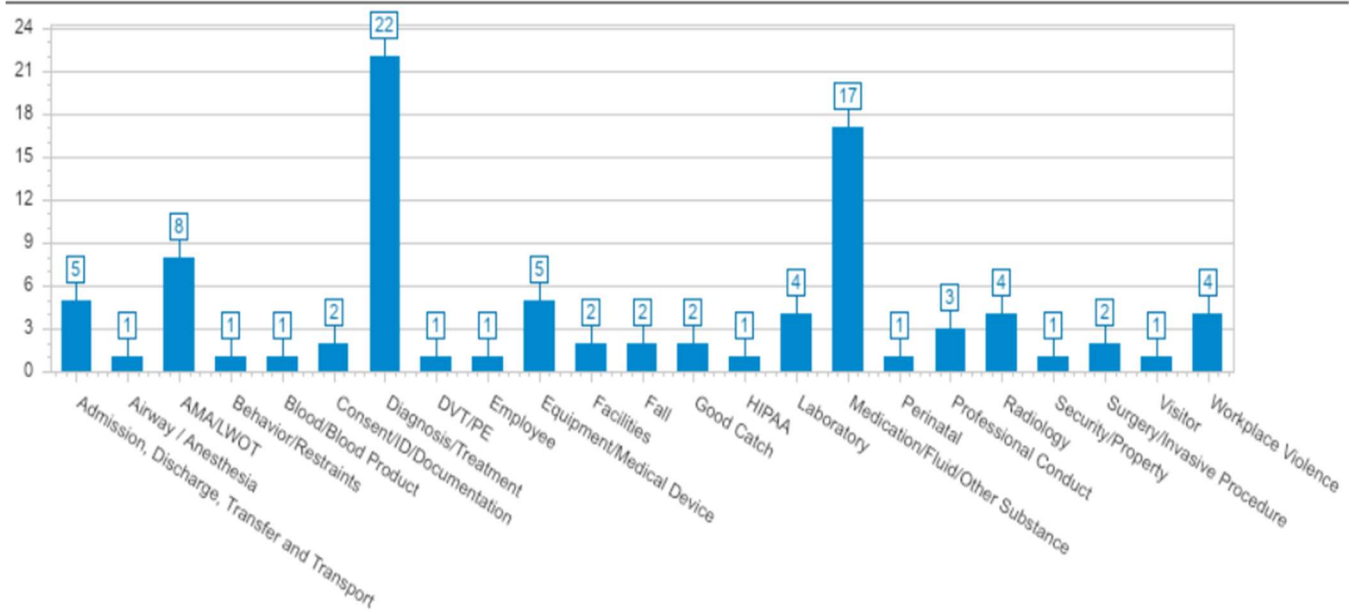


The following graphs illustrate the types of reported events and the number of events from January-December 2025:

Tahoe Forest Hospital:



Incline Village Community Hospital



2025 Beta Heart Analysis

RCA #	Title	Date	Update
7009	CT Contrast Extravasation	1/15/2025	Vein finder purchased for department at TFHD and IVCH. Education to staff at skills fair. Created discharge instruction sheet. Reminder to immediately notify the Radiologist via phone call. Re-educated DI techs on IV start technique. If the patient is known to be a difficult IV start they will schedule a longer appointment.
7129	Port A Cath	2/14/2025	OR staff reminded to contact Risk after a serious safety event. Improve Peer Support process for medical staff. Risk developed a check sheet for responding to serious safety events for leadership. Quiet room designated for consultations.
349	Colposcopy	5/23/2025	Add nitrous oxide to OB/GYN clinic for pain control. MA/RN to send to provider in basket message if there are red flags for concern with patient. Risk provided training to MA/RN's on the process to sign informed consent documents. This will be assigned to all new hires. Sharpening schedule updated to quarterly from annually. All biopsy instruments were audited and some phased out of service. Specific procedural discharge instructions developed.
369	ECC Fall with Fracture	6/1/2025	Bed rep to give in-services to staff on awareness settings. Awareness setting to be tracked for monthly compliance on high falls risk residents. Magnetic high fall risk signs placed on door frames. Bedtime checklist created for high falls risk. Checklist created to guide transfer to the ED. Code 250 updated to include ECC. Falls prevention plan updated.
454	CT Discrepancy Finding Handoff	6/17/2025	New report developed to track discrepancy finding accidentally sent to Mercy. Work group formed to improve incidental findings work flow. Lessons learned shared with Primary Care group.

BETA HEART Validation submitted by Ashley Davis

- Validation interviews with BETA team on site in April, 2025. TFH and IVCH achieved validation in all 5 domains again in 2025. This results in approximately \$175,000 savings in our liability insurance. For a second year in a row, the validation report had many kudos, and zero recommendations to improve the program for 2026. Great work to all involved in the effort to improve our culture of safety!
- SCOR Culture of Safety Survey results returned in April 2025 and shared with AC and leaders in May 2025. Leaders conducted debriefings with staff and identified 2-3 opportunities for improvement to work on for the year.
- Response rate was 74% with 1,007 respondents.
- Various leaders and medical staff attended workshops in 2025 for training in all five HEART domains (Culture of Safety, Rapid Response and Analysis, Communication and Transparency, Care for the Caregiver, Early Resolution)

BETA Quest for Zero

TFHD was also successful with the BETA Quest for Zero. Both the OB and the Emergency Department were successful and continue with their Tier 1 and their chosen Tier 2 as follows:

I. Emergency Department Zero Harm

All Tahoe Forest Hospital nursing team successfully met BETA Healthcare Group's Tier One and Tier Two requirements for 2024-2025, which include:

- Completion of the initial assessment and personalized learning modules through the Relias platform—including Nursing Management of Sepsis in the Emergency Department —along with all required 'Red and Yellow Zone' content and a posttest score of 80% or higher.
- The organization has successfully met the requirements for participation in the Emergency Medicine Collaborative (EMC). The designated physician and nurse leaders, along with the identified primary contact, attended all required meetings, led assigned subgroups, completed assignments on schedule, and actively contributed to research, recommended practices, and outcome measures. This demonstrates your team's strong leadership and commitment to advancing emergency care quality and patient safety.
- Tahoe Forest Hospital has implemented an Emergency Department Callback Policy and process that meets all outlined requirements. The policy defines the program's purpose, goals, patient inclusion criteria, callback procedures, escalation processes, and documentation standards. Quality review and performance improvement processes are in place, with events routed to Risk Management and the Medical Staff Quality Committee as appropriate.

II. Zero Harm Programs: Women & Family

All Tahoe Forest OB providers and nursing team successfully met both BETA Healthcare Group's Tier One and Tier Two requirements for 2024-2025 including:

- Completing the personalized learning module Fetal Heart Monitoring v2 in the Relias platform and all "Red & Yellow Zones"
- Adoption of common terms to describe fetal monitoring as evidenced by consistent use of National Institute of Child Health & Development (NICHD) terminology throughout department policies and practices.
- Participation in the Perinatal Safety Collaborative
- Completion of the Maternal Sepsis bundle

12 Approval

This concludes the Environment of Care / Safety Committee 2025 Report.

Approved by:



Dylan Crosby, VP of Facilities & Construction
Tahoe Forest Health System Safety Officer

Date: March 5, 2026

13 Appendix A: Environment of Care Policies and Procedures

All Environment of Care policies were reviewed, updated as indicated in the table below, and approved.

Policy Name	Review Frequency	Next Review Date	2026 Comments
Code Gray	Annual	1/2027	Minor changes along with updating HICS Guidebook website.
Code Triage Internal or External	Annual	1/2027	Removed Alert/Partial/Full.
Code Silver	Annual	1/2027	Minor changes.
Code Pink/Purple	Annual	1/2027	Changes to the distribution of the automatic Code Pink announcements, who would be IC, and other minor changes.
Code Orange	Annual	1/2027	Grammatical updates.
Code Yellow	Annual	1/2027	Grammatical updates.
Weapons of Mass Destruction Procedures	Annual	1/2027	Grammatical updates.
Disaster Surge Capacity Plan	Annual	1/2027	Grammatical updates.
Evacuation/Shelter in Place Plan	Annual	1/2027	Grammatical updates.
Code Red - Fire Response Plan	Annual	1/2027	Grammatical updates.
Patient Decontamination Policy	Annual	1/2027	Grammatical updates.
Emergency Management Plan	Annual	1/2027	Performance Improvements updated.
Rapid Discharge Tool	Annual	1/2027	No changes.
Emergency Operations Plan (Comprehensive)	Annual	1/2027	Various changes.
Chem-Pack Deployment	Annual	1/2027	No changes.
Workplace Violence Prevention Plan	Annual	1/2027	Minor changes.
Electrical Safety	Annual	1/2027	Added appliances must be plugged directly into wall outlet and other minor changes.

Injury & Illness Prevention Program	Annual	1/2027	Minor changes.
Building Security & Access Control	Annual	1/2027	Access changes.
Code Tan, Facility Lockdown	Annual	1/2027	No changes.
Firearms and Dangerous Weapons	Annual	1/2027	Minor changes.
Hazardous Materials and Waste Management Plan	Annual	1/2027	Grammatical updates, policy links & Performance Improvement updates.
Hazard Communications Program	Annual	1/2027	No changes.
Medical Waste Management Plan	Annual	1/2027	Updated RCRA holding time period.
Safety Data Sheets	Annual	1/2027	Grammatical updates.
Environment of Care / Safety Committee	Annual	1/2027	Grammatical updates and title changes.
Environment of Care Management Program	Annual	1/2027	HFAP to ACHC.
Alternate Life Safety Measures (ALSM) Program	Annual	1/2027	No changes.
Medical Equipment Management Plan	Annual	1/2027	Performance Improvements updated.
Emergency Operations Plan for TFHS Clinics	Annual	1/2027	No changes.
Fire Safety Control Management Plan	Annual	1/2027	Performance Improvements updated.
Building Safety Management Plan	Annual	1/2027	Performance Improvements updated.
Building Security Management Plan	Annual	1/2027	Performance Improvements updated.
Utilities Systems Management Plan	Annual	1/2027	Performance Improvements updated.
Crisis Standards of Care	Annual	1/2027	No changes.
Helicopter Operations Plan	Annual	1/2027	No changes.
Handling, Storage, and Transport of Compressed Gas Cylinders	Annual	1/2027	No changes.
Water Management Plan	Annual	1/2027	Statistical updates.

14 Appendix B: Environment of Care 2024 Fire Drills

TFH 2025 FIRE DRILL SCHEDULE								
Shift 1	Quarter	Date	Day	Time	Location	Real/Drill	Announced?	TFD Dispatched?
	1	2/3/2025	Monday	0913	SPD	Real	No	Cancelled
	2	5/21/2025	Wednesday	1333	Kitchen	Drill	No	N/A
	3	8/7/2025	Thursday	0732	ICU	Real	No	Cancelled
	4	11/18/2024	Tuesday	1434	ECC	Drill	Yes	N/A
Shift 2	Quarter	Date	Day	Time	Location	Real/Drill	Announced?	TFD Dispatched?
	1	1/9/2025	Thursday	1507	ECC	Drill	Yes	N/A
	2	4/28/2025	Monday	1617	DI	Drill	No	N/A
	3	7/18/2025	Friday	1502	Surgery	Drill	Yes	N/A
	3.5	9/27/2025	Saturday	2030	Surgery	Real	No	Yes
	4	10/21/2025	Tuesday	1908	ED Pt Reg	Drill	Yes	N/A
Shift 3	Quarter	Date	Day	Time	Location	Real/Drill	Announced?	TFD Dispatched?
	1	1/20/2025	Monday	0642	Lab	Drill	Yes	N/A
	2	4/16/2025	Wednesday	0531	ECC	Drill	No	N/A
	3	7/10/2025	Thursday	0640	ED	Drill	Yes	N/A
	4	10/29/2025	Wednesday	0537	MedSurg	Drill	No	N/A
IVCH 2025 FIRE DRILL SCHEDULE								
Shift 1	Quarter	Date	Day	Time	Location	Real/Drill	Announced?	NLTFPD Dispatched?
	1	2/5/2025	Wednesday	1503	Admin	Drill	Yes	N/A
	1	3/11/2025	Tuesday	0728	DI	Real	No	Yes
	2	5/6/2025	Tuesday	1315	ED	Drill	No	N/A
	3	9/4/2025	Thursday	1136	DI	Drill	Yes	N/A
	3	9/8/2025	Monday	1605	DI	Real	No	Canceled
	4	11/24/2025	Monday	1123	Clinic	Drill	No	N/A
Shift 2	Quarter	Date	Day	Time	Location	Real/Drill	Announced?	NLTFPD Dispatched?
	1	3/20/2025	Thursday	0540	Community Room	Drill	Yes	N/A
	2	6/11/2025	Wednesday	0654	Surgery	Drill	No	N/A
	3	7/21/2025	Monday	1918	Lab	Real/Drill	No	Yes
	4	10/5/2025	Sunday	0219	DI	Real	No	Yes
	4	12/9/2025	Tuesday	0630	ED	Drill	Yes	N/A

Hospitals are required to have one fire drill per shift per quarter.

TFHS Clinic 2025 Fire Drills

CLINIC	ADDRESS	DATE PERFORMED
Retail Pharmacy	10956 Donner Pass Road, #100	3/25/2025
Urgent Care	10958 Donner Pass Rd, #110	3/13/2025
IMPulm/Endo	10958 Donner Pass Rd, #130	3/7/2025
Peds	10956 Donner Pass Rd, #310	4/1/2025
Primary Care	10958 Donner Pass Rd 2nd Floor	3/12/2025
Primary Care	10958 Donner Pass Rd, 3rd Floor	3/12/2025
ENT	Soaring Way	3/10/2025
Plastics	Soaring Way	3/10/2025
Truckee Therapy Services	10710 Donner Pass Road	3/13/2025
Dr. Winans - Sports (conducted w/CHSP)	10710 Donner Pass Road	3/5/2025
MSC Specialty (GIGS/Surgery, Neuro, Urology, Womens Ctr)	2nd floor Cancer Center	3/19/2025
Cancer Center 1st floor	10121 Pine Ave	3/19/2025
Occ Health	10175 Levon Ave	3/12/2025
IMCARD	10978 Donner Pass Rd	3/12/2025
Outpatient Lab	109xx Donner Pass Rd	3/7/2025
Ortho	10051 Lake Ave, #3	3/4/2025
Behavioral Health	10833 Donner Pass Road, #201	3/21/2025
IVCH Lakeside Clinic (Ophthalmology)	889 Alder Ave, #303	3/25/2025
Incline Clinic	880 Alder Ave	Quarterly with IVCH
IVCH PT	333 Village Blvd, #201, Incline Village	3/18/2025
TC Urgent Care	925 North Lake, Tahoe City	3/19/2025
TC Primary Care	925 North Lake, Tahoe City	3/24/2025
TC PT	905 North Lake, #201, Tahoe City	3/10/2025
Olympic Valley Urgent Care	1960 Squaw Valley Rd, Olympic Valley	3/20/2025

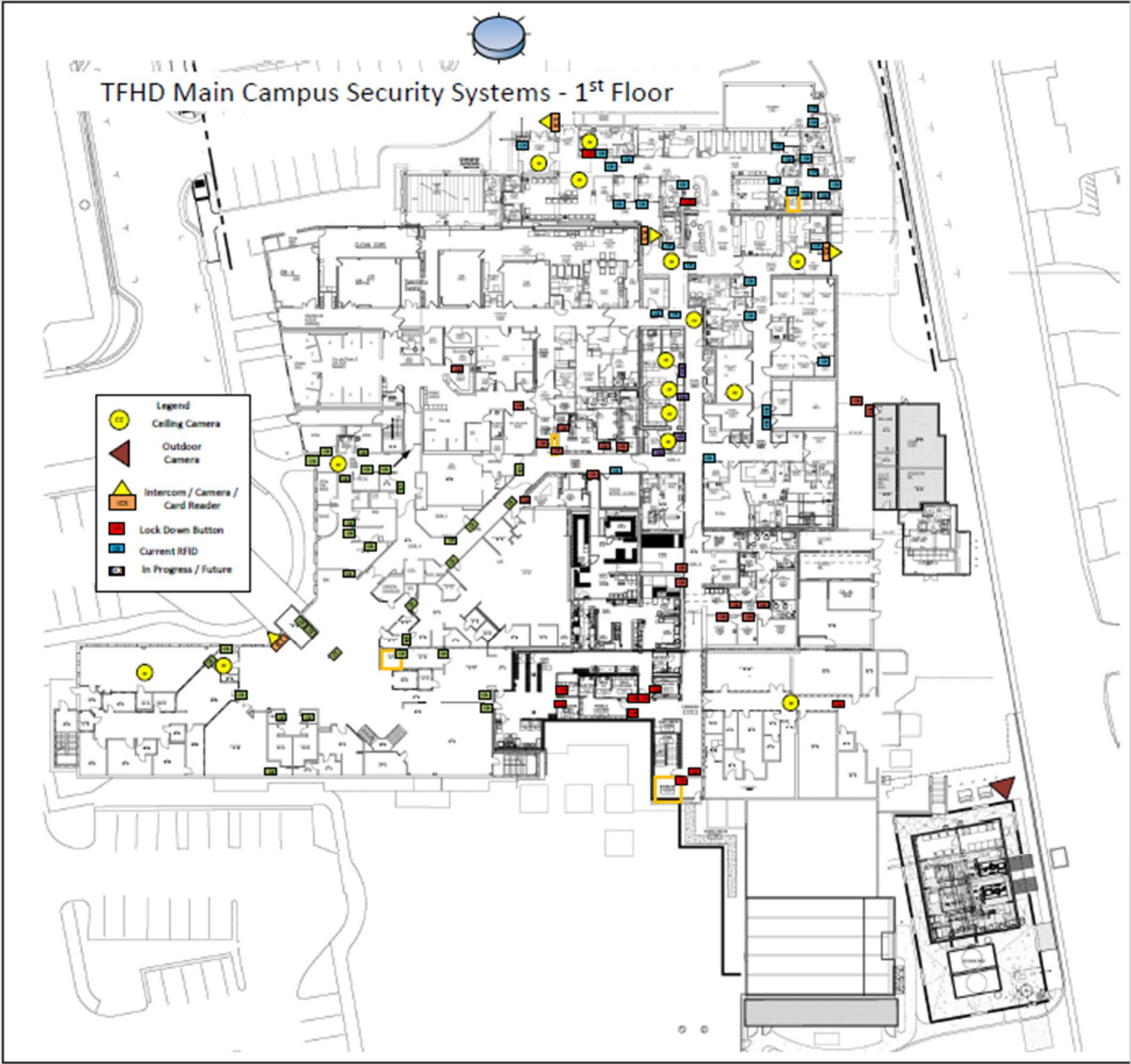
Clinics are required to have one fire drill per year.

OFF-SITE 2025 FIRE DRILLS

Off-Site Department	Address	Annual 2025
Warehouse	10939 Spring Lane	10/8/2025
Administration 1	10977 Spring Lane	10/23/2025
Administration 2	10985 Spring Lane	10/20/2025
Red House	10999 Spring Lane	10/20/2025
Corporate Pointe - Accounting	5250 S. Virginia Street Ste 100, Reno	10/20/2025
Corporate Pointe - Access Center	5250 S. Virginia Street Ste 100, Reno	10/24/2025
Corporate Pointe - HIM	5250 S. Virginia Street Ste 100, Reno	10/9/2025
Pioneer Center - Accounting	10875 Pioneer Trail, Bldg. D	10/20/2025
Pioneer Center - Home Health/Hospice	10876 Pioneer Trail, Bldg. D	10/29/2025
Pioneer Center - Access Center	10877 Pioneer Trail, Bldg. D	10/20/2025
Pioneer Center - Revenue Cycle	10878 Pioneer Trail, Bldg. D	10/20/2025
Pioneer Center - HIM	10879 Pioneer Trail, Bldg. D	10/9/2025
Pioneer Center - PFS	10879 Pioneer Trail, Bldg. D	10/20/2025
Pioneer Center - Care Coordination	11025 Pioneer Trail, Bldg. A	10/21/2025
Foundation	11075 Donner Pass Road	10/21/2025
Center for Health	11012 Donner Pass Road	10/20/2025
MSC Executive Office	10976 Donner Pass Road	10/23/2025
Human Resources	10024 Pine Avenue	10/22/2025
Hopice House	11031 Tahoe Drive/10083 Lake Street	10/30/2025
Wellness Neighborhood	10833 Donner Pass Road	10/21/2025
Truckee Thrift Store	10338 River Park Place, Unit 1	10/21/2025
Incline Thrift Store	892 Tahoe Blvd, Suite 1500	10/21/2025
Patient Registration	Various locations	10/24/2025

Off-site locations are required to have one fire drill per year.

15 Appendix C: Additional Access Controls



TFHD Main Campus Security Systems – 2nd Floor





AGENDA ITEM COVER SHEET

MEETING DATE: 4/23/26	ITEM: 15.1. 2026 Annual Report - Foundations Presentation
DEPARTMENT: TFHS & IVCH Foundations	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
RESPONSIBLE PARTY: Karli Bunnell, Executive Director of Foundations	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The Tahoe Forest Health System and Incline Village Community Hospital Foundations support the mission of Tahoe Forest Health System by securing philanthropic funding to enhance patient care, expand services, and invest in community health. Through the generosity of donors and grants, the Foundation provides critical support for priority initiatives, including patient assistance, oncology support services and equipment.	
SUMMARY/OBJECTIVES: This annual update highlights key accomplishments, fundraising performance, and the impact of philanthropy across the health system over the past year.	
SUGGESTED DISCUSSION POINTS: How can the Foundations continue to align philanthropic priorities with the District’s strategic plan?	
SUGGESTED MOTION/ALTERNATIVES: N/A – Discussion only	
LIST OF ATTACHMENTS: 2026 Annual Report to the District Board	



TAHOE FOREST
HEALTH SYSTEM FOUNDATION



INCLINE VILLAGE
COMMUNITY HOSPITAL FOUNDATION

2026 ANNUAL REPORT TO THE DISTRICT BOARD

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

ROOTED IN COMMUNITY





Martis Camp Foundation

Granted \$60,000 to support
the purchase of VICTORIA



Victoria

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



TFHS Foundation Impact

Victoria Simulation Manikin

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

TFHS Foundation Transformational and Major Gifts

Investing in the future of healthcare.

These transformational and major gifts to Tahoe Forest Health System Foundation help fund critical upgrades, expand essential services, and ensure access to high-quality, compassionate care. These gifts to Tahoe Forest Health System Foundation are considered those who meet or exceed \$50,000.

2

Gifts of \$500,000
or more

2

Gifts of \$70,000

2

Gifts of \$50,000

Gene Upshaw Memorial Tahoe Forest Cancer Center

Community for Cancer Center Endowment

As of the latest report from the Tahoe Truckee Community Foundation (TTCF) as of December 31, 2025, the endowment fund balances were:

- Tahoe Forest Cancer Care General Fund (TFCCGF) \$1,066,743
- Tahoe Forest Cancer Center Patient & Family Fund (TFCCPF) \$552,899
- Tahoe Forest Cancer Center Sustainability Fund (TFCCSF) \$186,731

The current amount in the endowment funds therefore are \$1,806,373

Oncology Support Services

Using a whole-person approach to supportive care, the goal of this program is to improve life for patients and the loved ones who care for them at no cost to them.

Massage
Therapy

Acupuncture

Counseling/
Therapy
Services

Mileage
Support

Hotel
Stays

Safeway
Gift
Cards

Biofeedback

Exercise
for
Energy

Wig
Bank

Team Member Giving

Every Gift Matters

The Team Member Giving Program has purchased the following:

- PAPRs for both TF and IVCH
- LUCAS chest compressor for TF ED
- GE Panda Baby Warmer for both ED's
- VICTORIA S2200 for OB
- Bolstered the Patient Care Enhancement Program
- Bolstered the Patient Emergency Assistance Fund
- Bolstered the Oncology Support Services
- Bolstered the Employee Assistance Fund



300+

Team Member Donors

\$86K

Dollars Raised in
2025

\$43K

Dollars Raised for TMG
Funds Specifically in 2025

Patient Care Enhancement Program



Designating \$45,000 annually for enhancing patient care across the Health System

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

3 blanket warmers

30 pelvic floor kits

Cardiac Rehab Treadmill

Pediatrics Vitals Equipment

Care Coordination Field Kits



DI Revitalization

\$7.8 Million



Surgery Enhancement Project

\$10 Million



IVCH Foundation Impact

Diagnostic Imaging & Mammography

The Foundation partnered closely with The Helmsley Charitable Trust to acquire and install innovative DI equipment, enabling us to procure the following advanced diagnostic and radiology equipment:

- 128-slice CT scanner
- Fixed X-ray equipment
- Point of Service Ultrasound
- 3D Mammography



Surgery Enhancement Project

With the transformational gift from the Dave & Cheryl Duffield Foundation, the IVCH Surgery Enhancement Project is in process to expand and modernize the last original space within IVCH. Key features of the project are:

- Expanded surgical suite
- Improved Pre- and Post-op spaces
- Modernized reception space



IVCH Foundation Transformational and Major Gifts

Investing in the future of healthcare.

These transformational and major gifts to Incline Village Community Hospital help fund critical upgrades, expand essential services, and ensure access to high-quality, compassionate care. These gifts to Incline Village Community Hospital Foundation are considered those who meet or exceed \$50,000.



Financials

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

\$37 million
raised from FY19 - FY26
in joint net funds for
programs and services



\$2.7 million
Dollars raised to
date in FY26



\$3.3 million
Dollars raised to
date in FY26

Our Events



- Tahoe Forest Health System Foundation *Best Of* Fundraiser benefiting the TFHSF Area of Greatest Need
- Funds were used to purchase Fetal Monitors for OB and future access to care projects



- Incline Village Community Hospital Foundation Lakefront Reception benefiting IVCH capital campaigns
- Funds current support the Surgery Enhancement Project

Annual Campaigns

Doctors' Day Grams



- Celebrating our physicals on National Doctors' Day on March 30th
- 536 Doctors' Day Gratitude Grams in 2026

Grateful Patient Program



- Opportunity for patients to share their appreciation and recognize staff for the care they received

#GivingTuesday



- Worldwide day of generosity to bring together individuals and communities
- \$150,000 raised in FY26 for varying programs and services

Areas of Giving



Area of Greatest Need

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



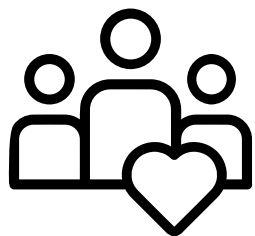
Cancer Center

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



Oncology Support Svcs

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



Team Member Giving Fund

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



Patient Emergency Assistance Fund

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



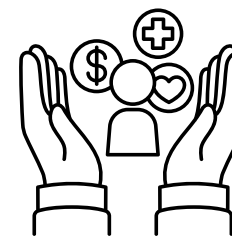
Emergency Department

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



Joseph Family Center for Women and Newborn Care

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



Employee Assistance Fund

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

Grants

Martis Camp Foundation



The TFHS Foundation received the following grant through Martis Camp Foundation:

- \$40,000 to support the Patient Care Enhancement Program

State Opioid Response Grant (SOR)



The TFHS Foundation received \$748,991 from the California Department of Health Care Services (DHCS) to address the following:

- opioid overdose
- prevention
- harm reduction
- treatment
- recovery support

HRSA



The TFHS Foundation is in the last year of a \$2,000,000.00 grant from Rural Communities Opioid Response Program to support the following:

- MAT Program
- Substance Use Treatment services
- Behavioral Health Care support

Legacy Partner in Health Program

Leaving a legacy is one of the most impactful ways to shape the future of healthcare in our community. Whether through a bequest, charitable trust, or other planned giving options, generosity will provide vital resources to sustain and enhance patient care, medical advancements, and innovative programs for years to come.


Partnering with Thompson & Associates

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



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

For more information :

 530-582-6277

 foundation@tfhd.com

tfhd.com/giving or inclinehospital.com/giving

DONATE

SCAN HERE





AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 15.2. True North 5,000 Voices Campaign Update
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion
RESPONSIBLE PARTY: Kim McCarl, Chief Strategy Officer	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: <p>The “5,000 Voices” initiative is a core component of the Tahoe Forest Health System True North strategic planning effort, designed to ground future decisions in direct community and staff input.</p> <p>Through more than 60 engagement activities—including in-person events, bilingual outreach, and targeted efforts to reach second homeowners—the initiative gathered over 6,000 inputs. Engagement skewed toward older residents (70% age 55+), with growing but still limited diversity representation.</p> <p>Findings consistently highlight access, affordability, and relationship-based care as the primary drivers of community perception and healthcare decision-making.</p>	
SUMMARY/OBJECTIVES: <ul style="list-style-type: none"> • Share key themes emerging from the 5,000 Voices engagement effort • Demonstrate how community input is directly shaping True North strategic priorities • Align the Board around sequencing of strategic focus areas, particularly: <ul style="list-style-type: none"> ○ Addressing access and affordability first ○ Strengthening foundational services before expansion • Reinforce the shift toward a more disciplined, community-informed growth strategy 	
SUGGESTED DISCUSSION POINTS: <ul style="list-style-type: none"> • Access as the front door <ul style="list-style-type: none"> ○ Primary care access is the top concern; current wait times (e.g., 43 days) are not meeting expectations ○ Community sentiment is clear: expansion should not occur until access improves • Affordability is inseparable from access <ul style="list-style-type: none"> ○ Nearly one-third of respondents delayed or avoided care due to cost 	

- Lack of pricing transparency is driving care leakage outside the region
- **Care experience is relationship-driven**
 - Strong preference for in-person care, supported by virtual options when appropriate
 - Trust is built through continuity, navigation support, and personalized care
- **Protect what works**
 - High confidence in existing strengths (orthopedics, sports medicine, urgent care)
 - Community does not support rapid or broad expansion
- **Strategic sequencing matters**
 - Fix foundational gaps first: primary care, women’s health, mental health, neurology, dermatology
 - Growth should be selective, paced, and credibility-building—not parallel or reactive
- **Implications for True North**
 - Reinforces “Health Within Reach” as the lead priority
 - Supports a shift from expansion-first to access-first strategy
 - Elevates transformation as necessary to deliver consistent, coordinated care

SUGGESTED MOTION/ALTERNATIVES:

N/A discussion only

LIST OF ATTACHMENTS:

True North 5,000 Voices Campaign Update presentation



TAHOE FOREST
HEALTH SYSTEM

Rooted in Community

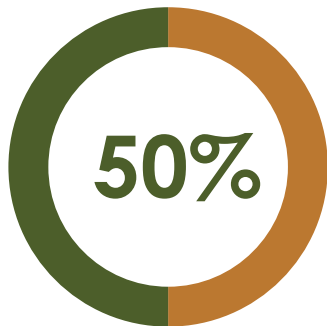
5,000 VOICES

True North Community Engagement

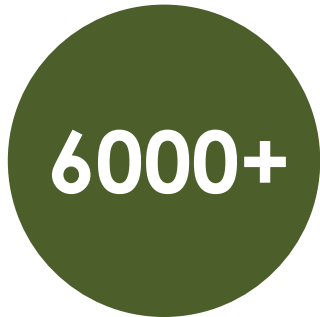
Kim McCarl, Chief Strategy Officer
April 23, 2026



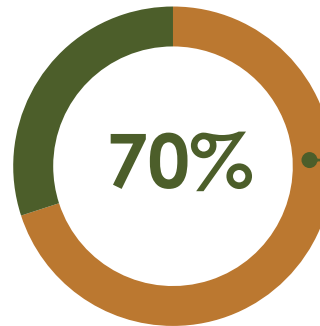
Who We Heard From



Feedback:
in-person
engagement



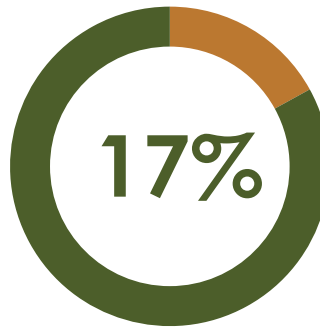
Community &
staff inputs
received



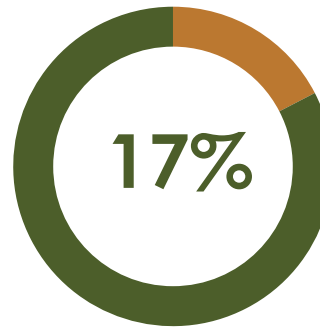
Respondents
are 55+



Engagement
activities,
including
bilingual
outreach



Respondents
identify as
non-White or
preferred not
to specify



2nd home
owner
engagement

Lead With Access

What We Heard

- Want reliable access to primary care
- Frustration with primary care wait times

Current TNAA

43
days

Key Takeaways

- Access must be our focus
- Can't start with growth or expansion

“Timely care shouldn't feel like a competition.”

Affordability is an Access Issue

What We Heard

- Nearly one-third delayed or avoided care due to cost
- Fear and uncertainty around billing

Community lab visits grew by

32%
From 2024-2026

Key Takeaways

- Cost and billing isn't just finance or compliance work
- Address affordability as part of access

“*There is little to no transparency in what things will cost.*”

How People Want Care



In-Person
First



Help
Navigating
Care



Telehealth/
Virtual When
It Helps



I love my relationships with my providers. They are present, curious, and attentive.”

What Drives Patient Experience

What We Heard

- Frustration with fragmentation and being “passed around”
- Want someone who knows their history and helps navigate care
- Trust is strongly tied to relationships

Key Takeaways

Relationships and personalized care



“Compassion goes a REALLY long way. Please keep that up.”

Protect What Works

What We Heard

- Excellent care
- Orthopedics, sports medicine, urgent care, seasonal access and PT availability are assets
- No need for rapid expansion

Key Takeaways

- Protect strong service lines
- Prioritize resources for growth in foundational services over expansion
- Growth must be conditional on foundational stability

“

The care at Tahoe Forest is amazing.”

Strategic Focuses/sequencing



Access

- Address access first
- Primary care is the front door
- Affordability embedded in access strategy



Planning for Growth

- Sequenced expansion, not parallel focus
- Selective, paced and credibility-building



Care Gaps

- Women's health
- Mental health
- Neurology
- Dermatology

Strategic Shifts Driven by Community Input



Health Within Reach: Fix the basics before expanding



Growth Where it Matters: Do the right things in the right order



Transformation: Build to deliver consistent care



Questions?





AGENDA ITEM COVER SHEET

MEETING DATE: 04/23/2026	ITEM: 16.1. Infection Prevention & Control Annual Report
DEPARTMENT: Infection Control	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Svetlana Schopp, MSN, RN, CIC, CNL, CNOR Infection Prevention & Control Nurse Coordinator	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The purpose of the Infection Control (IC) and Prevention Plan is to identify infections and reduce the risk of disease transmission through the introduction of preventive measures. The aim of the program is to deliver safe, cost-effective care to patients, and minimize exposure risk for staff, visitors, and others in the healthcare environment. There is an emphasis on populations at high risk for infection. The program is designed to prevent and reduce healthcare associated infections (HAIs) and provide information and support to all staff regarding the principles and practices of Infection Control (IC) to support the development of a safe environment for all who enter the facilities of TFHS.	
SUMMARY/OBJECTIVES: The 2025 Annual Infection Prevention & Control (IPC) Report highlights how the IPC program protects patients, staff, and the community through preparedness and response to major infectious risks—most notably the resurgence of measles, regional hantavirus risk, and a large-scale tuberculosis (TB) exposure event—while aligning with organizational mission, quality, and stewardship. Overall, the report underscores IPC as a strategic function that strengthens safety, regulatory readiness, and health system resilience through surveillance, education, incident command activation, and public health collaboration.	
SUGGESTED DISCUSSION POINTS: <ul style="list-style-type: none"> • <i>Questions about TB exposure management, measles preparedness</i> • <i>Questions and suggestions from the members of BOD are welcome.</i> 	
SUGGESTED MOTION/ALTERNATIVES: Recommend that Tahoe Forest Health System’s Board of Directors approve the Infection Prevention & Control Report as presented	
LIST OF ATTACHMENTS: 2025 Infection Prevention & Control Report to the Board of Directors Power Point Presentation.	



TAHOE FOREST
HEALTH SYSTEM

2025 ANNUAL INFECTION PREVENTION & CONTROL (IPC) REPORT

Report to the Board of Directors

Svetlana Schopp, RN, MSN, CIC
Infection Prevention & Control Coordinator

April 23, 2026



MISSION

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



VISION

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

Values (QUEST)



Quality

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



Understanding

Demonstrating compassion, respecting, and caring for each other.



Excellence

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



Stewardship

Safeguarding and managing health resources innovatively while providing quality healthcare.



Teamwork

Supporting each other in the jobs we do.

Mission, Values, & IPC Alignment

Mission Alignment

IPC program supports the mission by preventing harm and protecting patients and staff from infections.

Commitment to Quality

Quality and excellence ensure evidence-based surveillance and standardized protocols meet regulatory standards.

Teamwork and Collaboration

IPC relies on shared accountability and cooperation among health system's staff, and health partners.

Resource Stewardship

Responsible resource use prioritizes high-impact interventions while minimizing cost and operational burden.

VACCINE PREVENTABLE DISEASE RISK



Measles Awareness

What is Measles?

- Extremely contagious airborne viral illness spread through coughing and breathing. Not a matter of if, but when we will see cases in our community.
- Starts with fever, cough, runny nose, conjunctivitis, followed by a rash
- Person is infectious 4 days before rash onset and 4 days after (rash onset = day “0”)
- Can cause severe complications including pneumonia, encephalitis, and death, especially in unvaccinated individuals
- One measles case can cause 12–18 infections in unvaccinated people.



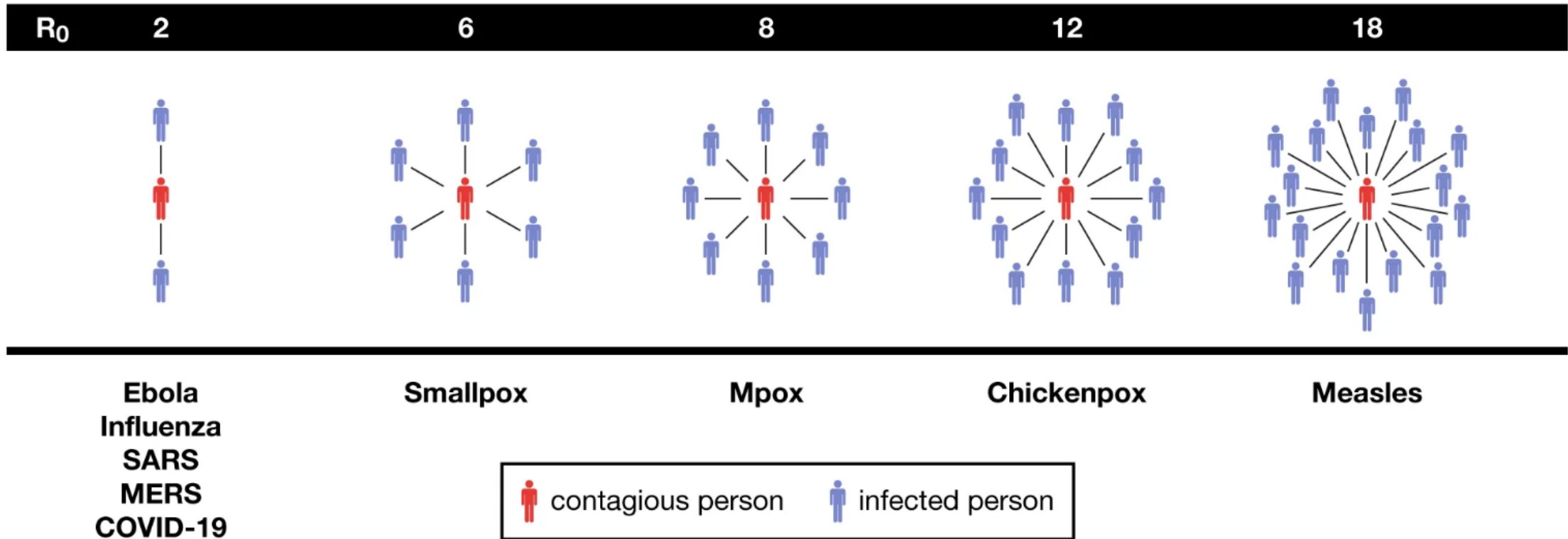
Image: Mayo Clinic



Image: Johns Creek Dermatology

Basic reproduction number (R_0) for contagious diseases

R_0 , also known as R naught or R zero, is used to estimate how many other people one sick person is likely to infect for a contagious disease. This number assumes no immunity to the disease. When immunity is factored in, this is called the effective reproduction number (R_e). Below are some maximum R_0 numbers, rounded to the nearest whole number.



Sources: Daniel S. Chertow and Jason Kindrachuk, "Influenza, Measles, SARS, MERS, and Smallpox," *Highly Infectious Diseases in Critical Care*, Jan. 3, 2020.
 Candida Diaz Brochero et al., "Decoding Mpox: A Systematic Review and Meta-analysis of the Transmission and Severity Parameters of the 2022–2023 Global Outbreak," *BMJ Global Health*, Jan. 30, 2025.
 Basilia Andre Muzembo et al., "The Basic Reproduction Number (R_0) of Ebola Virus Disease: A Systematic Review and Meta-analysis," *Travel Medicine and Infectious Disease*, Jan. 3, 2024.
 Grant Foster et al., "Estimating R_0 from Early Exponential Growth: Parallels Between 1918 Influenza and 2020 SARS-CoV-2 Pandemics," *PNAS Nexus*, Sept. 17, 2022.
 National Immunisation Advisory Committee, "Varicella-Zoster," Immunisation Guidelines for Ireland, Nov. 18, 2024.

© Encyclopædia Britannica, Inc.

Measles: Escalating Public Health Risk

Rising Measles Cases

- As of April 10, 2026, the US reported 1,714 measles cases across 33 regions, signaling a significant resurgence.
- As of April 13, 2026, California reported 39 cases, Greater Sacramento/Placer 13 cases.

Vaccination and Herd Immunity

- Over 90% of measles cases are among unvaccinated or unknown vaccination status individuals, weakening herd immunity.

Healthcare System Impact

- Measles outbreaks increase workload with exposure management, isolation protocols, and staff furlough risks.

Sustained Public Health Risk

- The US risks losing measles elimination status, requiring ongoing vigilance and governance for preparedness.

Measles: Mitigation & Preparedness

Vaccination as Prevention

- Two-dose MMR vaccine offers approximately 97% protection, making vaccination the primary defense against measles infection.

Clinical Preparedness Workflows

- Enhanced workflows focus on early identification, airborne isolation, and prompt Infection Prevention involvement in suspected cases.

Healthcare System Preparedness

- If transmission in the community is detected, will coordinate with public health, will implement PEP vaccine clinics, or use measles immune globulin.

Collaboration with Public Health

- Strengthened coordination with public health agencies ensures timely reporting, post-exposure prophylaxis, and updated guidance alignment.

Organizational Leadership Response

- Clear Incident Command activation thresholds ensure swift leadership engagement and resource allocation during complex exposure events.

ZOONOTIC & REGIONAL INFECTIOUS RISKS



Hantavirus Awareness

- Rare but severe viral illness (HPS) caused by Sin Nombre virus; carried by deer mice in California
- Transmitted by inhaling aerosolized rodent urine, droppings, or saliva; not spread person to person
- Highest risk during cleaning of closed or rural spaces such as garages and sheds
- Early symptoms are nonspecific; illness can rapidly progress to respiratory failure
- High fatality rate (~30% in California); early recognition and advanced supportive care are critical



Image: CDPH

Hantavirus: Low Frequency, High Severity Risk

Low Frequency, High Severity

Hantavirus infections are rare but can rapidly cause severe respiratory failure with high fatality rates.

Regional Risk and Transmission

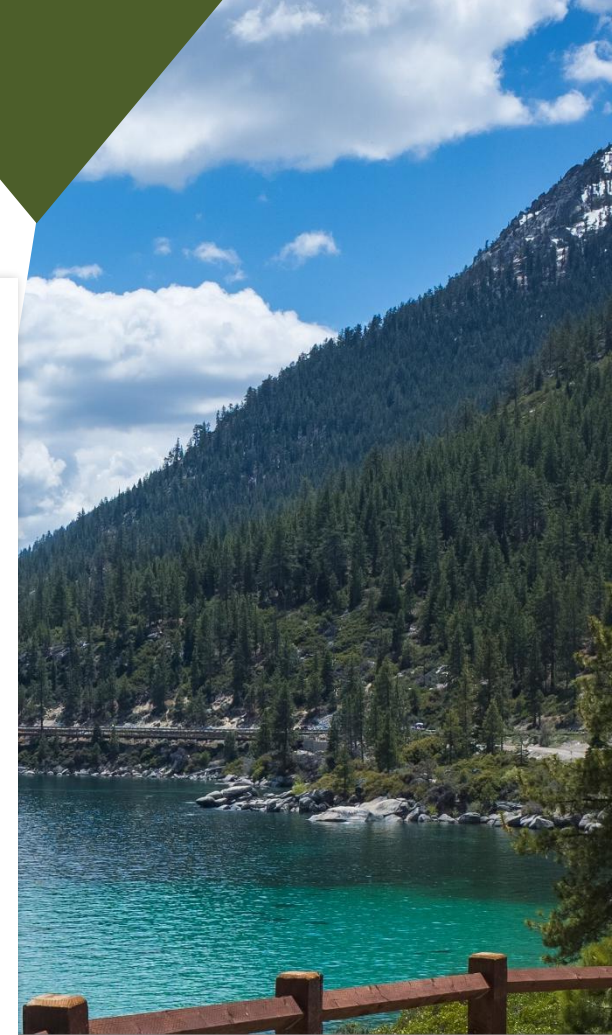
The Sierra region's endemic deer mouse populations increase hantavirus exposure risk; no person-to-person transmission occurs.

Preparedness and Response

Targeted preparedness is essential, focusing on readiness rather than routine surveillance, especially in rural healthcare settings.

Case Outcomes and System Resilience

Recent cases show improved management and highlight the need for resilient healthcare systems in rural areas.



Hantavirus: Prevention & System Readiness

Early Recognition and Education

Clinicians and frontline staff receive targeted education to identify exposure histories and early clinical signs of hantavirus for timely management.

Community Risk Reduction

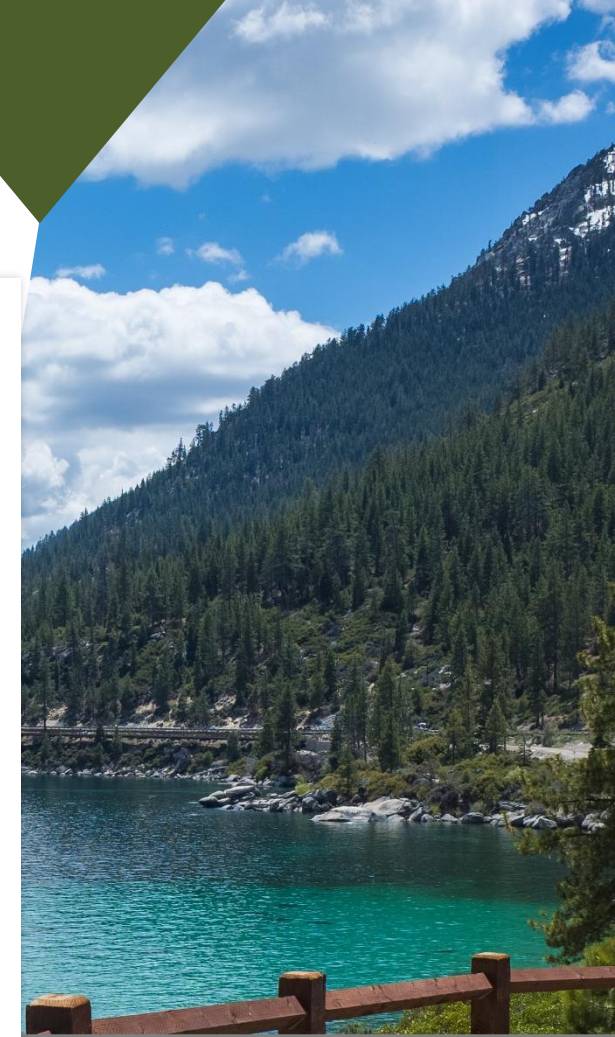
Public guidance promotes safe cleaning practices in rural areas to reduce hantavirus risk without causing unnecessary alarm among the community.

Escalation and Advanced Care

Protocols ensure early consultation with infectious disease and critical care, with access to advanced therapies like ECMO for severe cases.

Balanced Organizational Preparedness

The approach balances patient safety and operational efficiency, preventing over-investment while optimizing outcomes through preparedness and coordination.



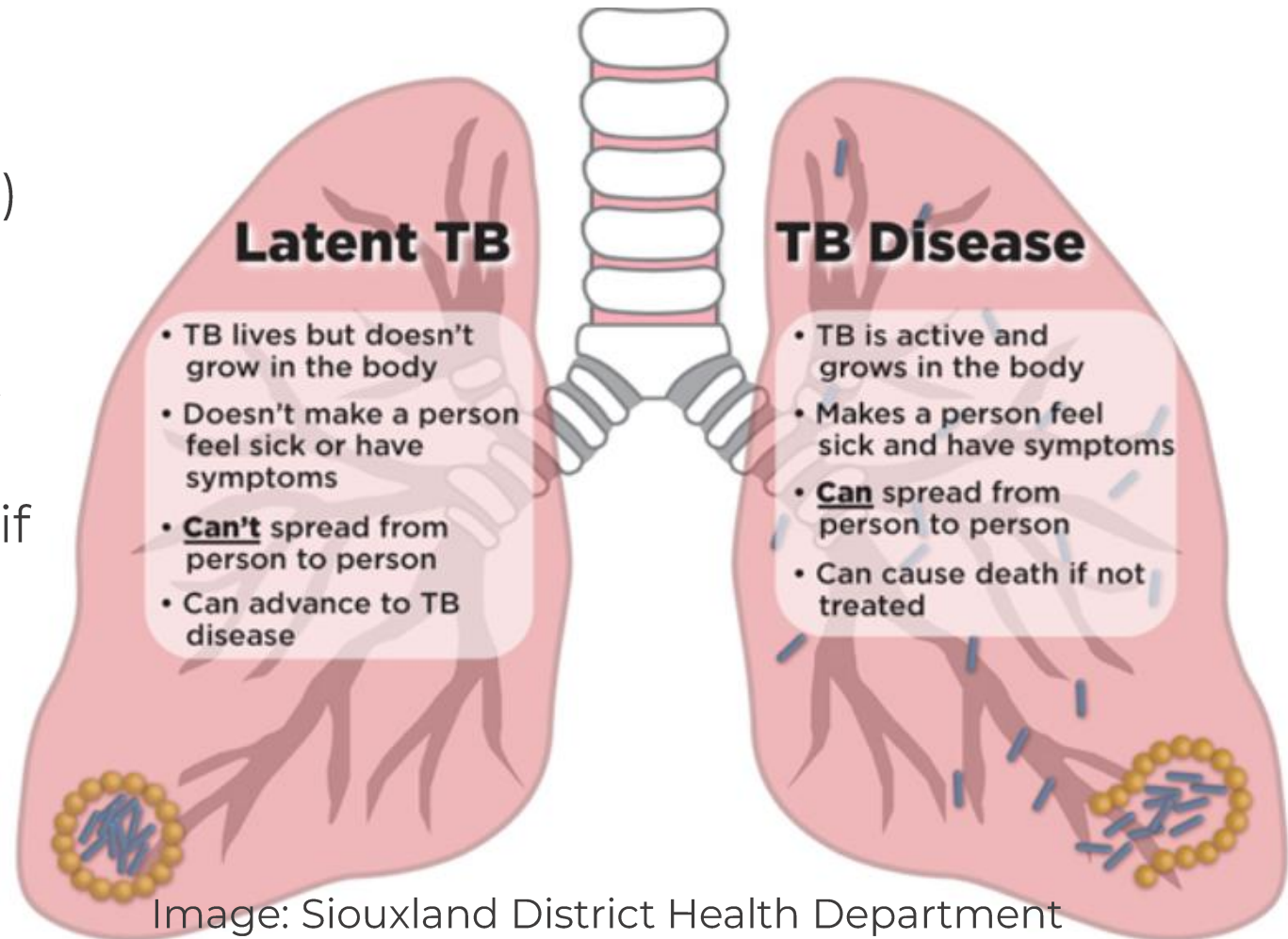
TUBERCULOSIS EXPOSURE AND REGULATORY ENVIRONMENT



Tuberculosis Awareness

What is tuberculosis?

- Airborne bacterial infection (Mycobacterium tuberculosis) primarily affecting the lungs
- ~30% of exposed individuals develop latent TB; 5–10% may progress to active disease if untreated; about 10% fatality, if progress to active TB disease
- Spreads through prolonged (hours, days, weeks) of close contact, NOT through casual contact



Tuberculosis: Exposure Event Summary

Exposure Event Overview

In 2025, a tuberculosis exposure event impacted 404 patients and visitors plus 65 healthcare workers.

Transmission and Clinical Impact

Only latent tuberculosis infections were found; no active disease was transmitted during the event.

Operational Challenges

The event required sustained coordination for notification, testing, documentation, and follow-up over months.

Lessons and Implications

Event highlighted the need for early detection, isolation practices, and effective escalation in TB control.

Tuberculosis: Response, Oversight, & Coordination

Incident Command Structure

Structured incident command ensured coordinated decision-making and clear accountability during the tuberculosis exposure event.

Collaborative Public Health Efforts

Infection Prevention collaborated with public health departments to align testing strategies and follow-up protocols.

Targeted Testing and Documentation

Targeted testing for patients and staff was implemented with results tracked according to public health guidelines.

Leadership and Governance Oversight

Leadership ensured consistent communication, staff support, and application of emergency management principles.

Tuberculosis: Regulatory & Population Risk Context

Tuberculosis Public Health Burden

TB rates in California are nearly twice the national average, especially affecting non-U.S.-born populations.

Regulatory Requirements Expansion

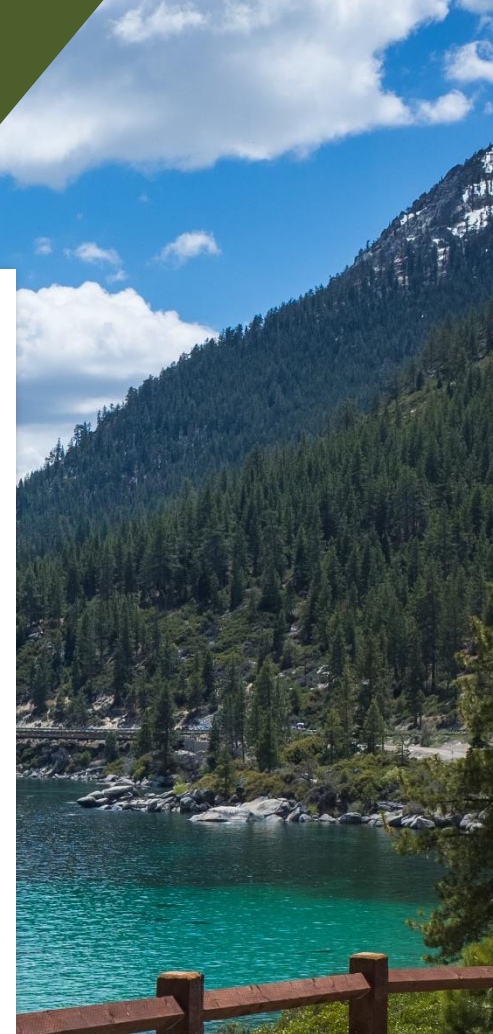
California Assembly Bill 2132 mandates TB risk assessment in primary care starting 2025, increasing compliance duties.

Organizational Responsibilities

Organizations must integrate TB screening into workflows, provide clinician education, and monitor compliance continuously.

Board Oversight Importance

Sustained board oversight is critical to maintain policy alignment, training, and reduce TB exposure risks.



Winning Aspirations



Community

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



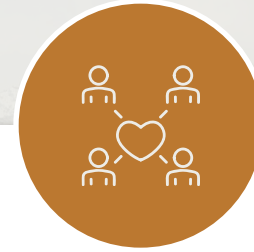
Service

Aspire to deliver a timely, outstanding patient and family experience



Quality

Aspire to deliver the best possible outcomes to our patients



People

Aspire for a highly engaged culture that inspires teamwork and job



Finance

Aspire for long-term financial strength

Winning Aspirations & IPC Contribution

Advancing Organizational Goals

IPC supports healthy communities, excellent patient experience, clinical outcomes, and workforce engagement.

Protecting Workforce and Patients

Effective IPC reduces harm to patients and staff, safeguards workforce health, and maintains clinical capacity during infectious risks.

Financial and Operational Benefits

Proactive infection prevention mitigates costs from hospital acquired infections, outbreaks, penalties, and operational disruptions.

Strategic Importance of IPC

IPC is a strategic enabler of quality, safety, and resilience, requiring ongoing support and adaptability.

Board Discussion & Considerations

Emerging Health Trends

Consider impact of emerging trends like measles resurgence on policy and advocacy priorities.

Organizational Readiness

Reflect on lessons from tuberculosis exposure to enhance readiness for complex health events.

Governance and Partnerships

Focus on sustaining strong reporting mechanisms, escalation pathways, and public health partnerships.

References

[CDPH: Measles, April 1, 2026](#)

[Placer Co: Measles, March 30, 2026](#)

[CDC: Measles Cases and Outbreaks, March 27, 2026](#)

[KFF: Measles Elimination Status: What It Is and How the U.S. Could Lose It, July 28, 2025](#)

[CDPH: Hantavirus Infection, March 19, 2026](#)

[CDC: About Hantavirus, May 13, 2024](#)

[CDPH: Hantavirus in California, March 19, 2026](#)

[CDPH: Tuberculosis Control Branch, November 7, 2024](#)

[CDPH: Tuberculosis Control Branch, What is AB2132?, June 18, 2025](#)

[TBCB: Frequently Asked Questions on the U.S. Preventive Services Task Force \(USPSTF\) Recommendation on Latent Tuberculosis \(TB\) Screening, September 2016](#)

[CDPH: California Adult TB Risk Assessment, accessed April 2, 2026](#)

Questions





AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 16.2. Placer County LAFCO Alternate Special District Representative Ballot Vote
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO Ted Owens, ED Governance	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Ballot Form & Candidate Packets
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: There is a ballot vote for a vacancy for the Special District member seat representing special districts on the Placer County Local Agency Formation Commission (LAFCO). Three (3) Candidates within the Placer County LAFCO Special Districts that have been nominated for consideration on the attached ballot.	
SUMMARY/OBJECTIVES: If desired, the THFD Board of Directors may consider voting on one of the candidates listed. Whichever candidate is ultimately elected will serve as the Special District Representative to Placer County LAFCO.	
SUGGESTED DISCUSSION POINTS: Location of the candidate’s Special District within Placer County. Representation of Eastern Placer is of particular benefit to our District. A quorum of the Special Districts must cast a ballot for the election to be considered valid. There are 28 Special Districts within Placer County LAFCO’s jurisdiction.	
SUGGESTED MOTION/ALTERNATIVES: Recommend the Board moves to select Incumbent LAFCo Commissioner Judy Friedman as the Special District Representation on LAFCO.	
LIST OF ATTACHMENTS: LAFCO Special District Ballot Form & Election Packet	



Electronic Transmittal

COMMISSIONERS

March 20, 2026

- Joshua Alpine
Chair
(Special District)
- Anthony DeMattei
(County)
- Whitney Eklund
Vice Chair
(City)
- Judy Friedman
(Special District)
- Cindy Gustafson
(County)
- Sean Lomen
(City)
- Susan Rohan
(Public)
- ALTERNATE COMMISSIONERS**
- Shanti Landon
(County)
- Cherri Spriggs
(Public)
- Scott Wilson
(Special District)
- Stephanie Youngblood
(City)
- COUNSEL**
- Michael Walker
General Counsel
- STAFF**
- Colette Santsche
Interim Executive Officer
- Amanda Ross
Acting Assistant Executive Officer
- Amy Engle
Commission Clerk/Analyst

TO: Independent Special District Presiding Officers
c/o District Clerk

FROM: Colette Santsche, Interim Executive Officer

SUBJECT: Ballot Distribution and Voting Instructions: Special District Appointment to Placer LAFCO

Dear Presiding Officer,

On February 10, 2026, the Placer Local Agency Formation Commission (LAFCO) initiated a call for nominations to fill a vacancy for one of the regular Special District Representatives on the Commission. The presiding officer (Board Chair/President) of each independent special district were invited to submit nominations for qualified special district board members to fill this open seat.

At the close of the nomination period, LAFCO received a total of eleven (11) nominations for three (3) candidates, as summarized below:

Judy Friedman, Director, Tahoe City Public Utility District
Nominated by:

- North Tahoe Fire Protection District
- North Tahoe Public Utility District
- Northstar Community Service District
- Olympic Valley Public Service District
- Penryn Fire Protection District
- Placer Hills Fire Protection District
- Tahoe City Public Utility District
- Truckee Tahoe Airport District
- Tahoe-Truckee Sanitation Agency

Ross Hutchings, Director, Placer Mosquito and Vector Control District

Nominated by:

- Placer Mosquito and Vector Control District

Selection of Special District Representative

March 20, 2026

Jennifer Knisley, Director, Newcastle Rocklin Gold Hill Cemetery District

Nominated by:

- Newcastle Rocklin Gold Hill Cemetery District

All three candidates are listed on the attached ballot. Also included in your packet for review are the statements of qualifications received by LAFCO. Please note that submitting a statement was optional and we have included the two that were provided.

Voting Instructions

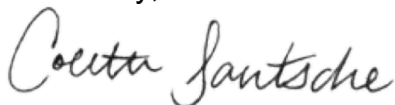
- **Ballot Completion:** Please complete the attached ballot, clearly indicating your selection.
- **Authorized Signature:** To be valid, ballots must be signed by the district's presiding officer, or the presiding officer's alternate as designated by the governing body.
- **Designation of Alternate:** If an alternate has been designated by the governing body, please include a copy of the official meeting minutes or minute order documenting this designation.
- **Quorum Requirement:** A minimum of 19 of the 37 independent special districts in Placer County must submit ballots for the election to be valid.
- **Election Outcome:** The candidate receiving the highest number of votes will be appointed as the Special District Representative to LAFCO.

Submission Deadline

Please return your completed ballot via email to lafco@placer.ca.gov no later than Monday, May 4, 2026, at 4:00 PM.

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

Sincerely,



Colette Santsche

Interim Executive Officer
Placer LAFCO



Ballot: Selection of Special District Representation on LAFCO

Please choose one candidate:

- Judy Friedman**, Tahoe City Public Utility District
- Ross Hutchings**, Placer Mosquito and Vector Control District
- Jennifer Knisley**, Newcastle Rocklin Gold Hill Cemetery District

Name of Special District: _____

Name of Presiding Officer: _____

Signature of Presiding Officer: _____

Date: _____

**Must be received by LAFCO via email at LAFCO@placer.ca.gov no
later than May 4, 2026 by 4pm**

Judy Friedman
Director, Tahoe City Public Utility District
Candidate for Placer County LAFCO Special District Seat

I am running for re-election to the Special Districts seat on the LAFCO Board so I can continue representing yours and all the Special Districts in Placer County.

I have been a full-time resident of Tahoe City, located in the unincorporated area of Placer County, for over 50 years. I approach this position from the unique perspective of being an elected member of the of the Tahoe City Public Utility District Board of Directors, Clerk of the Board for the Tahoe City Cemetery District, and volunteer on the North Lake Tahoe Fire Protection District C.E.R.T. team.

There has been tremendous growth in Placer County. LAFCO is charged with identifying ways to organize, simplify, and streamline government and make sure that services are provided efficiently and economically. That requires thoughtful and creative solutions and well-informed decision makers. We need to work hard to balance quality of life while meeting growing service challenges.

I am committed to representing the Special District's interests on the LAFCO Board, especially where they may differ from the county and city issues. Many of the communities throughout Placer County rely on special districts to serve our unique needs. It is essential that our concerns and interests be heard and addressed as LAFCO becomes more active in Placer County.

I ask for your vote to continue serving as Special District Commissioner and appreciate the trust that comes with your support.

Statement of Qualifications Placer County LAFCO

Jenny Knisley
4135 Hunters Drive
Loomis, CA 95650
Phone: 916-719-1132 - Email: Jenny4Loomis@gmail.com

March 17, 2026

Dear LAFCO Commissioners:

I am pleased to submit my application for the position of Special District Representative on the Placer County LAFCO. With experience serving as the Alternate City LAFCO Commissioner for the Town of Loomis and ongoing professional development through CALAFCO trainings and conferences, I am prepared to contribute effectively as a knowledgeable and engaged member of the Commission.

During my service as the Alternate City LAFCO Commissioner for the Town of Loomis, I maintained consistent attendance at LAFCO meetings and remained fully engaged in the Commission's work to ensure continuity and preparedness when called upon to serve. Through this experience, along with continued professional development at CALAFCO conferences and trainings, I have developed a strong understanding of LAFCO's role, responsibilities, and impact, and I am prepared to contribute effectively as a voting member of the Commission.

My current role as Special District Representative for the Newcastle, Rocklin, and Gold Hill Cemetery District, along with my service on committees such as the South Placer Fire Oversight Committee, has strengthened my experience in governance, fiscal oversight, and regional collaboration. I understand the importance of balanced representation and bring a practical, solutions-oriented approach to board service.

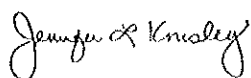
My broader public service background includes serving as Mayor and Council Member for the Town of Loomis, as well as Executive Director of the Loomis Basin Chamber of Commerce. In these roles, I worked closely with a wide range of special districts, local agencies, and community stakeholders—building partnerships, supporting economic development, and advocating for thoughtful growth and service delivery.

I am well-versed in the Commission's strategic priorities, work plan, and budget. My professional career—balancing entrepreneurship, civic leadership, and nearly three decades of service with Soroptimist International—reflects a deep and ongoing commitment to community service and regional well-being.

My qualifications include leadership in developing the Loomis Leadership Program, an Economic Development Certificate (CALED), Institute for Organization Management certification, and completion of Leadership Rocklin and the Western Association of Chamber Executives Academy, along with key contributions to the rebuilding of the Loomis Library and Learning Center.

I am committed to representing all special districts with integrity, diligence, and a clear focus on the long-term interests of Placer County. I bring a strong work ethic, attention to detail, and a collaborative leadership style that prioritizes informed decision-making and regional success.

Thank you for your consideration. I would be honored to continue serving the residents and special districts of Placer County in this capacity.



Sincerely,

Jenny Knisley



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 16.3. Resolution 2026-03 Support of Tahoe Forest Hospital Level III Trauma Center
DEPARTMENT: Level III Trauma Center / Trauma Team	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Jan Iida, CNO	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The American College of Surgeons (ACS) surveys and provides accreditation for the Trauma Center. As part of the accreditation process ACS surveyors are looking for specific Board of Directors support for trauma services at Tahoe Forest Hospital. This Resolution serves as the required written commitment from the Board of Directors supporting the Level III trauma services and trauma program at Tahoe Forest Hospital.	
SUMMARY/OBJECTIVES: In advance of our recertification survey in May 2026, staff is requesting an affirmation by Resolution that the Board continues to support the services, staff, physicians and community efforts to maintain high quality care and standards required for trauma centers. This Resolution is intended to highlight the Board’s support of the efforts of our clinical team pursuing reverification in May of our trauma designation. It highlights support of the following areas: <ol style="list-style-type: none"> 1. Hospital leadership and medical staff providing human and physical resources necessary to provide trauma care as a designated Level III Trauma Center. 2. Staffing appropriately for our hospital including physicians, nurses, advanced practice providers, performance improvement nurse, registrars, etc, specific to trauma services at Tahoe Forest Hospital. 3. Capital equipment and physical needs within the hospital to deliver high quality trauma care. 4. Maintaining all standards required for Level 3 trauma center. 5. Resource allocation in human and physical capital to ensure we adhere to the standards set forth by the American College of Surgeons for trauma care, outreach, and quality. 	
SUGGESTED DISCUSSION POINTS:	

SUGGESTED MOTION/ALTERNATIVES:

Move to approve Resolution 2026-03 To Support Tahoe Forest Hospital Level III Trauma Center as presented.

LIST OF ATTACHMENTS:

Resolution 2026-03 Support of Tahoe Forest Hospital Level III Trauma Center

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2026-03**

**RESOLUTION TO SUPPORT TAHOE FOREST HOSPITAL
LEVEL III TRAUMA CENTER**

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

WHEREAS, the Board of Directors at Tahoe Forest Hospital supports the Tahoe Forest Hospital Trauma Center; and

WHEREAS, Tahoe Forest Hospital desires to operate as a verified Level III Trauma Center by the American College of Surgeons; and

WHEREAS, the Board of Directors of Tahoe Forest Hospital District is recommitted to supporting verification of the Level III Trauma Center by the American College of Surgeons by supporting:

1. Exceptional professional and paraprofessional personnel in trauma care and Hospital Administration who are promptly available to support acutely injured patients.
2. Utilization of sophisticated resources, equipment and ancillary services dedicated to providing the highest quality of trauma care as a designated Level III Trauma Center.
3. The role of the Trauma Medical Director to ensure that trauma patient needs are a priority for the institution.
4. Capable resources to support the Trauma Performance Improvement and Patient Safety Plan.
5. Maintenance of a leadership role locally, regionally, state-wide and nationally in the delivery of care to trauma patients and the coordination of trauma care systems within the community.
6. Provision of education in trauma care for attending physicians, nurses, prehospital and other paramedical personnel.
7. Provision of trauma injury prevention programs to the community it serves.
8. Capable resources to support a trauma mass casualty response plan.
9. Resource allocation in human and physical capital to ensure we adhere to the standards set forth by the American College of Surgeons for trauma care, outreach and quality.
10. Maintaining all standards required for a Level III Trauma Center.

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby affirms that the Level III Trauma Center is an institutional effort, the success of which is dependent upon a firm commitment of the medical staff and hospital leadership.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 23rd day of April, 2026 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Michael McGarry
Chair, Board of Directors
Tahoe Forest Hospital District

Alyce Wong
Secretary, Board of Directors
Tahoe Forest Hospital District



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 16.4 Resolution 2026-04 Consolidate District Election Services 2026
DEPARTMENT: Board of Directors	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The Hospital District has chosen to participate in the Statewide General Election in November and has previously requested our open positions be filled at large from within the District and the election services be consolidated for Nevada and Placer Counties.	
SUMMARY/OBJECTIVES: Placer and Nevada Counties require a Resolution from the Board requesting election services no later July 1 st . We traditionally present this resolution in April with a turn-in to the County Election offices around May 1. This allows time for corrections (if needed) at the May or June Board Meeting, ensuring we always meet the July 1st deadline.	
SUGGESTED DISCUSSION POINTS: Per California Elections Code Section 10509, County Office of Elections requires a resolution from the board requesting election services no later than July 1, 2026. The Resolution must include: <ul style="list-style-type: none"> • Names of Directors up for election. • Length of term. • Manner of election. • Length and payment style of Candidate Statement. • Tie vote procedures. <p>July 1st is the last day the resolution may be presented to the Elections Office to guarantee placement on the ballot.</p> <p>July 13th Candidate filing period begins. August 7th Close of Regular candidate filing period November 3rd Election Day December 4th current 4-year term expires</p>	

SUGGESTED MOTION/ALTERNATIVES:

Move to approve Resolution 2026-04 as presented.

LIST OF ATTACHMENTS:

Resolution 2026-04 Consolidate Election Services

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2026-04**

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE
FOREST HOSPITAL DISTRICT DETERMINING TO CONSOLIDATE
THE HOSPITAL DISTRICT GENERAL ELECTION WITH THE
STATEWIDE GENERAL ELECTION AND AUTHORIZING THE
CANVASS OF RETURNS BY THE RESPECTIVE BOARDS OF
SUPERVISORS OF PLACER AND NEVADA COUNTIES, CALIFORNIA**

WHEREAS, Tahoe Forest Hospital District (“District”) is a Local Health Care District duly organized and existing under and by virtue of the laws of the State of California, and in particular, Division 23 of the California Health and Safety Code, and the District comprises, within its exterior boundaries, territory in the counties of Placer and Nevada; and

WHEREAS, pursuant to Section 32100.5 of the California Health and Safety Code, a General Election is to be held in the District on November 3, 2026, for the purpose of electing members of the Board of Directors of the District; and

WHEREAS, the General Election shall be to fill vacancies for the following Board Members whose terms will expire on Friday, December 4, 2026:

Dale Chamblin	Regular Term
Mary Brown	Regular Term
Michael McGarry	Regular Term

WHEREAS, California Elections Code Sections 10509 and 13307 permits each candidate to prepare a candidate’s statement and the Board of Directors to require each candidate to pay for the publication of the candidate’s statement and to limit the number of words in each statement; and

WHEREAS, California Elections Code Sections 10555 and 10400, et seq. authorize the canvass of election returns by the Boards of Supervisors respectively of Placer and Nevada Counties;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT AS FOLLOWS:

1. That the Tahoe Forest Hospital District General Election in November 2026 for the purpose of electing three (3) persons to the Board of Directors thereof be consolidated and held with the Statewide General Election on November 3, 2026 in the manner prescribed in Elections Code Section 10418.

2. That the three (3) positions to be filled at such election be designated as follows:
Dale Chamblin – At Large – 4 Year Term
Mary Brown – At Large – 4 Year Term
Michael McGarry – At Large – 4 Year Term

That the candidate is to pay for the publication of the candidate’s statement, pursuant to Elections Code Section 13307. The limitation on the number of words that a candidate may use in the candidate’s statement is 200 words.

3. That the three (3) candidates for the Board of Directors, receiving the highest number of votes for their respective offices and who have filed the required disclosure statements, shall be declared elected for their respective terms beginning upon first taking the oath of office, and ending when their successors are elected and qualified.
4. That the Boards of Supervisors respectively of Placer and Nevada Counties are hereby requested and authorized to canvass the returns of said election of District officers as to the respective election precincts comprising District territory with each county.
5. That a copy of this Resolution shall be sent to the Boards of Supervisors of Placer and Nevada Counties respectively not later than July 1, 2026, for purposes, among others, of notice thereto of consolidation and authorization to canvass returns.
6. That the District does not request Measure(s) be decided at this election.
7. That the election be conducted by the County Clerk for each county and the county shall prorate the cost of the election back to the District.
8. That there have been no changes to the District boundaries since our last election.
9. In the case of a tie vote, the procedure to be followed is to decide by lot pursuant to Elections Code Section 15651.
10. That the adoption of this resolution is exempt from the California Environmental Quality Act (Public Resources Code section 21000, et seq.) (“CEQA”) pursuant to CEQA Guidelines (14 Cal. Code Regs, section 15000, et seq.) section 15061(b)(3) as there is no possibility that the calling of an election may have a significant effect on the environment.
11. That this resolution is hereby adopted and becomes effective and in full force immediately upon its adoption.

Passed and adopted this 23rd day of April, 2026 at a meeting of the Board of Directors of Tahoe Forest Hospital District by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Michael McGarry
Chair, Board of Directors
Tahoe Forest Hospital District

Alyce Wong
Secretary, Board of Directors
Tahoe Forest Hospital District



AGENDA ITEM COVER SHEET

MEETING DATE: April 23, 2026	ITEM: 16.5. Public Hearing: Reporting on TFHD’s Workforce Vacancies and Recruitment & Retention Efforts
DEPARTMENT: Human Resource & Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Lauren Caprio, Director of Employee & Labor Relations Louis Ward, Interim CHRO	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Public Hearing
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Assembly Bill 2561 (AB 2561) was enacted to address persistent job vacancies in local government that impact public service delivery and increase employee workload. Effective January 1, 2025, the law requires public agencies to hold at least one public hearing per fiscal year to report on workforce vacancies and recruitment and retention efforts. This item outlines Tahoe Forest Hospital District’s (TFHD) obligations under AB 2561 and recommends adoption of procedures to ensure ongoing compliance. Under AB 2561, TFHD is required to: <ol style="list-style-type: none"> 1. Annual Public Hearing: At least once each fiscal year, the Human Resources Department must present, at a public Board meeting, information regarding workforce vacancies and recruitment and retention efforts (Gov. Code § 3502.3(a)(1)), and identify any policies, procedures, or recruitment practices that may present barriers to hiring (Gov. Code § 3502.3(a)(3)). If TFHD adopts an annual or multiyear budget, this presentation must occur prior to final budget adoption (Gov. Code § 3502.3(a)(2)). 2. Employee Organization Participation: Recognized employee organizations for each bargaining unit must be provided the opportunity to present during the public hearing on vacancy and recruitment and retention issues (Gov. Code § 3502.3(b)). 3. Additional Reporting for High Vacancy Rates: If vacancies in a single bargaining unit meet or exceed 20% of authorized full-time positions, TFHD must, upon request by the recognized employee organization, provide additional information during the public hearing, including: <ol style="list-style-type: none"> (1) total number of vacancies; (2) number of applicants; (3) average time to fill positions; and (4) opportunities to improve compensation and working conditions (Gov. Code § 3502.3(c)). 	

SUMMARY/OBJECTIVES:

The Board is being asked to conduct the public hearing required by AB 2561 in advance of consideration of next month’s budget. A written report detailing current workforce vacancies and TFHD’s recruitment and retention efforts is attached.

The Board adopted in 2025 Procedures for the Public Hearing on TFHD’s Vacancies and Recruitment and Retention Efforts (“Procedures”). The Procedures were incorporated into Resolution 2025-06 and attached here again for reference.

The Procedures address, among other items, notice requirements to recognized employee organizations, presentation order and time limits, and appropriate standards of conduct during the public hearing.

SUGGESTED DISCUSSION POINTS:

1. Notice of the public hearing and related Board agenda item pursuant to AB 2561 was distributed to Employee Association (EA) and Employee Association of Professionals (EAP), AFSCME Council 57, Local 3254 representatives on April 13, 2026, by Lauren Caprio, Director of Employee & Labor Relations.
2. Notice of the public hearing and related inquiry regarding presentation at public hearing pursuant to AB 2561 was distributed to Employee Association (EA) and Employee Association of Professionals (EAP), AFSCME Council 57, Local 3254 representatives on April 13, 2026, by Sarah Jackson, Clerk of the Board

SUGGESTED MOTION/ALTERNATIVES:

Move to accept the report on Tahoe Forest Hospital District’s workforce vacancies and recruitment and retention efforts in compliance with Assembly Bill 2561.

LIST OF ATTACHMENTS:

- (1) Presentation on AB-2561
- (2) Report: Status of Vacant Positions as Required by AB-2561, prepared by: Lauren Caprio & Lucy Wright.



TAHOE FOREST
HEALTH SYSTEM

AB2561: WORKFORCE VACANCY AND RETENTION REPORT

Fiscal Year 2026

Lauren Caprio, Director of Employee
& Labor Relations| April 23, 2026



AB 2561- Workforce Vacancy Status

AB 2561 Workforce Vacancy Report

California Government Code §3502.3

Recognized Bargaining Unit: AFSCME Council 57, Local 3254

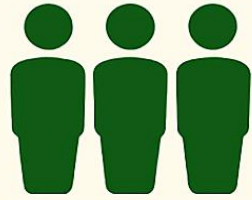
Authorized Full-Time Positions: 655

Current Vacancies: 18

Overall Vacancy Rate: 2.75%

Compliance Determination: Vacancy levels are below the 20% threshold established under Government Code §3502.3. Additional statutory reporting requirements are not required.

Current Workforce Stability Snapshot



1,462
Employees

Current
workforce



7.1 Years
Med. Tenure

for all
employees



>80%
of Employees

In stable or
growing job families

2025-2026 Workforce Seniority & Headcount Comparative Analysis

Job Family	2025 Avg Seniority	2025 # EE	2026 Avg Seniority	2026 # EE	Key Change	Trend Indicators
CEO	0.1	1	1	1	Leadership stabilized	Seniority ↑ / HC —
CHIEF	11.8	8	13	11	Growth + higher tenure	Seniority ↑ / HC ↑
DIR	10.8	35	10.2	32	Modest transition	Seniority ↓ / HC ↓
Manager	9.8	47	9.9	52	Stable growth	Seniority ↑ / HC ↑
EA	5.9	420	5.9	434	Workforce stability	Seniority — / HC ↑
EAP	8.8	403	9	407	Retention strength	Seniority ↑ / HC ↑
OPC EA	3.3	148	3.5	155	Incremental growth	Seniority ↑ / HC ↑
OPC EAP	4.1	75	4.6	76	Increasing tenure	Seniority ↑ / HC ↑
Non-Represented	4.8	103	4.9	107	Modest growth	Seniority ↑ / HC ↑
Physician	7.9	78	8.6	75	Higher experience	Seniority ↑ / HC ↓
Professional	6.8	67	6.6	78	Pipeline growth	Seniority ↓ / HC ↑
Supervisor	8.4	38	8	35	Slight contraction	Seniority ↓ / HC ↓

Legend

- ↑ Increase
- ↓ Decrease
- No material change

Recruitment & Workforce Strategy Overview



**Recruitment
Policies &
Practices**



**Leadership
Development**



**Workforce
Pipeline &
Succession
Planing**

Recruitment Policies & Practices

No policy or recruitment changes impacting vacancy reduction

Leadership Development

Leadership development series underway to strengthen hiring effectiveness

Workforce Pipeline & Succession Planning

Workforce strategy focused on community youth pipeline development

Takeaways and Oversight Focus



Overall Compliance

Workforce vacancy rate of 2.75%

Fully compliant with reporting requirements



Workforce Stability & Trends

Stable and experienced workforce

Balanced, strengthened workforce



Retention & Turnover Monitoring

Consistent turnover rates

Balanced workforce movement



Recruitment & Workforce Strategy

No policy changes needed

Long-term pipeline development

Status of Vacant Positions – AB 2561 Compliance

Prepared by: Lauren Caprio, Director of Employee & Labor Relations

Lucy Wright, Talent Acquisition Specialist

Assembly Bill (AB) 2561, approved on September 22, 2024, added Section 3502.3 to the California Government Code. The statute requires public agencies to present information regarding the status of job vacancies at least once per fiscal year during a public hearing held prior to adoption of the agency's final budget.

This report is presented to comply with §3502.3 of the California Government Code. Under the statute, if vacancies within a single bargaining unit meet or exceed 20 percent of the total number of authorized full-time positions, the District must, upon request of the recognized employee organization, include additional specified information during the public hearing.

The District currently has one recognized bargaining unit, AFSCME Council 57, Local 3254, which includes four job families: Employees Association (EA), Employees Association of Professionals (EAP), Outpatient Clinics Employees Association (OPC EA), and Outpatient Clinics Employees Association of Professionals (OPC EAP).

AFSCME Council 57, Local 3254 has **655** authorized full-time positions with **18** current vacancies, resulting in an overall vacancy rate of **2.75** percent. This rate remains below the 20 percent threshold established under §3502.3; therefore, the additional reporting requirements are not triggered.

Vacancy information is provided below by job family for transparency:

Employees Association (EA): 338 authorized positions; 11 vacancies; vacancy rate of 3.25 percent.

Employees Association of Professionals (EAP): 143 authorized positions; 2 vacancies; vacancy rate of 1.40 percent.

Outpatient Clinics Employees Association (OPC EA): 143 authorized positions; 5 vacancies; vacancy rate of 3.50 percent.

Outpatient Clinics Employees Association of Professionals (OPC EAP): 31 authorized positions; 0 vacancies; vacancy rate of 0 percent.

Employee Retention and Workforce Stability

Pursuant to §3502.3, the District is required to address employee retention efforts. During the reporting period, the District did not experience significant retention challenges.

Overall median employee tenure is 7.1 years, nearly double the U.S. health services industry median of 3.6 years, and reflects a 0.3-year increase from the prior reporting cycle. This trend underscores sustained and improving retention performance.

The District's core operational workforce—Employees Association (EA) and Employees Association of Professionals (EAP)—remained highly stable. EA headcount increased modestly, while average seniority remained steady at 5.9 years, reflecting workforce continuity. EAP headcount also grew slightly, with average seniority increasing from 8.8 to 9.0 years, indicating strengthening workforce experience. The OPC EA and OPC EAP job families similarly experienced incremental gains in both headcount and tenure.

Collectively, these trends demonstrate strong employee retention, internal career progression, and preservation of institutional knowledge within service-critical roles.

Organization-wide, most job families either maintained or increased average tenure. Executive leadership, management, represented groups, and physicians all demonstrated rising seniority, supporting operational continuity and leadership stability. Limited contraction in select supervisory roles remains manageable and does not pose a material risk to service delivery.

Recruitment Policies, Practices, and Leadership Development

Section 3502.3 also requires disclosure of any changes to policies, procedures, or recruitment activities that could adversely affect efforts to reduce vacancies. During the current fiscal year, no such changes occurred.

The District continues to prioritize proactive candidate communication and consistently emphasizes Tahoe Forest Health System's organizational culture, values, and benefits throughout the recruitment process.

To further strengthen recruitment outcomes, the District has implemented a three-part leadership development series focused on enhancing hiring effectiveness. The first session, "Finding the Right Fit: Strategies for Recruiting Top Talent," is scheduled for April 28, 2026, and will address labor market conditions, talent pipeline development, and effective collaboration between hiring leaders and the Talent Acquisition team.

Workforce Pipeline Development and Succession Planning

In support of long-term workforce sustainability, the District continues to invest in early talent pipeline development. During the coming year, the District's Volunteer Services Program Manager will work to further develop and expand programs designed to provide community youth with early exposure to careers in healthcare. These initiatives are intended to introduce students to a broad range of healthcare professions, increase awareness of career pathways, and foster early interest in healthcare service, supporting future recruitment efforts while strengthening community partnerships.

Additionally, as part of the District's ongoing workforce strategy plan development, the District will collaborate with leaders across the organization to strengthen succession planning efforts. This work will focus on identifying critical roles, assessing internal talent pipelines, and supporting leadership readiness through targeted development and knowledge transfer. Proactive succession planning will help preserve institutional knowledge, support continuity of operations, and ensure long-term workforce stability.