



**TAHOE FOREST**  
HOSPITAL DISTRICT

Thursday, June 25, 2026, at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Packet Revised at 06/24/2026, 1:40 p.m.

# Meeting Book - 2026-06-25 REGULAR Meeting of the Board of Directors

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## REGULAR MEETING OF THE BOARD OF DIRECTORS

### AGENDA

Thursday, June 25, 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](mailto: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. **Approval of Closed Session Minutes** ◆

5.1.1. 05/28/2026 Special Meeting

5.2. **Liability Claims (Gov. Code § 54956.95)** ◆

Claimant: Vaughn Brown

Claim Against: Tahoe Forest Hospital District

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. Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Michael McGarry*

*Unrepresented Employee: President & Chief Executive Officer*

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

*Subject Matter: Medical Staff Credentials*

**6. DINNER BREAK**

**7. (APPROXIMATELY 6 P.M.) 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 Clerk of the Board 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**

**13.1.1. Emergency Medicine**

**Policies with Changes**

**13.1.2. Care Coordination Policies**

**13.1.3. DWFC Policies**

**13.1.4. CPAP BiPAP, DEDI-1901 (IVCH Policies)**

**13.1.5. Standardized Procedures**

**13.1.6. Standardized Procedure and Protocols for Physician Assistants and Nurse Practitioners,  
MSCP-10**

**13.1.7. Standardized Procedure Pre-Op Testing, DASU-2401**

**14. CONSENT CALENDAR ♦**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**June 25, 2026 AGENDA – Continued**

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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. 05/28/2026 Special Meeting ..... ATTACHMENT

14.1.2. 05/28/2026 Regular Meeting ..... ATTACHMENT

**14.2. Financial Reports** ..... ATTACHMENT

14.2.1. Financial Report – May 2026 ..... ATTACHMENT

**14.3. Board Reports** ..... ATTACHMENT

14.3.1. Executive Board Report – June 2026 ..... ATTACHMENT

**15. ITEMS FOR BOARD ACTION ♦**

**15.1. True North 2030 Measurement Strategy** ♦ ..... ATTACHMENT

The Board of Directors will review and consider approval of a measurement strategy for the True North 2030 Strategic Plan.

**15.2. True North Governance Work Plan** ♦ ..... ATTACHMENT

The Board of Directors will review and consider approval of the True North Governance Work Plan.

**15.3. FY 2027 President & Chief Executive Officer Incentive Compensation** ♦ ..... ATTACHMENT

The Board of Directors will review and consider approval of Fiscal Year 2027 President & CEO Incentive Compensation.

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

**17. BOARD COMMITTEE REPORTS**

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

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

**20. OPEN SESSION**

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

**22. ADJOURN**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**June 25, 2026, AGENDA – Continued**

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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://u.peg.tv/s/levfpc>

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 23, 2026 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.*

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

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

# President and CEO Monthly Highlights

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



**TAHOE FOREST**  
HEALTH SYSTEM



# Welcome New Team Members



- Chief Human Resources Officer
- Director of Clinic Nursing Services
- Summer Interns





## Community Guided in Action

**1,476**

**AVERAGE MONTHLY  
WELLNESS VISITS**

*(2026 YTD, UP 129% FROM  
2023)*

**\$10K**

**INVESTED IN LOCAL  
NONPROFITS  
THROUGH NURSES  
WEEK GIVING**

**128**

**IVCH INFUSION VISITS**

*(MAY 2026 RECORD  
VOLUME)*



# Community Guided in Action

## Upcoming Event

Tahoe Forest Health System is proud to serve as the **Presenting Sponsor** of the Truckee Fourth of July Parade, one of the region's most celebrated community events

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Sponsorship reflects our commitment to community connection, visibility, and supporting the traditions that bring our region together





## Transformation in Action: Rural Healthcare Transformation Funding

### **Nevada: Incline Village Community Hospital**

Foundation received a Notice of Intent to Award for 1.49 million in Nevada Rural Health Transformation funding to support workforce recruitment and retention efforts.

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### **California:**

Ongoing engagement in California rural healthcare transformation initiatives to help ensure future funding models support local access to care and rural communities.





## Transformation in Action:

AI Governance Committee established to help guide the organization's use of artificial intelligence

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Exploring best practices and potential partnerships to support responsible AI adoption

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Developing policies and processes to evaluate future AI opportunities

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Focused on balancing innovation with privacy, security, compliance, and patient safety

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# Special Acknowledgements

ACHC Survey Results, Surveyor Comments



*“We called [IVCH] the Valedictorian of Critical Access Hospitals.”*

*Surveyor* – “Again, I don’t think we can express enough what an absolutely phenomenal facility you have here....I have had the privilege of doing Acute Care, but I have also had the privilege of surveying Critical Access Hospitals, and this is by far the best one ever.”

# Bringing True North to Life

## **A special thank you to our Measurement Strategy Team and Communications Team**

This work reflects months of collaboration, analysis, engagement, and planning across the organization.

Together these teams transformed the voices of more than 5,000 stakeholders into a clear framework for measuring what matters most and tracking progress toward True North.

Thank you for your leadership, partnership and commitment to our communities



## AGENDA ITEM COVER SHEET

|   |  |
|---|--|
| <b>MEETING DATE:</b> June 25, 2026  | <b>ITEM:</b> Medical Executive Committee (MEC)<br>Consent Agenda   |
| <b>DEPARTMENT:</b> Medical Staff  | <b>TYPE OF AGENDA ITEM:</b><br><input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent<br><input type="checkbox"/> Discussion  |
| <b>RESPONSIBLE PARTY:</b> Johanna Koch, MD,<br>Chief of Staff   | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input checked="" type="checkbox"/> Other <b>Privileges and Policies</b> |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  |
| <b>BACKGROUND:</b><br>Respective Departments have reviewed Department Policies and Privileges, recommended approval to MEC. The MEC has reviewed the Privileges and Policies during the June 18, 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 June 25, 2026 Regular Meeting of the Board of Directors.  |  |
| <b>SUMMARY/OBJECTIVES:</b><br><br><u><b>Privileges with Changes</b></u> <ul style="list-style-type: none"> <li>• Emergency Medicine</li> </ul> <u><b>Policies with Changes</b></u> <ul style="list-style-type: none"> <li>• Care Coordination Policies</li> <li>• DWFC Policies</li> <li>• CPAP BiPAP, DEDI-1901 (IVCH Policies)</li> <li>• Standardized Procedures <ul style="list-style-type: none"> <li>• Standardized Procedure and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10</li> </ul> </li> <li>• Standardized Procedure Pre-Op Testing, DASU-2401</li> </ul>  |  |
| <b>SUGGESTED DISCUSSION POINTS:</b><br>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.<br><br><ul style="list-style-type: none"> <li>· §485.635(a)(2) The policies are developed with the advice of members of the CAH’s professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).</li> <li>· Procedures shall be approved by the Administration and Medical Staff where such is appropriate.</li> <li>· Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.</li> </ul> |  |

**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

**Policies with Changes**

- Care Coordination Policies
- DWFC Policies
- CPAP BiPAP, DEDI-1901 (IVCH Policies)
- Standardized Procedures
  - Standardized Procedure and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10
- Standardized Procedure Pre-Op Testing, DASU-2401

**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:

|   |   |
|---|---|
| <b>Basic Education:</b>   | MD, DO  |
| <b>Minimum Formal Training:</b>                                       | Successful completion of an ACGME or AOA-approved residency training program in Emergency Medicine; Internal Medicine, or Family Medicine.  |
| <b>Board Certification:</b>   | 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.  |
| <b>Required Previous Experience:</b><br>(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.  |
| <b>Clinical References:</b><br>(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.   |
| <b>Proctoring Requirements:</b>                                       | See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.   |
| <b>Other:</b>   | <ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the State of NV. Ability to participate in federally funded programs (Medicare or Medicaid).</li> <li>• <u>(TFH Only) Must have successfully completed the ATLS course at least once.</u></li> <li>• <u>(TFH Only) Eight hours of stroke education annually (16 hours per 2 years) and must include 1 hour of NIHSS (National Institutes of Health Stroke Scale) education annually (2 hours per 2 years)</u></li> </ul> |

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

|                          |                          |  |   |   |   |
|--------------------------|--------------------------|--|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <p><b>Core</b><br/> History and Physical examinations.<br/> 24 Hour Admitting privileges to include overnight stay and admitting orders.<br/> Arrange appropriate follow-up or referral as required.<br/> Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.<br/> 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"> <li>• Abdominal paracentesis/lavage</li> <li>• Abdominal and GI disorders</li> <li>• Acute abdominal medical and surgical conditions and abdominal trauma</li> <li>• Acute airway obstruction</li> <li>• Administration of thrombolytics</li> <li>• Arterial puncture</li> <li>• Arterial catheter insertion</li> <li>• Arthrocentesis</li> <li>• Burns – preliminary evaluation and treatment</li> <li>• Cardiac injuries, including hemopericardium</li> <li>• Cauterization, intranasal</li> <li>• Chest injuries including fracture, flail chest, pneumothorax, hemothorax, and tension</li> <li>• Closed chest cardiac compression</li> <li>• Coma of any etiology</li> <li>• Convulsive states</li> <li>• CVA's and other neurologic emergencies</li> <li>• Cut-down venipuncture</li> <li>• Defibrillation and emergency cardioversion</li> <li>• Dysrhythmias without M.I</li> <li>• EKG interpretation (dysrhythmias, ischemia, injury and infarctions)</li> <li>• ENT trauma, infections, F.B., nasal hemorrhage – anterior and posterior</li> <li>• Emergency stabilization of all fractures</li> <li>• Eye injuries including burns, embedded foreign body, hyphema, orbital fracture and infections</li> <li>• Esophagogastric tamponade</li> <li>• Fracture/dislocations/sprains</li> <li>• Gastric lavage</li> <li>• G. I. Bleeding</li> <li>• Head, ear, eye, nose and throat disorders</li> <li>• Head injuries with or without coma</li> <li>• Immune system disorders</li> <li>• Ingestions, poisonings and overdoses</li> <li>• Interosseous Line Placement</li> <li>• Lacerations</li> <li>• Laryngoscopy, direct and indirect</li> <li>• Lumbar puncture (adult and pediatric)</li> <li>• Maintenance of airway (Endotracheal intubation, tracheostomy or cricothyroidotomy)</li> <li>• M.I. with dysrhythmia, shock and/or CHF/pulmonary edema</li> <li>• Multiple trauma – head, spine, chest, abdominal, pelvis extremities, neuro</li> <li>• Nasogastric tube</li> </ul> | <p>Emergency Department<br/><br/> Limited In-Patient as defined</p> | <p>Representative case chart review and observation during one or more shifts.<br/><br/> 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<br/><br/> 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"> <li>• Ob/Gyn emergencies (e.g. initial tubal pregnancy stabilization, placenta previa, abruption, threatened or incomplete abortion, emergency vaginal delivery)</li> <li>• Packing, intranasal, anterior and posterior</li> <li>• Paracentesis</li> <li>• Partial tendon repair</li> <li>• Pediatric airway management – Epiglottitis, croup, foreign body</li> <li>• Pericardiocentesis</li> <li>• Placement IV needle/catheter</li> <li>• Placement C.V. P. catheter (subclavian, internal jugular)</li> <li>• Placement temporary transvenous pacemaker</li> <li>• Psychiatric emergencies (e.g. acute neuroses/anxiety states, acute psychosis, depression including suicidal patients)</li> <li>• Procedural Sedation (light, moderate, and deep)</li> <li>• Pulmonary ventilation via mechanical means</li> <li>• Rapid sequence intubation</li> <li>• Removal (simple) foreign body embedded corneal, conjunctival, ear canal, nose, pharynx, vagina, urethra, rectum, subcutaneous and muscle</li> <li>• Renal and urogenital disorders</li> <li>• Respiratory disorders</li> <li>• Severe infections including sepsis and meningitis</li> <li>• Shock (Cardiogenic, hypovolemic, septic, neurogenic and anaphylactic)</li> <li>• Slit lamp examination</li> <li>• Spinal injuries including unstable injuries</li> <li>• Suprapubic bladder catheterization</li> <li>• Testicular detorsion</li> <li>• Thoracentesis</li> <li>• Tooth stabilization</li> <li>• Transtracheal needle jet insufflation</li> <li>• Tube thoracostomy</li> <li>• Urologic trauma, calculi, obstructions, infections and torsion.</li> <li>• Urethral catheterization</li> <li>• Vaginal delivery, emergency</li> <li>• X-ray interpretation, initial</li> </ul> |                      |                                  |   |
| <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><b>SELECTED PROCEDURES</b></p> <p><b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b></p>   |                      |                                  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>EZ Interosseous Line Placement</b>  | Emergency Department | Successfully complete competency | Demonstration of ongoing work in the Emergency Department |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Limited Use of Ultrasound in the Emergency Department</b><br>(See attached credentialing criteria)  | Emergency Department | Successfully complete competency | Demonstration of ongoing work in the Emergency Department |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Gastric Occult Testing</b>  | Emergency Department | Successfully complete competency | Demonstration of ongoing work in the Emergency Department |

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Emergency Medicine

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

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

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

### DEPARTMENT CHAIR REVIEW

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

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

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

Modifications or Other Comments:

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

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

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

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

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; 4/26  
 Board of Directors approval: 2/27/07, 6/26/07; 3/09; 3/24/16, 9/19, 4/26

**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.

| Title  | Department               | Last Approved | Next Review | Summary of Changes   |
|--|--------------------------|---------------|-------------|--|
| Care Coordination Field and Home Visiting, DCCO-2402 | Care Coordination - DCCO | 6/9/2026      | 6/8/2028    | this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes.  |
| Care Coordination, DCCO-2403                         | Care Coordination - DCCO | 6/9/2026      | 6/8/2028    | this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes.  |
| Chronic Care Management (CCM), DCCO-1902             | Care Coordination - DCCO | 6/9/2026      | 6/8/2028    | this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes; updaed related policies and forms to current.  |
| Chronic Care Management Billing, DCCO-1904           | Care Coordination - DCCO | 6/9/2026      | 6/8/2028    | Only minor verbiage changes were made for clarification purposes; removed outdated billing codes and outdated workflows; updated references.   |
| Transitional Care Management (TCM), DCCO-1903        | Care Coordination - DCCO | 6/9/2026      | 6/8/2028    | this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes; updated related policies and forms to current. |

| <b>Title</b>   | <b>Department</b>              | <b>Last Approved</b> | <b>Next Review</b> | <b>Comments</b>   |
|--|--------------------------------|----------------------|--------------------|---|
| Labor - Cervical Ripening with a Cook Cervical Ripening Balloon in the Outpatient Setting, DWFC-2401 | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | Updated references  |
| Neonate - Adoption Guidelines, DWFC-1433   | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, minor edits per Nursing   |
| Neonate - Baptism of , DWFC-1434   | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs and minor formatting edits per Nursing   |
| Neonate - California Department of Public Health Screening , DWFC-1435                               | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, minor change to refusal procedure, formatting edits per Nursing                 |
| Neonate - Infant Security Device Application, DWFC-1444  | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, revised risk statement and formatting edits per Nursing                         |
| Neonate - Pasteurized Donor Human Milk, DWFC-1804  | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, formatting, updated references and minor edits per Nursing                      |
| Neonate - Transcutaneous Bili Monitoring, DWFC-1460  | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, bilitool.com added to updated references, risk statement revised per Nursing    |
| WFC - Influenza Guidance for Prevention and Control, DWFC-1474                                       | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, risk statement revised, minor changes in format, updated references per Nursing |
| WFC - Policy and Procedure Review, DWFC-1478   | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, added related policy per Nursing  |
| WFC - Pre-Op Teaching Cesarean Section, DWFC-1477  | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs minor Nursing edits, updated references  |
| WFC - Testing for Suspected Substance Abuse - Mother, DWFC-1497                                      | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, risk statement revised and minor changes per Nursing, updated references        |
| WFC- Specializing Patients, DWFC-1500  | Women and Family Center - DWFC | 5/26/2026            | 5/25/2028          | No changes per Dept Chairs, updated format, references and risk statement revised per Nursing               |

| Title  | Department                     | Last Approved | Next Review | Comments   |
|--|--------------------------------|---------------|-------------|--|
| Neonate - Level of Care Guidelines, DWFC-1446      | Women and Family Center - DWFC | 5/26/2026     | 5/25/2028   | Clarifies the care and monitoring that may be provided in the Level I Nursery and adds more specific transfer criteria. The most significant change is the addition of a requirement to transfer neonates weighing less than 2,000 grams to a Level III or IV NICU.  |
| Labor - Analgesia, Epidural/Intrathecal, DWFC-1413 | Women and Family Center - DWFC | 5/26/2026     | 5/25/2028   | Formalizes the management of epidural and intrathecal analgesia during labor, including staff roles, patient monitoring, and complication management. Key additions include guidance for epidural infusion replacement and restart procedures, pump occlusion management, and new safety requirements for intrathecal catheters. |

| Title                 | Department   | Last Approved | Next Review | Changes  |
|-----------------------|--|---------------|-------------|--|
| CPAP BiPAP, DEDI-1901 | Incline Village<br>Emergency<br>Department -<br>DEDI | 5/7/2024      | 5/7/2026    | Added reference to Dynamic Health for clinical guidance. Clarified pediatric limitations due to equipment availability. Removed standalone contraindications list, as contraindications are addressed within the Dynamic Health resource. Formatting updated to improve clarity and usability. Added attachment (Dynamic Health) and related policies/forms (DEDI-237) |



|               |     |
|---------------|-----|
| Origination   | N/A |
| Date          |     |
| Last Approved | N/A |
| Last Revised  | N/A |
| Next Review   | N/A |

|                 |  |
|-----------------|--|
| Department      | Incline Village<br>Emergency<br>Department -<br>DEDI |
| Applicabilities | Incline Village<br>Community<br>Hospital             |

## CPAP BiPAP, DEDI-1901

### RISK:

~~The nurse's Nurse unfamiliarity of the set up with the setup and use of the CPAP/BiPAP system in the IVCH ED can Emergency Department may delay patient care and stabilization of the patient's condition.~~

### POLICY:

~~Registered nurses will may provide ventilatory support using the CPAP/BiPAP machine system after receiving a physician's order. Application of the CPAP/BiPAP system shall be performed by registered nurses that who have completed an in service on its use required training and demonstrated competency. The CPAP/BiPAP ventilatory system is intended to augment patient breathing and is not intended to provide the total ventilatory requirements of the patient.~~

The CPAP/BiPAP system is intended to augment patient breathing and is not designed to provide full ventilatory support.

Clinical indications, contraindications, escalation criteria, monitoring parameters, and documentation requirements shall align with the current version of the Dynamic Health article *Initiating CPAP or BiPAP in Adults*.

IVCH maintains limited pediatric noninvasive ventilation capacity due to available equipment. Application in pediatric patients shall be based on provider assessment of patient size, clinical stability, and mask interface availability. Early consideration of transfer shall occur when appropriate pediatric support cannot be safely provided.

Patients exhibiting clinical deterioration or inability to tolerate noninvasive ventilation shall be promptly reassessed by the treating provider and managed per facility airway and transfer protocols.

## PROCEDURE:

- A. ~~The physician shall write an order for the use of CPAP/BiPAP system. Only Auto Modes will be used. The two modes that can be used are CPAP-Auto set and BiPAP-V Auto.~~
- B. ~~Initial application of the BIPAP/CPAP system~~
- ~~1. The physician and/or the registered nurse shall explain the procedure prior to start. The patient should be cooperative and able to understand and follow basic instructions.~~
    - ~~a. All health-care professionals using the device shall understand the operations and limitations of the CPAP/BiPAP system.~~
  - ~~2. Fit the mask to the patient~~
    - ~~a. There are 3 sizes of masks available: small, medium and large. Refer to the instructions and size template in the package.~~
    - ~~b. It is preferable to select the smallest size possible that fits the patient~~
  - ~~3. After initiation of BIPAP/CPAP device, monitoring shall include, but not limited to:~~
    - ~~a. Vital signs~~
      - ~~i. Heart rate~~
      - ~~ii. Blood pressure~~
      - ~~iii. Respiratory rate~~
      - ~~iv. Pulse oximetry~~
    - ~~b. Skin color and temperature~~
    - ~~c. Use of accessory muscles of ventilation~~
    - ~~d. Paradoxical movement of the chest wall which may reflect impending ventilatory muscle fatigue~~
    - ~~e. Lung and heart auscultation~~
  - ~~4. If satisfactory degree of patient comfort is not achieved or the patient's medical management with this ventilatory technique is not adequate, BIPAP/CPAP administration shall be discontinued and alternate therapy instituted as required~~
- C. ~~Contraindications~~
- ~~1. The following should be carefully evaluated by the physician before a decision is made to initiate BIPAP/CPAP therapy:~~
    - ~~a. Patients unable to tolerate potential increased work of breathing (acute asthma, COPD)~~
    - ~~b. Head injury with potential increased intracranial pressure~~
    - ~~c. Hemodynamic instability~~
    - ~~d. Recent facial, oral or skull surgery or trauma~~
    - ~~e. Acute sinusitis~~

- f. Epistaxis
- g. Esophageal surgery
- h. Active hemoptysis
- i. Nausea
- j. Known or suspected tympanic membrane rupture of other middle ear pathology
- k. Untreated pneumothorax

#### **A. Initiating CPAP/BiPAP**

1. A physician order is required for initiation of CPAP/BiPAP therapy.
2. Only Auto Modes shall be used. The available modes are:
  - a. CPAP-Auto Set
  - b. BiPAP-V Auto.
3. The physician and/or registered nurse shall explain the procedure prior to initiation. The patient should be cooperative and able to understand and follow basic instructions.
4. All staff using the device must understand its operation and limitations.

#### **B. Mask Application**

1. Select an appropriately sized mask based on available equipment and manufacturer guidance.
2. Ensure proper fit and seal.

#### **C. Monitoring**

1. After initiation, monitoring shall include, but is not limited to:
  - a. Vital signs
  - b. Heart rate
  - c. Blood pressure
  - d. Respiratory rate
  - e. Pulse oximetry
  - f. Skin color and temperature
  - g. Use of accessory muscles
  - h. Assessment for paradoxical chest wall movement
  - i. Lung and heart auscultation
2. Ongoing assessment, identification of intolerance or clinical deterioration, and escalation of care shall follow current evidence-based guidance in Dynamic Health and provider direction.
3. If the patient does not achieve adequate comfort or clinical response, CPAP/BiPAP

shall be discontinued and alternate therapy initiated as ordered.

## **References:**

Dynamic Health skills library

## **Related Policies/Forms:**

IVCH ED Respiratory Services Scope, DEDI-237

## Approval Signatures

Step Description

Approver

Date

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## History

Draft saved by Wojcik, Sara: Manager IVCH on 3/3/2026, 3:53PM EST

DRAFT

| Title   | Department                           | Last Approved | Next Review | Summary of Changes  |
|---|--------------------------------------|---------------|-------------|---|
| Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10 | Credentialing and Privileging - MSCP | 3/17/2026     | 3/16/2029   | Updated risk statement, reformatting, grammar corrections, added Governing Body as approver, added NV Pharmacy Certificate            |
| Standardized Procedure Pre-Op Testing, DASU-2401  | Ambulatory Surgery Unit - DASU       | 5/26/2026     | 5/25/2028   | Updated policy with required headers for a standardized procedure. Edited to reflect Standardized Procedure format designated by IDPC |



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination 01/2023  
Date  
Last 03/2026  
Approved  
Last Revised 03/2026  
Next Review 03/2029

Department Credentialing and  
Privileging -  
MSCP  
Applicabilities Incline Village  
Community  
Hospital,  
Tahoe Forest  
Cancer  
Center

## Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10

### RISK:

~~Inconsistent standardized procedures could lead to confusion, unreliable systems, and variable outcomes. This could open the organization up to legal liability, increased risk for adverse patient outcomes, and regulatory violation.~~

Without clearly defined and consistently applied standardized procedures for Physician Assistants (PAs) and Nurse Practitioners (NPs), TFHD risks variability in clinical practice, potential errors in patient care, regulatory non-compliance, and increased liability due to inconsistent scope-of-practice, supervision, medication handling, and documentation standards.

### POLICY:

- A. Provision for initial and continuing evaluation
- B. Supervision
- C. Record Keeping
- D. Consent
- E. Furnishing Medication/Medication Management
- F. Ordering Lab Work, Diagnostic Studies and Therapies
- G. Outpatient Management of Medical Conditions
- H. Outpatient Procedures and Minor Surgery
- I. Inpatient Management of Medical Conditions

J. Emergent Care

K. Surgery First Assistant

L. Oncology

M. Bibliography

Appendix A: Clinical Resources

Appendix B: Controlled Substances Protocol for California NPs

N. **These procedures and treatments may be performed by**

1. Privileged Nurse Practitioners (NP) and Physician Assistants (PA) per approved privilege criteria who have been approved for practice at Tahoe Forest Hospital, Incline Village Community Hospital, Gene Upshaw Memorial Tahoe Forest Cancer Center, Occupational Health, Skilled Nursing Facility, Emergency Department, or any TFHD Clinic. Training and education include:

a. **Nurse Practitioner:**

- i. Certification from an accredited school for nurse practitioner training
- ii. Current advance practice RN unrestricted license to practice in California and/or in Nevada, as appropriate
- iii. Current American Nurses Credentialing Center ("ANCC"), or American Academy of Nurse Practitioner's ("AANP") certification. If requesting to work solely in pediatrics, certification by the Pediatric Nursing [Certification Board \(PNCB\) is also acceptable.](#)
- iv. ~~Certification Board (PNCB) is also acceptable.~~
- v. Must have an identified supervising physician who is a member of the Hospital's Medical Staff.
- vi. Current evidence of a Collaborative Service Agreement
- vii. Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate
- viii. Current professional liability insurance in the amount of \$1 Million/\$3 Million, minimum.
- ix. Current BLS/CPR

b. **Physician Assistant:**

- i. Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant
- ii. Current unrestricted California and/or Nevada license. Current NCCPA (National Commission on
- iii. Certification of Physician Assistants) certified.
- iv. Must have an identified Physician Supervisor who is a member

of the Hospital's Medical Staff.

- v. Current evidence of a Practice Agreement (CA) or Supervising Physician Agreement (NV)
- vi. Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate
- vii. PA's practicing in California must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California (California Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612) within six(6) months of being granted privileges and Allied
- viii. Allied Health Professional ("AHP") membership
- ix. Current professional liability insurance in the amount of \$1 Million/\$3 Million, minimum.
- x. Current BLS/CPR

**c. Setting**

- i. Tahoe Forest Hospital Clinics and Incline Village Hospital Clinics
- ii. Gene Upshaw Memorial Tahoe Forest Cancer Center
- iii. Tahoe Forest Hospital
- iv. Incline Village Community Hospital

**d. Review**

- i. All standardized procedures and protocols are to be reviewed annually by the Interdisciplinary Practice Committee ("IDPC")
- ii. Changes in, or additions to, the standardized procedures and protocols may be initiated by any of the authorized or covered personnel.
- iii. All changes or additions to the standardized procedures and protocols are to be approved by the IDPC ~~and, MEC and accompanied by a dated, signed approval sheet~~ and the Governing Board.

## Provision for initial and continuing evaluation

- A. Evaluations of NP and PA performance of standardized procedures and protocol functions will be done in conjunction with existing job performance policies and/or clinical privilege delineations and according to the following:-
  - 1. For initial appointment – Proctoring of ten (10) cases and three and six month reviews by random chart reviews with physician feedback.
  - 2. Ongoing chart review by supervising physician. The process for chart review will be

determined at the practice level after discussion with the NP/PA and the supervising physician.

3. Through a peer review process based on the standard of care, and as required by state law, **NP/NPs** and PAs will have ongoing competency assessments. NPs and PAs participate in OPPE.
4. Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

## B. Supervision

1. No physician can supervise more than four NPs or four PAs in CA at any moment in time.
2. Nevada Administrative Code precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination thereof. To supervise more than 3 NP/PAs, physicians must first file a petition with the Board for approval to supervise more than three.
3. NP and **PAPAs** will be supervised by a TFHD Medical Staff Physician appropriate to the field. The relationship between the physician and the non-physician medical practitioner shall be that of a shared and **continuing/continued** responsibility to follow the progress of the patient in a manner which assures the NP/PA's adherence to the standard of care. Standard of care is defined as "the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent NPs or PAs in the same or similar circumstances at the time in question".
4. The supervising physician shall be available to NP or PA in person, by telephone or through electronic means to provide supervision to the extent required by California and or Nevada professional licensing laws. The supervising physician need not be physically present while the NP or PA provides medical services.  
In cases of emergencies, the NP or PA, to the extent permitted by the laws relating to the license or certificate involved, may render emergency services to a patient .
5. The NP or PA shall consult with and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the NP or PA's competency, education, training or experience.

## C. Record Keeping

1. Records of patient contacts and visits are to be kept in accordance with standard practice at Tahoe Forest Hospital District.
  - a. Acute Illness, Injury or Infection
  - b. Acute intermittent but recurrent pain
  - c. Chronic continuous pain
  - d. Hormone replacement

## D. Consent

1. PAs and NPs may only obtain informed consent on procedures they perform independently.

#### E. Furnishing Medication/Medication Management

1. In compliance with State and Federal prescribing laws, the NP or PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA or NP's education, training, experience and competency, under physician supervision as provided above in "Supervision".

2. For PA's working in California who have not yet completed their controlled substance course, patient specific approval is required. [NOTE: PAs must complete course within six (6) months of being granted clinical privileges.]

NPs working in California are required to complete a Board of Registered Nursing Approved Controlled Substances II (CS II) Authority Course. When Schedule II or III controlled substances, as defined in Section 11055 and 11056 of the Health and Safety Code, are furnished or ordered by an NP, the controlled substance shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. The provision for furnishing Schedule II controlled substances shall address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. (Appendix B: California NP Controlled Substances Protocol)

##### a. PROTOCOLS

- i. The NP/PA has a current DEA number for their state and practice location.
- ii. [Nevada Pharmacy Board Certificate for Nevada Privileges](#)
- iii. A practice agreement authorizing a NP/PA to order or furnish a drug or device shall specify which PA/PAs or NP/NPs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP/PA's competence, including peer review, and review of the practice agreement.
- iv. The drug or device is being ordered in accordance with the standard of care and per formulary.
- v. The drug or device is appropriate to the condition being treated
- vi. Medication history has been obtained including:
  - a. Other medications being taken.
  - b. Medication allergies and adverse reactions.
  - c. Prior medications used for current conditions.
  - d. Plan for follow-up and refills is written in the patient's chart.
  - e. Patient education regarding the medications is given

and documented in the patient's chart.

- f. The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the NP/PA.
  - g. All other applicable Standardized Procedures in this document are followed during health care management.
3. All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

#### **F. Ordering Lab work, Diagnostic Studies and Therapies**

1. The NP/PA is authorized to collect, order and interpret lab work and diagnostic studies per standard of care and in accordance with NV or CA state law.
  - a. **NP PROTOCOLS**
  - b. Lab work and diagnostic studies obtained (such as CBC, chemistry panel, vaginal smears, urinalysis, throat cultures, radiology, etc.) must be appropriate as outlined in resources from Appendix A.
  - c. Therapies are ordered as part of a treatment plan as referenced in Appendix A.
  - d. All other applicable Protocols/Standardized Procedures in this document are followed during health care management.
  - e. All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

#### **G. Outpatient Management of Medical Conditions**

1. Pursuant to applicable state laws, the NP or PA is authorized to perform those medical services for which they have demonstrated competency through education, training or experience, under physician supervision as outlined in the individual Practice Agreement.

#### **H. Outpatient Procedures and minor surgery**

1. If approved through the TFHD Medical Staff credentialing process, the NP/PA may perform procedures, as consistent with their privileges
  - a. **PROTOCOLS**
  - b. The NP/PA has been observed satisfactorily performing the procedure(s) or a sampling of procedures by another provider competent in that skill, as required by privileging.
  - c. The NP/PA is following standard of care

#### **I. Inpatient Management of Medical Conditions**

1. The NP or PA may facilitate a hospital admission on behalf of the physician, if their condition or disease requires inpatient management. The Supervising Physician

must be contacted to review the diagnostic and treatment plan for the care of the patient. The Supervising Physician must see the patient within 24 hours of admission and cosign the admission history and physical. Any ICU admissions need to be referred to supervising physician, hospitalist or emergency room physician.

a. **PROTOCOLS**

- b. The PA or NP will communicate with the supervising physician regarding any changes to the evaluation, diagnosis, and treatment plan.
- c. All inpatient history and physicals and discharge summaries are co-signed by a physician.
- d. A treatment plan is developed based on Standard of Care
- e. All other applicable Standardized Procedures in this document are followed during health care management.
- f. All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

J. **Emergent Care**

1. Emergent care conditions are acute, life-threatening conditions such as respiratory arrest or cardiac arrest. The NP/PA is authorized to evaluate emergent/urgent care conditions consistent with the standard of care and to the extent permitted under their license, privileging and state law.

K. **Surgery First Assistant**

1. PA or NP has been granted first assist privileges and approved as an Allied Health Professional at Tahoe Forest Hospital and/or at Incline Village Community Hospital. PA or NP must meet all the qualifications per approved privilege criteria before being permitted to function in the expanded perioperative role of first assisting:
  - a. **Function:** The PA or NP renders direct patient care as part of the perioperative role by assisting the approved supervising surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation, formal instruction and supervised practice.

- L. Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

M. **SUPERVISION**

1. The PA/NP First Assistant practices under the direct supervision of the surgeon.
2. The PA/NP may surgically close all layers, affix and stabilize drains deemed appropriate by the supervising physician.
3. The supervising physician is responsible for all aspects of the invasive/surgical procedure including wound closure and must provide supervision, but need not be present in the room when the PA/NP closes the wound. Supervising surgeons must be *immediately available* when the PA/NP closes the wound . "Immediately available"

is defined as "able to return to the patient without delay, upon the request of the PA/ NP or to address any situation requiring the supervising physician's services."

#### **N. CIRCUMSTANCES**

1. PA/NP Protocol may be performed in any Tahoe Forest Hospital District facility.
2. A PA/NP may only provide those medical services which: he or she is competent to perform, as determined by the supervising physician; are consistent with his/her education, training, and experience and which have been approved by the TFHD Board of Directors.
3. There will be a Practice Agreement (CA), or a Supervising Physician Agreement (NV) between a supervising physician and a PA on file at all times. There will be evidence of a Collaborative Service Agreement between a supervising physician and an NP on file at all times.
4. The PA/NP will be listed as Assistant on all patient records and documents.
5. The PA/NP must adhere to the policies of the hospital and must remain within the scope of practice as stated by their state of license and practice.

#### **O. PROCEDURES**

1. The PA/NP may perform the following under the direct supervision of the surgeon:
  - a. Assist with the positioning, prepping and draping of the patient or perform these independently  
Initiate surgical entry as directed by the physician
  - b. Manipulate tissue by use of surgical instruments and/or suture material as directed by the surgeon to:
  - c. Expose and retract tissue.
  - d. Clamp, incise and/or sever tissue.
  - e. Grasp and fix tissue with screws, staples and other devices.
  - f. Drill, ream and modify tissue.
  - g. Cauterize and approximate tissue.
  - h. Place trochars
  - i. Provide retraction by:
    - i. Placing and holding surgical retractors, closely observing the operative field.  
Packing sponges or laparotomy pads into body cavities to hold tissue or organs out of the operative field.
    - ii. Managing all instruments in the operative field to prevent obstruction of the surgeon's view and provide patient safety.
    - iii. Anticipating retraction needs with knowledge of surgeon's preferences, anatomical structures, and the procedure being performed.
  - j. Provide hemostasis by:

- i. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
  - ii. Sponging and utilizing pressure as necessary.
  - iii. Utilizing suctioning techniques.
  - iv. Applying clamps on vessels and tying them as directed by the surgeon.
  - v. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
  - vi. Placing hemoclips on bleeders as directed by the surgeon.
- k. Perform knot tying by:
- i. Demonstrating various knot-tying techniques.
  - ii. Tying knots appropriately for suture material.
  - iii. Approximating tissue, rather than pulling tightly, to prevent tissue necrosis.
- l. Provide closure of tissue layers by:
- i. Correctly approximating the layers under the direction of the surgeon.
  - ii. Demonstrating knowledge of different types of closure.
  - iii. Correctly approximating skin edges when utilizing skin staples.
- m. Assist the surgeon at the completion of the surgical procedure by:
- i. Affixing and stabilizing all drains.
  - ii. Cleaning the wound and applying the dressing.
  - iii. Applying casts or splints as directed.
  - iv. Provide continuity of care.
- n. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the PA will:
- i. Maintain hemostasis, according to the approved standardized procedure.
  - ii. Keep the surgical site moistened, as necessary, according to the type of surgery.
  - iii. Maintain the integrity of the sterile field.
  - iv. Remain at the field while a replacement surgeon is being located.
  - v. The RN circulator/charge nurse will initiate the procedure for obtaining a surgeon in an emergency.

## **P. RECORD KEEPING/QUALITY ASSURANCE**

1. The Director of Surgical Services will maintain a list of the surgeons utilizing the PA/ NP and a current list of PA/NPs with hospital privileges.  
A QA/QI Program will be put in place and approved by the Surgical Department.

## **ONCOLOGY (inpatient and outpatient)**

### **A. POLICY**

1. The Nurse Practitioner or Physician Assistant is authorized to follow the supervising physician's chemotherapy treatment plan as outlined in the physician orders. Prior to authorizing a continued treatment for a patient, the PA/NP will review the level of toxicity induced by treatment, as appropriate to the drugs utilized. The PA/NP is authorized to modify doses of chemotherapy as outlined in the supervising physician's treatment plan.

### **B. PROTOCOL**

1. The PA/NP is authorized to modify doses of chemotherapy as outlined in National Comprehensive Cancer Network (NCCN) guidelines. This may include dosage reduction and discontinuation of therapy due to toxicity. The PA/NP is required to consult with the medical oncologist within 24 hours of modifying the attending physician's treatment plan, and documentation by the PA/NP must reflect such consultation.
2. The primary signature of chemotherapy orders must be from the medical oncologist.
3. All general policies regarding review, approval, setting, education, evaluation, patient records, supervision and consultation in these standardized procedures are in force.

### **C. BIBLIOGRAPHY**

1. Physician Assistant Scope of Practice issued by the State of California
2. California B&P Code, § 3502.1
3. SB-697 Physician Assistants: practice agreement: supervision.(2019-2020)
4. California Code of Regulations: Title 16
5. Policies and Procedures of Tahoe Forest Hospital District Department of Surgery

### **D. APPENDIX A: Clinical Resources**

1. The following are examples of clinical resources that may be consulted:
2. Up To Date
3. Epocrates
4. Micromedex
5. Tarson's Pharmacopeia

### **E. APPENDIX B: Controlled Substances Protocol for California NPs**

1. **Schedule III Patient Specific Protocols**
  - a. Schedule III substances may be furnished or ordered when the patient is in one of the following categories, including but not limited to the following

conditions:

- b. Limited order for acute illness, injury or infection per Standard of Care
- c. For chronic conditions:
  - i. pain management protocol or department guidelines is/are adhered to if appropriate
- d. Amount given, including all refills is not to exceed a 120 days supply as appropriate for the condition.
- e. Treatment plan must be established in collaboration with the patient's primary care provider and reviewed, with documentation every 12 months
- f. Refills with evaluation at regular intervals
- g. Education and follow up is provided

## 2. Schedule II Patient Specific Protocol

- a. Schedule II substances may be furnished or ordered when the patient has one of the following diagnoses and under the following conditions:
  - i. Pain secondary to malignancy, trauma or post-operative pain
  - ii. Pain unresponsive to, or inappropriately treated by CS III-V substances
  - iii. Attention Deficit Disorders
  - iv. Neuropsychiatric Conditions
- b. Limited orders for acute and chronic conditions as specified in Schedule III Patient Specific Protocol
- c. No refills are authorized for CSII medications except where authorized by the DEA
- d. Pain management protocol or TFHD system guidelines are adhered to if appropriate

## All Revision Dates

03/2026, 02/2023, 01/2023

## Attachments



[Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners-MSCP-10-History-No-Watermark.pdf](#)

## Approval Signatures

| Step Description   | Approver                                       | Date    |
|--------------------|--|---------|
|                    | Louis Ward: COO                                | 03/2026 |
| Board of Directors | Dorothy Piper: Director Medical Staff Services | 03/2026 |
| MEC                | Dorothy Piper: Director Medical Staff Services | 03/2026 |
|                    | Dorothy Piper: Director Medical Staff Services | 03/2026 |

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TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date 06/2024  
Last Approved N/A  
Effective Upon Approval  
Last Revised 04/2026  
Next Review 2 years after approval

Department Ambulatory Surgery Unit - DASU  
Applicabilities Incline Village Community Hospital, Tahoe Forest Hospital

## Standardized Procedure Pre-Op Testing, DASU-2401

### RISK:

Not pre-operatively optimizing a patient may result in delays in timely care or potential same day cancellations which poses a risk for poor patient outcomes.

### POLICY:

**A. Function:**

- ~~To establish standard work flow for all patients undergoing planned procedures under surgical services (See attachment A).~~

**B. This procedure may be performed by:**

- ~~Pre-Admit and Pre-Surgical Nurses or designee may assist in patient optimization under the direction of Anesthesia and Pre-Surgery Clinic for planned procedures.~~

**C. Experience, training, education, and ongoing evaluation:**

- ~~Completed orientation and understanding of Pre-Admit process.~~
- ~~Review of this standardized procedure and associated documents upon hire and annually thereafter~~
- ~~A list of all qualified RNs is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.~~

**D. Supervision:**

- ~~The anesthesiologist on duty or the attending Pre-Surgery physician will assume all~~

~~responsibility for orders placed by the nurse under the guidelines of this standardized procedure.~~

~~E. Periodic Reviews:~~

- ~~1. The Anesthesia group and Pre-Surgery Physician will review guidelines and recommendations annually.~~
- ~~2. This standardized procedure will be reviewed periodically by Nursing Leadership, Surgical Services Committee, and by Interdisciplinary Practice Council (IDPC) every two years.~~

## **SETTING:**

The Pre-Op Clinic nurses are located in the Ambulatory Surgery Department.

## **PERSONNEL:**

This procedure may be performed by Pre-Op Clinic nurses or designee may assist in patient optimization under the direction of Anesthesia and Pre-Surgery Clinic for planned procedures.

A. Competency Requirements:

1. Completed orientation and understanding of pre-admit process.
2. Review of this standardized procedure and associated documents upon hire and annually thereafter

B. Documentation of Competency:

1. A list of all qualified Registered Nurses is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.

## **SUPERVISION & SUPERVISING INSTRUCTIONS:**

The anesthesiologist on duty or the attending Pre- Surgery physician will assume all responsibility for orders placed by the nurse under the guidelines of this standardized procedure.

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

Pre-Op Clinic Nurses or designee will apply the below procedure to all patients undergoing planned procedures under surgical services ([See attachment A](#)).

## **PROCEDURE:**

- A. Pre-Op Screening Questionnaire ([Attachment B](#)) to be competed on each surgical patient by Pre-Admit and Pre-Surgery nurses.
- B. Upon completion a score will be assigned and routed as clinically appropriate to one of the following:
  1. Minimum testing only, no consult required

2. Anesthesia consult
  3. Pre-Surgery consult
- C. Testing to be ordered according to minimum testing guidelines ([Attachment C](#)) as defined by patient risk and procedure risk.
  - D. Recommendations for pre-procedure patient medication instructions per physician recommendation or Anesthesia preference ([Attachment D](#)).
  - E. The Pre-Admit and Pre-Surgery nurses should request Anesthesia consult for any patient care related concerns outside the guidelines.
  - F. **Development and Approval:**
    1. ~~This standardized procedure was developed by Surgical Services Nursing Leadership in collaboration with Anesthesiology and Pre-Surgery Physician leadership.~~
  - G. **Record Keeping:**
    1. ~~All documentation will be completed in the EMR.~~

## **RECORD KEEPING:**

All documentation will be completed in the EMR.

## **DEVELOPMENT & APPROVAL:**

This standardized procedure was developed by Surgical Services Nursing Leadership in collaboration with Anesthesiology and Pre-Surgery Physician leadership.

## **PERIODIC REVIEWS:**

- A. The Anesthesia group and Pre-Surgery Physician will review guidelines and recommendations annually.
- B. This standardized procedure will be reviewed periodically by Nursing Leadership, Surgical Services Committee, and by Interdisciplinary Practice Council (IDPC) every two years.

## **Related Policies/Forms:**

[Attachment A: Pre-Surgery/ Pre-Admit Workflow](#)

[Attachment B: Pre-Op Screening Questionnaire](#)

[Attachment C: Surgical Risk Stratification](#)

[Attachment D: Medication Recommendations from Anesthesia](#)

## **References:**

- A. Textbook "Decision Making in Perioperative Medicine: Clinical Pearls" 1<sup>st</sup> Edition by Steven

Cohen

B. Website PreOp Eval Guide (<https://www.preopevalguide.com/>) and its associated references

## All Revision Dates

04/2026, 06/2024

## Approval Signatures

| Step Description | Approver                         | Date    |
|------------------|----------------------------------|---------|
|                  | Trent Foust: Director of Nursing | Pending |
|                  | Calley Corr: ASD Manager         | 04/2026 |

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

Thursday, May 28, 2026 at 2:30 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

Meeting was called to order at 2:34 p.m.

**2. ROLL CALL**

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

Board Member Absent:

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Kim McCarl, Chief Strategy Officer; Louis Ward, Chief Operating Officer; Matt Mushet, In-House Counsel; Brian Evans, CMO; Dylan Crosby, Chief of Clinical Operations; Gary Harper, Compliance Analyst; Sarah Jackson, Clerk of the Board;

Other: David Ruderman, General Counsel; Larry Gage, Alston & Bird

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

None

**4. INPUT AUDIENCE**

Open Session recessed at 2:35 p.m.

**5. CLOSED SESSION**

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

5.1.1. 04/23/2026 Regular Meeting

Discussion was held on a privileged item.

**5.2. TIMED ITEM – 2:35 p.m. Hearing (Health & Safety Code § 32155)** ♦

*Subject Matter: 1st Quarter CY 2026 Corporate Compliance Report*

Discussion was held on a privileged item.

**5.3. TIMED ITEM – 2:55 p.m. Hearing (Health & Safety Code § 32155)** ♦

*Subject Matter: Liability Claim*

*Number of items: David Goldman*

Discussion was held on a privileged item.

**5.4. TIMED ITEM – 3:05 p.m. Hearing (Health & Safety Code § 32155)◆**

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. OPEN SESSION – CALL TO ORDER**

Open session reconvened at 3:10 p.m.

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

General Counsel reported out from Closed Session. Item 5.1 Closed Session Minutes of Aril 23, 2026 were approved 5-0. Item 5.2, 1<sup>st</sup> Quarter Corporate Compliance Report was approved 5-0. Item 5.3. was a Liability Claim that was rejected with a 5-0 vote, and Item 5.4. Medical Staff Credentials were approved with a vote of 5-0.

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

None.

**9. INPUT AUDIENCE**

None.

**10. MEDICAL STAFF EXECUTIVE COMMITTEE◆**

**10.1. Medical Executive Committee (MEC) Meeting Consent Agenda**

**Privileges with Changes**

- *Critical Care Privileges – Addition of Tele ICU*

**New Policy**

- *Respiratory Therapy Equipment Cleaning and Disinfection, DRT-100*

**Policies with Minor Changes**

- *ECC Policies*
- *DNS Policies*
- *Rehab Policies*

**Policies with no Changes**

- *Case Management Policies*

**Medical Staff Bylaws – Review with no Changes**

- *Medical Staff Bylaws*

Chief of Staff, Dr. Koch, provided an overview of the privileges and policies included within the Medical Executive Committee Consent Agenda.

Discussion was held.

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

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

**Abstention:** None

**NAYS: None**  
**Absent: None**

**11. CONSENT CALENDAR ♦**

**11.1. Approval of Minutes of Meetings**

11.1.1. 04/23/2026 Regular Meeting

**11.2. Financial Reports**

11.2.1. Financial Report – April 2026

**11.3. Affirm Board Committee Charters**

11.3.1. Board Finance Committee Charter

11.3.2. Board Executive Compensation Committee Charter

**11.4. Approve Quarterly Compliance Report**

11.4.1. First Quarter CY 2026 Corporate Compliance Report

Discussion was held.

**ACTION:** Motion made by Director Brown to approve the Consent Calendar as presented, seconded by Director Darzynkiewicz.

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

**Abstention:** None

**NAYS:** None

**Absent:** Brown

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

None

Open Session recessed at 3:18 p.m.

**13. CLOSED SESSION**

**13.1. 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*

Discussion was held on a privileged item.

**14. OPEN SESSION – CALL TO ORDER**

Open session reconvened at 3:55 p.m.

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

There were no reportable actions in Closed Session.

**16. BOARD COMMITTEE REPORTS**

Director Wong reported on the Board Quality Committee Meeting.

Director Wong reported on the Board Executive Compensation Committee Meeting.

Director Wong reported on work of the Truckee Tahoe Homeless Action Coalition.

Director Brown reported on the Board Finance Committee Meeting.

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

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

**19. OPEN SESSION**

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

**21. ADJOURN**

Meeting Adjourned at: 4:06 p.m.

DRAFT

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

Thursday, May 28, 2026 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

Meeting was called to order at 4:06 p.m.

**2. ROLL CALL**

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

Board Member Absent:

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Kim McCarl, Chief Strategy Officer; Louis Ward, Chief Operating Officer; Matt Mushet, In-House Counsel; Brian Evans, CMO; Dylan Crosby, Chief of Clinical Operations; Ted Owens, Executive Director, Governance; Sarah Jackson, Clerk of the Board; Devon Kim, Executive Assistant

Other: David Ruderman, General Counsel; Mark Finucane, Managing Director, Alvarez and Marsel; Larry Gage, Alston & Bird;

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

None

**6. RECESS UNTIL 5:00 P.M.**

**7. OPEN SESSION – RECONVENE**

Open Session reconvened at 5:03 p.m.

**8. INPUT AUDIENCE**

None.

**9. INPUT FROM EMPLOYEE ASSOCIATIONS**

None.

**10. ITEMS FOR BOARD ACTION ♦**

**10.1. True North Strategic Plan** ♦

The Board of Directors will review and consider approval of the True North Strategic Plan.

Anna Roth, President & CEO and Crystal Felix, CFO presented the True North 2030 Strategic Plan.

Significant discussion was held.

Board members engaged in discussion, raising questions and offering comments.

Staff provided supplemental information and addressed follow-up questions.

Public attendees, both in person and remotely, were provided the opportunity for comment.

Anonymous email public comments were received: May 28, 2026 12:41 p.m.; May 28, 2026 1:15 p.m. and were distributed to the Board prior to the meeting.

Public Comment was received from: Pam Hobday; Dr. Johanna Koch; Louis Ward, COO; Lauren Lessard, Director of Community Health; Dr. Aaron Gladman.

**ACTION: Motion made by Director Wong to approve the True North 2030 Strategic Plan as presented, seconded by Director Darzynkiewicz.**

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

**Abstention: None**

**NAYS: None**

**Absent: Brown**

#### **10.2. TFHD Fiscal Year 2027 Budget** ◆

Board of Directors will review and consider approval of the Fiscal Year 2027 Budget.

**ACTION: Motion made by Director Brown to approve the Fiscal Year 2027 Budget as presented, inclusive of a 5 % rate increase in aggregate effective August 1, 2026, seconded by Director Chamblin.**

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

**Abstention: None**

**NAYS: None**

**Absent: Brown**

#### **10.3. TFHD 3 Year Capital Plan – FY 2028-2030** ◆

Board of Directors will review and consider approval of the Fiscal Year 2028-2030 Capital Plan.

**ACTION: Motion made by Director Darzynkiewicz to approve the Fiscal Year 2028 – FY 2030 Capital Plan as presented, seconded by Director Chamblin.**

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

**Abstention: None**

**NAYS: None**

**Absent: Brown**

### **11. BOARD MEMBERS' REPORTS/CLOSING REMARKS**

None.

**12. ADJOURN**

Meeting Adjourned at: 7:08 p.m.

DRAFT



## AGENDA ITEM COVER SHEET

|   |   |
|---|---|
| <b>MEETING DATE:</b> June 25, 2026 – Regular Meeting of the Board of Directors  | <b>ITEM:</b> 14.2 Financial Reports<br>14.2.1 Financial Report – May 2026   |
| <b>DEPARTMENT:</b> Finance  | <b>TYPE OF AGENDA ITEM:</b><br><input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent<br><input type="checkbox"/> Discussion   |
| <b>RESPONSIBLE PARTY:</b><br>Crystal Felix, Chief Financial Officer   | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input checked="" type="checkbox"/> Other |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |
| <b>BACKGROUND:</b><br>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."<br><br>Consent Agenda Item 14.2.1 Financial Report – May 2026 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities. |   |
| <b>SUMMARY/OBJECTIVES:</b><br>To provide the Board information about the District’s monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.   |   |
| <b>SUGGESTED DISCUSSION POINTS:</b><br>Opportunity to pull the Financial Report – May 2026 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 16 Discussion of Consent Calendar Items Pulled, If Necessary.  |   |
| <b>SUGGESTED MOTION/ALTERNATIVES:</b><br>Motion to accept the Financial Report – May 2026 as part of the Consent agenda.<br><br>Alternative:<br>If pulled from Consent agenda, provide discussion under Item 16 on the Board agenda. After discussion, request a motion to approve the Financial Report – May 2026 as presented.  |   |
| <b>LIST OF ATTACHMENTS:</b> Financial Report – May 2026   |   |

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

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| 4           | STATEMENT OF NET POSITION   |
| 5           | NOTES TO STATEMENT OF NET POSITION  |
| 6           | CASH INVESTMENT   |
| 7           | TFHD STATEMENT OF REVENUES, EXPENSES, AND<br>CHANGES IN NET POSITION          |
| 8 - 9       | TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES,<br>AND CHANGES IN NET POSITION |
| 10          | IVCH STATEMENT OF REVENUE AND EXPENSE   |
| 11 - 12     | IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE                                |
| 13          | STATEMENT OF CASH FLOW  |

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

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

**Activity Statistics**

- ❑ TFH acute patient days were 428 for the current month compared to budget of 360. This equates to an average daily census of 13.8 compared to budget of 11.6.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Blood units, EKGs, Mammography, MRIs, Ultrasounds, Cat Scans, Drugs Sold to Patients, and Tahoe City Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, Oncology Laboratory, Radiation Oncology procedures, Nuclear Medicine, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, and Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.9% in the current month compared to budget of 45.6% and to last month's 47.2%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.3% compared to budget of 45.7% and prior year's 46.6%.
- ❑ EBIDA was \$1,773,687 (2.7%) for the current month compared to budget of \$2,326,960 (3.6%), or \$(553,273) (-.9%) below budget. Year-to-date EBIDA was \$36,487,390 (5.1%) compared to budget of \$28,000,165 (4.0%), or \$8,487,225 (1.1%) above budget.
- ❑ Net Income/(Loss) was \$1,129,508 for the current month compared to budget of \$1,673,116 or \$(543,608) below budget. Year-to-date Net Income was \$31,894,777 compared to budget of \$21,510,353 or \$10,384,425 above budget.
- ❑ Cash Collections for the current month were \$28,535,011 which is 93% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$126,501,593 at the end of May compared to \$123,597,311 at the end of April.

**Balance Sheet**

- ❑ Working Capital is at 34.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 210.7 days. Working Capital cash decreased a net \$2,926,000. Decrease in Cash is related to: Accounts Payable decreased \$4,865,000, Accrued Payroll & Related Costs increased \$1,780,000, and Capital Project and Equipment expenditures totaled \$2,395,000. Cash Collections were below target by 7%, the District received \$4,593,000 in Property Tax revenues from Nevada and Placer Counties and remitted \$109,000 to the State for participation in the SFY2025-26 Non-Designated Public Hospital (NDPH) IGT program.
- ❑ Net Patient Accounts Receivable decreased a net \$1,253,000. Cash collections were 93% of target. EPIC Days in A/R were 57.3 compared to 57.2 at the close of April.
- ❑ Other Receivables decreased a net \$3,281,000 after recording the receipt of Property Tax revenues from Nevada and Placer Counties.
- ❑ GO Bond Receivables decreased a net \$1,857,000 after recording receipt of Property Tax revenues from Nevada and Placer Counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$3,592,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, remitted \$109,000 to the State for participation in the SFY2025-26 NDPH IGT program, and recorded an amount due of \$2,033,000 from the Medicare program for underpayment on FY26 Outpatient claims.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$71,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of May.
- ❑ GO Bond Tax Revenue Fund increased \$2,325,000 after transferring the Property Tax revenues received from Nevada and Placer Counties.
- ❑ Gateway West Escrow Account increased \$884,000. Per an escrow agreement between the District and the Town of Truckee, funds have been placed in a segregated escrow account to be held until the completion of any frontage improvements to the Gateway West construction project.
- ❑ Investment in TSC, LLC decreased \$124,000 after recording the estimated loss for May and trueing up the losses for April.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for May, decreasing its Right-To-Use Subscription asset \$364,000.
- ❑ Accounts Payable decreased \$4,865,000 due to the timing of the final check run in May. The increase is primarily related to construction project invoices received at the end of April with payments being made in May.
- ❑ Accrued Payroll & Related Costs increased a net \$1,780,000 due to additional accrued payroll days in May.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability by \$351,000.

May 2026 Financial Narrative

**Operating Revenue**

- ❑ Current month's Total Gross Revenue was \$64,628,807 compared to budget of \$63,769,996 or \$858,811 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$8,176,549 compared to budget of \$8,056,909 or \$119,640 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$56,452,258 compared to budget of \$55,713,087 or \$739,171 above budget.
- ❑ Current month's Gross Revenue Mix was 41.67% Medicare, 17.82% Medi-Cal, 2.11% Other, and 38.40% Commercial Insurance compared to budget of 39.32% Medicare, 16.50% Medi-Cal, 1.17% Other, and 43.01% Commercial Insurance. Last month's mix was 43.19% Medicare, 17.32% Medi-Cal, .94% Other, and 38.55% Commercial Insurance. Year-to-Date Gross Revenue Mix was 42.66% Medicare, 16.97% Medi-Cal, 1.35% Other, and 39.02% Commercial Insurance compared to budget of 39.10% Medicare, 16.57% Medi-Cal, 1.18% Other, and 43.15% Commercial.
- ❑ Current month's Deductions from Revenue were \$33,647,937 compared to budget of \$34,663,495 or \$1,015,558 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 2.35% increase in Medicare, a 1.32% increase to Medi-Cal, a .95% increase in Other, and Commercial Insurance was below budget 4.62%, and 2) Revenues were above budget 1.3%.

| DESCRIPTION                     | May 2026 Actual | May 2026 Budget | Variance    | BRIEF COMMENTS  |
|---------------------------------|-----------------|-----------------|-------------|---|
| Salaries & Wages                | 13,303,142      | 12,435,781      | (867,361)   | We saw negative variances in Technical, RN, Environmental, and PA/FNP salaries.   |
| Employee Benefits               | 4,301,049       | 3,943,088       | (357,961)   | Employer Payroll taxes and Accrued Physician Productivity Bonuses created a negative variance in Employee Benefits.   |
| Benefits – Workers Compensation | 99,762          | 90,315          | (9,447)     |   |
| Benefits – Medical Insurance    | 3,239,235       | 3,011,858       | (227,377)   | The District has a self-insured plan and expense is based on actual claims paid.  |
| Medical Professional Fees       | 755,221         | 638,062         | (117,159)   | Locums coverage for Urology, Pediatrics, and Family Medicine and Hospitalist and Emergency Department Physician fees were above budget, creating a negative variance in Medical Professional Fees.  |
| Other Professional Fees         | 537,491         | 320,903         | (216,588)   | Human Resource Advisory consulting, professional services provided by Mercy Health for EPIC module implementations, and consulting services provided for the Board Retreat Facilitation and Budget Overview Communication created a negative variance in Other Professional Fees.   |
| Supplies                        | 5,126,513       | 5,030,745       | (95,768)    | Medical Supplies Sold to Patients revenues were above budget 28.78% and Drugs Sold to Patients revenues were above budget 24.62%, creating negative variances in Patient & Other Medical Supplies and Pharmacy Supplies.  |
| Purchased Services              | 2,389,407       | 2,185,425       | (203,982)   | Outsourced billing and collection services for the Business Office, outsourced coding services for Medical Records, Lab and Genetic testing, Surgical equipment repairs, managed services agreement for the new phone system, a Sustainability Assessment, credit card fees, snow removal fees, and outsourced Authorization services for Central Scheduling created a negative variance in Purchased Services. |
| Other Expenses                  | 1,292,078       | 1,186,696       | (105,382)   | Dues and Subscriptions, Marketing campaigns & Community sponsorships, oxygen tank rentals, specialized surgical equipment rentals, and a Nuclear Medicine equipment lease created a negative variance in Other Expenses.  |
| Total Expenses                  | 31,043,899      | 28,842,873      | (2,201,026) |   |

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MAY 2026

|   | May-26                | Apr-26                | May-25                |    |
|---|-----------------------|-----------------------|-----------------------|----|
| <b>ASSETS</b>   |                       |                       |                       |    |
| <b>CURRENT ASSETS</b>                                     |                       |                       |                       |    |
| * CASH  | \$ 33,170,529         | \$ 36,096,430         | \$ 40,372,564         | 1  |
| PATIENT ACCOUNTS RECEIVABLE - NET                         | 56,654,790            | 57,908,135            | 52,567,789            | 2  |
| OTHER RECEIVABLES   | 8,830,527             | 12,111,284            | 8,228,652             | 3  |
| GO BOND RECEIVABLES                                       | (447,248)             | 1,409,693             | (403,764)             | 4  |
| ASSETS LIMITED OR RESTRICTED                              | 14,730,931            | 16,564,216            | 10,595,912            |    |
| INVENTORIES   | 7,285,199             | 7,284,569             | 5,549,888             |    |
| PREPAID EXPENSES & DEPOSITS                               | 3,753,550             | 3,917,170             | 3,203,312             |    |
| ESTIMATED SETTLEMENTS, M-CAL & M-CARE                     | 34,416,943            | 30,824,570            | 14,580,941            | 5  |
| <b>TOTAL CURRENT ASSETS</b>                               | <b>158,395,221</b>    | <b>166,116,067</b>    | <b>134,695,294</b>    |    |
| <b>NON CURRENT ASSETS</b>                                 |                       |                       |                       |    |
| ASSETS LIMITED OR RESTRICTED:                             |                       |                       |                       |    |
| * CASH RESERVE FUND                                       | 74,318,485            | 74,318,485            | 74,318,166            | 1  |
| * CASH INVESTMENT FUND                                    | 93,928,339            | 93,923,781            | 93,914,868            | 1  |
| UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND               | 9,358,150             | 9,287,343             | 5,795,792             | 6  |
| MUNICIPAL LEASE 2025                                      | 3,418,185             | 3,418,185             | 4,593,879             |    |
| TOTAL BOND TRUSTEE 2017                                   | 23,919                | 23,853                | 23,132                |    |
| TOTAL BOND TRUSTEE 2015                                   | 984,127               | 897,750               | 1,287,238             |    |
| GO BOND TAX REVENUE FUND                                  | 5,437,418             | 3,111,952             | 5,212,987             | 7  |
| GATEWAY WEST ESCROW ACCOUNT                               | 883,639               | -                     | -                     | 8  |
| DIAGNOSTIC IMAGING FUND                                   | 3,700                 | 3,700                 | 3,700                 |    |
| DONOR RESTRICTED FUND                                     | 1,202,655             | 1,202,655             | 1,202,648             |    |
| WORKERS COMPENSATION FUND                                 | 6,596                 | 27,672                | 15,204                |    |
| TOTAL   | 189,565,213           | 186,215,375           | 186,367,615           |    |
| LESS CURRENT PORTION                                      | (14,730,931)          | (16,564,216)          | (10,595,912)          |    |
| <b>TOTAL ASSETS LIMITED OR RESTRICTED - NET</b>           | <b>174,834,282</b>    | <b>169,651,160</b>    | <b>175,771,703</b>    |    |
| NONCURRENT ASSETS AND INVESTMENTS:                        |                       |                       |                       |    |
| INVESTMENT IN TSC, LLC                                    | (6,176,729)           | (6,052,402)           | (5,143,263)           | 9  |
| PROPERTY HELD FOR FUTURE EXPANSION                        | 1,716,972             | 1,716,972             | 1,716,972             |    |
| PROPERTY & EQUIPMENT NET                                  | 220,806,421           | 219,825,024           | 196,709,484           |    |
| GO BOND CIP, PROPERTY & EQUIPMENT NET                     | 1,955,254             | 1,961,862             | 1,863,312             |    |
| <b>TOTAL ASSETS</b>                                       | <b>551,531,420</b>    | <b>553,218,683</b>    | <b>505,613,501</b>    |    |
| DEFERRED OUTFLOW OF RESOURCES:                            |                       |                       |                       |    |
| DEFERRED LOSS ON DEFEASANCE                               | 158,387               | 161,619               | 197,175               |    |
| ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE  | 178,888               | 178,888               | 204,560               |    |
| DEFERRED OUTFLOW OF RESOURCES ON REFUNDING                | 3,731,141             | 3,754,845             | 4,015,597             |    |
| GO BOND DEFERRED FINANCING COSTS                          | 363,498               | 365,819               | 391,349               |    |
| DEFERRED FINANCING COSTS                                  | 88,423                | 89,464                | 100,907               |    |
| INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION          | 13,251,585            | 13,447,186            | 10,188,691            |    |
| RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION | 21,408,955            | 21,772,907            | 23,611,371            | 10 |
| <b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>                | <b>\$ 39,180,877</b>  | <b>\$ 39,770,728</b>  | <b>\$ 38,709,649</b>  |    |
| <b>LIABILITIES</b>  |                       |                       |                       |    |
| <b>CURRENT LIABILITIES</b>                                |                       |                       |                       |    |
| ACCOUNTS PAYABLE  | 12,849,482            | 17,714,648            | \$ 10,435,403         | 11 |
| ACCRUED PAYROLL & RELATED COSTS                           | 28,176,553            | 26,396,967            | 20,022,511            | 12 |
| INTEREST PAYABLE  | 313,723               | 258,829               | 324,460               |    |
| INTEREST PAYABLE GO BOND                                  | 960,310               | 720,233               | 1,021,950             |    |
| SUBSCRIPTION LIABILITY                                    | 23,428,813            | 23,779,836            | 25,466,330            | 13 |
| ESTIMATED SETTLEMENTS, M-CAL & M-CARE                     | 3,316,211             | 3,316,211             | 6,102,931             |    |
| HEALTH INSURANCE PLAN                                     | 5,128,800             | 5,128,800             | 3,219,201             |    |
| WORKERS COMPENSATION PLAN                                 | 2,315,069             | 2,315,069             | 2,297,841             |    |
| COMPREHENSIVE LIABILITY INSURANCE PLAN                    | 2,876,447             | 2,876,447             | 2,771,063             |    |
| CURRENT MATURITIES OF GO BOND DEBT                        | 2,730,000             | 2,730,000             | 2,440,000             |    |
| CURRENT MATURITIES OF OTHER LONG TERM DEBT                | 4,606,719             | 4,606,719             | 4,371,046             |    |
| <b>TOTAL CURRENT LIABILITIES</b>                          | <b>86,702,127</b>     | <b>89,843,758</b>     | <b>78,472,736</b>     |    |
| <b>NONCURRENT LIABILITIES</b>                             |                       |                       |                       |    |
| OTHER LONG TERM DEBT NET OF CURRENT MATURITIES            | 30,410,854            | 30,657,889            | 30,176,567            |    |
| GO BOND DEBT NET OF CURRENT MATURITIES                    | 84,425,830            | 84,443,786            | 87,661,298            |    |
| DERIVATIVE INSTRUMENT LIABILITY                           | 178,888               | 178,888               | 204,560               |    |
| <b>TOTAL LIABILITIES</b>                                  | <b>201,717,699</b>    | <b>205,124,320</b>    | <b>196,515,161</b>    |    |
| <b>NET ASSETS</b>   |                       |                       |                       |    |
| NET INVESTMENT IN CAPITAL ASSETS                          | 387,791,943           | 386,662,436           | 346,605,342           |    |
| RESTRICTED  | 1,202,655             | 1,202,655             | 1,202,648             |    |
| <b>TOTAL NET POSITION</b>                                 | <b>\$ 388,994,598</b> | <b>\$ 387,865,090</b> | <b>\$ 347,807,990</b> |    |

\* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 34.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 210.7 days. Working Capital cash decreased a net \$2,926,000. Net decrease in Cash is related to: Accounts Payable decreased \$4,865,000 (See Note 11), Accrued Payroll & Related Costs increased \$1,780,000 (See Note 12), and Capital Project and Equipment expenditures totaled \$2,395,000. Cash Collections were below target by 7% (See Note 2), the District received \$4,593,000 in Property Tax revenues from Nevada and Placer Counties and remitted \$109,000 to the State for participation in the SFY2025-26 Non-Designated Public Hospital (NDPH) IGT program (See Note 5).
2. Net Patient Accounts Receivable decreased a net \$1,253,000. Cash collections were 93% of target. EPIC Days in A/R were 57.3 compared to 57.2 at the close of April.
3. Other Receivables decreased a net \$3,281,000 after recording the receipt of Property Tax revenues from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$1,857,000 after recording the receipt of Property Tax revenues from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare increased a net \$3,592,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, remitted \$109,000 to the State for participation in the SFY2025-26 NDPH IGT program, and recorded an amount due of \$2,033,000 from the Medicare program for underpayment on FY26 Outpatient claims.
6. Unrealized Gain/(Loss) Cash Investment Fund increased \$71,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of May.
7. GO Bond Tax Revenue Fund increased \$2,325,000 after transferring the Property Tax revenues received from Nevada and Placer Counties.
8. Gateway West Escrow Account increased \$884,000. Per an escrow agreement between The District and the Town of Truckee, funds have been placed in a segregated escrow account to be held until the completion of any frontage improvements to the Gateway West construction project.
9. Investment in TSC, LLC decreased \$124,000 after recording the estimated loss for May and trueing up the losses for April.
10. To comply with GASB No. 96, the District recorded Amortization Expense for May, decreasing its Right-To-Use Subscription asset \$364,000.
11. Accounts Payable decreased \$4,865,000 due to the timing of the final check run in May. The decrease is primarily related to construction project invoices received at the end of April with payments being made in May.
12. Accrued Payroll & Related Costs increased a net \$1,780,000 due to additional accrued payroll days in May.
13. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for May, decreasing the liability by \$351,000.

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

|  |                   |       |                                     |
|--|-------------------|-------|-------------------------------------|
| <b>WORKING CAPITAL</b>                 |                   |       |                                     |
| US Bank                                | \$ 32,055,817     | 3.24% |                                     |
| US Bank/Incline Village Thrift Store   | 11,695            |       |                                     |
| US Bank/Truckee Thrift Store           | 43,166            |       |                                     |
| US Bank/Payroll Clearing               | -                 |       |                                     |
| Umpqua Bank                            | <u>1,059,852</u>  | 1.61% |                                     |
| <b>Total</b>                           |                   |       | <b>\$ 33,170,529</b>                |
| <br><b>BOARD DESIGNATED FUNDS</b>      |                   |       |                                     |
| US Bank Savings                        | \$ 883,639        |       |                                     |
| Chandler Cash Portfolio Fund           | 270               | 0.00% |                                     |
| Chandler Investment Fund               | <u>93,928,069</u> | VAR   |                                     |
| <b>Total</b>                           |                   |       | <b>\$ 94,811,978</b>                |
| Building Fund                          | \$ -              |       |                                     |
| Cash Reserve Fund                      | <u>74,318,485</u> | 3.81% |                                     |
| Local Agency Investment Fund           |                   |       | <b>\$ 74,318,485</b>                |
| Municipal Lease 2018                   |                   |       | <b>\$ 3,418,185</b>                 |
| Bonds Cash 2017                        |                   |       | <b>\$ 23,919</b>                    |
| Bonds Cash 2015                        |                   |       | <b>\$ 984,127</b>                   |
| GO Bonds Cash 2008                     |                   |       | <b>\$ 5,437,418</b>                 |
| DX Imaging Education                   | \$ 3,700          |       |                                     |
| Workers Comp Fund - B of A             | 6,596             |       |                                     |
| Insurance                              |                   |       |                                     |
| Health Insurance LAIF                  | -                 |       |                                     |
| Comprehensive Liability Insurance LAIF | <u>-</u>          |       |                                     |
| <b>Total</b>                           |                   |       | <b><u>\$ 10,296</u></b>             |
| <b>TOTAL FUNDS</b>                     |                   |       | <b>\$ 212,174,937</b>               |
| <br><b>RESTRICTED FUNDS</b>            |                   |       |                                     |
| Gift Fund                              |                   |       |                                     |
| US Bank Money Market                   | \$ 8,391          | 0.09% |                                     |
| Foundation Restricted Donations        | 27,309            |       |                                     |
| Local Agency Investment Fund           | <u>1,166,955</u>  | 3.81% |                                     |
| <b>TOTAL RESTRICTED FUNDS</b>          |                   |       | <b><u>\$ 1,202,655</u></b>          |
| <b>TOTAL ALL FUNDS</b>                 |                   |       | <b><u><u>\$ 213,377,592</u></u></b> |

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

| CURRENT MONTH       |                     |                     |                                      | YEAR TO DATE                                 |                      |                      |                      |              | PRIOR YTD<br>MAY 2025 |                      |
|---------------------|---------------------|---------------------|--------------------------------------|--|----------------------|----------------------|----------------------|--------------|-----------------------|----------------------|
| ACTUAL              | BUDGET              | VAR\$               | VAR%                                 | ACTUAL                                       | BUDGET               | VAR\$                | VAR%                 |              |                       |                      |
|                     |                     |                     |                                      | <b>OPERATING REVENUE</b>                     |                      |                      |                      |              |                       |                      |
| \$ 64,628,807       | \$ 63,769,996       | \$ 858,811          | 1.3%                                 | Total Gross Revenue                          | \$ 719,858,995       | \$ 701,824,383       | \$ 18,034,612        | 2.6%         | 1                     | \$ 670,147,988       |
|                     |                     |                     |                                      | <b>Gross Revenues - Inpatient</b>            |                      |                      |                      |              |                       |                      |
| \$ 3,861,056        | \$ 3,439,795        | \$ 421,261          | 12.2%                                | Daily Hospital Service                       | \$ 40,785,299        | \$ 38,488,292        | \$ 2,297,007         | 6.0%         |                       | \$ 38,243,165        |
| 4,315,494           | 4,617,114           | (301,620)           | -6.5%                                | Ancillary Service - Inpatient                | 45,915,151           | 49,630,236           | (3,715,085)          | -7.5%        |                       | 48,688,392           |
| 8,176,549           | 8,056,909           | 119,640             | 1.5%                                 | Total Gross Revenue - Inpatient              | 86,700,449           | 88,118,528           | (1,418,079)          | -1.6%        | 1                     | 86,931,557           |
|                     |                     |                     |                                      | <b>Gross Revenue - Outpatient</b>            |                      |                      |                      |              |                       |                      |
| 56,452,258          | 55,713,087          | 739,171             | 1.3%                                 | Total Gross Revenue - Outpatient             | 633,158,546          | 613,705,855          | 19,452,691           | 3.2%         |                       | 583,216,431          |
| 56,452,258          | 55,713,087          | 739,171             | 1.3%                                 | Total Gross Revenue - Outpatient             | 633,158,546          | 613,705,855          | 19,452,691           | 3.2%         | 1                     | 583,216,431          |
|                     |                     |                     |                                      | <b>Deductions from Revenue:</b>              |                      |                      |                      |              |                       |                      |
| 32,771,790          | 32,409,571          | (362,219)           | -1.1%                                | Contractual Allowances                       | 376,781,966          | 356,182,110          | (20,599,856)         | -5.8%        | 2                     | 350,716,028          |
| (338,864)           | 1,275,400           | 1,614,264           | 126.6%                               | Charity Care                                 | 2,861,669            | 14,036,488           | 11,174,819           | 79.6%        | 2                     | 3,377,631            |
| 1,215,011           | 978,524             | (236,487)           | -24.2%                               | Bad Debt                                     | 7,674,664            | 10,759,089           | 3,084,425            | 28.7%        | 2                     | 5,329,280            |
| -                   | -                   | -                   | 0.0%                                 | Prior Period Settlements                     | (475,441)            | -                    | 475,441              | 0.0%         | 2                     | (1,437,745)          |
| 33,647,937          | 34,663,495          | 1,015,558           | 2.9%                                 | Total Deductions from Revenue                | 386,842,858          | 380,977,687          | (5,865,171)          | -1.5%        |                       | 357,985,194          |
| 77,011              | 117,430             | 40,419              | 34.4%                                | Property Tax Revenue- Wellness Neighborhood  | 918,850              | 1,328,781            | 409,931              | 30.9%        |                       | 1,134,194            |
| 1,759,705           | 1,945,903           | (186,198)           | -9.6%                                | Other Operating Revenue                      | 20,527,774           | 20,982,893           | (455,119)            | -2.2%        | 3                     | 20,457,985           |
| 32,817,586          | 31,169,834          | 1,647,753           | 5.3%                                 | <b>TOTAL OPERATING REVENUE</b>               | 354,462,762          | 343,158,370          | 11,304,391           | 3.3%         |                       | 333,754,973          |
|                     |                     |                     |                                      | <b>OPERATING EXPENSES</b>                    |                      |                      |                      |              |                       |                      |
| 13,303,142          | 12,435,781          | (867,361)           | -7.0%                                | Salaries and Wages                           | 137,834,224          | 134,049,850          | (3,784,374)          | -2.8%        | 4                     | 124,270,113          |
| 4,301,049           | 3,943,088           | (357,961)           | -9.1%                                | Benefits                                     | 43,831,017           | 41,042,682           | (2,788,335)          | -6.8%        | 4                     | 41,731,813           |
| 99,762              | 90,315              | (9,447)             | -10.5%                               | Benefits Workers Compensation                | 1,366,868            | 993,465              | (373,403)            | -37.6%       | 4                     | 759,568              |
| 3,239,235           | 3,011,858           | (227,377)           | -7.5%                                | Benefits Medical Insurance                   | 31,249,147           | 33,130,438           | 1,881,291            | 5.7%         | 4                     | 27,613,179           |
| 755,221             | 638,062             | (117,159)           | -18.4%                               | Medical Professional Fees                    | 6,874,498            | 7,020,649            | 146,152              | 2.1%         | 5                     | 5,827,622            |
| 537,491             | 320,903             | (216,588)           | -67.5%                               | Other Professional Fees                      | 4,330,422            | 4,341,355            | 10,933               | 0.3%         | 5                     | 3,956,820            |
| 5,126,513           | 5,030,745           | (95,768)            | -1.9%                                | Supplies                                     | 54,792,013           | 57,214,066           | 2,422,054            | 4.2%         | 6                     | 52,715,227           |
| 2,389,407           | 2,185,425           | (203,982)           | -9.3%                                | Purchased Services                           | 25,072,410           | 24,869,365           | (203,045)            | -0.8%        | 7                     | 23,344,497           |
| 1,292,078           | 1,186,696           | (105,382)           | -8.9%                                | Other  | 12,624,773           | 12,496,336           | (128,437)            | -1.0%        | 8                     | 11,413,820           |
| 31,043,899          | 28,842,873          | (2,201,026)         | -7.6%                                | <b>TOTAL OPERATING EXPENSE</b>               | 317,975,372          | 315,158,206          | (2,817,166)          | -0.9%        |                       | 291,632,659          |
| <b>1,773,687</b>    | <b>2,326,960</b>    | <b>(553,273)</b>    | <b>-23.8%</b>                        | <b>NET OPERATING REVENUE (EXPENSE) EBIDA</b> | <b>36,487,390</b>    | <b>28,000,165</b>    | <b>8,487,225</b>     | <b>30.3%</b> |                       | <b>42,122,314</b>    |
|                     |                     |                     |                                      | <b>NON-OPERATING REVENUE/(EXPENSE)</b>       |                      |                      |                      |              |                       |                      |
| 855,527             | 815,108             | 40,418              | 5.0%                                 | District and County Taxes                    | 9,438,272            | 8,929,136            | 509,136              | 5.7%         | 9                     | 9,749,330            |
| 468,526             | 468,526             | -                   | 0.0%                                 | District and County Taxes - GO Bond          | 5,153,781            | 5,153,781            | -                    | 0.0%         |                       | 5,011,965            |
| 473,592             | 230,796             | 242,796             | 105.2%                               | Interest Income                              | 4,359,011            | 3,398,345            | 960,666              | 28.3%        | 10                    | 4,212,039            |
| 157,085             | 120,109             | 36,976              | 30.8%                                | Donations                                    | 1,177,924            | 1,317,774            | (139,850)            | -10.6%       | 11                    | 1,078,913            |
| (124,328)           | (151,882)           | 27,554              | 18.1%                                | Gain/(Loss) on Joint Investment              | (766,415)            | (1,670,706)          | 904,291              | 54.1%        | 12                    | (1,201,520)          |
| (37,477)            | 300,000             | (337,477)           | -112.5%                              | Gain/(Loss) on Market Investments            | 2,786,900            | 3,300,000            | (513,100)            | -15.5%       | 13                    | 5,139,112            |
| -                   | -                   | -                   | 0.0%                                 | Gain/(Loss) on Disposal of Assets            | (8,640)              | -                    | (8,640)              | 0.0%         | 14                    | -                    |
| 925                 | -                   | 925                 | 0.0%                                 | Gain/(Loss) on Sale of Equipment             | 925                  | -                    | 925                  | 0.0%         | 15                    | 40,782               |
| (1,983,226)         | (1,995,743)         | 12,517              | 0.6%                                 | Depreciation                                 | (21,661,790)         | (21,953,173)         | 291,383              | 1.3%         | 16                    | (19,722,369)         |
| (206,656)           | (192,610)           | (14,046)            | -7.3%                                | Interest Expense                             | (2,331,581)          | (2,223,966)          | (107,615)            | -4.8%        | 17                    | (2,114,490)          |
| (248,148)           | (248,148)           | 0                   | 0.0%                                 | Interest Expense-GO Bond                     | (2,740,998)          | (2,741,003)          | 5                    | 0.0%         |                       | (2,881,055)          |
| (644,179)           | (653,844)           | 9,665               | 1.5%                                 | <b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b> | (4,592,613)          | (6,489,812)          | 1,897,199            | 29.2%        |                       | (597,746)            |
| <b>\$ 1,129,508</b> | <b>\$ 1,673,116</b> | <b>\$ (543,608)</b> | <b>-32.5%</b>                        | <b>INCREASE (DECREASE) IN NET POSITION</b>   | <b>\$ 31,894,777</b> | <b>\$ 21,510,353</b> | <b>\$ 10,384,425</b> | <b>48.3%</b> |                       | <b>\$ 41,524,568</b> |
|                     |                     |                     |                                      | <b>NET POSITION - BEGINNING OF YEAR</b>      |                      |                      |                      |              |                       |                      |
|                     |                     |                     |                                      | <b>NET POSITION - AS OF MAY 31, 2026</b>     |                      |                      |                      |              |                       |                      |
| <b>2.7%</b>         | <b>3.6%</b>         | <b>-0.9%</b>        | <b>RETURN ON GROSS REVENUE EBIDA</b> | <b>5.1%</b>                                  | <b>4.0%</b>          | <b>1.1%</b>          |                      | <b>6.3%</b>  |                       |                      |

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

|   |  | <b>Variance from Budget</b>            |                              |
|---|--|--|------------------------------|
|   |  | <b>Fav / &lt;Unfav&gt;</b>             |                              |
|   |  | <b>MAY 2026</b>                        | <b>YTD 2026</b>              |
| <b>1) Gross Revenues</b>                | Acute Patient Days were above budget 11.88% or 68 days. Swing Bed days were above budget 60.00% or 9 days.   | Gross Revenue -- Inpatient             | \$ 119,640 \$ (1,418,080)    |
|   |  | Gross Revenue -- Outpatient            | 739,171 19,452,691           |
|   |  | Gross Revenue -- Total                 | \$ 858,811 \$ 18,034,612     |
|   | Outpatient volumes were 5% or more above in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Blood units, EKGs, Mammography, MRIs, Ultrasounds, Cat Scans, Drugs Sold to Patients, and Tahoe City Occupational Therapy.  |  |                              |
|   | Outpatient volumes were below budget 5% or more in the following departments: Hospice visits, Oncology Lab, Radiation Oncology procedures, Nuclear Medicine, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, and Occupational Therapy. |  |                              |
| <b>2) Total Deductions from Revenue</b> | The payor mix for May shows a 2.35% increase to Medicare, a 1.32% increase to Medi-Cal, .95% increase to Other, and a 4.62% decrease to Commercial when compared to budget. We saw a shift from Commercial into Medicare and Medi-Cal and revenues were above budget 1.30%.  | Contractual Allowances                 | \$ (362,219) \$ (20,599,856) |
|   |  | Charity Care                           | 1,614,264 11,174,819         |
|   |  | Bad Debt                               | (236,487) 3,084,425          |
|   |  | Prior Period Settlements               | - 475,441                    |
|   |  | Total                                  | \$ 1,015,558 \$ (5,865,171)  |
| <b>3) Other Operating Revenue</b>       | Community Pharmacy revenues were above budget 4.69%.   | Community Pharmacy                     | \$ (41,823) \$ 436,240       |
|   |  | Miscellaneous                          | (147,830) (1,087,926)        |
|   |  | Oncology Drug Replacement              | - -                          |
|   | The revision to the FY26 HQAF and QIP budgeted receivables is creating a negative variance in Miscellaneous.   | Hospice Thrift Stores                  | (3,743) 16,044               |
|   |  | Grants                                 | 0 82,082                     |
|   | IVCH ER Physician Guarantee is tied to collections, coming in above budget in May.   | The Center (non-therapy)               | (4,582) 64,294               |
|   |  | IVCH ER Physician Guarantee            | 16,899 230,085               |
|   | Child Care Days were below budget 24.18%.  | Children's Center                      | (5,119) (195,938)            |
|   |  | Total                                  | \$ (186,198) \$ (455,119)    |
| <b>4) Salaries and Wages</b>            | We saw negative variances in Technical, RN, Environmental, and PA/FNP Salaries.  | Total                                  | \$ (867,361) \$ (3,784,374)  |
|   | <b>Employee Benefits</b>   | PL/SL                                  | \$ (1,839) \$ (1,820,678)    |
|   | Negative variance in Other is related to Employer Payroll Taxes.   | Other                                  | (70,657) (393,995)           |
|   |  | Pension/Deferred Comp                  | 0 6                          |
|   | Accrued Physician Productivity Bonuses using the new model created a negative variance in Nonproductive.   | Standby                                | 4,207 106                    |
|   |  | Nonproductive                          | (289,672) (573,774)          |
|   |  | Total                                  | \$ (357,961) \$ (2,788,335)  |
|   | <b>Employee Benefits - Workers Compensation</b>  | Total                                  | \$ (9,447) \$ (373,405)      |
|   | <b>Employee Benefits - Medical Insurance</b>   | Total                                  | \$ (227,377) \$ 1,881,291    |
|   | The District has a self-insured plan and expense is based on actual claims paid.   |  |                              |
| <b>5) Professional Fees</b>             | Locums coverage in Urology, Pediatrics, and Family Medicine is creating a negative variance in Multi-Specialty Clinics.  | Multi-Specialty Clinics                | \$ (101,177) \$ (513,291)    |
|   |  | TFH Locums                             | (94,880) (432,843)           |
|   |  | Human Resources                        | (90,491) (269,953)           |
|   |  | Information Technology                 | (99,567) (238,533)           |
|   | Hospitalist and Emergency Department Physician fees created a negative variance in TFH Locums.   | Multi-Specialty Clinics Administration | 292 (174,438)                |
|   |  | Financial Administration               | 2,742 (130,825)              |
|   | Human Resources Advisory consulting work created a negative variance in this category.   | Oncology                               | (3,223) (11,742)             |
|   |  | Corporate Compliance                   | - -                          |
|   | Professional services provided by Mercy Health for implementation of new modules within EPIC were above budget, creating a negative variance in Information Technology.  | Patient Accounting/Admitting           | 2,000 22,000                 |
|   |  | Medical Staff Services                 | (4,478) 28,761               |
|   |  | Managed Care                           | (8,751) 30,651               |
|   | Graphic Design consulting services were below budget, creating a positive variance in Marketing.   | IVCH ER Physicians                     | 3,700 45,222                 |
|   |  | Marketing                              | 20,714 232,912               |
|   | Board Retreat facilitation and Budget Overview Communication services created a negative variance in Administration.   | Administration                         | (45,664) 359,029             |
|   |  | Miscellaneous                          | 85,037 1,210,134             |
|   | Anesthesia Physician Fees were below budget, creating a positive variance in Miscellaneous.  | Total                                  | \$ (333,747) \$ 157,084      |
| <b>6) Supplies</b>                      | Medical Supplies Sold to Patients revenues were above budget 28.78%, creating a negative variance in Patient & Other Medical Supplies.   | Patient & Other Medical Supplies       | \$ (88,001) \$ (2,114,737)   |
|   |  | Office Supplies                        | 800 (12,364)                 |
|   |  | Food                                   | (7,171) 8,412                |
|   | Minor Equipment purchases for Information Technology were below budget, creating a positive variance in this category.   | Other Non-Medical Supplies             | 15,199 123,279               |
|   |  | Minor Equipment                        | 58,894 269,688               |
|   | Drugs Sold to Patients revenues were above budget 24.62%, creating a negative variance in Pharmacy Supplies.   | Pharmacy Supplies                      | (75,490) 4,147,776           |
|   |  | Total                                  | \$ (95,768) \$ 2,422,054     |

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

|  |                                    | <u>Variance from Budget</u> |                     |
|--|------------------------------------|-----------------------------|---------------------|
|  |                                    | <u>Fav / &lt;Unfav&gt;</u>  |                     |
|  |                                    | <u>MAY 2026</u>             | <u>YTD 2026</u>     |
| <b>7) <u>Purchased Services</u></b>  |                                    |                             |                     |
| Outsourced billing and collection services for the Business Office created a negative variance in Patient Accounting.  | Patient Accounting                 | \$ (41,422)                 | \$ (969,988)        |
| Outsourced coding services created a negative variance in Medical Records.   | Medical Records                    | (16,432)                    | (193,751)           |
| Outsourced Lab and Genetic testing created a negative variance in Laboratory.  | Laboratory                         | (13,423)                    | (130,152)           |
| Surgical equipment repairs created a negative variance in Department Repairs.  | Department Repairs                 | (12,886)                    | (126,179)           |
| Wellness Bank usage and Employee Health screenings were below budget, creating a positive variance in Human Resources.   | Pharmacy IP                        | (348)                       | (93,217)            |
| Budgeted purchased services were below budget for Orthopedics, Sports Medicine, Truckee Primary Care, Tahoe City Primary Care/Urgent Care, and Occupational Health, creating a positive variance in Multi-Specialty Clinics. | The Center                         | (1,198)                     | (75,400)            |
| Managed services for the new phone system created a negative variance in Information Technology.   | Home Health/Hospice                | (3,436)                     | (31,700)            |
| A Sustainability Assessment, Credit Card Fees, Snow Removal services, and outsourced Authorization services created a negative variance in Miscellaneous.  | Diagnostic Imaging Services - All  | 6,567                       | (5,410)             |
|  | Community Development              | -                           | -                   |
|  | Human Resources                    | 18,728                      | 13,132              |
|  | Multi-Specialty Clinics            | 12,289                      | 52,902              |
|  | Information Technology             | (28,333)                    | 104,000             |
|  | Miscellaneous                      | (124,088)                   | 1,252,719           |
|  | <b>Total</b>                       | <b>\$ (203,982)</b>         | <b>\$ (203,045)</b> |
|  |                                    |                             |                     |
| <b>8) <u>Other Expenses</u></b>  |                                    |                             |                     |
| We saw negative variances in Dues and Subscriptions across multiple departments in May, including the renewal of our participation in UC Davis Cancer Care Network.  | Dues and Subscriptions             | \$ (36,417)                 | \$ (240,449)        |
| Marketing campaigns and Community Sponsorships created a negative variance in Marketing.   | Marketing                          | (141,996)                   | (196,308)           |
| Oxygen tank rentals, specialized surgical equipment rentals, and the Nuclear Medicine equipment lease created a negative variance in Equipment Rent.   | Human Resources Recruitment        | 3,126                       | (187,233)           |
| Rental rate increases for the District's employee housing units and common area maintenance services created a negative variance in Other Building Rent.   | Equipment Rent                     | (54,658)                    | (187,082)           |
| Physician Recruitment expenses and Truckee Surgery expense advances that are reclassified to a receivable created a positive variance in Miscellaneous.  | Other Building Rent                | (17,818)                    | (167,015)           |
|  | Multi-Specialty Clinics Bldg. Rent | (4,375)                     | (45,044)            |
|  | Insurance                          | (2,531)                     | (44,431)            |
|  | Multi-Specialty Clinics Equip Rent | 306                         | (2,699)             |
|  | Physician Services                 | 152                         | 5,391               |
|  | Utilities                          | 1,945                       | 79,079              |
|  | Miscellaneous                      | 113,266                     | 341,885             |
|  | Outside Training & Travel          | 33,618                      | 515,468             |
|  | <b>Total</b>                       | <b>\$ (105,382)</b>         | <b>\$ (128,437)</b> |
|  |                                    |                             |                     |
| <b>9) <u>District and County Taxes</u></b>   | <b>Total</b>                       | <b>\$ 40,418</b>            | <b>\$ 509,136</b>   |
|  |                                    |                             |                     |
| <b>10) <u>Interest Income</u></b>  | <b>Total</b>                       | <b>\$ 242,796</b>           | <b>\$ 960,666</b>   |
|  |                                    |                             |                     |
| <b>11) <u>Donations</u></b>  | IVCH                               | \$ (20,362)                 | \$ (109,019)        |
|  | Operational                        | 57,337                      | (30,831)            |
|  | <b>Total</b>                       | <b>\$ 36,976</b>            | <b>\$ (139,850)</b> |
|  |                                    |                             |                     |
| <b>12) <u>Gain/(Loss) on Joint Investment</u></b>  | <b>Total</b>                       | <b>\$ 27,554</b>            | <b>\$ 904,291</b>   |
| The District trued up its losses in TSC, LLC for April, creating a positive variance in Gain/(Loss) on Joint Investment.   |                                    |                             |                     |
|  |                                    |                             |                     |
| <b>13) <u>Gain/(Loss) on Market Investments</u></b>  | <b>Total</b>                       | <b>\$ (337,477)</b>         | <b>\$ (513,100)</b> |
| Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.  |                                    |                             |                     |
|  |                                    |                             |                     |
| <b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>  | <b>Total</b>                       | <b>\$ -</b>                 | <b>\$ (8,640)</b>   |
|  |                                    |                             |                     |
| <b>15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>   | <b>Total</b>                       | <b>\$ 925</b>               | <b>\$ 925</b>       |
|  |                                    |                             |                     |
| <b>16) <u>Depreciation Expense</u></b>   | <b>Total</b>                       | <b>\$ 12,517</b>            | <b>\$ 291,383</b>   |
| True-up of GASB 87 and GASB 96 schedules created a positive variance in Depreciation Expense.  |                                    |                             |                     |
|  |                                    |                             |                     |
| <b>17) <u>Interest Expense</u></b>   | <b>Total</b>                       | <b>\$ (14,046)</b>          | <b>\$ (107,615)</b> |
| True-up of GASB 87 and GASB 96 schedules created a negative variance in Interest Expense.  |                                    |                             |                     |

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MAY 2026

| CURRENT MONTH                          |                   |                     |               |  | YEAR TO DATE        |                     |                       |               |    | PRIOR YTD<br>MAY 2025 |
|--|-------------------|---------------------|---------------|--|---------------------|---------------------|-----------------------|---------------|----|-----------------------|
| ACTUAL                                 | BUDGET            | VAR\$               | VAR%          |  | ACTUAL              | BUDGET              | VAR\$                 | VAR%          |    |                       |
| <b>OPERATING REVENUE</b>               |                   |                     |               |  |                     |                     |                       |               |    |                       |
| \$ 4,355,368                           | \$ 4,763,756      | \$ (408,388)        | -8.6%         | Total Gross Revenue                      | \$ 52,584,281       | \$ 50,005,640       | \$ 2,578,641          | 5.2%          | 1  | \$ 46,894,146         |
| <b>Gross Revenues - Inpatient</b>      |                   |                     |               |  |                     |                     |                       |               |    |                       |
| \$ -                                   | \$ -              | \$ -                | 0.0%          | Daily Hospital Service                   | \$ -                | \$ -                | \$ -                  | 0.0%          |    | \$ -                  |
| -                                      | -                 | -                   | 0.0%          | Ancillary Service - Inpatient            | -                   | -                   | -                     | 0.0%          |    | -                     |
| -                                      | -                 | -                   | 0.0%          | Total Gross Revenue - Inpatient          | -                   | -                   | -                     | 0.0%          | 1  | -                     |
| 4,355,368                              | 4,763,756         | (408,388)           | -8.6%         | Gross Revenue - Outpatient               | 52,584,281          | 50,005,640          | 2,578,641             | 5.2%          |    | 46,894,146            |
| 4,355,368                              | 4,763,756         | (408,388)           | -8.6%         | Total Gross Revenue - Outpatient         | 52,584,281          | 50,005,640          | 2,578,641             | 5.2%          | 1  | 46,894,146            |
| <b>Deductions from Revenue:</b>        |                   |                     |               |  |                     |                     |                       |               |    |                       |
| 2,095,033                              | 2,319,017         | 223,983             | 9.7%          | Contractual Allowances                   | 26,256,284          | 24,313,565          | (1,942,719)           | -8.0%         | 2  | 22,756,709            |
| 11,865                                 | 95,275            | 83,410              | 87.5%         | Charity Care                             | 863,764             | 1,000,113           | 136,349               | 13.6%         | 2  | 671,676               |
| 218,772                                | 71,456            | (147,315)           | -206.2%       | Bad Debt                                 | 1,363,371           | 750,085             | (613,286)             | -81.8%        | 2  | 1,250,872             |
| -                                      | -                 | -                   | 0.0%          | Prior Period Settlements                 | (53,794)            | -                   | 53,794                | 0.0%          | 2  | (749,343)             |
| 2,325,670                              | 2,485,748         | 160,078             | 6.4%          | Total Deductions from Revenue            | 28,429,624          | 26,063,763          | (2,365,862)           | -9.1%         | 2  | 23,929,914            |
| 60,071                                 | 39,868            | 20,203              | 50.7%         | Other Operating Revenue                  | 661,119             | 390,374             | 270,746               | 69.4%         | 3  | 641,873               |
| 2,089,769                              | 2,317,876         | (228,107)           | -9.8%         | <b>TOTAL OPERATING REVENUE</b>           | 24,815,776          | 24,332,251          | 483,525               | 2.0%          |    | 23,606,105            |
| <b>OPERATING EXPENSES</b>              |                   |                     |               |  |                     |                     |                       |               |    |                       |
| 1,007,538                              | 696,526           | (311,012)           | -44.7%        | Salaries and Wages                       | 9,809,757           | 8,223,836           | (1,585,921)           | -19.3%        | 4  | 7,681,542             |
| 202,355                                | 233,210           | 30,855              | 13.2%         | Benefits                                 | 2,548,488           | 2,377,585           | (170,904)             | -7.2%         | 4  | 2,441,653             |
| 4,119                                  | 1,957             | (2,162)             | -110.5%       | Benefits Workers Compensation            | 75,967              | 21,527              | (54,440)              | -252.9%       | 4  | 16,486                |
| 192,453                                | 178,944           | (13,509)            | -7.5%         | Benefits Medical Insurance               | 1,856,615           | 1,968,384           | 111,769               | 5.7%          | 4  | 1,734,523             |
| 174,847                                | 178,640           | 3,793               | 2.1%          | Medical Professional Fees                | 1,919,542           | 1,965,040           | 45,498                | 2.3%          | 5  | 1,927,362             |
| 5,389                                  | 6,140             | 751                 | 12.2%         | Other Professional Fees                  | 59,241              | 67,540              | 8,299                 | 12.3%         | 5  | 26,041                |
| 82,353                                 | 132,188           | 49,835              | 37.7%         | Supplies                                 | 1,640,154           | 1,505,891           | (134,263)             | -8.9%         | 6  | 1,350,282             |
| 35,635                                 | 84,617            | 48,982              | 57.9%         | Purchased Services                       | 1,030,419           | 1,158,423           | 128,004               | 11.0%         | 7  | 991,408               |
| 151,220                                | 116,486           | (34,734)            | -29.8%        | Other                                    | 1,324,552           | 1,252,288           | (72,264)              | -5.8%         | 8  | 1,129,164             |
| 1,855,908                              | 1,628,708         | (227,200)           | -13.9%        | <b>TOTAL OPERATING EXPENSE</b>           | 20,264,735          | 18,540,513          | (1,724,221)           | -9.3%         |    | 17,298,461            |
| <b>233,861</b>                         | <b>689,168</b>    | <b>(455,307)</b>    | <b>-66.1%</b> | <b>NET OPERATING REV(EXP) EBIDA</b>      | <b>4,551,041</b>    | <b>5,791,738</b>    | <b>(1,240,696)</b>    | <b>-21.4%</b> |    | <b>6,307,644</b>      |
| <b>NON-OPERATING REVENUE/(EXPENSE)</b> |                   |                     |               |  |                     |                     |                       |               |    |                       |
| 3,752                                  | 24,114            | (20,362)            | -84.4%        | Donations-IVCH                           | 152,807             | 261,825             | (109,019)             | -41.6%        | 9  | 94,517                |
| -                                      | -                 | -                   | 0.0%          | Gain/ (Loss) on Sale                     | -                   | -                   | -                     | 0.0%          | 10 | -                     |
| (206,191)                              | (207,021)         | 830                 | 0.4%          | Depreciation                             | (2,268,107)         | (2,277,236)         | 9,129                 | 0.4%          | 11 | (2,244,195)           |
| (2,976)                                | (1,855)           | (1,121)             | -60.4%        | Interest Expense                         | (34,047)            | (21,809)            | (12,238)              | -56.1%        | 12 | (16,651)              |
| (205,416)                              | (184,763)         | (20,653)            | -11.2%        | <b>TOTAL NON-OPERATING REVENUE/(EXP)</b> | <b>(2,149,347)</b>  | <b>(2,037,220)</b>  | <b>(112,128)</b>      | <b>-5.5%</b>  |    | <b>(2,166,329)</b>    |
| <b>\$ 28,446</b>                       | <b>\$ 504,405</b> | <b>\$ (475,960)</b> | <b>-94.4%</b> | <b>EXCESS REVENUE(EXPENSE)</b>           | <b>\$ 2,401,694</b> | <b>\$ 3,754,518</b> | <b>\$ (1,352,824)</b> | <b>-36.0%</b> |    | <b>\$ 4,141,315</b>   |
| <b>5.4%</b>                            | <b>14.5%</b>      | <b>-9.1%</b>        |               | <b>RETURN ON GROSS REVENUE EBIDA</b>     | <b>8.7%</b>         | <b>11.6%</b>        | <b>-2.9%</b>          |               |    | <b>13.5%</b>          |

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

|   |                                  | <u>Variance from Budget</u> |                       |
|---|----------------------------------|-----------------------------|-----------------------|
|   |                                  | <u>Fav&lt;Unfav&gt;</u>     |                       |
|   |                                  | <u>MAY 2026</u>             | <u>YTD 2026</u>       |
| <b>1) <u>Gross Revenues</u></b>   |                                  |                             |                       |
| Acute Patient Days were at budget at 0 days.  | Gross Revenue -- Inpatient       | \$ -                        | \$ -                  |
| Outpatient volumes were below budget in the following departments:<br>Emergency Department visits, Surgery cases, Laboratory tests, EKGs, Diagnostic Imaging, Mammography, and Occupational Therapy.  | Gross Revenue -- Outpatient      | (408,388)                   | 2,578,641             |
| Outpatient volumes were above budget in the following departments:<br>Ultrasounds, Cat Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, Physical and Speech Therapies.   | Total                            | <u>\$ (408,388)</u>         | <u>\$ 2,578,641</u>   |
| <b>2) <u>Total Deductions from Revenue</u></b>  |                                  |                             |                       |
| We saw a shift in our payor mix with a 18.20% increase in Medicare, a 3.52% decrease in Medicaid, a 15.37% decrease in Commercial insurance, and a .69% increase in Other. Revenues were below budget 8.6% and we saw a shift from Commercial and Medicaid to Medicare. | Contractual Allowances           | \$ 223,983                  | \$ (1,942,719)        |
|   | Charity Care                     | 83,410                      | 136,349               |
|   | Bad Debt                         | (147,315)                   | (613,286)             |
|   | Prior Period Settlement          | -                           | 53,794                |
|   | Total                            | <u>\$ 160,078</u>           | <u>\$ (2,365,862)</u> |
| <b>3) <u>Other Operating Revenue</u></b>  |                                  |                             |                       |
| IVCH ER Physician Guarantee is tied to collections, coming in above budget in May.  | IVCH ER Physician Guarantee      | \$ 16,899                   | \$ 230,085            |
|   | Miscellaneous                    | 3,304                       | 40,661                |
|   | Total                            | <u>\$ 20,203</u>            | <u>\$ 270,746</u>     |
| <b>4) <u>Salaries and Wages</u></b>   |                                  |                             |                       |
| We saw increases in Technical, RN, Physician and Management salaries, creating a negative variance in Salaries and Wages.   | Total                            | <u>\$ (311,012)</u>         | <u>\$ (1,585,921)</u> |
| <b><u>Employee Benefits</u></b>   |                                  |                             |                       |
| Employment taxes created a negative variance in Other.  | PL/SL                            | \$ 5,250                    | \$ (70,012)           |
| Physician Productivity bonuses were below budget, creating a positive variance in Nonproductive.  | Other                            | (18,410)                    | (98,398)              |
|   | Standby                          | 673                         | (15,371)              |
|   | Pension/Deferred Comp            | 0                           | 0                     |
|   | Nonproductive                    | 43,342                      | 12,876                |
|   | Total                            | <u>\$ 30,855</u>            | <u>\$ (170,904)</u>   |
| <b><u>Employee Benefits - Workers Compensation</u></b>  | Total                            | <u>\$ (2,162)</u>           | <u>\$ (54,440)</u>    |
| <b><u>Employee Benefits - Medical Insurance</u></b>   | Total                            | <u>\$ (13,509)</u>          | <u>\$ 111,769</u>     |
| The District has a self-insured plan and expense is based on actual claims paid.  |                                  |                             |                       |
| <b>5) <u>Professional Fees</u></b>  |                                  |                             |                       |
| We saw a decrease in extended patient care hours, creating a positive variance in IVCH ER Physicians.   | Administration                   | \$ -                        | \$ -                  |
|   | Multi-Specialty Clinics          | -                           | -                     |
|   | Miscellaneous                    | 94                          | 281                   |
|   | Foundation                       | 751                         | 8,294                 |
|   | IVCH ER Physicians               | 3,700                       | 45,222                |
|   | Total                            | <u>\$ 4,544</u>             | <u>\$ 53,797</u>      |
| <b>6) <u>Supplies</u></b>   |                                  |                             |                       |
| Drugs Sold to Patients revenues were below budget 2.32%, creating a positive variance in Pharmacy Supplies.   | Pharmacy Supplies                | \$ 16,822                   | \$ (269,264)          |
| Non Patient Chargeable and Other Non-Medical supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.  | Office Supplies                  | (45)                        | (1,119)               |
|   | Food                             | (15)                        | 1,864                 |
|   | Minor Equipment                  | 165                         | 7,922                 |
|   | Non-Medical Supplies             | 2,107                       | 31,373                |
|   | Patient & Other Medical Supplies | 30,801                      | 94,961                |
|   | Total                            | <u>\$ 49,835</u>            | <u>\$ (134,263)</u>   |

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

|  |                                    | <b>Variance from Budget</b> |                     |
|--|------------------------------------|-----------------------------|---------------------|
|  |                                    | <b>Fav&lt;Unfav&gt;</b>     |                     |
|  |                                    | <b>MAY 2026</b>             | <b>YTD 2026</b>     |
| <b>7) <u>Purchased Services</u></b>  |                                    |                             |                     |
| Lab Send Out Tests volumes were below budget, creating a positive variance in Laboratory.  | Pharmacy                           | \$ (407)                    | \$ (6,083)          |
| We saw positive variances in Department Repairs in Surgery, Diagnostic Imaging, Ultrasound, and Facilities.                          | Laboratory                         | 2,704                       | (3,456)             |
| Annual floor care, striping and waxing, created a negative variance in Engineering/Plant/Communications.                             | Department Repairs                 | 7,842                       | (2,102)             |
| A true-up of Snow Removal invoice accruals created a positive variance in Miscellaneous.   | Multi-Specialty Clinics            | 90                          | (1,951)             |
|  | Diagnostic Imaging Services - All  | (97)                        | 2,351               |
|  | EVS/Laundry                        | 1,565                       | 3,607               |
|  | Engineering/Plant/Communications   | (4,103)                     | 7,660               |
|  | Foundation                         | 1,250                       | 43,025              |
|  | Miscellaneous                      | 40,137                      | 84,954              |
|  | <b>Total</b>                       | <b>\$ 48,982</b>            | <b>\$ 128,004</b>   |
| <b>8) <u>Other Expenses</u></b>  |                                    |                             |                     |
| Common Area Maintenance costs and a rental increase for an employee housing unit created a negative variance in Other Building Rent. | Other Building Rent                | \$ (10,992)                 | \$ (109,802)        |
| Sponsorship of a community event created a negative variance in Miscellaneous.   | Miscellaneous                      | (4,662)                     | (42,568)            |
| We saw increases in Dues and Subscriptions for Physicians and Administration, creating a negative variance in this category.         | Multi-Specialty Clinics Bldg. Rent | (1,087)                     | (12,223)            |
| Consumer Magazine media and social media campaigns created a negative variance in Marketing.   | Dues and Subscriptions             | (2,659)                     | (8,148)             |
| Natural Gas/Propane and Electricity costs were below budget, creating a positive variance in Utilities.                              | Equipment Rent                     | (1,146)                     | (323)               |
|  | Insurance                          | 36                          | 2,236               |
|  | Marketing                          | (20,781)                    | 25,272              |
|  | Outside Training & Travel          | 1,140                       | 26,607              |
|  | Utilities                          | 5,417                       | 46,685              |
|  | <b>Total</b>                       | <b>\$ (34,734)</b>          | <b>\$ (72,264)</b>  |
| <b>9) <u>Donations</u></b>   |                                    |                             |                     |
|  | <b>Total</b>                       | <b>\$ (20,362)</b>          | <b>\$ (109,019)</b> |
| <b>10) <u>Gain/(Loss) on Sale</u></b>  |                                    |                             |                     |
|  | <b>Total</b>                       | <b>\$ -</b>                 | <b>\$ -</b>         |
| <b>11) <u>Depreciation Expense</u></b>   |                                    |                             |                     |
|  | <b>Total</b>                       | <b>\$ 830</b>               | <b>\$ 9,129</b>     |
| <b>12) <u>Interest Expense</u></b>   |                                    |                             |                     |
|  | <b>Total</b>                       | <b>\$ (1,121)</b>           | <b>\$ (12,238)</b>  |

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

|                                 | AUDITED<br>FYE 2025 |    | **BUDGET**<br>FYE 2026 | PROJECTED<br>FYE 2026 | ACTUAL<br>MAY 2026 | PROJECTED<br>MAY 2026 | DIFFERENCE   | ACTUAL<br>1ST QTR | ACTUAL<br>2ND QTR | ACTUAL<br>3RD QTR | PROJECTED<br>4TH QTR |
|---------------------------------|---------------------|----|------------------------|-----------------------|--------------------|-----------------------|--------------|-------------------|-------------------|-------------------|----------------------|
| Net Operating Rev/(Exp) - EBIDA | 51,886,266          |    | 27,556,243             | 27,648,231            | \$ 1,773,687       | \$ 1,995,647          | \$ (221,960) | \$ 12,945,140     | \$ 9,028,708      | \$ 8,429,183      | \$ (2,754,800)       |
| Interest Income                 | 3,958,656           |    | 3,622,400              | 4,716,209             | 220,454            | 260,000               | (39,546)     | 1,076,593         | 1,354,051         | 989,050           | 1,296,514            |
| Property Tax Revenue            | 11,279,104          |    | 11,320,000             | 12,054,833            | 4,592,813          | 4,300,000             | 292,813      | 587,757           | 236,387           | 6,437,876         | 4,792,813            |
| Donations                       | 1,193,437           |    | 5,037,312              | 2,219,467             | 179,526            | 102,000               | 77,526       | 60,899            | 563,235           | 249,092           | 1,346,240            |
| Debt Service Payments           | (3,516,862)         |    | (3,876,518)            | (3,532,345)           | (167,626)          | (167,626)             | 0            | (1,484,229)       | (798,504)         | (746,735)         | (502,877)            |
| Property Purchase Agreement     | (811,927)           |    | (473,624)              | (541,285)             | -                  | -                     | -            | (202,982)         | (202,982)         | (135,321)         | -                    |
| Municipal Lease 2025            | (333,643)           |    | (1,000,932)            | (1,000,929)           | (83,411)           | (83,411)              | 0            | (250,232)         | (250,232)         | (250,232)         | (250,232)            |
| 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)            | (1,222,636)           | (84,215)           | (84,215)              | 0            | (358,585)         | (332,232)         | (279,174)         | (252,645)            |
| Physician Recruitment           | (121,333)           |    | (521,000)              | (171,333)             | -                  | -                     | -            | (88,000)          | (83,333)          | -                 | -                    |
| Investment in Capital           |                     |    |                        |                       |                    |                       |              |                   |                   |                   |                      |
| Equipment                       | (4,700,844)         |    | (5,613,300)            | (6,363,738)           | (231,132)          | (880,000)             | 648,868      | (1,247,350)       | (1,713,269)       | (1,513,287)       | (1,889,832)          |
| Municipal Lease Reimbursement   | 1,340,632           |    | 4,780,000              | 2,371,777             | -                  | -                     | -            | -                 | -                 | 1,175,694         | 1,196,083            |
| IT/EMR/Business Systems         | -                   |    | (5,027,825)            | -                     | -                  | -                     | -            | -                 | -                 | -                 | -                    |
| Building Projects/Properties    | (12,436,705)        |    | (55,592,169)           | (40,889,396)          | (2,163,608)        | (8,100,000)           | 5,936,392    | (5,592,451)       | (12,181,170)      | (9,024,413)       | (14,091,363)         |
| Change in Accounts Receivable   | (8,996,668)         | N1 | (328,792)              | 5,326,269             | 1,253,345          | 953,531               | 299,814      | 6,006,700         | 1,943,603         | (4,033,596)       | 1,409,562            |
| Change in Settlement Accounts   | (10,420,429)        | N2 | (5,011,279)            | (6,663,962)           | (3,592,373)        | (1,947,882)           | (1,644,491)  | (5,260,008)       | (11,199,598)      | 8,092,825         | 1,702,819            |
| Change in Other Assets          | (6,444,419)         | N3 | (2,248,346)            | (7,017,224)           | (1,391,791)        | (1,618,603)           | 226,812      | (3,518,928)       | (1,052,013)       | (1,967,254)       | (479,029)            |
| Change in Other Liabilities     | 6,736,574           | N4 | (7,815,000)            | (5,010,244)           | (3,394,638)        | (226,757)             | (3,167,881)  | (664,024)         | (8,365,438)       | (3,773,498)       | 7,792,716            |
| Change in Cash Balance          | 29,757,408          |    | (33,718,273)           | (15,311,457)          | (2,921,343)        | (5,329,690)           | 2,408,347    | 2,822,100         | (22,267,341)      | 4,314,937         | (181,154)            |
| Beginning Unrestricted Cash     | 184,297,240         |    | 214,054,647            | 214,054,647           | 204,338,696        | 204,338,696           | -            | 214,054,647       | 216,876,748       | 194,609,407       | 198,924,344          |
| Ending Unrestricted Cash        | 214,054,647         |    | 180,336,374            | 198,743,190           | 201,417,353        | 199,009,007           | 2,408,347    | 216,876,748       | 194,609,407       | 198,924,344       | 198,743,190          |
| Operating Cash                  | 214,054,647         |    | 180,336,374            | 198,743,190           | 201,417,353        | 199,009,007           | 2,408,347    | 216,876,748       | 194,609,407       | 198,924,344       | 198,743,190          |
| Expense Per Day                 | 917,777             |    | 956,582                | 988,610               | 956,140            | 952,289               | 3,851        | 936,594           | 937,532           | 949,903           | 988,610              |
| Days Cash On Hand               | 233                 |    | 189                    | 201                   | 211                | 209                   | 3            | 232               | 208               | 209               | 201                  |

**Footnotes:**

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

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

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

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

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



## AGENDA ITEM COVER SHEET

|   |  |
|---|--|
| <b>MEETING DATE:</b> July 23, 2026  | <b>ITEM:</b> 14.3. Executive Reports July 2026   |
| <b>DEPARTMENT:</b> Administration   | <b>TYPE OF AGENDA ITEM:</b><br><input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent<br><input type="checkbox"/> Discussion  |
| <b>RESPONSIBLE PARTY:</b> Administration  | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input checked="" type="checkbox"/> Other <b>Executive Updates</b> |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  |
| <b>BACKGROUND:</b><br>Combined monthly Board reports from Executive Leadership.   |  |
| <b>SUMMARY/OBJECTIVES:</b><br>Objective: Executive Report to review key strengths and opportunities across True North areas of priority including: Health Within Reach, Community Guided, and Transformation.   |  |
| <b>SUGGESTED DISCUSSION POINTS:</b><br><br><b>Health Within Reach</b> – Pediatric Access Improvement, IVCH Outpatient Infusion Service Growth, Continued outreach through Community Health programs.<br><b>Community Guided</b> – Nursing teams donated \$10k to local non-profits, 2 <sup>nd</sup> year of healthcare job shadow program, 4 <sup>th</sup> of July presenting sponsor.<br><b>Transformation</b> –Launched AI Governance Committee, IVCH received Notice of Intent to award funding-Nevada Rural Health Transformation, Gateway West expansion |  |
| <b>SUGGESTED MOTION/ALTERNATIVES:</b><br>Move to approve the consent agenda as presented.<br>(includes all consent items)<br><br>Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Executive Report as presented.  |  |
| <b>LIST OF ATTACHMENTS:</b><br>Executive Board Reports – June 2026<br>Individual Board Reports hyperlinked in Appendix  |  |



# TAHOE FOREST HOSPITAL DISTRICT

## Executive Board Report June 2026

**By:**

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

### Executive Summary

June reflects continued progress across the True North aims, with measurable gains in access, meaningful community impact, continued recognition of clinical excellence, and advancement of key infrastructure and innovation initiatives. Throughout the reporting period, several strategic initiatives demonstrated measurable results, including improved access to care, achievement of important quality milestones, and advancement of projects supporting future growth. Leadership transitions also advanced during the reporting period, including the appointment of the organization's new Chief Human Resources Officer.

### Health Within Reach

*Expanding access, affordability, and connection to care*

**Key Updates**

- Pediatric access improved significantly during the reporting period, with third-next-available appointments decreasing from approximately 58 days in March to 34 days in June.
- IVCH Outpatient Infusion Services experienced significant growth, completing 128 patient visits in May, a record monthly volume and nearly double the department's previous high. The program continues to expand access to specialty infusion therapies

and IV antibiotic treatment locally, reducing the need for patients to travel outside the region for care.

- Community Health programs continue to expand their reach, with average monthly wellness visits increasing from 644 in 2023 to 1,476 year-to-date in 2026.
- Clinical teams advanced stroke care readiness through implementation of a pediatric stroke workflow. The organization also successfully completed the ACHC Stroke Survey with zero deficiencies while maintaining American Heart Association Gold-level stroke recognition.
- Tahoe Forest Health System received Superior Performance Recognition on the 2025 California Maternity Care Honor Roll, recognizing excellence in maternal health outcomes and evidence-based maternity care practices.

## Community Guided

*Listening to, partnering with, and responding to the needs of our communities.*

### **Key Updates**

- Nursing teams donated \$10,000 to local nonprofit organizations through the annual Nurses Week community giving initiative, reflecting the organization's commitment to community engagement and service.
- IVCH Emergency Department and Medical-Surgical staff supported the volunteer-run Vituity Cares Clinic in Kings Beach, helping provide no-cost healthcare services to more than 50 community members.
- Tahoe Forest Health System's Healthcare Professional Job Shadow Program completed its second year, providing local high school students with hands-on exposure to healthcare careers and supporting development of future workforce pipelines for the region.
- Tahoe Forest Health System is proud to serve as the presenting sponsor of the Truckee Fourth of July Parade, one of the region's most celebrated community events.
  - Sponsorship reflects our commitment to community connection, visibility, and supporting the traditions that bring our region together

# Transformation: Strategy, Infrastructure, Innovation

*Investing in the people, technology, infrastructure, and innovation necessary to support long-term success.*

## **Key Updates**

- Launched a formal AI Governance initiative to establish the oversight, policies, and processes needed to safely evaluate and implement artificial intelligence across the health system.
- Successfully launched the Five9 cloud contact center platform, enhancing patient communication capabilities and supporting future access initiatives.
- Implemented monday.com as an enterprise project management and governance platform to strengthen organizational visibility, accountability, and execution of strategic initiatives.
- Incline Village Community Hospital Foundation received a Notice of Intent to Award for \$1.49 million in Nevada Rural Health Transformation funding to support workforce recruitment and retention efforts.
- Tahoe Forest Health System successfully completed American College of Surgeons Trauma Reverification with zero deficiencies, maintaining trauma verification for an additional three years.
- Gateway West expansion reached a major construction milestone, transitioning from demolition to new construction. Site improvements continue at the North Shore Clinic, with patient services anticipated to begin in August 2026. Phase I of the Incline Village Community Hospital Surgery Expansion is underway.

## Appendix

[CCOF Board Report - June 2026](#)

[CMO Board Report – June 2026](#)

[CNO Board Report – June 2026](#)

[COO Board Report – June 2026](#)

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

[Information Technology Board Report – June 2026](#)



## AGENDA ITEM COVER SHEET

|   |   |
|---|---|
| <b>MEETING DATE:</b> June 25, 2026  | <b>ITEM:</b> 15.1. True North 2030 Measurement Strategy   |
| <b>DEPARTMENT:</b> Administration   | <b>TYPE OF AGENDA ITEM:</b><br><input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent<br><input type="checkbox"/> Discussion   |
| <b>RESPONSIBLE PARTY:</b><br>Anna Roth, President & CEO   | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input type="checkbox"/> Other |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |
| <b>BACKGROUND:</b><br>Tahoe Forest Health System launched the True North strategic planning process in response to significant changes across healthcare, including rising care and labor costs, workforce shortages, growing demand for outpatient and specialty care, higher expectations for convenience and patient experience, increased competition and healthcare consolidation and ongoing federal and state funding uncertainty. The organization also recognized the growing impact of remote and technology-enabled care models that are reshaping how patients access services.<br><br>The resulting True North strategy establishes a long-term framework to guide organizational priorities, investments and decision-making through 2030. The strategy is centered on three core aims: Health Within Reach, Community Guided and Transformation. Together, these priorities focus on improving access to care, strengthening community-informed decision-making and building a more aligned, accountable and sustainable health system.<br><br>The presentation also demonstrates what will drive the True North Measurement Strategy, how it will be informed by the patients, frontline staff, community partners, along with organizational date. |   |
| <b>SUMMARY/OBJECTIVES:</b><br>The Board will receive a presentation on the proposed True North Measurement Strategy and proposed timeline for FY 2027. The presentation will focus on key goals for each of the True North Aims: Health Within Reach, Community Guided and Transformation.  |   |
| <b>SUGGESTED DISCUSSION POINTS:</b><br><br><ul style="list-style-type: none"> <li>• Understanding Measurement Science</li> <li>• Understanding Metric Development</li> <li>• Balancing Metrics, developing baselines and benchmarks</li> </ul>  |   |

**SUGGESTED MOTION/ALTERNATIVES:**

- Motion to approve the True North 2030 Measurement Strategy as presented.

Alternatives:

- Motion to approve the True North 2030 Measurement Strategy with modifications or additional direction from the Board.

**LIST OF ATTACHMENTS:**

True North 2030 Measurement Strategy Presentation  
TFHS\_True North Measuring Success

# Measuring True North

June 2026



# Tahoe Forest True North Aims:



## Health Within Reach

Access, choice, lower cost & convenience



## Community Guided

Sustain world-class care shaped by community



## Transformation

Accountability, alignment & stronger governance



# The Five Driver Model



# What drives our measurement strategy

Informed by patients, clinicians, frontline staff, community partners, and organizational data



## Framework Development

5,000 Voices Outreach

TFHS Team Input

Performance Metrics

Trend & Risk Indicators



## Ongoing Measurement

### Clinical Excellence

- Quality & Patient Safety
- Regulatory Requirements

### Operational Performance

- Access & Throughput
- Department Performance

### Organizational Health

- Financial Stewardship
- Workforce Engagement



## Guided by Our True North



# Understanding Measurement Science

What is it and how it leads to improvement

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Standard Metrics

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Process Metrics

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Outcome Metrics

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Balancing Metrics

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Novel Metrics

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Developing the Metric

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Establishing Reporting Stability

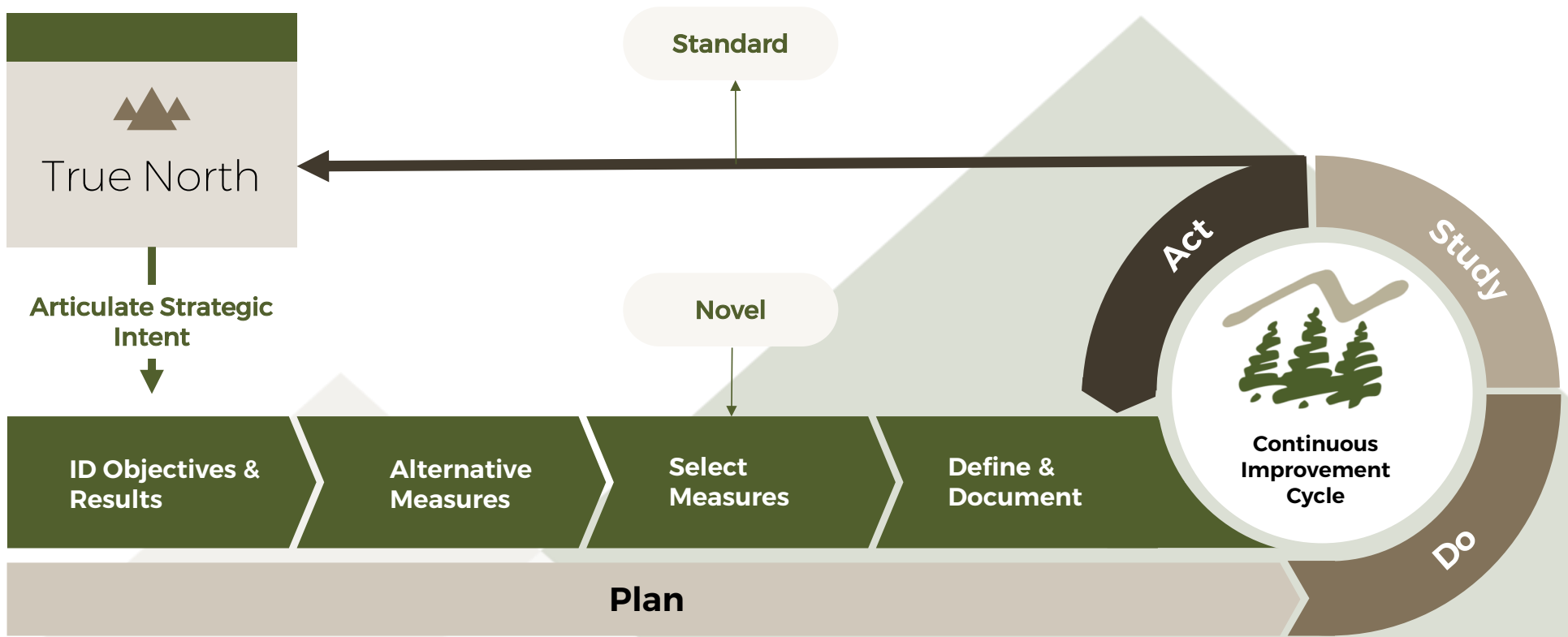
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Establishing Baselines

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# Understanding Metric Development





# Health Within Reach

## GOAL

In 2027, TFHS will strengthen its position as the community's trusted, accessible health home that meets our patients' needs by:

**4,000**

Visits per month

**Number of Primary Care visits (capacity)**

Current FY monthly average ~ 3200 visit

STANDARD

**30 Days**

Third Next Available Appointment

**Reducing wait times for appointments**

TNAA\* for Primary Care, Women's Health, Pediatric  
Current TNAA: ~35 days

STANDARD

**Financial Assistance**

**Making care more affordable and accessible**

Lab test utilization (Reporting Only)  
Total financial assistance (Reporting only)

NOVEL



# Community Guided

## GOAL

In 2027, TFHS will deliver exceptional, world-class care that addresses what matters most to our community, staff and partners by:

### Input Informs Action

#### 5000 Voices 2.0

Build on the 5,000 Voices effort so ongoing community input informs action across the organization (Reporting Only)

NOVEL

### Leveraging PFAC\*

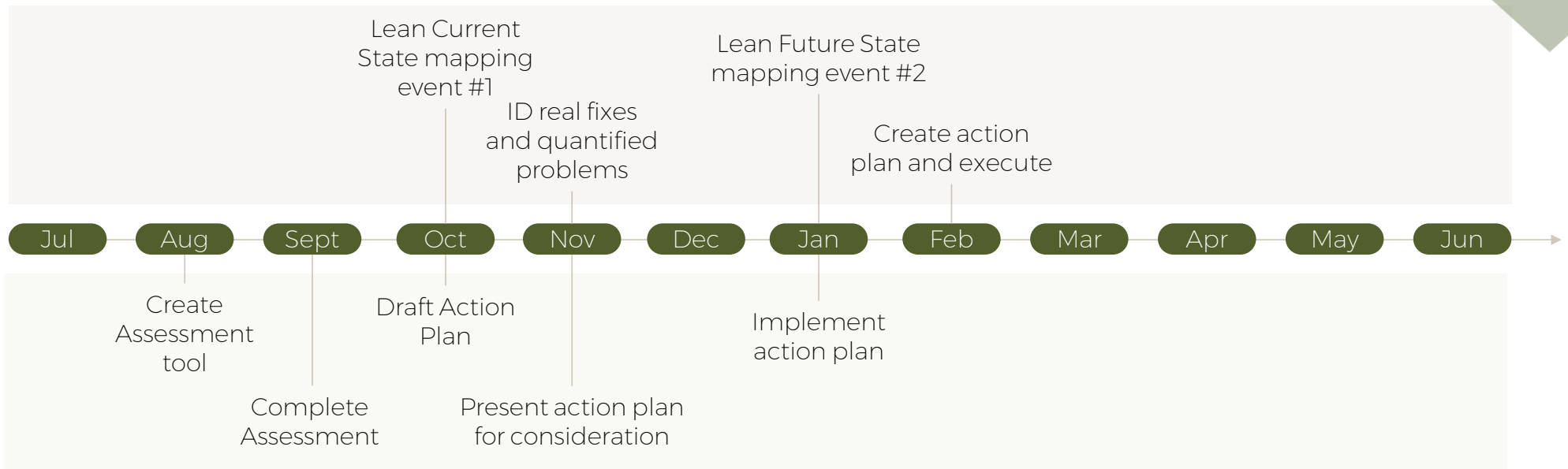
#### PFAC Action Plan

Better leveraging the Patient and Family Advisory Council as measured by conducting an assessment and developing action plans (Reporting Only)

NOVEL

# Community Guided

## 5,000 Voices 2.0



## Patient and Family Advisory Council

# Transformation

## GOAL

In 2027, TFHS will leverage the wisdom, ingenuity and insights of our community to find solutions, share power, and operate with accountability and alignment by:

### Health In Action

#### Transformation Summit

Convening a community-shared transformation summit (Reporting Only)

Novel

### Board Engagement

#### Governance

Supporting strong governance as measured by developing and implementing a board education plan and establishing a community advisory structure (Reporting Only)

Novel

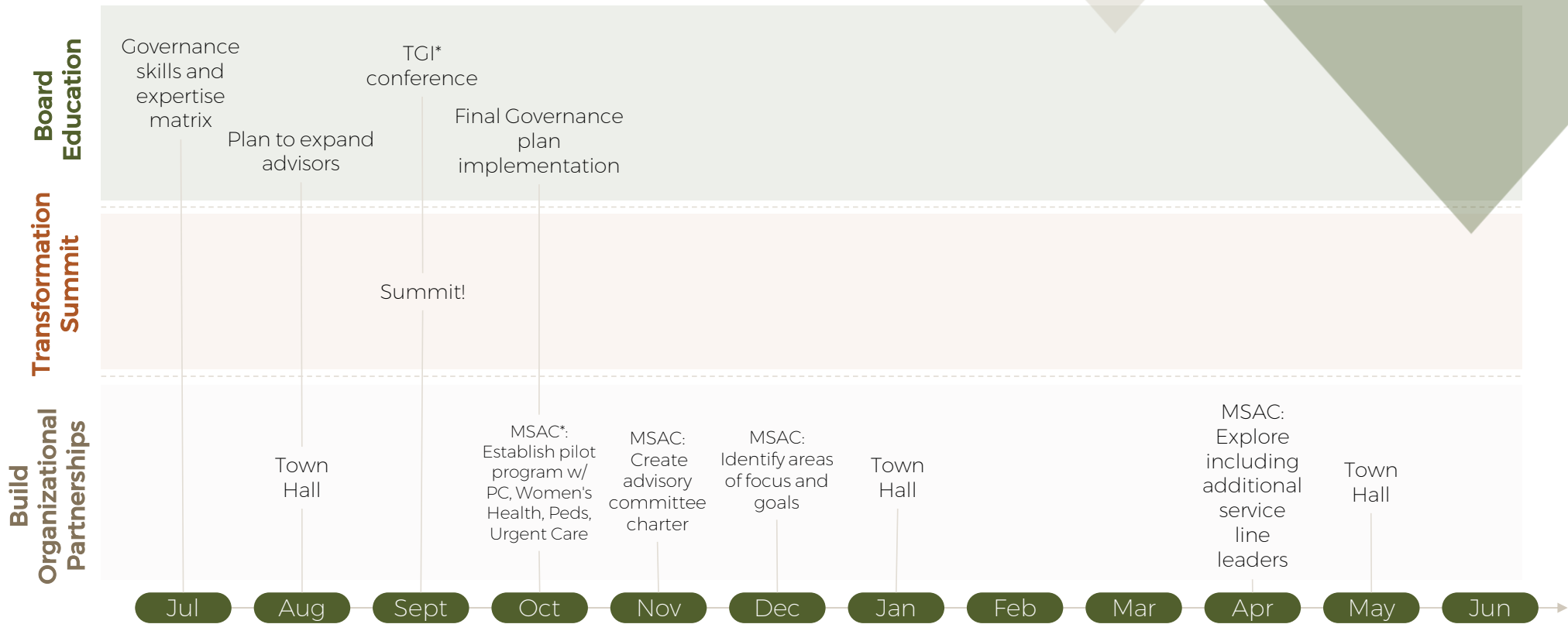
### Partnerships

#### Build collaboration across the organization:

Define and establish medical staff advisory committee  
Engage employees through existing structures with at least three engagement sessions (Reporting Only)

Novel

# Transformation



# Balancing Metrics

Addressing unintended consequences with Balancing Metrics

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## Satisfaction Surveys

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Patients

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Employees

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Physician alignment

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## Operational Surveillance

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Operating Margin

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Quality and safety

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Workforce

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# Governance Dashboard Sample



## Next steps:

Develop baselines and benchmarks

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Periodical board updates on goals and measures

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Office Hours

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TAHOE FOREST  
HEALTH SYSTEM

# TRUE NORTH 2030

## Measuring Success

June 2026



# The True North Measurement Framework

The best strategies fall short without consistent, thoughtful measurement.

Strong measurement does more than provide a target to aspire to. When used effectively, metrics can engage and motivate staff, community members and the Board. They support course correction, reveal how actions affect other elements of the plan, and help us prioritize the use of critical resources, including finances and our workforce.

Most importantly, measurement transforms strategy into action. By defining and tracking meaningful indicators of success, the True North plan can move beyond concepts and aspirations to create measurable improvement and lasting change.

The True North aims must be continually evaluated to ensure progress toward our larger goal of improving the lives and well-being of the communities we serve. Developed through extensive community outreach as part of the 5,000 Voices engagement initiative, these aims reflect community priorities and require ongoing measurement to ensure meaningful progress.

## Tahoe Forest True Aims



### Health Within Reach

Access, choice, lower cost & convenience



### Community Guided

Services shaped by community



### Transformation

Shared decisions, stronger accountability

# A Commitment to Measurement Excellence

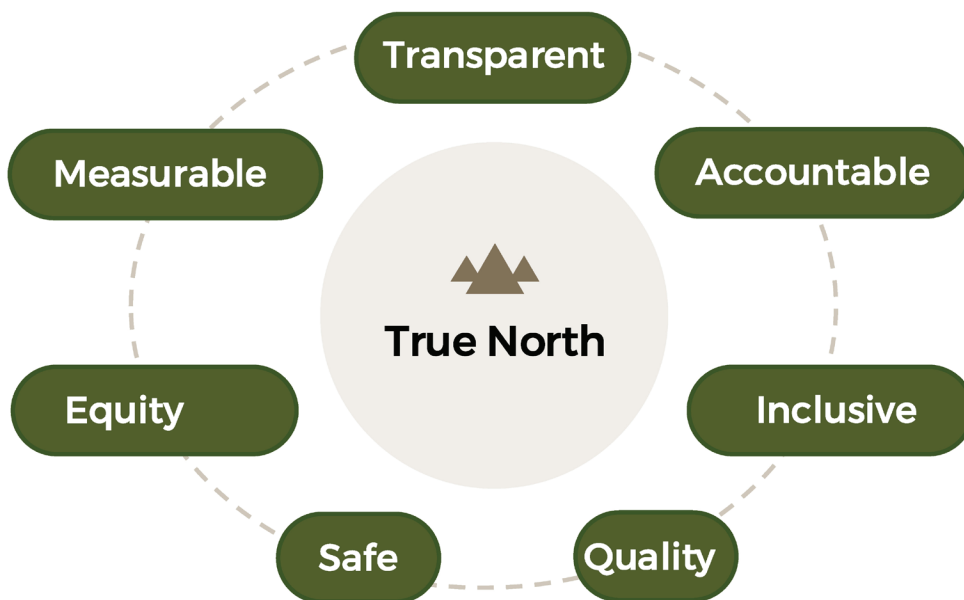
True North aspires to enhance how TFHS operates and serves the community significantly. Rigorous measurement is an essential part of that strategy.

This plan outlines the measurement science that will guide these efforts while emphasizing that the True North measurement framework is designed to complement—not replace—existing organizational performance and accountability systems.

The scope of this strategy is ambitious but attainable. Achieving our goals will require collaboration among frontline staff, clinicians, patients, data and, most importantly, the communities we serve.

As we establish the True North measurement framework, we are committed to the following principles:

## True North Design Principles



**TRANSPARENT:** Staff, community members and the Board must have confidence that our metrics are based on accurate, observable and verifiable data. Transparency builds trust in both the measurement process and the progress it demonstrates.

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**ACCOUNTABLE:** Reliable measurement depends on accountability at every level of the organization. Every team member plays a role not only in collecting and sharing data, but also in responding to results and using them to drive improvement.

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**MEASURABLE:** Metrics should provide a clear and practical foundation for evaluation. We are committed to developing realistic measures that resonate with staff, community members and the Board while reflecting the goals of True North.

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**INCLUSIVE:** Effective measurement requires broad participation and buy-in. By engaging staff, community members and leadership in developing metrics, we build the trust and shared ownership necessary for long-term success.

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**EQUITABLE:** True North seeks to advance equitable access to health care regardless of income, geography or cultural background. Our measurement framework must reflect that commitment by examining outcomes across different populations and identifying disparities that may be hidden within overall averages.

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**SAFE:** Our measurement practices will prioritize the safety, dignity and privacy of both patients and staff. This requires careful consideration of how data is collected, shared and interpreted.

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**QUALITY:** Quality is at the core of both True North and Tahoe Forest Health System. Our measurement framework will focus on delivering safe, effective, patient-centered, timely, efficient and equitable care.

# UNDERSTANDING MEASUREMENT SCIENCE

Measurement science is the study of how measurements are developed, validated and applied. It provides the tools and methods needed to generate accurate, reliable and consistent data that support decision-making, improvement and innovation. In healthcare, measurement science helps organizations determine whether their efforts are achieving the intended results and where adjustments may be needed.

Measuring progress toward the True North strategy will require both existing standard metrics and the development of new, or novel, metrics. Together, these measures will provide a more complete picture of performance, impact and progress.

TFHS has extensive experience using standard metrics. These measures have established benchmarks, are widely understood and can be deployed immediately. Three types of standard metrics will be used:

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**PROCESS METRICS** – Measures how effectively activities, workflows or interventions are being carried out to achieve a desired goal.

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**OUTCOME METRICS** – Measures the results or impact of a program, initiative or intervention on the people or populations it is intended to benefit.

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**BALANCING METRICS** – Measures whether improvements in one area are creating unintended consequences or challenges in another area.

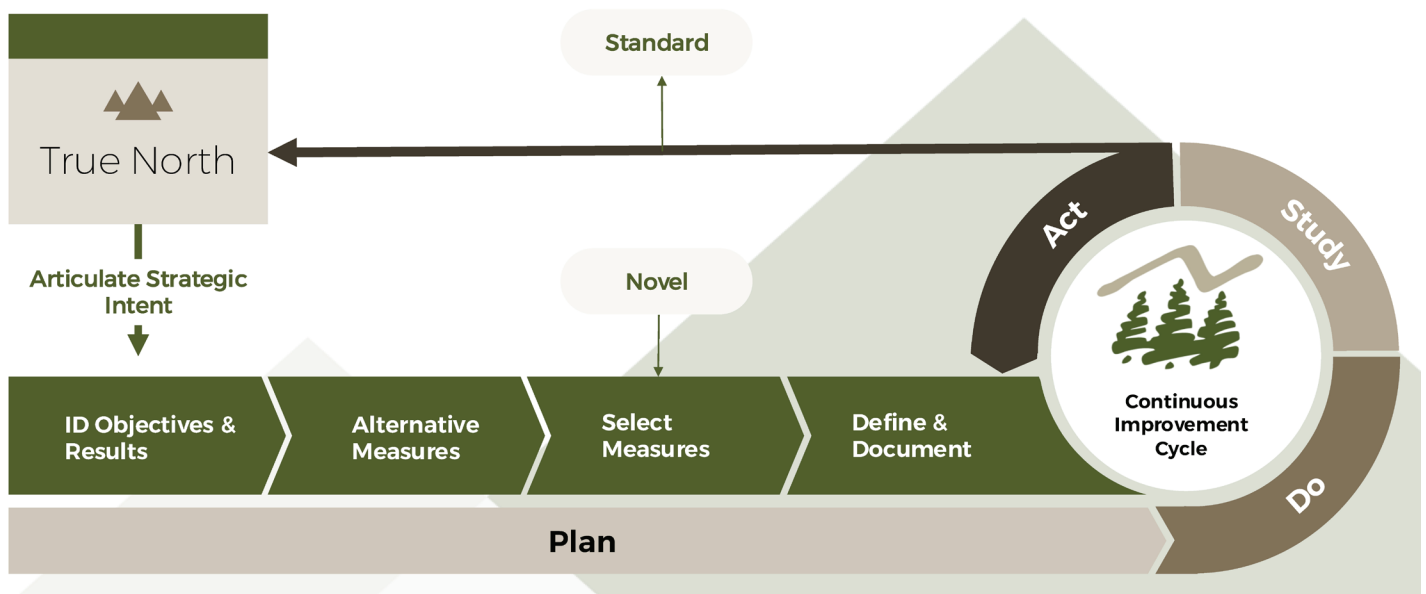
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While standard metrics allow us to begin measuring progress immediately, many of the goals and initiatives introduced through True North represent new ways of engaging with our community and delivering value. As a result, they will require novel metrics designed to evaluate their effectiveness and impact.

Developing these novel metrics will require collaboration among the measurement team, staff, leadership and community representatives to define meaningful measures and establish baselines and targets. This work will require rigor, discipline and patience, but it is an important investment that will help TFHS evaluate the full impact of the True North strategy and ensure we are measuring what matters most.

## Understanding Metric Development





# Health Within Reach

## GOAL

In 2027, TFHS will strengthen its position as the community's trusted, accessible health home that meets our patients' needs by:

**4,000**

Visits per month

**Number of Primary Care visits (capacity)**

Current FY monthly average ~ 3200 visit

STANDARD

**30 Days**

Third Next Available Appointment

**Reducing wait times for appointments**

TNAA\* for Primary Care, Women's Health, Pediatric  
Current TNAA: ~35 days

STANDARD

**Financial Assistance**

**Making care more affordable and accessible**

Lab test utilization (Reporting Only)  
Total financial assistance (reporting only)

NOVEL



# Community Guided

## GOAL

In 2027, TFHS will deliver exceptional, world-class care that addresses what matters most to our community, staff and partners by:

**Input Informs Action**

**5000 Voice 2.0**

Build on the 5,000 Voices effort so ongoing community input informs action across the organization (Reporting Only)

NOVEL

**Leveraging PFAC**

**PFAC Action Plan**

Better leveraging the Patient and Family Advisory Council as measured by conducting an assessment and developing action plans (Reporting Only)

NOVEL



# Transformation

## GOAL

In 2027, TFHS will leverage the wisdom, ingenuity and insights of our community to find solutions, share power, and operate with accountability and alignment by:

**Health In Action**

**Transformation Summit**

Convening a community-shared transformation summit (Reporting Only)

Novel

**Board Engagement**

**Governance**

Supporting strong governance as measured by developing and implementing a board education plan and establishing a community advisory structure (Reporting Only)

Novel

**Partnerships**

**Build collaboration across the organization:**

Define and establish medical staff advisory committee  
Engage employees through existing structures with at least three engagement sessions (Reporting Only)

Novel

# BALANCING METRICS: MONITORING THE HEALTH OF THE ENTIRE SYSTEM

While the True North framework focuses on achieving specific strategic objectives, TFHS must also monitor the organization's broader health. Balancing metrics help identify unintended consequences that may occur when improvement efforts in one area place pressure on another.

These measures ensure that progress is sustainable and benefits both the community and the organization.

- Satisfaction Surveys:
  - Patients
  - Employees
  - Physician Alignment
- Operational Surveillance:
  - Operating Margin
  - Quality and Safety
  - Workforce



# MEASURING PROGRESS, DRIVING CHANGE

The True North measurement framework is designed to help TFHS turn community priorities into meaningful action. By combining standard metrics with new measures tailored to our goals, we can better understand our progress, learn from our experiences and make informed decisions along the way.

Like the True North strategy itself, this framework will continue to evolve. Some measures can be implemented immediately using existing data. Others will require additional development to ensure they accurately reflect the outcomes we hope to achieve for our patients, staff and community.

## Next Steps

In the coming months, TFHS will:

- Confirm measures, data sources and reporting processes
- Establish baselines and performance targets
- Develop novel metrics for new programs and initiatives
- Engage staff and community members in refining measures
- Provide regular updates to leadership and the Board

Measurement is more than a reporting tool.

It is a way to learn, improve and remain accountable to the communities we serve. By committing to a transparent and thoughtful measurement framework, TFHS will be better positioned to stay on course, make informed decisions and ensure True North delivers meaningful and lasting impact.





## AGENDA ITEM COVER SHEET

|  |   |
|--|---|
| <b>MEETING DATE:</b> June 25, 2026   | <b>ITEM:</b> 15.2. True North Office (TNO) Governance Assessment Work Plan  |
| <b>DEPARTMENT:</b> Administration  | <b>TYPE OF AGENDA ITEM:</b><br><input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent<br><input type="checkbox"/> Discussion   |
| <b>RESPONSIBLE PARTY:</b><br>Anna Roth, President & CEO<br>Kim McCarl, Chief Strategy Officer  | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input checked="" type="checkbox"/> Other |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |
| <b>BACKGROUND:</b><br><br>The True North Office (TNO) Governance Assessment Work Plan is a core component of the Tahoe Forest Health System True North strategic planning effort, designed to strengthen leadership alignment, governance clarity and accountability.<br><br>Governance is one of the important components of the whole TNO. The assessment of Leadership and governance will assist with: <ul style="list-style-type: none"> <li>○ Clarification of roles, decision rights, and operating model</li> <li>○ Alignment of executive structure and incentives with strategy</li> </ul> |   |
| <b>SUMMARY/OBJECTIVES:</b> <ul style="list-style-type: none"> <li>• Timeline: now – Late September</li> <li>• Establish a formal governance workstream</li> <li>• Collect and analyze data</li> <li>• Conduct interviews and attend various meetings</li> <li>• Develop governance operating model</li> <li>• Review and revise governance documents</li> <li>• Final report and implementation of plan.</li> </ul>  |   |
| <b>SUGGESTED DISCUSSION POINTS:</b><br>The True North Governance Assessment Work Plan and timeline was reviewed and recommend for approval by the Board Governance Committee on 06/17/2026. Forwarded to the full Board of Directors for discussion and possible action.   |   |
| <b>SUGGESTED MOTION/ALTERNATIVES:</b><br><br><b>Suggested Motion:</b> Move to approve the True North Governance Assessment Work Plan as presented.   |   |

Alternative Motion: Move to approve the True North Governance Assessment Work Plan as revised.

**LIST OF ATTACHMENTS:**

15.3.1. TNO Governance Assessment Presentation

# TRUE NORTH

Governance Assessment Work Plan and Timeline

Health within Reach | Community Guided | Transformation



TAHOE FOREST  
HEALTH SYSTEM



# Tahoe Forest True North Aims:



## Health Within Reach

Access, choice, lower cost & convenience



## Community Guided

Sustain world-class care shaped by community



## Transformation

Accountability, alignment & stronger governance



# Timeline

June: Governance workstream established

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July–August: Analysis, interviews, governance design

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September: Draft and final recommendations



# Establish formal governance workstream

## MAY

- May 28: Board approval of True North Strategic Plan
- May 28: Document request

## JUNE

- June 17: Governance Committee approval of True North Governance Action Plan
- June 23: Appoint True North governance project manager
- June 25: Finalize workplan and timeline



# Data collection and analysis

## **JULY**

July 17: Review of background documents

July 17: Conduct inventory of formal and informal governance and related entity structures and subsidiaries including advisory boards, JVs, partnerships and LLCs

July 31: Review prior literature search for applicable best practices



# Interviews and meetings

## **JULY**

July 31: Conduct survey follow-up interviews and brainstorming sessions with board members and leadership

## **AUGUST**

August 31: Attend one or more regular board or committee meetings (virtual or in-person) and re-interview individual board members on specific governance issues raised



# Develop pathways for community and subject matter expert engagement

## **JULY**

July 17: Create a governance skills and expertise matrix to identify gaps and develop one or more advisory engagement models consistent with CA Health District Law

July 31: Establish Ad Hoc Governance Committee to oversee possible expansion of structure to include community members and outside experts

## **AUGUST**

August 21: Develop for board consideration, a position and plan to expand to include community and subject matter expert advisors with skills and experience that may be missing from the current board via enhanced use of committee structure, advisory boards, task forces and other methods



# Develop governance operating model defining Board, CEO, committee and executive responsibilities

## **AUGUST**

August 7: Conduct inventory of formal and informal governance and related entity structures and subsidiaries, including advisory boards, JVs, partnerships and LLCs

August 31: Re-define the governing board's fiduciary and policy development governance responsibilities and delegation of planning and operational responsibilities to the CEO for execution

August 31: Provide example of best governance practices of other stand-alone health systems with similar characteristics



# Review and revise governance documents

## **FINAL REPORT**

Review legal and regulatory issues affecting future board meeting changes

Consider improvements to education, support, planning, committees and cadence

Conduct policy and rules audit

Evaluate governance technology platforms

Evaluate governing board staffing and support

Recommend improvements to governance dashboards

Optimize board calendar and assist in creating a revised calendar



# Development and presentation of report

## **SEPTEMBER**

Mid-September: Preliminary draft report and recommendations

Late September: Final report and implementation plan





## AGENDA ITEM COVER SHEET

|  |   |
|--|---|
| <b>MEETING DATE:</b> June 25, 2026   | <b>ITEM: 15.3.</b> FY 2027 President & Chief Executive Officer Incentive Compensation   |
| <b>DEPARTMENT:</b> Administration, Human Resources   | <b>TYPE OF AGENDA ITEM:</b><br><input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent<br><input type="checkbox"/> Discussion   |
| <b>RESPONSIBLE PARTY:</b> Administration, Human Resources  | <b>SUPPORTIVE DOCUMENT ATTACHED</b><br><input type="checkbox"/> Agreement <input type="checkbox"/> Presentation<br><input type="checkbox"/> Resolution<br><input checked="" type="checkbox"/> Other |
| <b>BUDGET:</b><br>ALLOCATED IN THE BUDGET<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><br>IS A BUDGET TRANSFER REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   | <b>PERSONNEL</b><br>ADDITIONAL PERSONNEL REQUIRED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |
| <b>BACKGROUND:</b><br><br>On an annual basis, the Executive Compensation Committee reviews the President & Chief Executive Officer Incentive Compensation program to ensure alignment with organizational priorities. For FY 2027, the Committee will assessed the proposed plan and considered advancing a recommendation for approval to the Board of Directors. |   |
| <b>SUMMARY/OBJECTIVES:</b><br><br>Executive Compensation Committee will reviewed and considered recommendations for approval to the Board of Directors the FY 2027 President & CEO Incentive Compensation.   |   |
| <b>SUGGESTED DISCUSSION POINTS:</b><br><br>Draft percentages by True North Aims are proposed for Board consideration and discussion. These were reviewed at the committee level on Monday, 06/22/2026.   |   |
| <b>SUGGESTED MOTION/ALTERNATIVES:</b><br><br>  |   |
| <b>LIST OF ATTACHMENTS:</b><br><br>Draft FY 2027 President and CEO Incentive Compensation.   |   |

# FY 2027 President & CEO Incentive Compensation

## TRUE NORTH AIMS

Health within Reach | Community Guided | Transformation



# Tahoe Forest True North Aims



Health Within Reach

20%



Community Guided

20%



Transformation

20%

Finance

10%

Patient Satisfaction

20%

Discretionary 10%

DRAFT

