TAHOE FOREST
HOSPITAL DISTRICT

2026-10-22 REGULAR Meeting of the Board of Directors (OPEN SESSION)

THURSDAY, OCTOBER 22, 2026, AT 4:00 PM

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Agenda Packet Contents

AGENDA

2026-10-22 Regular Meeting of the Board of Directors_FINAL Agenda 5

ITEMS 1 - 11 See Agenda

12. PRESIDENT & CEO - HIGHLIGHTS *No Action*

Anna Roth, President & CEO

12.0 President and CEO Monthly Hightlights October 9

13. MEDICAL STAFF EXECUTIVE COMMITTEE *Action*

Dr. Koch, Chief of Staff

13.1. Medical Executive Committee Consent Agenda

13.1.0. Agenda Cover Sheet MEC Consent Agenda 10.22.2026 18

13.1.1. Anesthesia Privileges 07.15.2026 20

13.1.2. New Policicies Summary 25

13.1.3. Major Changes Policy Summary 26

13.1.4. WFC - Anti-D Immune Globulin Administration, DWFC-1504 27

13.1.5.a Neonate - Neonatal Hypoglycemia Management Guideline- DWFC-1506-Draft-History-Changes 32

13.1.5.b Glucose Management of the Newborn Algorithm 36

13.1.6. WFC - Standardized Procedure - Perinatal Screening by RN- DWFC-1802-Changes 38

13.1.7. WFC - Standardized Procedure - Healthy Newborn Admission- DWFC-1803-Changes 44

13.1.8. Minor-No Changes Policies - Summary 49

14. CONSENT CALENDAR *Action*

14.1. Approval of Meeting Minutes

14.1.1. 2026-08-27 Regular Meeting of the Board of Directors_DRAFT Minutes 50

14.1.2. 2026-09-24 Regular Meeting of the Board of Directors_DRAFT Minutes 56

14.1.3. 2026-09-24 SPECIAL Meeting of the Board of Directors_DRAFT Minutes 59

14.2. Financial Report

14.2. Agenda Cover Sheet - Financial Report August-September 2026 61

14.2.1. Financial Report - August 2026 62
14.2.2. Financial Report - September 2026 75
14.3. Board Reports
14.3.1. Combined Executive Board Report October 2026 104
14.4. Approval of Policies
14.4. Agenda Cover Sheet-Board_ABD-AGOV Policy Approval 107
14.4.1. Governing Body Records Retention and Destruction- ABD-2603-Draft 109
14.4.2. Board Committee Advisory Member-ABD-2604-Changes 117
14.4.2.a. Draft Advisory Board Member Process - revisions 121
14.4.3. Service Animals & Pet Assisted Therapy-AGOV-1901-Changes 123
14.4.4. Peer Support -Care for the Caregiver-AGOV-1602-Changes 134
14.4.5.a. Admin Policy and Procedure Manual Signature Page 138
14.4.5.b. 2026 Admin Policy and Procedures table 139
14.5. Acceptance of Board Reports
14.5.1.a. Agenda Cover Sheet FY26 BOD Quality Dashboard Report 141
14.5.1.b. FY26 BOD Quality Dashboard Report 142
14.5.2.a. Agenda Cover Sheet - Q2-Q3 Corporate Compliance Plan Report OPEN 152
14.5.2.b. Q2-Q3 CY 26 Corporate Compliance BOD Report October 2026 OPEN Session 153
14.6. Ratify Board Finance Committee Advisory Member
14.6.1. Agenda Cover Sheet - Board Finance Committee Advisor 157

15. ITEMS FOR BOARD ACTION

15.1. True North Governance Recommendation Report and Implementation Plan *Action*
Larry Gage / Kim McCarl, CSO
15.1. Agenda Cover Sheet-TNO Governance Recommendation Report 158
15.1.a. FINAL-TFHD Governance Assessment Presentation to Board of Directors, Oct 22, 2026 (2) 160

15.2. FY 2026 Culture of Safety SCOR Survey Summary Report *Action*
Erin Madewell, Director of Quality

15.2.a. Agenda Cover Sheet FY26 Culture of Safety Survey Summary Report 183
15.2.b. FY26 BOD SCORE Culture of Safety Survey Summary Report 184
15.3. FY 2027 President & CEO Incentive Compensation Plan and Metrics *Action*
Lisa Foust, CHRO
15.3. Agenda Cover Sheet - FY2027 CEO Incentive Metrics_10.22.2026 195
15.3.a. 2027 Incentive Program_President CEO_Board of Directors Presentation_10.22.2026 197
15.4. California Rural Health Transformation Grant *Action*
Dylan Crosby, CCOF
materials will be distributed at time of meeting
15.5. Resolution 2026-06, Supporting Measure P, the Tahoe Truckee Unified School District Local Education Funding Measure *Action*
Louis Ward, COO / Anna Roth, CEO
15.5. Agenda Cover Sheet-Resolution 2026-06 Measure P 210
15.5.1. Resolution 2026-06 Support Measure P-TTUSD 212
15.6. Resolution 2026-07, Recognizing Breast Cancer Awareness Month and Honoring Those Affected by Breast Cancer, and the Excellence, Compassion, and Dedication of Healthcare Professionals and Staff Who Support Patients Diagnosed With Breast Cancer *Action*
Louis Ward, COO / Anna Roth, CEO
15.6. Agenda Cover Sheet-Resolution 2026-07 Recognizing Breast Cancer Awareness 214
15.6.1. Resolution 2026-07 Recognize Breast Cancer Month_honoring staff 215

ITEMS 16 - 21: See Agenda

22. ADJOURN

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

TO BE HELD ON

THURSDAY, OCTOBER 22, 2026, AT 4:00 PM

TAHOE FOREST HOSPITAL – ESKRIDGE CONFERENCE ROOM,

10121 PINE AVENUE, TRUCKEE, CA 96161

If you would like to view the live meeting or speak on an agenda item, you can access the meeting remotely:
Please use this zoom link: https://tfhd.zoom.us/j/81070388983

Or join by phone:
If you prefer to use your phone, you may call in using the numbers listed:
(669) 900 6833 or (669) 444 9171
Meeting ID: 810 7038 8983

Public comment will also be accepted by email to sarah.jackson@tfhd.com or online at **TFHD Public 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.
5. **CLOSED SESSION**
   - **5.1. Public Employee Performance Evaluation (Government Code § 54957)◈**
     Title: President & Chief Executive Officer
   - **5.2. Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: 2nd and 3rd Quarter CY 2026 Corporate Compliance Report
   - ***5.3. Hearing (Health & Safety Code § 32155)◈***
     Subject Matter: Clinical Contracts Quality Report
     Number of items: One (1)
   - **5.4. Approval of Closed Session Minutes◈**
     - 5.4.1. 08/27/2026 Regular Meeting
     - 5.4.2. 09/24/2026 Regular Meeting
     - 5.4.3. 09/24/2026 Special Meeting

◈ Denotes Action Item

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. Anesthesia Privileges

New Policies and Procedures

13.1.2. New Policies and Procedures – Summary

Policies with Major Changes

13.1.3. Policies with Major Changes – Summary

13.1.4. DWFC-1504-Anti-Immune Globulin Administration

13.1.5. DWFC-1506 Neonate – Neonatal Hypoglycemia Management - Draft

13.1.6. DWFC-1802 Perinatal Screening by RN

13.1.7. DWFC-1803 Healthy Newborn Admission

Policies with No or Minor Changes

13.1.8. No or Minor Changes Policies – Summary

14. CONSENT CALENDAR◈

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

14.1. Approval of Meeting Minutes

14.1.1. 08/27/2026 Regular Meeting .....ATTACHMENT

14.1.2. 09/24/2026 Regular Meeting .....ATTACHMENT

14.1.3. 09/24/2026 Special Meeting .....ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – August 2026 .....ATTACHMENT
14.2.2. Financial Report – September 2026 .....ATTACHMENT

14.3. Executive Board Reports

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

14.4. Approval of Policies

14.4.1. ABD-2603, Governing Body Records Retention and Destruction .....ATTACHMENT
14.4.2. ABD-2604, Board Committee Advisory Member .....ATTACHMENT
14.4.3. AGOV-1901, Service Animals & Pet Assisted Therapy .....ATTACHMENT
14.4.4. AGOV-1602, Peer Support (Care for the Caregiver).....ATTACHMENT
14.4.5. Administration Policy & Procedure Manual - Table of Contents .....ATTACHMENT

14.5. Acceptance of Board Reports

14.5.1. FY 2026 Annual Quality Report .....ATTACHMENT
14.5.2. 2nd and 3rd Quarter CY 2026 Corporate Compliance Report .....ATTACHMENT

14.6. Ratify Board Finance Committee Advisory Member

14.6.1. Michael Blaszyk. .....ATTACHMENT

15. ITEMS FOR BOARD ACTION ◈

15.1. True North Governance Recommendation Report and Implementation Plan◈ ..... ATTACHMENT
The Board of Directors will review and consider approval of the True North Governance Recommendation Report and Implementation Plan.

15.2. FY 2026 Culture of Safety SCOR Survey Summary Report ◈ .....ATTACHMENT
The Board of Directors will review and consider acceptance of the annual Culture of Safety SCOR survey.

15.3. FY 2027 President & CEO Incentive Compensation Plan and Metrics◈ .....ATTACHMENT
The Board of Directors will review the Board Executive Compensation Committee's recommendations and consider approval of updates to the incentive plan trigger and Fiscal Year 2027 President & CEO Incentive Compensation goals/metrics.

15.4. California Rural Health Transformation Grant◈ .....ATTACHMENT*
The Board of Directors will review and consider acceptance of a potential California Rural Health Transformation grant award.

15.5. Resolution 2026-06, Supporting Measure P, the Tahoe Truckee Unified School District Local Education Funding Measure◈ .....ATTACHMENT
The Board of Directors will review a recommendation from Board Community Engagement Committee and consider approval of Resolution 2026-06 supporting Measure P.

15.6. Resolution 2026-07, Recognizing Breast Cancer Awareness Month and Honoring Those Affected by Breast Cancer, and the Excellence, Compassion, and Dedication of Healthcare Professionals and Staff Who Support Patients Diagnosed with Breast Cancer ◈ .....ATTACHMENT
The Board of Directors will review and consider approval of Resolution 2026-07 recognizing Breast Cancer Awareness Month.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS

18. BOARD MEMBERS' REPORTS / CLOSING REMARKS

◈ Denotes Action Item

19. **CLOSED SESSION CONTINUED, IF NECESSARY**
20. **OPEN SESSION**
21. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**
22. **ADJOURN**

AMR:smj

*Denotes material (or a portion thereof) will be distributed at a later date

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

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is November 19, 2026 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.

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

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

◈ Denotes Action Item

President and CEO Monthly Highlights

Anna M. Roth, RN, MSN, MPH

October 2026

TAHOE FOREST
HEALTH SYSTEM



Health Within Reach

Expanding Primary Care Access

More visits with added Primary Care & Urgent Care exam rooms

Primary care welcomes: two physicians, and two APPs now seeing patients in Truckee

New Primary Care Coverage Model offers more scheduling options while keeping patients connected to their own provider

Sierra Center opens on October 26th

8K+

ADDITIONAL VISITS A YEAR EXPECTED IN TAHOE CITY REGION



TAHOE FOREST HEALTH SYSTEM

Community Guided

A Strong Start for Beyond Possible

175+ attendees, 79 post event surveys completed

Average event rating: 4.83 out of 5

Planning for next year is underway



"This was a great space to gather together and think big!"

"I loved it all! It was a great mix of voices and perspectives, and it was thought-provoking."

"Thank you for creating an event that brings families and the community together. It was very informative and inspiring."

TAHOE FOREST
HEALTH SYSTEM

Transformation

Leadership Development

Launched quarterly orientation for new leaders

Sierra College Leadership Series earned
97% favorable ratings (51 employees)

100%

OF RESPONDENTS REPORTING THEY COULD APPLY WHAT THEY LEARNED



Environmental Stewardship

Completed FY23- FY25 greenhouse gas inventory and established a staff work group to identify improvements

Next steps: hire Sustainability Coordinator, energy use audit

TAHOE FOREST HEALTH SYSTEM

5 Stars for Physician Communication

Tahoe Forest Hospital earned CMS's highest rating for physician communication, reflecting patients' experiences with clear explanations, attentive listening, and courtesy and respect

Featured in Becker's Hospital Review's list of top hospitals for physician communication

★★★★★

BECKER'S HOSPITAL REVIEW



TAHOE FOREST HEALTH SYSTEM

Breast Cancer Awareness Month

Recognizing the importance of screening and early detection

Mobile Mammogram event in Kings Beach on October 26th

Thank you to the Town of Truckee for its Breast Cancer Awareness Month proclamation. Our Board will consider a resolution later in tonight's agenda

Community Breast Cancer Awareness Sponsorships in October: Truckee Football team, Truckee Volleyball team, Truckee High School senior project

Pink Patch Project: Patches available through the TFHS Foundation support breast cancer awareness, research and local patient services







DHCS

alinea MEDICAL IMAGING | a Rezolut partner

TAHOE FOREST HEALTH SYSTEM

Preparing For Respiratory Virus Season

Flu, Covid, RSV vaccines available at multiple Tahoe Forest locations

Free clinics throughout the region provided by our community partners

Thank you!





Find out where to get your shot

TAHOE FOREST HEALTH SYSTEM

Honoring a Legacy. Investing in Future Nurses.

The Greg Tarter Memorial Scholarship Fund was established to honor Greg's 28 years of service to Tahoe Forest and support the next generation of nurses.

$5,000 annual workforce scholarship

Applications open in late spring 2027 through Tahoe Truckee Community Foundation



Learn more and donate

TAHOE FOREST
HEALTH SYSTEM

Best Of Culinary Event

October 30th, North Tahoe Event Center

Annual fundraiser advancing access to care and local healthcare services.

Local chef pairings, California wines, live auction, desserts and dancing.

Purchase tickets and donate



TAHOE FOREST
HEALTH SYSTEM

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Privilege Form and Policies**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:

Respective Departments have reviewed Department Consent and Policies, recommended approval to MEC. The MEC as reviewed the Privilege Form and Policies during the October 15, 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 October 22, 2026 Regular Meeting of the Board of Directors.

SUMMARY/OBJECTIVES:

Privileges with Changes

- Anesthesia Privileges

New Policies

- Policy Summary
- Standardized Procedure: MSC Pre-procedure Pain Management, DTMSC-2601
- Standardized Procedure: Pediatric Pre-Procedure Pain Management, DTMSC-2602
- ASP-2603 – Standardized Procedure – Ambulatory Clinic: Administration of Acetaminophen/Ibuprofen for Fever in Pediatric Patients

Policies with Major Changes

- Major Changes Summary
- DWFC-1504-Anti-Immune Globulin Administration
- Neonate – Neonatal Hypoglycemia Management DWFC-1506 Draft – History – Changes and Glucose Management of Newborn Algorithm
- DWFC-1802 Perinatal Screening by RN
- DWFC-1803 Healthy Newborn Admission

Policies with Minor/No Changes

- Minor/No Changes Policy Summary WFC and Ambulatory Surgery

SUGGESTED DISCUSSION POINTS:

Medical Executive Committee has reviewed the Department recommendations on the privilege form and policies. The committee makes the following open session recommendation for consent agenda to the Board of Directors.

- §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).

- Procedures shall be approved by the Administration and Medical Staff where such is appropriate.
- Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.

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

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the MEC consent agenda as presented.

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

LIST OF ATTACHMENTS:

Privileges with Changes

- Anesthesia Privileges (attached)

New Policies

- Policy Summary (attached)
- Standardized Procedure: MSC Pre-procedure Pain Management, DTMSC-2601 (not attached)
- Standardized Procedure: Pediatric Pre-Procedure Pain Management, DTMSC-2602 (not attached)
- ASP-2603 – Standardized Procedure – Ambulatory Clinic: Administration of Acetaminophen/Ibuprofen for Fever in Pediatric Patients (not attached)

Policies with Major Changes

- Major Changes Summary (attached)
- DWFC-1504-Anti-Immune Globulin Administration (attached)
- Neonate – Neonatal Hypoglycemia Management (attached)
- DWFC-1506 Draft – History – Changes and Glucose Management of Newborn Algorithm (attached)
- DWFC-1802 Perinatal Screening by RN (attached)
- DWFC-1803 Healthy Newborn Admission (attached)

Policies with Minor/No Changes

- Minor/No Changes Policy Summary WFC and Ambulatory Surgery (attached)

TAHOE FOREST HOSPITAL DISTRICT
Department of Anesthesia
Delineated Privilege Request

SPECIALTY: ANESTHESIOLOGY **NAME:** _____

Check one: □ **Tahoe Forest Hospital (TFH)** □ **Incline Village Community Hospital (IVCH)**
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:

Core Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-accredited residency training program in anesthesiology.
Board Certification:	Board certified or board eligible by the American Board of Anesthesiology required. Current ABA Board Certification (or AOA equivalent board certification); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements. ..
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed anesthesia care for 200 hospital cases in the past 24 months (ASAIII or higher). Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active privileges attesting to competency in the privileges requested.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference should be a surgeon and one an anesthesiologist.)
Proctoring Requirements:	See specific proctoring requirements in this document.
Other:	• Current, unrestricted license to practice medicine in CA and/or NV, as applicable. • Malpractice insurance in the amount of $1m/$3m, minimum. • Current, unrestricted DEA certificate in CA (approved for drug schedules 2-5) and/or DEA to practice in NV and an unrestricted Nevada State Board of Pharmacy Certificate, as applicable. • Ability to participate in federally funded program (Medicare or Medicaid).

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

TAHOE FOREST HOSPITAL DISTRICT
Department of Anesthesia

Name:_____

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

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

REQUESTED	APPROVED	GENERAL PRIVILEGES - ANESTHESIOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
☐	☐	**Core:** History and Physical examinations. Admitting privileges for patients related to anesthesia procedures. Outpatient and inpatient preoperative evaluations to optimize and prepare patients for anesthesia. This includes review of medical records, completing medical and surgical histories, performing physical exams, ordering/reviewing/receiving (inpatient and/or outpatient) labs/radiology studies, coordinating management of chronic medical conditions with subspecialists, and developing perioperative pain management plans. Evaluation may include diagnosis and treatment of acute, chronic, and cancer-related pain and/or medical conditions. Evaluations may be done in person or via telehealth. Preoperative, intraoperative and postoperative examination, consultation, management, monitoring, evaluation and treatment of patients who are to be rendered unconscious or insensitive to pain during a surgical, obstetrical, dental and/or medical invasive procedure, and treatments that fall within the usual and customary scope of practice of a fully trained general anesthetist. Such privileges include: • airway management, including cricothyroidotomy • anesthesia for laser surgery of the airway • cardio-pulmonary resuscitation including tracheal intubation, ventilation, and Core and advanced CPR monitoring • central neuraxial blockage (spinal, epidural) • complicated airway management - fiberoptic bronchoscopy • complicated airway management - retrograde intubation • complicated airway management - transtracheal jet-ventilation • conductive anesthesia procedures to include central axis neural blockade including spinals, epidurals, caudals, spinal and epidural narcotics, and airway management • diagnostic and management of chronic pain • general anesthesia procedures to include inhalation, intravenous, and invasive monitoring • general anesthesia, including monitoring, respiratory therapy, including long-term ventilatory support • Intra osseus Needle insertion • intravenous conscious/moderate sedation • local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks • major plexus blocks • management of acute pain • management of common intraoperative anesthesia complications • management of common PACU problems • management of fluid, electrolyte and metabolic parameters • manipulation of body temperature • manipulation of cardiovascular parameters • management of hypovolemia from any cause • peripheral nerve block • Preoperative evaluation/anesthetic	_____	Inpatient Outpatient	First 5 Cases Proctoring must include at least: 1 spinal 1 epidural 2 generals	200 cases/2 years
☐	☐					

TAHOE FOREST HOSPITAL DISTRICT
Department of Anesthesia

Name:_____

		Tahoe Forest Hospital only • arterial and central venous cannulation • Management of 1 lung ventilator • obstetrical anesthesia • placement of central venous catheters • pulmonary artery catheter insertion and management consultation • Thoracic epidural				
☐	☐	REMOVAL FROM GENERAL 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. _____ _____				
		SELECTED PROCEDURES **These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.**	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
☐	☐	**Pain Management:** Admission, consultation, diagnosis, treatment, and management of painful syndromes, including post traumatic musculoskeletal pain, myofascial pain syndrome, cancer pain, reflex sympathetic dystrophies by the use of nerve blocks; drug therapy. The following procedures are included: • Lumbar sympathetic block • Stellate ganglion block **Required Additional Criteria:** □ Evidence of 12 months residency devoted to Pain Management ; **or** a formalized fellowship in Pain Management which included workup, diagnosis and treatment of pain problems; **or** ABA board certification with added qualification in Pain Management; **or** □ Evidence of successful performance of at least 10 invasive pain management procedures during past 24 months (e.g.: nerve blocks). **Activity level required for initial and renewal.**	_____	Inpatient Outpatient	2	5
☐	☐	Admit to and be primarily responsible for patients in the intensive care unit, swing beds, and Extended Care Center (long term care) unit. Provide consultation to and admission from the Emergency Room. Must include management of at least 50 hospital adult patients within last two years for initial appointment. • arterial and central venous cannulation • Management of 1 lung ventilator • obstetrical anesthesia • placement of central venous catheters				

TAHOE FOREST HOSPITAL DISTRICT
Department of Anesthesia

Name:_____

		• pulmonary artery catheter insertion and management consultation • Thoracic epidural				
☐	☐	**Fluoroscopy** Current Department of Health Services fluoroscopy certificate (required in CA only)	_____	TFH	none	Maintain current certificate (CA only)
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

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

_____ _____

Date Applicant's Signature

TAHOE FOREST HOSPITAL DISTRICT
Department of Anesthesia

Name:_____

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 attached description of modifications) ☐ do not recommend (explain)

_____ _____

Date Department Chair Signature

Modifications or Other Comments:

_____

_____

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

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

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

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

Department Review Dates: 6/16/06, 11/2013; 6/2014; 10/10/2016; 04/09/2018
Medical Executive Committee: 710/2006, 11/2013; 6/2014; 10/19/2016; 05/17/2018
Board of Directors: 7/23/2006, 11/2013; 6/2014; 10/27/2016; 05/24/2018;

New Policies & Procedure - Summary

Title	Department	Last Approved	Next Review	Comments
Standardized Procedure: MSC Pre-Procedure Pain Management, DTMSC-2601	Tahoe Multi-Specialty Clinics - DTMSC	6/16/2026	6/15/2028	New Policy; policy authorizes competent RNs in TFHS multispecialty clinics to assess and manage pre-procedure pain or anxiety using specified non-pharmacologic measures, approved oral analgesics, and topical anesthetics, with provider escalation and EHR documentation required
Standardized Procedure: Pediatric Pre-Procedure Pain Management, DTMSC-2602	Tahoe Multi-Specialty Clinics - DTMSC	6/16/2026	6/15/2028	New Policy; adds pediatric-specific safeguards to the existing pre-procedure pain management process, particularly weight-based dosing, pediatric competency requirements, provider co-signature, caregiver involvement, and explicit escalation criteria.
Standardized Procedure - Ambulatory Clinic- Administration of Acetaminophen - Ibuprofen for Fever in Pediatric Patients- ASP-2603-Draft	Standardized Procedure - ASP	8/1/2026		New Policy; protocol allowing qualified multispecialty clinic RNs to initiate acetaminophen or ibuprofen treatment for fever in children aged 1 month through 12 years who weigh less than 60 kg. It establishes medication precautions, provider oversight, and documentation requirements

MAJOR CHANGES - SUMMARY

Title	Department	Last Approved	Next Review	Comments
Postpartum - Anti-D Immune Globulin Administration, DWFC-1504	Women & Family Care - DWFC	TBD	TBD	**Major Changes** — lab and pharmacy reviewed; clarify and reorganize FMH screening indications and testing pathways, especially by gestational age, and explicitly address RhD-indeterminate newborns and situations where significant FMH is suspected.
Neonate - Neonatal Hypoglycemia Management Guideline, DWFC-1506	Women & Family Care - DWFC	TBD	TBD	**Major Changes** — Redline changes and algorithm revised collaboratively by nursing management, Medical Directors/Chairs, with guidance from UC Davis Neonatologist. DWFC-1506 primarily clarifies neonatal glucose screening, feeding and monitoring schedules, treatment timing, escalation, and provider accountability. The change from a one-hour to a 30-minute post-dextrose-gel glucose recheck is especially important for staff education and workflow updates.
WFC - Standardized Procedure - Perinatal Screening by RN- DWFC-1802-Changes	Women & Family Care - DWFC	2/1/2026	2/28/2027	**Major Changes** - clarifies and reorganizes the existing perinatal screening procedure. It makes patient routing, RN training, and physician oversight more explicit while retaining the core clinical assessment steps.
WFC - Standardized Procedure - Healthy Newborn Admission- DWFC-1803-Changes	Women & Family Care - DWFC	2/1/2026	2/28/2027	**Major Changes** - strengthens RN competency documentation and standardizes newborn notification by requiring Pediatric Hospitalist notification for every birth. The core healthy newborn admission responsibilities remain substantially unchanged.

Status **Draft** PolicyStat ID **21410896**

Origination Date	09/2014
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A
Department	Women and Family Center - DWFC
Applicabilities	Tahoe Forest Hospital

WFC - Anti-D Immune Globulin Administration, DWFC-1504

DRAFT

RISK:

RhD-negative patients who give birth to an RhD-positive newborn or who are otherwise exposed to RhD-positive red blood cells (RBCs) are at risk of developing anti-D antibodies. The RhD-positive fetuses/neonates of these mothers are at risk of developing hemolytic disease of the fetus and newborn (HDFN), which can be associated with serious morbidity or mortality.

POLICY:

The administration of anti-D immune globulin decreases the development of antibodies to D antigen (alloimmunization) in RhD-negative women. When indicated, RhD-negative women receive anti-D immune globin. If indicated, women may need ~~fetomaternal hemorrhage screening~~Fetomaternal Hemorrhage (FMH) Screening to determine if additional anti-D immune globin is needed.

A. **Indications for anti-D immune globulin in RhD-negative women:**

1. Birth ~~-~~– An appropriate dose of anti-D immune globulin should be administered to non-alloimmunized D-negative patients within 72 hours of delivery of a D-positive newborn, confirmed by cord blood sampling.
2. After an antepartum event associated with an increased risk of fetomaternal bleeding. Some examples include:
    a. ~~miscarriage~~Miscarriage or pregnancy termination (particularly at ≥~~10 or~~ 12 weeks of gestation)
    b. ~~ectopic~~Ectopic pregnancy
    c. ~~multifetal~~Multifetal reduction
    d. ~~amniocentesis~~Amniocentesis

e. ~~chorionic~~Chorionic villus sampling

f. ~~blunt~~Blunt abdominal trauma

g. ~~external~~External cephalic version

h. ~~antepartum~~Antepartum bleeding (particularly at ≥~~10 or~~ 12 weeks of gestation)

i. ~~fetal~~Fetal death.

B. **In the event of an anti-D immune globulin shortage, physicians will follow the ACOG Practice Advisory in place, directing patient care accordingly.**

1. An example from the ACOG Practice Advisory published in March~~,~~ 2024 would prioritize dosing as listed below:

a. Postpartum patients with a confirmed RhD positive newborn (as most alloimmunization occurs at time of delivery)

b. Avoid if sensitized.

i. D-negative patients who screen positive for anti-D antibodies should not receive anti-D immune globulin: It is not effective once alloimmunization to the D antigen has occurred and will not prevent a rise in maternal titer.

c. If paternity is known and is known to be RhD negative.

i. Routine paternal D antigen typing is not a standard of care. However, if both biologic mother and father of the fetus are known with certainty to be D-negative, then antenatal anti-D immune globulin may be omitted since the fetus must be D-negative. documenting assurance of paternity and absence of use of a donor egg from a D-positive egg donor.

d. ~~Noninvasive~~Non-invasive fetal *RHD* genotyping using cell-free DNA (NIPT fetal RhD testing) for patients with antepartum bleeding and/or due for 28 weeks Rhogam but refusing Rhogam.

i. Of note, this is more accurate after 11 weeks gestation.

ii. Cord sample should still be obtained in these cases to confirm that the fetus is D-negative.

e. Early pregnancy loss i.e., miscarriage or spontaneous abortion ≥12 weeks

i. Anti-D immune globulin should be considered, especially in losses that are later in the first trimester, and they recommended anti-D immune globulin for patients who undergo surgical management of their miscarriage since their risk of alloimmunization is higher.

C. ~~**Indications for fetomaternal hemorrhage screening:**~~
~~Consult the physician for laboratory testing orders in the event of:~~

~~1. Fetal death in the second or third trimester.~~

~~2. Second- or third-trimester hemorrhage, serial indirect Coombs approximately every 3~~

DRAFT

~~weeks is recommended. If the Coombs test is negative, a Kleihauer-Betke test should be ordered to determine if additional anti-D immune globulin is needed.~~

3. ~~Abdominal trauma.~~
4. ~~Placenta previa.~~
5. ~~Intrauterine manipulation.~~
6. ~~Multiple gestations.~~
7. ~~Abruptio placenta.~~
8. ~~Manual removal of the placenta.~~
9. ~~Post-birth, the American Association of Blood Banks recommends that all RhD-negative mothers who give birth to RhD-positive infants be screened for fetomaternal hemorrhage to see if anti-D immune globulin beyond the standard dose is required.~~

Indications for Fetomaternal Hemorrhage (FHM) Screening:

1. Consult the physician for laboratory testing orders and Rh immune globulin dosing in the event of:
    a. Fetal death in the second or third trimester.
    b. Second- or third-trimester antepartum hemorrhage or other significant sensitizing event.
    c. Abdominal trauma.
    d. Placenta previa.
    e. Intrauterine manipulation.
    f. Multiple gestations.
    g. Abruptio placenta.
    h. Manual removal of the placenta.
    i. Delivery of an Rh-D positive or RhD- indeterminate infant.
    j. Other clinical circumstances in which significant fetomaternal hemorrhage is suspected.
2. Selection of FHM testing and Rh immunoglobulin administration should be based on gestation age and clinical circumstances:
    a. **12–20 weeks gestation:** If FMH quantification is clinically indicated, obtain a Kleihauer-Betke (KB)/fetal stain. When quantification is not indicated, administer the appropriate Rh immunoglobulin dose based on gestational age and clinical circumstances.
        i. A Kleihauer-Betke may be ordered directly when there is significant or ongoing bleeding, suspected significant FMH, or another clinical indication for quantification during the second or third trimester.
    b. **>20 weeks gestation:** A Fetal screen/Rosette test may be used as the initial screening test for significant FMH.

DRAFT

i. If the fetal screen is negative, the standard Rh immunoglobulin dose is generally sufficient, unless clinical circumstances indicate otherwise.

ii. If the fetal screen is positive, obtain a quantitative Kleihauer-Betke/fetal stain to determine the extent of FMH and whether additional Rh immunoglobulin is required.

3. When significant FMH is suspected or quantitative assessment is otherwise clinically indicated, a KB/fetal stain may be obtained without a preceding fetal screen.
4. If the newborn's RhD status is indeterminate, obtain quantitative FMH testing as clinically indicated and consult the physician/laboratory regarding Rh immunoglobulin administration and dosing.
5. Rh immunoglobulin should not be withheld while awaiting FMH testing when prophylaxis is otherwise indicated.

D. **Dosage and Timing:**

1. Anti-D immunoglobulin administration should take place within 72 hours of delivery of a D-positive newborn.
2. If anti-D immunoglobulin is inadvertently omitted after delivery or a potentially sensitizing event, it should be given as soon as possible after recognition of the omission. Partial protection is afforded with administration within 13 days of the birth or potentially sensitizing event, and some experts recommend giving it as late as 28 days.
3. The standard 300 microgram dose of immunoglobulin is adequate to protect against maternal sensitization from as much as 15 mL fetal red cells. Rarely, maternal testing reveals fetomaternal hemorrhage exceeding this volume, necessitating additional doses of anti-D immunoglobulin. Standard Anti-D immunoglobulin administration should not be delayed while awaiting these results.

DRAFT

PROCEDURE:

A. When anti-D immune globulin is indicated:

1. Verify the mother's blood type.
2. Enter Rhogam Panel order into the patients Electronic Medical Record (EMR).
3. Lab will draw the patient via order in EMR.
4. There are 2 brand names, RhoGAM®/Rhophylac® issued by pharmacy and located in the Pyxis refrigerator.
5. Cross-check the lot number and the expiration date of the RhoGAM®/ Rhophylac® against the numbers on the MAR
6. Verify the mother's identification by checking her hospital wrist band and inquiring about name and date of birth, complying with safe administration practice guidelines while administering and documenting in the MAR.
7. The approved administration practice at TFHD is an intramuscular injection in a

large muscle. However, large doses, if indicated, can be given using an intravenous preparation. In these cases, no more than 600 micrograms should be given every eight hours intravenously until the total calculated dose is achieved.

a. Intravenous preparation is not to be administered by The Joseph Family Center for Women and Newborn Care. Administration shall be provided as an outpatient service in coordination with the Tahoe Forest Infusion Center.

8. If anti-D immune globulin is refused by the patient, the physician should be notified and the woman should sign a statement releasing the hospital, physician, and nurse from liability.

Related Policies/Forms:

Postpartum - Patient Care and Discharge of, DWFC-1466

Clinical Laboratory Tests; Alphabetical Specimen Collection, ALB-1120

References:

American College of Obstetricians and Gynecologists. (1999, May; Reaffirmed ~~2010~~August 2017). *Prevention of Rh D alloimmunization* (ACOG Practice Bulletin No. 4). Washington D.C.: Author.

~~Awhonn~~AWHONN Templates for Protocols and Procedures for Maternity Services 3rd Ed.

Uptodate: Prevention of RhD alloimmunization in pregnancy, ~~Apr 15, 2020~~Aug 2026

DRAFT

Approval Signatures

Step Description	Approver	Date

History

Draft saved by Platt, Courtney: Manager Women & Family on 9/16/2026, 8:45PM EDT

Status Draft PolicyStat ID 21281546

Origination Date	09/2018
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A

Department: Women and Family Center - DWFC

Neonate - Neonatal Hypoglycemia Management Guideline, DWFC-1506

DRAFT

RISK:

Persistent or recurrent hypoglycemia, may lead to neurologic sequelae.

POLICY:

A. All newborns will be screened for symptoms of hypoglycemia as part of routine assignment.

B. A Point of Care Blood Glucose level (POC Glocose) will be checked immediately by the RN for any newborn displaying symptoms of hypoglycemia during ~~routine exam~~assessments.

C. A POC Glucose will be checked within 1 hour of birth for all asymptomatic infants at risk for hypoglycemia to include; Infants of Diabetic Mothers (IDM) (all types), Low Birth Weight <2500gm (LBW), Late Preterm Infants <37wks, Small for Gestational Age (SGA), Large for Gestational Age (LGA), ~~or~~ delivered to a mother with no prenatal care, no prenatal screening for DM, delivered to a mother with admitted or suspected drug use, birth mother given Beta Blocker within 2 weeks or Terbutaline within 6 hours of birth.

PROCEDURE:

A. The RN will initiate ~~a~~an immediate POC Glucose screening for any infant who is **symptomatic** of hypoglycemia (Refer to Algorithm). Symptoms of hypoglycemia ~~including~~include one or more of the following:

1. Tremors, Jitteriness, or Seizures
2. Hypotonia
3. Lethargy, Hypotonic
4. Temperature Instability or Hypothermia (Axillary temperature < 36.5° or Rectal temperature < 36.0° C)
5. Refusal to feed in 12 hours or poor feeding
6. Respiratory distress (tachypnea, grunting, flaring, retracting)

7. Apnea
8. Cyanosis
9. Emesis
10. Weak or high-pitched cry
11. CPAP or PPV after 5-minute APGAR

B. The RN will identify and document maternal and neonatal risk factors for hypoglycemia, initiating a POC Glucose screening within 1 hour of birth for infants with the following risk factors for hypoglycemia:
    1. Infants born to Diabetic Mothers (IDM) (all types)
    2. Low Birth Weight <2500gm (LBW)
    3. Late Preterm Infants (34 0/7 to 36 6/7 weeks)
    4. Small for Gestational Age <10% (SGA)
    5. Large for Gestational Age >90% (LGA)
    6. Infants born to a mother with no prenatal care
    7. Infants born to a mother with admitted or suspected drug use
    8. Infants born to a mother with no prenatal screening for Diabetes Mellitus (DM)
    9. Infants born to a mother who has had a Beta Blocker within the last two weeks
    10. Infants born to a mother who has had Terbutaline within 6 hours

DRAFT

C. **Asymptomatic** POC Glucose Screening for infants with risk factors for hypoglycemia (Refer to Algorithm):
    1. Feeding should be initiated on all infants within 1 hour of age with initial POC glucose completed 30 minutes after initiation of feeding, when indicated (~~prefferably~~preferably within the first hour and no longer than 2 hours after birth).
    2. From 4-24 hours of age:
        a. Obtain a POC Glucose every 2-3 hours (~~prefferably before~~prior to feeding)
        b. Administer Dextrose Gel per ~~Dosage~~dosage chart (if indicated by Algorithm)
        c. Feed infant on demand or at least 8-12 times in a 24 hour period.
    3. Routine screening may be discontinued following 3 consecutive values within normal limits with the exception of SGA ~~and~~, LGA, LBW, and infants born to a diabetic mother.
        a. SGA and LBW infants require an additional POC Glucose 6-8 hours following the third normal value (prior to feeding) ~~and again~~, at 24 hours of age (with the newborn screen) and at 48 hours or prior to discharge.

D. **Symptomatic** POC Glucose Screening (Refer to Algorithm):
    1. Obtain POC Glucose immediately upon recognition of symptoms
        a. Reportable range for meter is **10 mg/dl to 600 mg/dL.**
        b. For results outside reportable range, a serum glucose lab draw ~~may~~should be ordered STAT ~~and testing will be done in the~~for lab, to come to the unit to complete infant draw. Notify lab at ext. ~~3401~~3309, and notify ~~Pediatrician~~Pediatric Hospitalist. ~~Do not delay treatment while awaiting confirmation result.~~
        c. ~~Administer Dextrose Gel per Dosage chart (if indicated by Algorithm)~~Administer Dextrose Gel per dosage chart. **Do not delay treatment of Gel while awaiting confirmation result from lab.**

d. Feed/supplement infant per supplemental guidelines on Algorithm (if appropriate to feed).

e. Recheck POC Glucose ~~1 hour~~30 min after Gel administration or per Pediatric Hospitalist orders.

Special Instructions:

Reportable range for ~~meter~~glucometer is **10 mg/dl to 600 mg/dL.** For results outside reportable range, ~~a~~notify lab ~~draw may be ordered STAT and testing will be done in the lab, Notify lab~~ at ext. ~~3401,~~3309 and order STAT lab draw for testing to be drawn then resulted by lab and notify ~~Pediatrician~~Pediatric Hospitalist.

Documentation:

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

RESPONSIBILITY:

It is the responsibility of all nursing staff caring for newborns to be familiar with neonatal risk factors for and symptoms of hypoglycemia, initiating glucose testing when indicated. Blood glucose concentration should be measured in infants at risk for hypoglycemia and in infants who exhibit signs or symptoms consistent with hypoglycemia. All abnormal results should be communicated to the ~~pediatrician on duty~~Pediatric Hospitalist.

It is the responsibility ~~on the pediatrician on duty~~of the Pediatric Hospitalist to collaborate with the care team to develop a care plan and/or initiate a neonatology consult when blood glucose ~~level~~levels are consistently outside of age appropriate anticipated parameters.

DRAFT

Related Policies/Forms:

Neonate – Patient Admission Care and Discharge of, DWFC-1449

Neonate – Late Preterm Newborn, DWFC-1486

References:

UpToDate: Management and outcome of neonatal hypoglycemia, Sept 2025

~~https://www.uptodate.com/contents/management-and-outcome-of-neonatal-hypoglycemia?search=neonatal%20hypoglycemia&source=search_result&selectedTitle=2~76&usage_type=default&display_rank=2~~

~~UC Davis Hypoglycemia Algorithm/Protocol - Screening and initial management of babies at risk for hypoglycemia (≥ 35 weeks)~~

UC Davis Health Hypoglycemia Algorithm/Policy - Management of Blood Glucose for the Neonate, Sept 2025

Attachments

Glucose Management of the Newborn.docx

Approval Signatures

Step Description	Approver	Date

History

Draft saved by Platt, Courtney: Manager Women & Family on 9/3/2026, 9:35PM EDT

DRAFT

NORMAL GLUCOSE RANGE

<4 hours of age	≥ 25 mg/dL
4-24 hours of age	≥ 35 mg/dL
24-48 hours of age	≥ 45 mg/dL
>48 hours of age	≥ 60 mg/dL

Initiate feed within 30-60 min

Recheck glucose within 2-3 hrs

Dextrose Gel Dosage Chart

Most Recent Weight (grams)	**40% Dextrose Gel Dose** (Apply to buccal mucosa)	**Ordered Dosage (grams)**
1750 – 2250	1 ml	0.38g
2251 – 2750	1.25 ml	0.48g
2751 – 3250	1.5 ml	0.57g
3251 – 3750	1.75 ml	0.67g
3751 – 4250	2 ml	0.76 g
4251 – 4750	2.25 ml	0.86g
4751 – 5250	2.5ml	0.96g

SCREENING & INITIAL MANAGEMENT OF INFANTS AT RISK FOR HYPOGLYCEMIA (≥ 35 WEEKS)

Asymptomatic Infants at Risk for Hypoglycemia
Check BG within 1 hour of birth

- IDM (all types)
- No Prenatal Screening for DM
- Born at <37 weeks GA
- Birth Weight <2500gm (LBW)
- SGA BW <10%
- No Prenatal Care or Suspected Drug Use
- LGA >90%
- Birth Parent given Beta Blocker
- Birth Parent given Terbutaline within 6 hours of birth

Symptoms of Neonatal Hypoglycemia
Check BG IMMEDIATELY and notify provider of BG Result

- Tremors, Jitteriness
- Hypothermia (T< 36.2c/97.1F)
- Seizures
- Hypotonia
- Emesis
- No feed in 12 hours
- Apnea
- Cyanosis
- Weak or high-pitched cry
- Respiratory Distress (nasal flaring, grunting, retractions and tachypnea)
- CPAP or PPV after 5 min APGAR

Check POC Blood Glucose

Normal Result #1
Within Age Range:
Recheck in 2 -3 hrs qAC

Normal Result #2
Within Age Range:
Recheck in 2 -3 hrs qAC

Normal Result #3
Within Age Range (prior to feed):
Stop routine testing after 3rd normal glucose
****Exceptions:**
SGA/LBW/IDM/LGA

Low #1

1. **Notify Physician** *(if symptomatic)*
2. **Administer Dextrose Gel** (see dosage chart)
3. **Feed and hand express while preparing to supplement with PHDM or Formula if expressed milk is insufficient.** If Latch <7, **supplement with 3-5 ml/kg (if <24 hrs of age) or 5-10ml/kg (if >24 hrs of age)** of expressed breastmilk, PDHM or 20 kcal formula using alternate feeding method (cup, SNS or finger feed).

Low #2

1. **Administer Dextrose Gel** (see dosage chart)
2. **Feed and supplement** with 5-10ml/kg of EBM, PDHM or formula. If already supplementing, **increase** volume. Use bottle if unable to get adequate volume with other alternative feeding methods. **Notify physician to establish feeding plan and consider PIV for D10W 2ml/kg administration.**
3. **Recheck Glucose** in 30 min following Dextrose Gel administration

Low #3

1. **Notify Physician, administer Dextrose Gel and initiate transfer for admission to Level 1 Nursery. Do not give more than 3 doses of Dextrose Gel in a 24 hr period.**

Very Low Glucose
<20 mg/dl

Very Low Glucose

1. **Notify Physician**
2. **Administer Dextrose gel immediately, do not delay treatment awaiting lab confirmation result** (see dosage chart)
3. **Call lab for STAT Serum Glucose**
4. **Initiate transfer for admission to Level One Nursery** with Admission orders
5. **Prepare PIV for D10W 2ml/kg STAT**

Continue to check POC glucose prior to feeds for these patients:

SGA/LBW/IDM/LGA
Recheck glucose in 6–8 hours prior to feed, at 24 hrs of age with NB screen and at 48 hrs of age or prior to D/C

NORMAL GLUCOSE RANGE

<4 hours of age	≥ 25 mg/dL
4-24 hours of age	≥ 35 mg/dL
24-48 hours of age	≥ 45 mg/dL
>48 hours of age	≥ 60 mg/dL

Initiate feed within 30-60 min

Recheck glucose within 2-3 hrs

Status **Active** PolicyStat ID **19444259**

Origination Date	01/2009	Department	Women and Family Center - DWFC
Last Approved	02/2026	Applicabilities	Tahoe Forest Hospital
Last Revised	02/2026		
Next Review	02/2027		

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

COPY

~~Risk:~~

RISK:

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

SETTING:

A. ~~To guide~~This procedure ensures appropriate assessment of ~~all~~ patients ~~(greater than~~over 20 weeks gestation~~)~~ presenting to Labor and Delivery for ~~evaluation of~~ active labor by ~~the~~a Registered Nurse.

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

C. RN may initiate order set 'OBG Antenatal Assessment, Labor and Delivery' to assess pregnant patients presenting to the Joseph Family Center for Women and Newborn Care.

~~Experience, Training And Educational Requirements To Perform Procedure:~~

PERSONNEL:

A. Perinatal Screening Exams must be performed by a qualified evaluator. A qualified evaluator is a RN with at least one year Labor and Delivery experience and the following required competencies:

1. Successful completion of Labor & Delivery orientation including submission of a completed and approved checklist.
2. Successful completion of an Advanced Fetal Monitoring Class.
3. ~~Annual completion of perinatal screening exam with a minimum score of 80%.~~

B. Each Women and Family Registered Nurse will complete the annual procedure review and competency assessment exam with a minimum score of 80%.

C. An updated list of the Labor and Delivery Registered Nurses who may perform a perinatal screening will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.

COPY

~~Standardized Procedure Requirements:~~

SUPERVISION & SUPERVISING INSTRUCTIONS:

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

B. Patients presenting with non-obstetric complaint should have a physician consult.

C. Obstetric Medical Screening Tool, Attached.A review of the patient record by the responsible physician will be completed and the reviewing physician will sign all orders. The physician will complete a note or H&P as appropriate.

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

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

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

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

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

PROCEDURE:

A. Calculate estimated due date (EDD or EDC) using the gestation wheel and compare with any ultrasound reports.

B. Assess fetal position by Leopold's Maneuvers.

C. Obtain the patient's vital signs.

D. Collect a urine specimen for urine Dipstick and assess for protein, glucose, ketones, leukocytes and blood as indicated.

E. Apply Electronic Fetal Monitor (EFM) for interpretation of fetal heart rate baseline, variability, accelerations, decelerations, and uterine contractions.

F. Assess status of membranes to determine if membranes are:

1. Intact
2. Ruptured. Document time ruptured, color, odor and amount of fluid, if known.

G. Assess for presence and amount of vaginal bloody show.

H. Review the prenatal record for medical or obstetrical conditions that need to be addressed intrapartum

I. **DO NOT** perform sterile digital vaginal exam for:

1. History of Placenta Previa
2. Bright Red Bleeding
3. Preterm Labor (PTL) < 36 Weeks (Consult physician first)
4. Premature Rupture of Membranes (PROM)

J. Perform sterile vagina exam (if appropriate) to establish baseline cervical status so that subsequent progress can be determined:

1. Dilation
2. Effacement
3. Station
4. Cervical Position
5. Fetal Presentation and Position.

~~Supervision:~~

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

COPY

B. ~~Patients presenting with non-obstetric complaint should have a physician consult.~~

C. ~~Obstetric Medical Screening Tool, Attached.~~

~~Patient Disposition:~~

A. ~~Disposition of the Patient is by Physician Order as follows:~~

1. ~~Discharge: If patient is not in active labor, review discharge instructions with the patient per physician order.~~
2. ~~Admit Inpatient: If patient is in active labor, complete the admission procedure per physician order.~~
3. ~~If patient needs to be transferred to another facility, follow the transfer procedure per physician order.~~

~~Periodic Review:~~

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

~~Authorization To Perform Medical Screening By RN:~~

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

~~Documentation:~~

RECORD KEEPING:

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

~~Responsibility:~~

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

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

~~References:~~

RELATED POLICIES/FORMS:

See Attached Obstetrical Medical Screening Tool

COPY

DEFINITIONS & REFERENCES:

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

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

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

DEVELOPMENT & APPROVAL:

A. This standardized procedure was developed through collaboration between RN Manager, Acute Care Director, Chief Nursing Officer, Tahoe Forest Women's Center Medical Director

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

PERIODIC REVIEW:

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

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

COPY

All Revision Dates

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

Attachments

Obstetrical Medical Screening Tool.docx

Approval Signatures

Step Description	Approver	Date
	Trent Foust: Director of Nursing	02/2026

Platt Courtney: Manager 02/2026
Women & Family

COPY

Status Active PolicyStat ID 19897263

Origination Date	08/2011	Department	Women and Family Center - DWFC
Last Approved	02/2026	Applicabilities	Tahoe Forest Hospital
Last Revised	02/2026		
Next Review	02/2027		

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

COPY

~~PROCEDURE:~~

~~Function:~~

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

~~Specific requirements:~~

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

~~Experience, training and educational requirements:~~

RISK:

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

SETTING:

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

PERSONNEL:

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

   1. Registered Nurses complete all competency requirements as part of the unit orientation to newborn care initially on the Healthstream platform. Registered Nurses will then complete the annual competency assigned through the Healthstream platform.
   2. Upon hire, Registered Nurses will be required to show completion of the NRP certification. Following orientation, Registered Nurses will be required to complete NRP® certification through quarterly RQI assessments and live skills checkoffs as indicated.

B. Each Women and Family Registered Nurse will complete the annual procedure review and competency assessment exam with a minimum score of 80%.

C. An updated list of the Labor and Delivery Registered Nurses who may perform the Perinatal Screening will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.

COPY

SUPERVISION & SUPERVISING INSTRUCTIONS:

A. The nurse will contact the physician prior to initiating orders under the following circumstances:

   1. Gestational age determined to be less than 37 weeks
   2. Category 3 tracing prior to delivery
   3. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started
   4. Acute decompensation of newborn status
   5. History, physical, or lab findings which are abnormal or unusual
      a. i.e. Cord gases of pH <7.1 and/or Base excess of **<-**12.

B. A review of the patient record by the responsible physician will be completed and the reviewing physician will co-sign the Newborn Orders.

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

A. To implement the order set 'PED: (PW) Well Newborn Care', the qualified evaluator must be an ~~RN~~Registered Nurse with at least one year Labor and Delivery experience and successful completion of the following required competencies~~.~~:

   1. Joseph Family Center for Women and Newborn Care orientation including submission of completed skills checklist.
   2. Neonatal Resuscitation Program® (NRP) certification, maintaining certification through quarterly RQI assessments and live skills checkoffs as indicated.

~~Initial and continuing evaluation:~~

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

~~Setting:~~

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

~~Standardized procedure requirements:~~

PROCEDURE:

A. To determine gestational age prior to delivery, calculate estimated due date (EDD or EDC) using the gestation wheel and compare with any ultrasound reports.

B. Before delivery, review the mother's admission history and physical assessment, prenatal record, and labor course for any risk factors such as prematurity, known fetal anomalies, maternal substance use, abnormal fetal heart rate patterns, or presence of meconium. Collection of any unreported data or prenatal labs should be completed.

C. Assess and assign 1 and 5 minute APGARS, in collaboration with Respiratory Therapist, if present.

D. On admission of a healthy newborn, the Registered Nurse providing care for the infant may initiate the Well Newborn Admission Orders.

E. ~~The pediatrician's office will be notified of any births occurring during office hours.~~

F. ~~The pediatrician will be notified during morning rounds of any birth that occurred outside of normal office hours.~~

G. The Pediatric Hospitalist will be notified of all births and round on newborn accordingly.

~~Supervision and specialized circumstances:~~

~~A. The nurse will contact the physician prior to initiating orders under the following circumstances:~~

~~1. Gestational age determined to be less than 37 weeks~~

~~2. Category 3 tracing prior to delivery~~

~~3. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started~~

~~4. Acute decompensation of patient status~~

~~5. History, physical, or lab findings which are abnormal or unusual~~

~~a. i.e. Cord gases of pH <7.1 and/or Base excess of <-12.~~

COPY

~~Periodic review:~~

A. ~~A review of the patient record by the responsible physician will be completed and the reviewing physician will co-sign the Newborn Orders.~~

B. ~~Annual review will be conducted by the OB/Peds Department.~~

~~Authorization to perform medical screening by RN:~~

A. ~~A list of the Labor and Delivery RN's who may perform the Healthy Newborn Screening Exam will be kept in Nursing Administration and in the Joseph Family Center for Women and Newborn Care.~~

B. ~~The listing will be updated annually and as changes occur.~~

~~Documentation:~~

RECORD KEEPING:

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

~~Development and approval:~~

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

~~References:~~

COPY

DEFINITIONS & REFERENCES:

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

Templates for Protocols and Procedures for Maternity Services 3rd Ed.

DEVELOPMENT & APPROVAL:

A. This standardized procedure was developed through collaboration between RN Manager, Acute Care Director, Chief Nursing Officer, Pediatric Medical Director

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

PERIODIC REVIEW:

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

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

All Revision Dates

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

Approval Signatures

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

COPY

POLICIES WITH MINOR CHANGES - SUMMARY

Title	Department	Last Approved	Next Review	Comments
WFC - Care of an Obstetric Patient in a Non-Obstetric Area, DWFC-1492	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Risk statement revised
Postpartum - Herpes Simplex Management, DWFC-1464	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Minor edits; references updated
Labor - Fetal Demise and Neonatal Death, DWFC-1440	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Minor edits; references updated
WFC - Hypertensive Emergencies in the Perinatal Period, DWFC-2301	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Risk statement updated; minor edits; references updated
Labor - Maternal Sepsis Management, DWFC-2403	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Minor edits; references updated
Neonate - Phototherapy, DWFC-1450	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Risk statement revised; minor edits
Neonate - Hearing Screen, DWFC-1442	Women & Family Care - DWFC	TBD	TBD	**Minor Changes/No Change** — Minor edits
NPO Guidelines for Surgical Patients, DASU-55	Ambulatory Surgery Unit - DASU	8/20/2026	8/19/2028	No changes to the content of this policy. Policy approved by Dr. Ward via email 8/3/26.
Preoperative Pregnancy Screening, DASU-2001	Ambulatory Surgery Unit - DASU	8/20/2026	8/19/2028	Re-wording of policy statement. No changes to the risk, definitions, or content in the procedure. Approved by Dr. Ward via email on 8/3/26.
C-Section Recovery and Baby-Friendly Policy, DASU-2203	Ambulatory Surgery Unit - DASU	8/20/2026	8/19/2028	No changes

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, August 27, 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 4:03 p.m
2. ROLL CALL
Board in Attendance: Mary Brown, Treasurer; Alyce Wong, Secretary; Dr. Robert Darzynkiewicz, Vice Chair; Michael McGarry, Chair; Dale Chamblin, Board Member [attending via teleconference due to Just Cause. "[a] contagious illness that prevents a member from attending in person." (Gov. Code, § 54953.8.3, subd. (c)(2).]

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Matt Mushet, In-House Counsel; Janet Van Gelder, Executive Director Quality, Regulation & Oncology Services (zoom); Sarah Jackson, Clerk of the Board;

Other: David Ruderman, General Counsel;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
None.

4. INPUT AUDIENCE
None.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION
5.1. Conference with Labor Negotiator (Government Code § 54957.6)
Name of Agency Negotiator to Attend Closed Session: Michael McGarry
Unrepresented Employee: President & Chief Executive Officer
Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)◈
Subject Matter: FY 2026 Claims & Litigation Summary Report
Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)◈
Subject Matter: FY 2026 Patient Safety & Risk Summary Report

Discussion was held on a privileged item.

5.4. Liability Claims (Government Code § 54956.95)

Claimant: *Kimberly Anne Nunley*

Claim Against: *Tahoe Forest Hospital District*

Discussion was held on a privileged item.

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

Discussion will concern: Existing and potential new programs and service lines.

Estimated date of disclosure: January 2028

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

5.6.1. 07/23/2026 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:03 p.m.

General Counsel noted that Dale Chamblin, Board Member is attending via zoom, and all votes will be conducted by roll call. [attending via teleconference due to Just Cause. "[a] contagious illness that prevents a member from attending in person." (Gov. Code, § 54953.8.3, subd. (c)(2).]

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session. Items 5.1. There were no reportable action for the conference with Labor Negotiator. Item 5.2 was a Hearing and there was no reportable action. Item 5.3 was also a Hearing and there was no reportable action. Item 5.4 A litigation claim by Kimberly Ann Nunley was rejected by a 5-0 vote. There were no reportable actions for item 5.5. Trade Secrets. Item 5.6. Closed Session minutes from 07/23/2026 were approved with a 5-0 vote. Medical Staff Credentials, item 5.7, was approved with a vote of 5-0.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Reorder discussion items in section 15. Due to presenter availability.

-smj-

10. INPUT – AUDIENCE

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

Emailed public comments received from: Amira Nicol, Bonnie Thomasson, Kimberly Galindo-Ferreira.
In person public comment was received from: Ted Owens

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

None.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights

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

Discussion was held.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Privileges with Changes

13.1.1. *Gastroenterology*

Policies with Changes

13.1.2. *Lab Services Policies*

13.1.3. *Care Coordination Policies*

13.1.4. *Nutrition Services Policies*

Medical Staff Bylaws – Review with Changes

13.1.5. *Medical Staff Bylaws*

Dr. Koch, Chief of Staff requested removal of item 13.1.5. from the consent agenda. The MEC consent agenda was reviewed.

Discussion was held.

ACTION: Motion made by Director Brown to approve the Medical Executive Committee Consent Agenda with item 13.1.5. removed, seconded by Director Wong.

Roll Call Vote:

Brown – AYE
Chamblin – AYE
Darzynkiewicz – AYE
Wong – AYE

-smj-

McGarry - AYE

14. CONSENT CALENDAR

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

14.1. Approval of Meeting Minutes

14.1.1. 07/23/2026 Regular Meeting

14.2. Financial Reports

14.2.1. Financial Report – July 2026

14.3. Board Reports

14.3.1. Executive Board Report – August 2026

14.4. Approval of Revised Charter

14.4.1. TFHD Fiduciary Responsibility Charter

14.5. Approval of Policies

14.5.1. Compassionate Communication to Patients, ACMP-2601

Discussion was held.

ACTION: Motion made by Director Wong to approve the Consent Agenda as presented, seconded by Director Brown.
Roll Call Vote:
Brown – AYE
Chamblin – AYE
Darzynkiewicz – AYE
Wong – AYE
McGarry - AYE

15. ITEMS FOR BOARD DISCUSSION

15.1. Primary Care Access Update

The Board of Directors will receive an update regarding Primary Care access.

Dr. Ulland, Medical Director of Primary Care and Dylan Crosby, Chief of Clinical Operations & Facilities, presented a Primary Care Access update.

Discussion was held. No action was taken, discussion item only.

15.2. Semi Annual Retirement Plan Update

The Board of Directors will receive a semi-annual retirement plan update from Multnomah Group.

Brian Montanez, CIMA®, AIF, CPC®, TGPC, NQPC™ of Multnomah Group presented the semi-annual retirement plan update.

Discussion was held. No action was taken, discussion item only.
-smj-

15.3. Annual Investment Report

The Board of Directors will receive an annual investment report from Chandler Asset Management.

Alayne Sampson of Chandler Asset Management presented the annual investment report.

Discussion was held. No action was taken, discussion item only.

16. ITEMS FOR BOARD ACTION

16.1. Amendment No. 1 to President & Chief Executive Officer (CEO) Employment Agreement

The Board of Directors will review and consider approval of a First Amendment to the President & CEO Employment Agreement.

Discussion was held. General Counsel reported the changes included in Amendment No.1 of the President & CEO employment agreement.

Noted updates: effective date of July, 1, 2026 for a 3 year term; no change in CEO base salary, update to the maximum incentive compensation percentage, increase in vacation accrual, and change in vehicle allowance.

ACTION: Motion made by Director Brown to approve Amendment to the President & CEO employment agreement presented with the changes noted by General Counsel, seconded by Director Wong.
Roll Call Vote:
Brown – AYE
Chamblin – AYE
Darzynkiewicz – AYE
Wong – AYE
McGarry - AYE

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

Director Brown reported on the Board Finance Committee.

19. BOARD MEMBERS' REPORTS/CLOSING REMARKS

Chair McGarry provided closing comments. September 24, 2026 TFHD Board Meeting will be held at: Everline Resort & Spa Lake Tahoe, Granite Chief Event Room, 400 Resort Road, Olympic Valley, CA 96146 beginning at 4:00 p.m.

-smj-

20. CLOSED SESSION CONTINUED

21. OPEN SESSION

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

23. ADJOURN
Meeting Adjourned at: 7:15 p.m.

-smj-

TAHOE FOREST
HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

THURSDAY, SEPTEMBER 24, 2026, AT 4:00 PM
Everline Resort & Spa Lake Tahoe - Granite Chief Event Room,
400 Resort Road, Olympic Valley, CA 96146

1. CALL TO ORDER
Meeting was called to order at 4:00 p.m.

The Regular Meeting was held concurrently with the Special Meeting. Both meetings were called to order at 4:00 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;

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Matt Mushet, In-House Counsel (zoom); Janet Van Gelder, Executive Director Quality, Regulation & Oncology Services (zoom); Kim McCarl, Chief Strategy Officer; Brian Evans, MD, Chief Medical Officer; Dylan Crosby, Interim Chief of Clinics & Facilities; Sarah Jackson, Clerk of the Board;

Other: Sara Lopez, General Counsel;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
None.

4. INPUT AUDIENCE
None.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. TIMED ITEM – 5:30 PM - 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: 4:32 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

-smj-

General Counsel reported out from Closed Session. Medical Staff Credentials, item 5.1, was approved with a vote of 5-0.

8. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

9. INPUT – AUDIENCE

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

None.

10. INPUT FROM EMPLOYEE ASSOCIATIONS

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

None.

11. MEDICAL STAFF EXECUTIVE COMMITTEE

11.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

New Form

11.2. Outpatient Procedure Consent

Policies with Changes – Summary attached

11.3. DED-2 – Admission of Emergency Department Patients
11.4. DED-11 – Fall Prevention
11.5. DED-12 – Family Presence During Invasive Procedures
11.6. DED-13 – Laboratory Results Culture Screening, DED-13
11.7. DED-19 – Multi-Casualty Incidents
11.8. DED-1801 – Standardized Procedure – Ordering and Performing Guideline for EKG in Emergency Department
11.9. DED-1806 – Standardized Procedure for Administration of Acetaminophen/Ibuprofen for Fever in Pediatric Patients
11.10. AIPC-1501 – Transmission Based-Isolation-Precautions
11.11. AIPC-109 – Rodent Management
11.12. AIPC-95 – Pest Control
11.13. AIPC-59 – Infection Control Risk Assessment

Policies with No Changes

11.14. DED-30 – Sexual Assault Victim
11.15. DED-229 - Nitrous Oxide Use
11.16. DED-34 Students: EMT, AEMT, Paramedic Guidelines

Policies to Retire

11.17. DED-25 – Rabies Series Vaccination – VOTE TO RETIRE

Dr. Koch, Chief of Staff, reviewed the MEC consent agenda.

-smj-

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approved the Medical Executive Committee Consent Agenda as presented, seconded by Director Brown.
AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, McGarry.
Abstention: None
NAYS: None
Absent: None

12. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY
n/a

13. BOARD COMMITTEE REPORTS
Director Wong reported on the Board Quality Committee held on 09/08/2026 and the TTHAC / Navigation Center meeting.

Chair McGarry reported on the Board Governance Committee held on 09/16/2026.

Director Brown reported on the Board Finance Committee held on 09/24/2026 and the FY 2026 audit process.

Director Darzynkiewicz provided a report on the Board Community Engagement Committee.

14. BOARD MEMBERS' REPORTS/CLOSING REMARKS
Director Chamblin made a request for a future Board presentation regarding the TFHD's physicians use of AI and use of AI in charting.

15. CLOSED SESSION CONTINUED
n/a

16. OPEN SESSION
n/a

17. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY
n/a

18. ADJOURN
Both the Regular and Special meetings were adjourned at 4:56 p.m.

-smj-

TAHOE FOREST
HOSPITAL DISTRICT

SPECIAL MEETING OF THE BOARD OF DIRECTORS DRAFT MINUTES

THURSDAY, SEPTEMBER 24, 2026, AT 4:00 PM
Everline Resort & Spa Lake Tahoe - Granite Chief Event Room
400 Resort Road, Olympic Valley, CA 96146

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

The Special Meeting was held concurrently with the Regular Meeting. Both meetings were called to order at 4:00 p.m.

2. ROLL CALL

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

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Matt Mushet, In-House Counsel (zoom); Janet Van Gelder, Executive Director Quality, Regulation & Oncology Services (zoom); Kim McCarl, Chief Strategy Officer; Brian Evans, MD, Chief Medical Officer; Dylan Crosby, Interim Chief of Clinics & Facilities; Sarah Jackson, Clerk of the Board;

Other: Sara Lopez, General Counsel;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None.

4. INPUT AUDIENCE

None.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Conference with Legal Counsel; Existing Litigation (Government Code § 54956.9(d)(1))◈

Name of Case: Keniia Novikov et al v. Tahoe Forest Hospital District, et al, Superior Court of California, County of Nevada, Case No. CU0001834

Claimant: *KENIIA NOVIKOV, individually and as Successor-Interest for ROMAN NOVIKOV, JR., and ROMAN NOVIKOV*

Claim Against: Tahoe Forest Hospital District

Discussion was held on a privileged item.

-smj-

6. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 4:32 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session. Item 5.1. for the case of Keniia Novikov et al v. TFHD, the Board had approved a settlement with a 5-0 vote.

8. ADJOURN

Both the Special and Regular meetings were adjourned at 4:56 p.m.

-smj-

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026 – Regular Meeting of the Board of Directors	**ITEM:** 14.2 Financial Reports 14.2.1. Financial Report – August 2026 14.2.2. Financial Report – September 2026
DEPARTMENT: Finance	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.4 states, "Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff."

Consent Agenda Item 14.2.1 Financial Report – August 2026 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.

SUMMARY/OBJECTIVES:
To provide the Board information about the District's monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.

SUGGESTED DISCUSSION POINTS:
Opportunity to pull the Financial Report – August 2026 and/or September from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 16 Discussion of Consent Calendar Items Pulled, If Necessary.

SUGGESTED MOTION/ALTERNATIVES:
Motion to accept the Financial Report – August 2026 and Financial Report – September 2026 as part of the Consent agenda.

Alternative:
If pulled from Consent agenda, provide discussion under Item 16 on the Board agenda. After discussion, request a motion to approve the Financial Report as presented.

LIST OF ATTACHMENTS: Financial Report – August 2026 / Financial Report – September 2026

TAHOE FOREST HOSPITAL DISTRICT
AUGUST 2026 FINANCIAL REPORT - PRELIMINARY
INDEX

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

Board of Directors

Of Tahoe Forest Hospital District

AUGUST 2026 FINANCIAL NARRATIVE - PRELIMINARY

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

Activity Statistics

- TFH acute patient days were 469 for the current month compared to budget of 455. This equates to an average daily census of 15.1 compared to budget of 14.7.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Laboratory tests, Lab Send Out tests, Radiation Oncology procedures, Gastroenterology cases, and Outpatient Occupational Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Surgery cases, Pathology, EKGs, Medical Oncology procedures, Nuclear Medicine, Ultrasounds, PET CT, and Outpatient Physical Therapy, Physical Therapy Aquatic and Speech Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 42.48% in the current month compared to budget of 44.50% and to last month's 49.95%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.16% compared to budget of 44.51% and prior year's 45.77%.
- EBIDA was $4,017,595 (5.2%) for the current month compared to budget of $2,277,903 (3.2%), or $1,739,692 (2.1%) above budget. Year-to-date EBIDA was $9,371,835 (6.2%) compared to budget of $3,613,735 (2.5%), or $5,758,100 (3.7%) above budget.
- Net Income was $3,369,880 for the current month compared to budget of $1,685,725 or $1,684,155 above budget. Year-to-date Net Income was $7,705,583 compared to budget of $2,416,191 or $5,289,392 above budget.
- Cash Collections for the current month were $29,794,525 which is 87% of targeted Net Patient Revenue.
- EPIC Gross Accounts Receivables were $135,028,834 at the end of August compared to $126,591,617 at the end of July.

Balance Sheet

- Working Capital is at 24.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 185.3 days. Working Capital cash decreased a net $110,000. Decrease in Cash is related to: Accounts Payable increased $4,802,000, Accrued Payroll & Related Costs increased $1,592,000, Capital Project and Equipment expenditures totaled $4,596,000, the District remitted $3,476,000 to the State for participation in the DMPH QIP & DHDP FY25 programs, and received $386,000 from Placer County for the final FY26 property tax revenues. Cash Collections were below target by 13%.
- Net Patient Accounts Receivable increased a net $999,000. Cash collections were 87% of target. EPIC Days in A/R were 54.6 compared to 54.1 at the close of August.
- Estimated Settlements, Medi-Cal & Medicare increased a net $5,164,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and remitted $3,476,000 to the State for participation in the DMPH QIP & DHDP FY25 programs.
- Unrealized Gain/(Loss) Cash Investment Fund increased $156,000 after recording the unrealized market gains in its funds held with Chandler Investments for the month of August.
- GO Bond Tax Revenue Fund increased $199,000 after recording receipt of the final FY26 property tax revenues from Placer County.
- Investment in TSC, LLC decreased $18,000 after recording the estimated loss for August and truing up the losses for July.
- To comply with GASB No. 96, the District recorded Amortization Expense for August, decreasing its Right-To-Use Subscription asset $248,000.
- Accounts Payable increased $4,802,000 due to the timing of the final check run in August.
- Accrued Payroll & Related Costs increased a net $1,592,000 due to additional accrued payroll days in August.

- To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for August, decreasing the liability by $239,000.

- Other Long Term Debt Net of Current Maturities increased a net $720,000 after recording the addition of leased property at Pioneer Center.

Operating Revenue

- Current month's Total Gross Revenue was $76,575,479 compared to budget of $72,027,003 or $4,548,476 above budget.

- Current month's Gross Inpatient Revenue was $9,753,249 compared to budget of $9,048,480 or $704,769 above budget.

- Current month's Gross Outpatient Revenue was $66,822,230 compared to budget of $62,978,523 or $3,843,707 above budget.

- Current month's Gross Revenue Mix was 47.42% Medicare, 14.70% Medi-Cal, 1.85% Other, and 36.03% Commercial Insurance compared to budget of 42.64% Medicare, 17.11% Medi-Cal, 1.33% Other, and 38.92% Commercial Insurance. Last month's mix was 44.43% Medicare, 15.66% Medi-Cal, .70% Other, and 39.21% Commercial Insurance. Year-to-Date Gross Revenue Mix was 45.95% Medicare, 15.17% Medi-Cal, 1.28% Other, and 37.60% Commercial Insurance compared to budget of 42.85% Medicare, 16.98% Med-Cal, 1.35% Other, and 38.82% Commercial.

- Current month's Deductions from Revenue were $44,042,180 compared to budget of $39,974,485 or $4,067,695 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 4.78% increase in Medicare, a 2.41% decrease to Medi-Cal, a .52% increase in Other, and Commercial Insurance was below budget 2.89%, 2) Revenues were above budget 6.3% and 3) Charity Care and Bad Debt were below budget $1,258,000.

DESCRIPTION	August 2026 Actual	August 2026 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	13,212,241	13,731,622	519,381	We saw positive variances in RN, Aides Clerical, Environmental, Physicians, and Management salaries.
Employee Benefits	4,082,394	4,298,672	216,278	Decreased use of Paid Leave and Sick Leave, Employer Payroll taxes, and Standby created a positive variance in Employee Benefits.
Benefits – Workers Compensation	116,805	103,455	(13,350)	We saw several high dollar claims settle in August, creating a negative variance in Benefits-Workers Compensation.
Benefits – Medical Insurance	2,496,677	3,171,368	674,691	The District has a self-insured plan and expense is based on actual claims paid.
Medical Professional Fees	876,454	584,771	(291,683)	Anesthesia, Pathology, Radiology, Hospitalist, Stroke Alert Monitoring Physician Fees, and Locums coverage for Urgent Care, Cardiology, Urology, and Primary Care created a negative variance in Medical Professional Fees.
Other Professional Fees	599,161	616,502	17,341	Outsourced legal fees for Medical Staff, Managed Care contract consulting, professional fees provided by Mercy Health and budgeted consulting services for support, implementation, and optimization of the District's Microsoft 365 environment were below budget, creating a positive variance in Other Professional Fees.
Supplies	5,660,619	5,525,065	(135,554)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 11.88%, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,452,347	2,548,257	95,910	Outsourced billing and collection services for the Business Office, contracted Project Management services, Wellness Bank usage and Employee Health screenings, interpreter services, outsourced billing and collection services for Skilled Nursing, and support services for Process Improvement were under budget, creating a positive variance in Purchased Services.
Other Expenses	1,084,698	1,208,927	124,229	Human Resources Recruitment fees and expenses, Marketing campaigns, and Insurance were below budget, creating a positive variance in Other Expenses.
Total Expenses	30,581,396	31,788,639	1,207,243	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
AUGUST 2026 PRELIMINARY

	Aug-26	Jul-26	Jul-25	
ASSETS				
CURRENT ASSETS				
* CASH	$ 25,062,907	$ 25,172,547	$ 52,712,953	1
PATIENT ACCOUNTS RECEIVABLE - NET	63,510,731	62,511,488	56,861,262	2
OTHER RECEIVABLES	12,568,351	12,459,478	9,203,862	
GO BOND RECEIVABLES	962,009	680,271	652,833	
ASSETS LIMITED OR RESTRICTED	17,146,617	14,246,544	11,637,636	
INVENTORIES	7,844,163	7,848,085	7,344,777	
PREPAID EXPENSES & DEPOSITS	5,205,579	5,158,339	4,831,665	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	40,485,480	35,321,521	28,819,932	3
TOTAL CURRENT ASSETS	172,785,837	163,398,273	172,064,920	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	74,318,485	1
* CASH INVESTMENT FUND	94,007,851	93,948,916	93,893,057	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	9,494,826	9,338,497	6,508,518	4
MUNICIPAL LEASE 2025	2,219,851	2,219,851	4,593,879	
TOTAL BOND TRUSTEE 2017	24,180	24,114	23,209	
TOTAL BOND TRUSTEE 2015	294,386	157,038	1,697,820	
GO BOND TAX REVENUE FUND	1,170,364	971,098	1,092,548	5
GATEWAY WEST ESCROW ACCOUNT	884,874	884,874	-	
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,700	
DONOR RESTRICTED FUND	1,202,657	1,202,656	1,202,649	
WORKERS COMPENSATION FUND	8,358	25,142	17,481	
TOTAL	183,629,534	183,094,371	183,351,346	
LESS CURRENT PORTION	(17,146,617)	(14,246,544)	(11,637,636)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	166,482,917	168,847,827	171,713,710	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(6,099,806)	(6,081,837)	(5,562,197)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	229,406,021	226,684,233	196,992,358	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,362,850	2,077,509	1,859,618	
TOTAL ASSETS	566,654,790	556,642,977	538,785,381	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	148,690	151,922	190,711	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	123,994	123,994	200,168	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,660,027	3,683,731	3,968,188	
GO BOND DEFERRED FINANCING COSTS	356,536	358,857	386,707	
DEFERRED FINANCING COSTS	85,302	86,343	98,826	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	14,058,665	13,289,388	14,506,130	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	20,402,790	20,650,724	23,321,139	7
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 38,836,004	$ 38,344,959	$ 42,671,868	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	16,488,627	11,686,757	$ 13,089,932	8
ACCRUED PAYROLL & RELATED COSTS	28,051,698	26,459,501	43,543,729	9
INTEREST PAYABLE	121,026	72,572	317,115	
INTEREST PAYABLE GO BOND	227,453	0	-	
SUBSCRIPTION LIABILITY	22,482,868	22,721,466	25,220,229	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,316,211	3,647,687	
HEALTH INSURANCE PLAN	5,717,445	5,717,445	4,128,800	
WORKERS COMPENSATION PLAN	2,998,513	2,998,513	2,315,069	
COMPREHENSIVE LIABILITY INSURANCE PLAN	3,135,382	3,135,382	2,876,447	
CURRENT MATURITIES OF GO BOND DEBT	3,030,000	3,030,000	2,730,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,805,652	4,805,652	5,139,974	
TOTAL CURRENT LIABILITIES	90,374,877	83,943,499	103,008,982	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,971,061	28,251,505	33,270,841	11
GO BOND DEBT NET OF CURRENT MATURITIES	81,041,964	81,059,919	84,605,386	
DERIVATIVE INSTRUMENT LIABILITY	123,994	123,994	200,168	
TOTAL LIABILITIES	200,511,895	193,378,917	221,085,377	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	403,776,241	400,406,362	359,169,223	
RESTRICTED	1,202,657	1,202,656	1,202,649	
TOTAL NET POSITION	$ 404,978,898	$ 401,609,018	$ 360,371,872	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
AUGUST 2026 PRELIMINARY

1. Working Capital is at 24.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 185.3 days. Working Capital cash decreased a net $110,000. Net decrease in Cash is related to: Accounts Payable increased $4,802,000 (See Note 8), Accrued Payroll & Related Costs increased $1,592,000 (See Note 9), Capital Project and Equipment expenditures totaled $4,596,000, the District remitted $3,476,000 to the State for participation in the DMPH QIP & DHDP FY25 programs, and received $386,000 from Placer County for the final FY26 property tax revenues. Cash Collections were below target by 13% (See Note 2).

2. Net Patient Accounts Receivable increased a net $999,000. Cash collections were 87% of target. EPIC Days in A/R were 54.6 compared to 54.1 at the close of July.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $5,164,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and remitted $3,476,000 to the State for participation in the DMPH QIP & DHDP FY25 programs.

4. Unrealized Gain/(Loss) Cash Investment Fund increased $156,000 after recording the unrealized market gains in its funds held with Chandler Investments for the month of August.

5. GO Bond Tax Revenue Fund increased $199,000 after recording receipt of the final FY26 property tax revenues from Placer County.

6. Investment in TSC, LLC decreased $18,000 after recording the estimated loss for August and trueing up the losses for July.

7. To comply with GASB No. 96, the District recorded Amortization Expense for August, decreasing its Right-To-Use Subscription asset $248,000.

8. Accounts Payable increased $4,802,000 due to the timing of the final check run in August.

9. Accrued Payroll & Related Costs increased a net $1,592,000 due to additional accrued payroll days in August.

10. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for August, decreasing the liability by $239,000.

11. Other Long Term Debt Net of Current Maturities increased a net $720,000 after recording the addition of leased property at Pioneer Center.

Tahoe Forest Hospital District
Cash Investment
August 31, 2026 Preliminary

WORKING CAPITAL				
US Bank	$ 23,572,799	3.28%		
US Bank/Incline Village Thrift Store	59,872			
US Bank/Truckee Thrift Store	366,104			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,064,132	1.61%		
Total			$	25,062,907
BOARD DESIGNATED FUNDS				
US Bank Savings	$ 884,874			
Chandler Cash Portfolio Fund	-	0.00%		
Chandler Investment Fund	94,007,851	VAR		
Total			$	94,892,725
Building Fund	$ -			
Cash Reserve Fund	74,318,485	3.87%		
Local Agency Investment Fund			$	74,318,485
Municipal Lease 2018			$	2,219,851
Bonds Cash 2017			$	24,180
Bonds Cash 2015			$	294,386
GO Bonds Cash 2008			$	1,170,364
DX Imaging Education	$ 3,700			
Workers Comp Fund - B of A	8,358			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	12,058
TOTAL FUNDS			$	197,994,958
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,393	0.09%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,166,955	3.87%		
TOTAL RESTRICTED FUNDS			$	1,202,657
TOTAL ALL FUNDS			$	199,197,615

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

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD AUGUST 2025
				OPERATING REVENUE						
$ 76,575,479	$ 72,027,003	$ 4,548,476	6.3%	Total Gross Revenue	$ 150,822,600	$ 144,528,036	$ 6,294,564	4.4%	1	$ 135,490,219
				Gross Revenues - Inpatient						
$ 4,273,308	$ 4,343,760	$ (70,452)	-1.6%	Daily Hospital Service	$ 8,647,850	$ 8,390,316	$ 257,534	3.1%		$ 7,759,619
5,479,941	4,704,720	775,221	16.5%	Ancillary Service - Inpatient	10,411,430	9,486,525	924,905	9.7%		11,100,414
9,753,249	9,048,480	704,769	7.8%	Total Gross Revenue - Inpatient	19,059,279	17,876,841	1,182,438	6.6%	1	18,860,033
66,822,230	62,978,523	3,843,707	6.1%	Gross Revenue - Outpatient	131,763,321	126,651,195	5,112,126	4.0%		116,630,186
66,822,230	62,978,523	3,843,707	6.1%	Total Gross Revenue - Outpatient	131,763,321	126,651,195	5,112,126	4.0%	1	116,630,186
				Deductions from Revenue:						
42,752,316	37,426,396	(5,325,920)	-14.2%	Contractual Allowances	78,332,384	75,077,918	(3,254,466)	-4.3%	2	71,304,734
548,277	1,441,862	893,585	62.0%	Charity Care	1,289,148	2,891,105	1,601,957	55.4%	2	824,551
741,587	1,106,227	364,640	33.0%	Bad Debt	1,574,379	2,216,918	642,539	29.0%	2	1,335,107
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
44,042,180	39,974,485	(4,067,695)	-10.2%	Total Deductions from Revenue	81,195,911	80,185,941	(1,009,970)	-1.3%		73,464,392
91,298	133,538	42,240	31.6%	Property Tax Revenue- Wellness Neighborhood	203,243	268,735	65,492	24.4%		188,029
1,974,393	1,880,486	93,907	5.0%	Other Operating Revenue	3,833,369	3,730,046	103,323	2.8%	3	4,102,216
34,598,990	34,066,542	532,448	1.6%	TOTAL OPERATING REVENUE	73,663,301	68,340,876	5,322,425	7.8%		66,316,072
				OPERATING EXPENSES						
13,212,241	13,731,622	519,381	3.8%	Salaries and Wages	26,390,098	27,693,989	1,303,891	4.7%	4	24,253,530
4,082,394	4,298,672	216,278	5.0%	Benefits	9,265,049	9,056,261	(208,788)	-2.3%	4	8,338,806
116,805	103,455	(13,350)	-12.9%	Benefits Workers Compensation	211,428	206,910	(4,518)	-2.2%	4	354,090
2,496,677	3,171,368	674,691	21.3%	Benefits Medical Insurance	7,643,181	6,342,736	(1,300,445)	-20.5%	4	6,202,422
876,454	584,771	(291,683)	-49.9%	Medical Professional Fees	1,524,796	1,170,387	(354,409)	-30.3%	5	1,121,959
599,161	616,502	17,341	2.8%	Other Professional Fees	931,081	1,229,948	298,867	24.3%	5	672,543
5,660,619	5,525,065	(135,554)	-2.5%	Supplies	11,311,825	11,438,252	126,427	1.1%	6	9,849,104
2,452,347	2,548,257	95,910	3.8%	Purchased Services	4,913,033	5,184,719	271,686	5.2%	7	3,962,964
1,084,698	1,208,927	124,229	10.3%	Other	2,100,975	2,403,939	302,964	12.6%	8	2,174,448
30,581,396	31,788,639	1,207,243	3.8%	TOTAL OPERATING EXPENSE	64,291,466	64,727,141	435,675	0.7%		56,929,866
4,017,595	**2,277,903**	**1,739,692**	**76.4%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**9,371,835**	**3,613,735**	**5,758,100**	**159.3%**		**9,386,206**
				NON-OPERATING REVENUE/(EXPENSE)						
927,320	885,080	42,240	4.8%	District and County Taxes	1,833,994	1,768,502	65,492	3.7%	9	1,677,046
481,005	481,005	(0)	0.0%	District and County Taxes - GO Bond	962,009	962,009	0	0.0%		937,051
411,016	333,417	77,599	23.3%	Interest Income	690,703	669,336	21,367	3.2%	10	862,220
-	128,174	(128,174)	-100.0%	Donations	28,388	256,347	(227,959)	-88.9%	11	219,023
(17,969)	(102,864)	84,895	82.5%	Gain/(Loss) on Joint Investment	(120,833)	(205,727)	84,894	41.3%	12	(303,765)
159,349	270,000	(110,651)	-41.0%	Gain/(Loss) on Market Investments	142,040	540,000	(397,960)	-73.7%	13	977,339
-	-	-	0.0%	Gain/(Loss) on Investments - TIRHR	-		-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	15	-
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-	-	-	100.0%	15	-
(2,171,281)	(2,156,821)	(14,460)	-0.7%	Depreciation	(4,320,909)	(4,313,642)	(7,267)	-0.2%	16	(3,833,545)
(201,632)	(194,646)	(6,986)	-3.6%	Interest Expense	(397,974)	(390,698)	(7,276)	-1.9%	17	(421,838)
(235,523)	(235,523)	0	0.0%	Interest Expense-GO Bond	(483,670)	(483,671)	1	0.0%		(507,670)
(647,715)	(592,178)	(55,537)	-9.4%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(1,666,253)	(1,197,544)	(468,709)	-39.1%		(394,139)
$ 3,369,880	**$ 1,685,725**	**$ 1,684,155**	**99.9%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 7,705,583**	**$ 2,416,191**	**$ 5,289,392**	**218.9%**		**$ 8,992,067**
				NET POSITION - BEGINNING OF YEAR	**397,273,315**					
				NET POSITION - AS OF AUGUST 31, 2026	**$ 404,978,898**					
5.2%	**3.2%**	**2.1%**		**RETURN ON GROSS REVENUE EBIDA**	**6.2%**	**2.5%**	**3.7%**			**6.9%**

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

		Variance from Budget Fav / <Unfav> AUG 2026	YTD 2027
1) Gross Revenues			
Acute Patient Days were above budget 3.07% or 14 days. Swing Bed days were above budget 366.67% or 33 days.	Gross Revenue -- Inpatient	$ 704,769	$ 1,182,438
	Gross Revenue -- Outpatient	3,843,707	5,112,126
	Gross Revenue -- Total	$ 4,548,476	$ 6,294,564
Outpatient volumes were 5% or more above in the following departments: Home Health visits, Laboratory tests, Lab Send Out tests, Radiation Oncology procedures, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Occupational Therapy.			
Outpatient volumes were below budget 5% or more in the following departments: Emergency Department visits, Hospice visits, Surgery cases, Pathology, Medical Oncology procedures, Nuclear Medicine, Ultrasound, PET CT, Respiratory Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, and Speech Therapy.			
2) Total Deductions from Revenue			
The payor mix for August shows a 4.78% increase to Medicare, a 2.41% decrease to Medi-Cal, .52% increase to Other, and a 2.89% decrease to Commercial when compared to budget. Revenues were above budget 6.3% and we saw a shift from Commercial into Medicare. Positive variances in Charity Care and Bad Debt are lending to the negative variance in Contractual Allowances.	Contractual Allowances	$ (5,325,920)	$ (3,254,466)
	Charity Care	893,585	1,601,957
	Bad Debt	364,640	642,539
	Prior Period Settlements	-	-
	Total	$ (4,067,695)	$ (1,009,970)
3) Other Operating Revenue	Community Pharmacy	$ 165,801	$ 192,304
Community Pharmacy revenues were above budget 16.48%.	Miscellaneous	(33,448)	465
	Oncology Drug Replacement	-	-
Rebates & Refunds, Quality Metrics incentives, and Medicare bonuses were below budget, creating a negative variance in Miscellaneous.	Hospice Thrift Stores	(19,008)	(30,828)
	Grants	(19,000)	(24,000)
	The Center (non-therapy)	568	(11,650)
Hospice Thrift Store revenues were below budget 15.12%.	IVCH ER Physician Guarantee	-	-
	Children's Center	(1,006)	(22,968)
Timing of the receipt of our annual SHIP grant created a negative variance in Grants.	Total	$ 93,907	$ 103,323
4) Salaries and Wages	Total	$ 519,381	$ 1,303,891
We saw positive variance in RN, Aides, Clerical, Environmental, Physician, and Management salaries.			
Employee Benefits	PL/SL	$ 152,968	$ (324,513)
We saw decreased use of Paid Leave and Long-Term Sick, creating a positive variance in PL/SL.	Other	22,324	61,842
	Pension/Deferred Comp	-	-
	Standby	29,973	66,118
Positive variance in Other related to Employer Payroll Taxes.	Nonproductive	11,013	(12,235)
	Total	$ 216,278	$ (208,788)
Employee Benefits - Workers Compensation	Total	$ (13,350)	$ (4,518)
We saw several high dollar claims settle in August, creating a negative variance in Workers Compensation.			
Employee Benefits - Medical Insurance	Total	$ 674,691	$ (1,300,445)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	Miscellaneous	$ (126,404)	$ (160,978)
Anesthesia, Pathology, and Radiology Physician Fees created a negative variance in Miscellaneous.	TFH Locums	(60,800)	(69,714)
	Human Resources	(43,000)	(49,541)
	Multi-Specialty Clinics Administration	(26,405)	(21,807)
Hospitalist Physician fees and Stroke Alert Monitoring Physician fees created a negative variance in TFH Locums.	Multi-Specialty Clinics	(42,597)	(13,725)
	IVCH ER Physicians	(3,527)	(873)
	Marketing	4,258	(693)
Human Resources Advisory consulting work created a negative variance in this category.	Corporate Compliance	-	-
	Patient Accounting/Admitting	-	-
Medical Director review, Compensation Plan review, and Employed Physician Model review created a negative variance in Multi-Specialty Clinics Administration.	Medical Staff Services	11,354	6,708
	Managed Care	11,711	14,211
	Oncology	4,057	17,127
Locums coverage for Urgent Care, Cardiology, Urology, and Primary Care created a negative variance in Multi-Specialty Clinics.	Financial Administration	6,667	20,833
	Administration	(59,922)	96,311
	Information Technology	50,265	106,598
Outsourced legal fees were below budget, creating a positive variance in Medical Staff Services.	Total	$ (274,341)	$ (55,542)
Managed Care contract consulting was below budget, creating a positive variance in Managed Care.			
True North Implementation consulting created a negative variance in Administration.			
Professional services provided by Mercy Health and budgeted consulting services for support, implementation, and optimization of the District's Microsoft 365 environment were below budget, creating a positive variance in Information Technology.			

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

		Variance from Budget Fav / <Unfav> AUG 2026	YTD 2027
6) Supplies	Pharmacy Supplies	$ (325,785)	$ (440,223)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above 11.88% creating a negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	(47,043)	(66,828)
	Office Supplies	2,299	3,710
	Food	10,786	7,662
Other Non-Medical Supplies were above budget in Surgery, Diagnostic Imaging Services, Facilities, and Information Technology, creating a negative variance in this category.	Minor Equipment	24,029	26,829
	Patient & Other Medical Supplies	200,160	595,277
	Total	$ (135,554)	$ 126,427
Patient Chargeable and Non-Patient Chargeable Supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.			
7) Purchased Services	Medical Records	$ (31,167)	$ (23,250)
Outsourced coding and Professional Fee audit services created a negative variance in Medical Records.	Laboratory	(3,905)	(11,368)
	Pharmacy IP	(10,003)	(10,075)
	Community Development	-	-
Minimum Order Volume fees created a negative variance in Pharmacy IP.	Multi-Specialty Clinics	(2,062)	307
	Home Health/Hospice	929	1,506
Outsourced billing and collections services for the Business Office were below budget, creating a positive variance in Patient Accounting.	The Center	4,682	6,684
	Diagnostic Imaging Services - All	5,403	17,476
	Patient Accounting	14,956	36,085
Contracted Project Management services and Clinical and Patient documentation platform services were below budget, creating a positive variance in Information Technology.	Department Repairs	1,364	39,555
	Information Technology	32,235	41,060
	Human Resources	36,853	70,142
Wellness Bank usage and Employee Health screenings were below budget, creating a positive variance in Human Resources.	Miscellaneous	46,625	103,565
	Total	$ 95,910	$ 271,686
Outsourced billing and collections services for Skilled Nursing, Interpreter services, and budgeted services for Process Improvement were below budget, creating a positive variance in Miscellaneous.			
8) Other Expenses	Equipment Rent	$ (9,703)	$ (24,373)
Oxygen tank rentals were above budget, creating a negative variance in Equipment Rent.	Multi-Specialty Clinics Equip Rent	(4,222)	(3,326)
	Physician Services	-	-
	Dues and Subscriptions	489	1,207
Oxygen tank rentals were above budget in the Multi-Specialty Clinics, creating a negative variance in Multi-Specialty Clinics Equip Rent.	Multi-Specialty Clinics Bldg. Rent	7,760	12,924
	Miscellaneous	6,259	15,276
	Utilities	5,867	19,379
Recruitment efforts for key management positions was below budget, creating a positive variance in Human Resources Recruitment.	Other Building Rent	6,567	23,951
	Human Resources Recruitment	19,402	38,884
	Marketing	28,837	39,064
Marketing campaigns were below budget for ENT, Orthopedics and the Marketing Department, creating a positive variance in this category.	Insurance	22,761	44,039
	Outside Training & Travel	40,213	135,940
	Total	$ 124,229	$ 302,964
Insurance renewal quotes for the District's All Risk and Cyber policies came in below budget, creating a positive variance in Insurance.			
9) District and County Taxes	Total	$ 42,240	$ 65,492
10) Interest Income	Total	$ 77,599	$ 21,367
Interest earnings on the funds held with LAIF and Chandler Investments were above budget, creating a positive variance in Interest Income.			
11) Donations	IVCH	$ (22,231)	$ (44,462)
	Operational	(105,943)	(183,497)
	Total	$ (128,174)	$ (227,959)
12) Gain/(Loss) on Joint Investment	Total	$ 84,895	$ 84,894
A true-up of losses in TSC, LLC for July created a positive variance in Gain/(Loss) on Joint Investment.			
13) Gain/(Loss) on Market Investments	Total	$ (110,651)	$ (397,960)
Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.			
14) Gain/(Loss) on Sale or Disposal of Assets	Total	$ -	$ -
15) Gain/(Loss) on Sale or Disposal of Equipment	Total	$ -	$ -
16) Depreciation Expense	Total	$ (14,460)	$ (7,267)
17) Interest Expense	Total	$ (6,986)	$ (7,276)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
AUGUST 2026 PRELIMINARY

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD AUGUST 2025
				OPERATING REVENUE						
$ 6,179,245	$ 5,256,449	$ 922,796	17.6%	Total Gross Revenue	$ 12,159,564	$ 11,299,136	$ 860,428	7.6%	1	$ 10,864,829
				Gross Revenues - Inpatient						
$ -	$ -	$ -	0.0%	Daily Hospital Service	$ -	$ -	$ -	0.0%		$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
6,179,245	5,256,449	922,796	17.6%	Gross Revenue - Outpatient	12,159,564	11,299,136	860,428	7.6%		10,864,829
6,179,245	5,256,449	922,796	17.6%	Total Gross Revenue - Outpatient	12,159,564	11,299,136	860,428	7.6%	1	10,864,829
				Deductions from Revenue:						
2,987,171	2,645,719	(341,452)	-12.9%	Contractual Allowances	6,004,567	5,639,168	(365,399)	-6.5%	2	5,396,210
95,462	105,127	9,665	9.2%	Charity Care	173,058	224,007	50,949	22.7%	2	178,045
115,419	78,845	(36,574)	-46.4%	Bad Debt	213,291	168,006	(45,285)	-27.0%	2	255,819
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
3,198,052	2,829,691	(368,361)	-13.0%	Total Deductions from Revenue	6,390,916	6,031,181	(359,735)	-6.0%	2	5,830,074
64,004	64,459	(455)	-0.7%	Other Operating Revenue	127,954	128,918	(964)	-0.7%	3	138,518
3,045,197	2,491,217	553,980	22.2%	TOTAL OPERATING REVENUE	5,896,603	5,396,873	499,730	9.3%		5,173,273
				OPERATING EXPENSES						
857,634	936,857	79,223	8.5%	Salaries and Wages	1,783,103	1,962,853	179,750	9.2%	4	1,641,677
255,997	247,110	(8,887)	-3.6%	Benefits	590,919	543,817	(47,102)	-8.7%	4	488,900
6,248	4,736	(1,512)	-31.9%	Benefits Workers Compensation	12,496	9,472	(3,024)	-31.9%	4	8,237
147,487	191,078	43,591	22.8%	Benefits Medical Insurance	451,509	382,156	(69,353)	-18.1%	4	368,372
178,907	175,380	(3,527)	-2.0%	Medical Professional Fees	351,633	350,760	(873)	-0.2%	5	361,793
5,814	8,892	3,078	34.6%	Other Professional Fees	10,981	14,778	3,797	25.7%	5	8,664
163,270	191,628	28,358	14.8%	Supplies	414,556	397,888	(16,668)	-4.2%	6	296,433
87,777	86,700	(1,077)	-1.2%	Purchased Services	252,944	244,020	(8,924)	-3.7%	7	202,915
119,814	122,239	2,425	2.0%	Other	246,073	252,055	5,982	2.4%	8	239,790
1,822,949	1,964,620	141,671	7.2%	TOTAL OPERATING EXPENSE	4,114,213	4,157,799	43,586	1.0%		3,616,781
1,222,248	**526,597**	**695,651**	**132.1%**	**NET OPERATING REV(EXP) EBIDA**	**1,782,390**	**1,239,074**	**543,316**	**43.8%**		**1,556,492**
				NON-OPERATING REVENUE/(EXPENSE)						
-	22,231	(22,231)	-100.0%	Donations-IVCH	-	44,462	(44,462)	-100.0%	9	-
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(190,180)	(190,180)	0	0.0%	Depreciation	(380,359)	(380,360)	1	0.0%	11	(412,383)
(2,904)	(2,905)	1	0.0%	Interest Expense	(5,833)	(5,834)	1	0.0%	12	(6,402)
(193,084)	(170,854)	(22,230)	-13.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(386,192)	(341,732)	(44,460)	-13.0%		(418,785)
$ 1,029,164	**$ 355,743**	**$ 673,421**	**189.3%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,396,197**	**$ 897,342**	**$ 498,855**	**55.6%**		**$ 1,137,707**
19.8%	**10.0%**	**9.8%**		**RETURN ON GROSS REVENUE EBIDA**	**14.7%**	**11.0%**	**3.7%**			**14.3%**

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2026 PRELIMINARY

		Variance from Budget Fav<Unfav>	
		AUG 2026	YTD 2027
1) Gross Revenues			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	$ -	$ -
	Gross Revenue -- Outpatient	922,796	860,428
Outpatient volumes were above budget in the following departments: Laboratory tests, Lab Send Out tests, Diagnostic Imaging, Mammography, Ultrasound, Cat Scans, and Oncology Drugs Sold to Patients.	Total	$ 922,796	$ 860,428
Outpatient volumes were below budget in the following departments: Emergency Department visits, Surgery cases, EKGs, Gastroenterology cases, Physical Therapy, and Speech Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a .25% increase in Medicare, a 1.39% decrease in Medicaid, a .03% increase in Commercial insurance, and a 1.11% increase in Other.	Contractual Allowances	$ (341,452)	$ (365,399)
	Charity Care	9,665	50,949
	Bad Debt	(36,574)	(45,285)
	Prior Period Settlement	-	-
	Total	$ (368,361)	$ (359,735)
3) Other Operating Revenue			
Vending Machine commissions were below budget, creating a negative variance in Miscellaneous.	IVCH ER Physician Guarantee	$ -	$ -
	Miscellaneous	(455)	(964)
	Total	$ (455)	$ (964)
4) Salaries and Wages	Total	$ 79,223	$ 179,750
We saw positive variances in RN, Clerical, and Physician salaries. A portion of the positive variance was offset by negative variances in PL/SL.			
Employee Benefits	PL/SL	$ (11,178)	$ (51,738)
We saw an increase in Paid Leave usage, creating a negative variance in PL/SL.	Other	(3,260)	1,380
	Standby	7,352	10,987
	Pension/Deferred Comp	(0)	(0)
	Nonproductive	(1,800)	(7,731)
	Total	$ (8,887)	$ (47,102)
Employee Benefits - Workers Compensation	Total	$ (1,512)	$ (3,024)
Employee Benefits - Medical Insurance	Total	$ 43,591	$ (69,353)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	IVCH ER Physicians	$ (3,527)	$ (873)
Stroke Alert monitoring created a negative variance in IVCH ER Physicians.	Multi-Specialty Clinics	-	-
	Miscellaneous	-	-
	Foundation	1,828	1,297
	Administration	1,250	2,500
	Total	$ (449)	$ 2,924
6) Supplies	Pharmacy Supplies	$ 28,289	$ (23,897)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget, however, the mix of drugs administered created a positive variance in Pharmacy Supplies.	Non-Medical Supplies	(2,666)	(5,776)
	Food	100	255
	Office Supplies	589	1,402
	Patient & Other Medical Supplies	(1,304)	1,934
Purchase of air filter supplies for the facility created a negative variance in Non-Medical Supplies.	Minor Equipment	3,351	9,413
	Total	$ 28,358	$ (16,668)
Medical Supplies Sold to Patients revenues were above budget 9.05%, creating a negative variance in Patient & Other Medical Supplies.			

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2026 PRELIMINARY

		Variance from Budget Fav<Unfav>	
		AUG 2026	YTD 2027
7) Purchased Services	Diagnostic Imaging Services - All	$ (4,151)	$ (6,000)
Radiology reads created a negative variance in Diagnostic Imaging Services-All.	EVS/Laundry	(2,312)	(4,958)
	Laboratory	(2,544)	(3,885)
	Pharmacy	(349)	(653)
Linen services were above budget, creating a negative variance in EVS/Laundry.	Multi-Specialty Clinics	(370)	(199)
	Foundation	5,517	(168)
	Engineering/Plant/Communications	178	225
Outsourced laboratory testing created a negative variance in Laboratory.	Miscellaneous	2,140	3,135
	Department Repairs	811	3,578
Stewardship expenses were below budget, creating a positive variance in Foundation.	Total	$ (1,077)	$ (8,924)
8) Other Expenses	Utilities	(5,169)	(6,231)
Electricity and Telephone costs were above budget, creating a negative variance in Utilities.	Equipment Rent	$ (1,825)	$ (3,084)
	Marketing	640	(151)
	Other Building Rent	0	0
Oxygen rentals created a negative variance in Equipment Rent.	Multi-Specialty Clinics Bldg. Rent	279	558
	Dues and Subscriptions	853	860
	Insurance	625	1,250
	Miscellaneous	1,025	2,396
	Outside Training & Travel	5,996	10,383
	Total	$ 2,425	$ 5,982
9) Donations	Total	$ (22,231)	$ (44,462)
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ -	$ 1
12) Interest Expense	Total	$ 1	$ 1

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2026		**BUDGET** FYE 2027	PROJECTED FYE 2027	ACTUAL AUG 2026	BUDGET AUG 2026	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	42,814,744		13,394,772	19,164,278	$ 4,017,595	$ 2,277,903	$ 1,739,692	10,820,620	1,777,456	3,401,228	3,164,974
Interest Income	4,530,573		3,800,000	3,817,471	143,518	120,000	23,518	967,471	950,000	950,000	950,000
Property Tax Revenue	12,114,979		12,225,000	12,172,904	386,448	425,000	(38,552)	597,904	135,000	6,800,000	4,640,000
Donations	1,789,202		8,938,082	8,880,711	-	128,174	(128,174)	327,149	384,521	384,521	7,784,521
Emergency Funds	-		-	-	-	-	-	-	-	-	-
Debt Service Payments	(3,554,952)		(3,380,396)	(3,375,837)	(220,508)	(220,508)	0	(1,324,057)	(661,525)	(728,730)	(661,525)
Property Purchase Agreement	(541,285)		-	-	-	-	-	-	-	-	-
Municipal Lease 2025	(1,000,929)		(1,000,932)	(1,000,931)	(83,411)	(83,411)	0	(250,232)	(250,233)	(250,233)	(250,233)
2017 VR Demand Bond	(790,102)		(734,295)	(729,737)	-	-	-	(662,532)	-	(67,205)	-
2015 Revenue Bond	(1,222,636)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(171,333)		(150,000)	(150,000)	-	-	-	(50,000)	(33,334)	(33,333)	(33,333)
Investment in Capital											
Equipment	(6,466,623)		(6,238,750)	(6,238,750)	(222,842)	(658,358)	435,516	(2,153,750)	(1,208,200)	(1,512,500)	(1,364,300)
Municipal Lease Reimbursement	2,374,027		2,287,591	2,287,591	-	-	-	-	-	-	2,287,591
IT/EMR/Business Systems	-		(5,659,758)	(5,659,758)	-	(1,479,739)	1,479,739	(1,479,739)	(2,533,577)	(1,391,117)	(255,325)
Building Projects/Properties	(38,878,229)		(58,553,840)	(58,553,840)	(4,373,320)	(8,272,132)	3,898,813	(13,088,888)	(21,638,353)	(12,972,750)	(10,853,849)
Change in Accounts Receivable	6,082,315	N1	(289,055)	(481,985)	(999,243)	2,977,657	(3,976,900)	(5,061,899)	5,817,870	(993,917)	(244,039)
Change in Settlement Accounts	(6,580,815)	N2	3,242,000	3,402,503	(5,163,959)	(5,163,959)	-	(8,340,747)	(1,425,750)	4,816,750	8,352,250
Change in Other Assets	(13,522,126)	N3	(4,000,000)	(4,021,173)	(183,620)	(500,000)	316,380	(3,421,173)	(1,000,000)	(1,900,000)	2,300,000
Change in Other Liabilities	(7,712,961)	N4	(5,220,000)	(6,915,006)	6,194,589	2,500,000	3,694,589	804,994	(7,550,000)	(1,755,000)	1,585,000
Change in Cash Balance	(7,181,200)		(39,604,353)	(35,670,891)	(421,341)	(7,865,963)	7,444,621	(21,402,115)	(26,985,893)	(4,934,848)	17,651,965
Beginning Unrestricted Cash	214,054,647		206,873,448	206,873,448	193,810,585	193,810,585		206,873,448	185,471,333	158,485,440	153,550,592
Ending Unrestricted Cash	206,873,448		167,269,095	171,202,556	193,389,244	185,944,622	7,444,621	185,471,333	158,485,440	153,550,592	171,202,556
Operating Cash	206,873,448		167,269,095	171,202,556	193,389,244	185,944,622	7,444,621	185,471,333	158,485,440	153,550,592	171,202,556
Expense Per Day	963,426		1,056,151	1,054,977	1,043,378	1,050,288	(6,910)	1,043,052	1,043,894	1,052,589	1,054,977
Days Cash On Hand	215		158	162	185	177	8	178	152	146	162

Footnotes:

Budget - Beginning Unrestricted Cash amount for Budget FYE 2027 has been restated to match the Ending Unrestricted Cash from Preliminary FYE 2026.

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.

TAHOE FOREST HOSPITAL DISTRICT
SEPTEMBER 2026 FINANCIAL REPORT - PRELIMINARY
INDEX

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

Board of Directors

Of Tahoe Forest Hospital District

SEPTEMBER 2026 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the three months ended September 30, 2026.

Activity Statistics

- TFH acute patient days were 387 for the current month compared to budget of 344. This equates to an average daily census of 12.9 compared to budget of 11.5.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Surgery cases, Radiation Oncology procedures, Cat Scans, Drugs Sold to Patients, Gastroenterology cases, and Tahoe City Physical Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, EKGs, Briner Ultrasound, PET CT, Respiratory Therapy, and Outpatient Physical Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 44.62% in the current month compared to budget of 44.55% and to last month's 42.48%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 45.63% compared to budget of 44.53% and prior year's 46.79%.
- EBIDA was $3,579,107 (4.5%) for the current month compared to budget of $1,437,380 (2.1%), or $2,141,727 (2.4%) above budget. Year-to-date EBIDA was $12,950,942 (5.6%) compared to budget of $5,051,115 (2.4%), or $7,899,827 (3.3%) above budget.
- Net Income was $1,641,406 for the current month compared to budget of $831,255 or $810,151 above budget. Year-to-date Net Income was $9,346,989 compared to budget of $3,247,446 or $6,099,543 above budget.
- Cash Collections for the current month were $33,193,200 which is 89% of targeted Net Patient Revenue.
- EPIC Gross Accounts Receivables were $132,814,674 at the end of September compared to $135,028,834 at the end of August.

Balance Sheet

- Working Capital is at 20.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 177.3 days. Working Capital cash decreased a net $3,545,000. Decrease in Cash is related to: Accounts Payable increased $4,533,000, Accrued Payroll & Related Costs increased $363,000, Capital Project and Equipment expenditures totaled $9,550,000. Cash Collections were below target by 11%.
- Net Patient Accounts Receivable decreased a net $261,000. Cash collections were 89% of target. EPIC Days in A/R were 52.7 compared to 54.6 at the close of August.
- Estimated Settlements, Medi-Cal & Medicare increased a net $1,695,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs.
- Unrealized Gain/(Loss) Cash Investment Fund decreased $1,004,000 after recording the unrealized market losses in its funds held with Chandler Investments for the month of September.
- Investment in TSC, LLC decreased $243,000 after recording the estimated loss for September and truing up the losses for August.
- To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close of September.
- To comply with GASB No. 96, the District recorded Amortization Expense for September, decreasing its Right-To-Use Subscription asset $112,000.
- Accounts Payable increased $4,533,000 due to the timing of the final check run in September. We are also seeing an increase in construction costs with the finalization of the North Shore Clinic and Sierra Center projects.
- Accrued Payroll & Related Costs increased a net $363,000, related to increases in Long-Term Sick accruals and Employer Related Payroll taxes.

- To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for September, decreasing the liability by $101,000.

- Other Long Term Debt Net of Current Maturities decreased a net $769,000 after recording the GASB 87 deletion of leased property for IVCH Ophthalmology.

Operating Revenue

- Current month's Total Gross Revenue was $78,979,878 compared to budget of $68,364,793 or $10,615,085 above budget.

- Current month's Gross Inpatient Revenue was $7,880,182 compared to budget of $7,319,108 or $561,074 above budget.

- Current month's Gross Outpatient Revenue was $71,099,697 compared to budget of $61,045,685 or $10,054,012 above budget.

- Current month's Gross Revenue Mix was 45.44% Medicare, 16.24% Medi-Cal, 1.98% Other, and 36.34% Commercial Insurance compared to budget of 42.75% Medicare, 16.88% Medi-Cal, 1.29% Other, and 39.08% Commercial Insurance. Last month's mix was 47.42% Medicare, 14.70% Medi-Cal, 1.85% Other, and 36.03% Commercial Insurance. Year-to-Date Gross Revenue Mix was 45.78% Medicare, 15.54% Medi-Cal, 1.52% Other, and 37.16% Commercial Insurance compared to budget of 42.82% Medicare, 16.95% Med-Cal, 1.33% Other, and 38.90% Commercial.

- Current month's Deductions from Revenue were $43,731,932 compared to budget of $37,905,621 or $5,826,311 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 2.70% increase in Medicare, a .64% decrease to Medi-Cal, a .68% increase in Other, and Commercial Insurance was below budget 2.74%, 2) Revenues were above budget 15.50% and 3) Charity Care and Bad Debt were below budget $169,000.

DESCRIPTION	September 2026 Actual	September 2026 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	13,149,912	13,159,865	9,953	
Employee Benefits	4,180,740	4,161,117	(19,623)	Increased use of Paid Leave created a negative variance in Employee Benefits.
Benefits – Workers Compensation	86,417	103,455	17,038	
Benefits – Medical Insurance	3,802,116	3,171,368	(630,748)	The District has a self-insured plan and expense is based on actual claims paid.
Medical Professional Fees	746,768	584,189	(162,579)	Radiology, Hospitalist, and Locums coverage for Urgent Care, Urology, and Primary Care created a negative variance in Medical Professional Fees.
Other Professional Fees	534,062	616,134	82,072	Professional fees provided by Mercy Health and Radiation Therapy Program Director fees were below budget, creating a positive variance in Other Professional Fees.
Supplies	6,806,056	5,472,445	(1,333,611)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 17.57%, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,338,368	2,572,242	233,874	Outsourced billing and collection services for the Business Office, Radiology reads, Wellness Bank usage and Employee Health screenings, outsourced referral services for Central Scheduling, Fall Forum expenses, and Community Health Index pilot program costs were under budget, creating a positive variance in Purchased Services.
Other Expenses	1,937,885	1,235,014	(702,871)	Early termination of our Linen Service contract, Marketing campaigns and Media Branding, and Equipment Rentals for Surgical Services and Oxygen Tanks created a negative variance in Other Expenses.
Total Expenses	33,582,324	31,075,829	(2,506,495)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
SEPTEMBER 2026 PRELIMINARY

	Sep-26	Aug-26	Sep-25	
ASSETS				
CURRENT ASSETS				
* CASH	$ 21,518,314	$ 25,062,907	$ 48,630,439	1
PATIENT ACCOUNTS RECEIVABLE - NET	63,249,835	63,510,731	54,515,631	2
OTHER RECEIVABLES	14,055,806	12,630,130	11,784,784	
GO BOND RECEIVABLES	1,443,014	962,009	1,403,103	
ASSETS LIMITED OR RESTRICTED	22,275,589	17,146,617	15,009,868	
INVENTORIES	7,858,367	7,844,163	7,334,341	
PREPAID EXPENSES & DEPOSITS	5,277,116	5,205,579	5,061,182	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	44,025,333	42,329,886	32,843,151	3
TOTAL CURRENT ASSETS	179,703,374	174,692,022	176,582,500	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	74,318,485	1
* CASH INVESTMENT FUND	93,966,034	94,007,851	93,927,825	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	8,491,158	9,494,826	7,732,365	4
MUNICIPAL LEASE 2025	2,219,851	2,219,851	4,593,879	
TOTAL BOND TRUSTEE 2017	24,180	24,180	23,361	
TOTAL BOND TRUSTEE 2015	431,484	294,386	517,211	
GO BOND TAX REVENUE FUND	1,170,364	1,170,364	1,279,329	
GATEWAY WEST ESCROW ACCOUNT	884,874	884,874	-	
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,700	
DONOR RESTRICTED FUND	1,202,658	1,202,657	1,202,650	
WORKERS COMPENSATION FUND	36,963	8,358	490	
TOTAL	182,749,750	183,629,534	183,599,295	
LESS CURRENT PORTION	(22,275,589)	(17,146,617)	(15,009,868)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	160,474,161	166,482,917	168,589,427	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(6,343,283)	(6,099,806)	(5,865,962)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	237,094,039	229,406,021	200,804,966	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,635,830	2,362,850	1,872,828	
TOTAL ASSETS	575,281,092	568,560,975	543,700,731	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	145,457	148,690	184,246	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	36,106	123,994	221,741	6
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,636,322	3,660,027	3,920,778	
GO BOND DEFERRED FINANCING COSTS	354,215	356,536	382,065	
DEFERRED FINANCING COSTS	84,262	85,302	96,746	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,315,419	13,968,395	14,130,169	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	20,291,246	20,402,790	23,095,924	7
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 37,863,027	$ 38,745,734	$ 42,031,669	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	21,044,646	16,511,579	$ 13,593,621	8
ACCRUED PAYROLL & RELATED COSTS	28,415,011	28,051,698	40,203,281	9
INTEREST PAYABLE	168,951	121,026	188,186	
INTEREST PAYABLE GO BOND	454,905	227,453	480,155	
SUBSCRIPTION LIABILITY	22,382,274	22,482,868	25,034,228	10
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,316,211	3,647,687	
HEALTH INSURANCE PLAN	5,717,445	5,717,445	4,128,800	
WORKERS COMPENSATION PLAN	2,998,513	2,998,513	2,315,069	
COMPREHENSIVE LIABILITY INSURANCE PLAN	3,135,382	3,135,382	2,876,447	
CURRENT MATURITIES OF GO BOND DEBT	3,030,000	3,030,000	2,730,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,805,652	4,805,652	5,139,974	
TOTAL CURRENT LIABILITIES	95,468,990	90,397,829	100,337,447	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,201,748	28,971,061	31,495,749	11
GO BOND DEBT NET OF CURRENT MATURITIES	81,024,008	81,041,964	84,569,475	
DERIVATIVE INSTRUMENT LIABILITY	36,106	123,994	221,741	6
TOTAL LIABILITIES	204,730,852	200,534,847	216,624,412	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	407,210,610	405,569,204	367,905,338	
RESTRICTED	1,202,658	1,202,657	1,202,650	
TOTAL NET POSITION	$ 408,413,267	$ 406,771,861	$ 369,107,988	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
SEPTEMBER 2026 PRELIMINARY

1. Working Capital is at 20.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 177.3 days. Working Capital cash decreased a net $3,545,000. Net decrease in Cash is related to: Accounts Payable increased $4,533,000 (See Note 8), Accrued Payroll & Related Costs increased $363,000 (See Note 9), and Capital Project and Equipment expenditures totaled $9,550,000. Cash Collections were below target by 11% (See Note 2).

2. Net Patient Accounts Receivable decreased a net $261,000. Cash collections were 89% of target. EPIC Days in A/R were 52.7 compared to 54.6 at the close of August.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $1,695,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs.

4. Unrealized Gain/(Loss) Cash Investment Fund decreased $1,004,000 after recording the unrealized market losses in its funds held with Chandler Investments for the month of September.

5. Investment in TSC, LLC decreased $243,000 after recording the estimated loss for September and trueing up the losses for August.

6. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley swap transaction at the close of September.

7. To comply with GASB No. 96, the District recorded Amortization Expense for September, decreasing its Right-To-Use Subscription asset $112,000.

8. Accounts Payable increased $4,533,000 due to the timing of the final check run in September. We are also seeing an increase in construction costs with the finalization of the North Shore Clinic and Sierra Center projects.

9. Accrued Payroll & Related Costs increased a net $363,000, related to increases in Long-Term Sick accruals and Employer Related Payroll taxes.

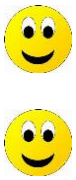
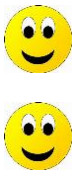
10. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for September, decreasing the liability by $101,000.

11. Other Long Term Debt Net of Current Maturities decreased a net $769,000 after recording the GASB 87 deletion of leased property for IVCH Ophthalmology.

Tahoe Forest Hospital District
Cash Investment
September 30, 2026 Preliminary

WORKING CAPITAL				
US Bank	$ 19,913,011	3.37%		
US Bank/Incline Village Thrift Store	74,221			
US Bank/Truckee Thrift Store	465,550			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,065,531	1.61%		
Total			$	21,518,314
BOARD DESIGNATED FUNDS				
US Bank Savings	$ 884,874			
Chandler Cash Portfolio Fund	-	0.00%		
Chandler Investment Fund	93,966,034	VAR		
Total			$	94,850,908
Building Fund	$ -			
Cash Reserve Fund	74,318,485	3.94%		
Local Agency Investment Fund			$	74,318,485
Municipal Lease 2018			$	2,219,851
Bonds Cash 2017			$	24,180
Bonds Cash 2015			$	431,484
GO Bonds Cash 2008			$	1,170,364
DX Imaging Education	$ 3,700			
Workers Comp Fund - B of A	36,963			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	40,663
TOTAL FUNDS			$	194,574,249
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,393	0.09%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,166,955	3.94%		
TOTAL RESTRICTED FUNDS			$	1,202,658
TOTAL ALL FUNDS			$	195,776,907

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
SEPTEMBER 2026 PRELIMINARY

	Current Status	Desired Position	Target	Bond Covenants	FY 2027 Jul 26 to Sept 26	FY 2026 Jul 25 to June 26	FY 2025 Jul 24 to June 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21
Return On Equity: Increase (Decrease) in Net Position Net Position		⇧	FYE 3.5% Budget 1st Qtr .1%		2.3%	10.5%	14.2%	12.4%	11.2%	13.0%	12.3%
EPIC Days in Accounts Receivable (excludes SNF) Gross Accounts Receivable 90 Days Gross Accounts Receivable 365 Days		⇩	FYE 60 Days		53 55	53 55	59 64	69 71	59 62	63 67	65 67
Days Cash on Hand Excludes Restricted: Cash + Short-Term Investments (Total Expenses - Depreciation Expense)/ by 365		⇧	Budget FYE 158 Days Budget 1st Qtr 171 Days Projected 1st Qtr 177 Days	Bond Covenant 60 Days A- 217 Days BBB- 109 Days	177	216	233	229	197	234	272
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		⇩	22%		29%	29%	31%	31%	24%	27%	26%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		⇩	27%		32%	32%	34%	35%	33%	36%	32%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)		⇧	FYE Budget $1,008,025 End 1st Qtr Based on Budgeted Net Revenue $983,192 End 1st Qtr Based on Actual Net Revenue $1,111,743		$1,036,181	$962,809	$913,700	$804,216	$713,016	$634,266	$603,184
Debt Service Coverage: Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense		⇧	Without GO Bond 11.79 With GO Bond 4.54	1.95	13.65 5.16	17.14 7.18	23.91 8.39	15.47 6.88	9.74 5.25	9.72 5.22	8.33 4.49

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

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD SEPTEMBER 2025
				OPERATING REVENUE						
$ 78,979,878	$ 68,364,793	$ 10,615,085	15.5%	Total Gross Revenue	$ 229,802,478	$ 212,892,830	$ 16,909,648	7.9%	1	$ 197,226,865
				Gross Revenues - Inpatient						
$ 3,872,718	$ 3,512,990	$ 359,728	10.2%	Daily Hospital Service	$ 12,520,567	$ 11,903,307	$ 617,260	5.2%		$ 11,108,176
4,007,464	3,806,118	201,346	5.3%	Ancillary Service - Inpatient	14,418,894	13,292,643	1,126,251	8.5%		14,610,390
7,880,182	7,319,108	561,074	7.7%	Total Gross Revenue - Inpatient	26,939,461	25,195,950	1,743,511	6.9%	1	25,718,566
71,099,697	61,045,685	10,054,012	16.5%	Gross Revenue - Outpatient	202,863,017	187,696,880	15,166,137	8.1%		171,508,299
71,099,697	61,045,685	10,054,012	16.5%	Total Gross Revenue - Outpatient	202,863,017	187,696,880	15,166,137	8.1%	1	171,508,299
				Deductions from Revenue:						
41,480,776	35,485,211	(5,995,565)	-16.9%	Contractual Allowances	119,813,160	110,563,129	(9,250,031)	-8.4%	2	102,450,770
474,888	1,368,900	894,012	65.3%	Charity Care	1,764,036	4,260,005	2,495,969	58.6%	2	841,597
1,776,267	1,051,510	(724,757)	-68.9%	Bad Debt	3,350,646	3,268,429	(82,217)	-2.5%	2	1,634,776
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
43,731,932	37,905,621	(5,826,311)	-15.4%	Total Deductions from Revenue	124,927,842	118,091,563	(6,836,279)	-5.8%		104,927,143
93,554	133,017	39,463	29.7%	Property Tax Revenue- Wellness Neighborhood	296,797	401,752	104,955	26.1%		293,937
1,819,930	1,921,020	(101,090)	-5.3%	Other Operating Revenue	5,653,298	5,651,065	2,233	0.0%	3	5,882,333
37,161,431	32,513,209	4,648,222	14.3%	TOTAL OPERATING REVENUE	110,824,732	100,854,084	9,970,648	9.9%		98,475,992
				OPERATING EXPENSES						
13,149,912	13,159,865	9,953	0.1%	Salaries and Wages	39,540,010	40,853,854	1,313,844	3.2%	4	36,573,478
4,180,740	4,161,117	(19,623)	-0.5%	Benefits	13,445,790	13,217,378	(228,412)	-1.7%	4	11,872,056
86,417	103,455	17,038	16.5%	Benefits Workers Compensation	297,844	310,365	12,521	4.0%	4	519,564
3,802,116	3,171,368	(630,748)	-19.9%	Benefits Medical Insurance	11,445,298	9,514,104	(1,931,194)	-20.3%	4	9,515,577
746,768	584,189	(162,579)	-27.8%	Medical Professional Fees	2,271,564	1,754,576	(516,988)	-29.5%	5	1,770,987
534,062	616,134	82,072	13.3%	Other Professional Fees	1,465,143	1,846,082	380,939	20.6%	5	955,399
6,806,056	5,472,445	(1,333,611)	-24.4%	Supplies	18,117,881	16,910,697	(1,207,184)	-7.1%	6	14,834,209
2,338,368	2,572,242	233,874	9.1%	Purchased Services	7,251,401	7,756,960	505,559	6.5%	7	6,108,525
1,937,885	1,235,014	(702,871)	-56.9%	Other	4,038,860	3,638,953	(399,907)	-11.0%	8	3,381,058
33,582,324	31,075,829	(2,506,495)	-8.1%	TOTAL OPERATING EXPENSE	97,873,790	95,802,969	(2,070,821)	-2.2%		85,530,853
3,579,107	**1,437,380**	**2,141,727**	**149.0%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**12,950,942**	**5,051,115**	**7,899,827**	**156.4%**		**12,945,139**
				NON-OPERATING REVENUE/(EXPENSE)						
925,064	885,601	39,463	4.5%	District and County Taxes	2,759,058	2,654,103	104,955	4.0%	9	2,503,676
481,005	481,005	(0)	0.0%	District and County Taxes - GO Bond	1,443,014	1,443,014	0	0.0%		1,405,577
275,282	319,809	(44,527)	-13.9%	Interest Income	965,985	989,145	(23,160)	-2.3%	10	1,224,297
155,462	128,174	27,288	21.3%	Donations	183,850	384,521	(200,671)	-52.2%	11	340,513
(243,477)	(102,864)	(140,613)	-136.7%	Gain/(Loss) on Joint Investment	(364,310)	(308,591)	(55,719)	-18.1%	12	(455,647)
(1,006,388)	270,000	(1,276,388)	-472.7%	Gain/(Loss) on Market Investments	(864,348)	810,000	(1,674,348)	-206.7%	13	1,319,101
61,465	-	61,465	0.0%	Gain/(Loss) on Lease Termination	61,465		61,465	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	15	-
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-	-	-	100.0%	15	-
(2,154,127)	(2,156,821)	2,694	0.1%	Depreciation	(6,475,035)	(6,470,463)	(4,572)	-0.1%	16	(5,857,115)
(196,464)	(195,506)	(958)	-0.5%	Interest Expense	(594,438)	(586,204)	(8,234)	-1.4%	17	(635,795)
(235,523)	(235,523)	0	0.0%	Interest Expense-GO Bond	(719,193)	(719,194)	1	0.0%		(755,818)
(1,937,700)	(606,125)	(1,331,575)	-219.7%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,603,953)	(1,803,669)	(1,800,284)	-99.8%		(911,211)
$ 1,641,406	**$ 831,255**	**$ 810,151**	**97.5%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 9,346,989**	**$ 3,247,446**	**$ 6,099,543**	**187.8%**		**$ 12,033,928**
				NET POSITION - BEGINNING OF YEAR	**399,066,279**					
				NET POSITION - AS OF SEPTEMBER 30, 2026	**$ 408,413,267**					
4.5%	**2.1%**	**2.4%**		**RETURN ON GROSS REVENUE EBIDA**	**5.6%**	**2.4%**	**3.3%**			**6.6%**

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

		Variance from Budget Fav / <Unfav> SEPT 2026	YTD 2027
1) Gross Revenues			
Acute Patient Days were above budget 12.50% or 43 days. Swing Bed days were above budget 290.00% or 28 days.	Gross Revenue -- Inpatient	$ 561,074	$ 1,743,511
	Gross Revenue -- Outpatient	10,054,012	15,166,137
	Gross Revenue -- Total	$ 10,615,085	$ 16,909,648
Outpatient volumes were 5% or more above in the following departments: Home Health visits, Surgery cases, Radiation Oncology procedures, Cat Scans, Drugs Sold to Patients, Gastroenterology cases, and Tahoe City Physical Therapy.			
Outpatient volumes were below budget 5% or more in the following departments: Hospice visits, EKGs, Briner Ultrasound, PET CT, Respiratory Therapy, and Outpatient Physical Therapy.			
2) Total Deductions from Revenue			
The payor mix for September shows a 2.70% increase to Medicare, a .64% decrease to Medi-Cal, .68% increase to Other, and a 2.74% decrease to Commercial when compared to budget. Revenues were above budget 15.50% and we saw a shift from Commercial into Medicare.	Contractual Allowances	$ (5,995,565)	$ (9,250,031)
	Charity Care	894,012	2,495,969
	Bad Debt	(724,757)	(82,217)
	Prior Period Settlements	-	-
	Total	$ (5,826,311)	$ (6,836,279)
3) Other Operating Revenue	Community Pharmacy	$ (64,211)	$ 128,093
Community Pharmacy revenues were below budget 4.14%.	Miscellaneous	(63,721)	(63,256)
	Oncology Drug Replacement	-	-
Timing of receipt of the quarterly Outpatient Small Rural Hospital stipend and the Nevada Private Hospital Provider Tax fee created a negative variance in Miscellaneous.	Hospice Thrift Stores	(8,033)	(38,861)
	Grants	(5,000)	(29,000)
	The Center (non-therapy)	1,185	(10,465)
Hospice Thrift Store revenues were below budget 6.84%.	IVCH ER Physician Guarantee	46,988	46,988
	Children's Center	(8,297)	(31,266)
IVCH ER Physician Guarantee is tied collections, coming in above budget in September.	Total	$ (101,090)	$ 2,233
4) Salaries and Wages	Total	$ 9,953	$ 1,313,844
Employee Benefits	PL/SL	$ (106,644)	$ (431,157)
We saw increased use of Paid Leave, creating a negative variance in PL/SL.	Other	(7,573)	54,269
	Pension/Deferred Comp	-	-
Physician Productivity Bonuses were below budget, creating a positive variance in Nonproductive.	Standby	18,176	84,293
	Nonproductive	76,419	64,184
	Total	$ (19,623)	$ (228,412)
Employee Benefits - Workers Compensation	Total	$ 17,038	$ 12,521
Employee Benefits - Medical Insurance	Total	$ (630,748)	$ (1,931,194)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	Miscellaneous	$ (68,155)	$ (229,133)
Radiology Physician Fees created a negative variance in Miscellaneous.	TFH Locums	(27,553)	(97,267)
	Human Resources	(37,502)	(87,043)
Hospitalist Physician fees created a negative in TFH Locums.	Multi-Specialty Clinics	(41,444)	(55,169)
	Multi-Specialty Clinics Administration	8,698	(13,108)
Human Resources Advisory consulting work created a negative variance in this category.	IVCH ER Physicians	(685)	(1,557)
	Corporate Compliance	-	-
Locums coverage for Urgent Care, Urology, and Primary Care created a negative variance in Multi-Specialty Clinics.	Patient Accounting/Admitting	-	-
	Marketing	7,358	6,665
	Medical Staff Services	243	6,951
Radiation Therapy Program Director fees were below budget, creating a positive variance in Oncology.	Managed Care	6,992	21,203
	Financial Administration	9,811	30,644
	Oncology	13,670	30,797
Outsourced legal fees were above budget, creating a negative variance in Administration.	Administration	(20,900)	75,411
	Information Technology	68,960	175,558
Professional services provided by Mercy Health for EPIC module support were below budget, creating a positive variance in Information Technology.	Total	$ (80,507)	$ (136,049)
6) Supplies	Pharmacy Supplies	$ (1,321,403)	$ (1,755,184)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above 17.57% creating a negative variance in Pharmacy Supplies. We also saw several large purchases of the Flu, Covid, and MMR vaccines.	Other Non-Medical Supplies	32,870	(40,400)
	Food	(15,186)	(7,524)
	Office Supplies	(680)	3,030
	Minor Equipment	(2,755)	24,074
Other Non-Medical Supplies were below budget in Facilities and Information Technology, creating a positive variance in this category.	Patient & Other Medical Supplies	(26,458)	568,819
	Total	$ (1,333,611)	$ (1,207,184)
Patient Chargeable Supplies were above budget, creating a negative variance in Patient & Other Medical Supplies.			

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

		Variance from Budget Fav / <Unfav> SEPT 2026	YTD 2027
7) Purchased Services	Medical Records	$ (40,583)	$ (63,833)
Outsourced coding and record retention/retrieval services were above budget, creating a negative variance in Medical Records.	Pharmacy IP	(25,262)	(35,336)
	Laboratory	934	(10,434)
	Community Development	(98)	(98)
Timing of receipt of the invoice for the fiscal year-end physical inventory counts created a negative variance in Pharmacy IP.	Home Health/Hospice	1,944	3,450
	The Center	(998)	5,686
	Multi-Specialty Clinics	5,455	5,761
Repairs to the hot water line leak and transition sump created a negative variance in Department Repairs.	Department Repairs	(18,727)	20,828
	Information Technology	(16,556)	24,504
	Patient Accounting	24,314	60,398
AI-Powered device security services created a negative variance in Information Technology	Diagnostic Imaging Services - All	66,526	84,002
	Human Resources	94,525	164,667
Outsourced billing and collections services for the Business Office were below budget, creating a positive variance in Patient Accounting.	Miscellaneous	142,400	245,962
	Total	$ 233,874	$ 505,559
Radiology Reads were below budget, creating a positive variance in Diagnostic Imaging - All.			
Wellness Bank usage and Employee Health screenings were below budget, creating a positive variance in Human Resources.			
Outsourced referral services for Central Scheduling, Fall Forum expenses, and Community Health Index pilot program costs were below budget, creating a positive variance in Miscellaneous.			
8) Other Expenses	Miscellaneous	$ (590,734)	$ (575,458)
Early termination of our Linen Services contract created a negative variance in Miscellaneous.	Equipment Rent	(74,544)	(98,917)
	Marketing	(64,300)	(25,236)
	Dues and Subscriptions	(14,150)	(12,943)
Surgical equipment rentals and Oxygen Tank rentals created a negative variance in Equipment Rent.	Multi-Specialty Clinics Equip Rent	(4,042)	(7,368)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg. Rent	(1,055)	11,869
Marketing campaigns for Orthopedics and Media Branding for the District, created a negative variance in Marketing.	Utilities	9,688	29,067
	Other Building Rent	6,271	30,221
	Insurance	2,839	46,878
Dues and Subscriptions were over budget in Education, Information Technology, Facilities, Central Scheduling, and Primary Care.	Human Resources Recruitment	13,870	52,753
	Outside Training & Travel	13,288	149,228
	Total	$ (702,871)	$ (399,907)
Natural Gas/Propane, Electricity, and Telephone costs were below budget, creating a positive variance in Utilities.			
9) District and County Taxes	Total	$ 39,463	$ 104,955
10) Interest Income	Total	$ (44,527)	$ (23,160)
Interest earnings on the funds held with US Bank and Chandler Investments were below budget, creating a negative variance in Interest Income.			
11) Donations	IVCH	$ (22,231)	$ (66,692)
	Operational	49,519	(133,979)
	Total	$ 27,288	$ (200,671)
12) Gain/(Loss) on Joint Investment	Total	$ (140,613)	$ (55,719)
A true-up of losses in TSC, LLC for August created a negative variance in Gain/(Loss) on Joint Investment.			
13) Gain/(Loss) on Market Investments	Total	$ (1,276,388)	$ (1,674,348)
Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.			
14) Gain/(Loss) on Lease Termination	Total	$ 61,465	$ 61,465
The removal of the long-term lease agreement for IVCH Ophthalmology from the GASB 87 schedule created a positive variance in Gain/(Loss) on Lease Termination. The District exercised its right to renew for a one year term only, disqualifying the lease from GASB 87.			
15) Gain/(Loss) on Sale or Disposal of Equipment	Total	$ -	$ -
16) Depreciation Expense	Total	$ 2,694	$ (4,572)
17) Interest Expense	Total	$ (958)	$ (8,234)

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

	Current Status	Desired Position	Target	FY 2027 Jul 26 to Sept 26	FY 2026 Jul 25 to June 26	FY 2025 Jul 24 to June 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21
Total Margin: Increase (Decrease) In Net Position Total Gross Revenue			FYE 1.6% 1st Qtr 1.5%	4.1%	5.3%	6.9%	5.9%	6.3%	6.2%	5.8%
Charity Care: Charity Care Expense Gross Patient Revenue			FYE 2.0% 1st Qtr 2.0%	.1%	.4%	.4%	.1%	.6%	2.6%	3.4%
Bad Debt Expense: Bad Debt Expense Gross Patient Revenue			FYE 1.5% 1st Qtr 1.5%	1.5%	1.1%	.7%	1.2%	1.2%	-.01%	1.2%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue	 		FYE 9.5% 1st Qtr 11.0%	13.4%	8.7%	14.2%	12.0%	12.2%	12.2%	13.7%
Operating Expense Variance to Budget (Under<Over>)			-0-	$(2,070,821)	$(2,419,042)	$(20,846,891)	$380,780	$(1,499,954)	$(10,431,192)	$(8,685,969)
EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue			FYE 1.6% 1st Qtr 2.4%	5.6%	5.0%	7.0%	6.1%	6.3%	7.9%	7.8%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 2026 PRELIMINARY

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD SEPTEMBER 2025
				OPERATING REVENUE						
$ 6,022,552	$ 5,126,656	$ 895,896	17.5%	Total Gross Revenue	$ 18,182,116	$ 16,425,792	$ 1,756,324	10.7%	1	$ 15,418,031
				Gross Revenues - Inpatient						
$ -	$ -	$ -	0.0%	Daily Hospital Service	$ -	$ -	$ -	0.0%		$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
6,022,552	5,126,656	895,896	17.5%	Gross Revenue - Outpatient	18,182,116	16,425,792	1,756,324	10.7%		15,418,031
6,022,552	5,126,656	895,896	17.5%	Total Gross Revenue - Outpatient	18,182,116	16,425,792	1,756,324	10.7%	1	15,418,031
				Deductions from Revenue:						
3,195,007	2,580,217	(614,790)	-23.8%	Contractual Allowances	9,199,574	8,219,385	(980,189)	-11.9%	2	7,488,768
(15,553)	102,531	118,084	115.2%	Charity Care	157,505	326,539	169,034	51.8%	2	268,838
256,807	76,899	(179,908)	-234.0%	Bad Debt	470,098	244,904	(225,194)	-92.0%	2	342,084
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
3,436,262	2,759,647	(676,615)	-24.5%	Total Deductions from Revenue	9,827,178	8,790,828	(1,036,350)	-11.8%	2	8,099,690
110,863	78,398	32,465	41.4%	Other Operating Revenue	238,818	207,316	31,502	15.2%	3	185,777
2,697,153	2,445,407	251,746	10.3%	TOTAL OPERATING REVENUE	8,593,756	7,842,280	751,476	9.6%		7,504,118
				OPERATING EXPENSES						
999,052	897,036	(102,016)	-11.4%	Salaries and Wages	2,782,155	2,859,889	77,734	2.7%	4	2,511,917
180,558	238,618	58,060	24.3%	Benefits	771,477	782,435	10,958	1.4%	4	684,812
6,248	4,736	(1,512)	-31.9%	Benefits Workers Compensation	18,744	14,208	(4,536)	-31.9%	4	12,356
224,604	191,078	(33,526)	-17.5%	Benefits Medical Insurance	676,113	573,234	(102,879)	-17.9%	4	564,315
176,065	175,380	(685)	-0.4%	Medical Professional Fees	527,697	526,140	(1,557)	-0.3%	5	536,586
7,025	8,523	1,498	17.6%	Other Professional Fees	18,006	23,301	5,295	22.7%	5	14,520
237,470	157,818	(79,652)	-50.5%	Supplies	652,026	555,706	(96,320)	-17.3%	6	394,187
83,617	80,339	(3,278)	-4.1%	Purchased Services	336,561	324,359	(12,202)	-3.8%	7	288,582
132,267	122,977	(9,290)	-7.6%	Other	378,339	375,032	(3,307)	-0.9%	8	361,312
2,046,905	1,876,505	(170,400)	-9.1%	TOTAL OPERATING EXPENSE	6,161,118	6,034,304	(126,814)	-2.1%		5,368,587
650,248	**568,902**	**81,346**	**14.3%**	**NET OPERATING REV(EXP) EBIDA**	**2,432,638**	**1,807,976**	**624,662**	**34.6%**		**2,135,531**
				NON-OPERATING REVENUE/(EXPENSE)						
-	22,231	(22,231)	-100.0%	Donations-IVCH	-	66,692	(66,692)	-100.0%	9	-
61,465	-	61,465	0.0%	Gain/ (Loss) on Lease Termination	61,465	-	61,465	0.0%	10	-
(181,810)	(190,180)	8,370	4.4%	Depreciation	(562,169)	(570,539)	8,370	1.5%	11	(618,574)
(1,160)	(2,881)	1,721	59.7%	Interest Expense	(6,993)	(8,715)	1,722	19.8%	12	(9,569)
(121,505)	(170,830)	49,325	28.9%	TOTAL NON-OPERATING REVENUE/(EXP)	(507,697)	(512,562)	4,865	0.9%		(628,143)
$ 528,743	**$ 398,072**	**$ 130,671**	**32.8%**	**EXCESS REVENUE(EXPENSE)**	**$ 1,924,941**	**$ 1,295,414**	**$ 629,527**	**48.6%**		**$ 1,507,388**
10.8%	**11.1%**	**-0.3%**		**RETURN ON GROSS REVENUE EBIDA**	**13.4%**	**11.0%**	**2.4%**			**13.9%**

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 2026 PRELIMINARY

		Variance from Budget Fav<Unfav>	
		SEPT 2026	YTD 2027
1) Gross Revenues			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	$ -	$ -
	Gross Revenue -- Outpatient	895,896	1,756,324
Outpatient volumes were above budget in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, EKGs, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, and Occupational Therapy.	Total	$ 895,896	$ 1,756,324
Outpatient volumes were below budget in the following departments: Emergency Department visits, Mammography, Ultrasounds, Cat Scans, Physical Therapy, and Speech Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 5.39% increase in Medicare, a 1.42% decrease in Medicaid, a 3.16% decrease in Commercial insurance, and a .82% decrease in Other. We saw a shift from Commercial into Medicare and revenues were above budget 17.50%, creating a negative variance in Contractual Allowances.	Contractual Allowances	$ (614,790)	$ (980,189)
	Charity Care	118,084	169,034
	Bad Debt	(179,908)	(225,194)
	Prior Period Settlement	-	-
	Total	$ (676,615)	$ (1,036,350)
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections, exceeding budget in September.	IVCH ER Physician Guarantee	$ 46,988	$ 46,988
	Miscellaneous	(14,522)	(15,486)
	Total	$ 32,465	$ 31,502
4) Salaries and Wages	Total	$ (102,016)	$ 77,734
We saw increases in RN, Physician, Environmental, and Management Salaries.			
Employee Benefits	PL/SL	$ 28,114	$ (23,624)
We saw a decrease in Paid Leave usage, creating a positive variance in PL/SL.	Other	3,562	4,941
	Standby	2,870	13,857
	Pension/Deferred Comp	(0)	(0)
Positive variance in Nonproductive is related to Physician bonuses.	Nonproductive	23,514	15,783
	Total	$ 58,060	$ 10,958
Employee Benefits - Workers Compensation	Total	$ (1,512)	$ (4,536)
Employee Benefits - Medical Insurance	Total	$ (33,526)	$ (102,879)
The District has a self-insured plan and expense is based on actual claims paid.			
5) Professional Fees	IVCH ER Physicians	$ (685)	$ (1,557)
	Multi-Specialty Clinics	-	-
	Miscellaneous	-	-
	Foundation	248	1,545
	Administration	1,250	3,750
	Total	$ 813	$ 3,737
6) Supplies	Pharmacy Supplies	$ (73,580)	$ (97,477)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 111.45%, creating a negative variance in Pharmacy Supplies.	Patient & Other Medical Supplies	(12,688)	(10,754)
	Non-Medical Supplies	(1,504)	(7,280)
	Food	351	606
Purchase of COVID-19 testing supplies for Laboratory created a negative variance in Patient & Other Medical Supplies.	Office Supplies	232	1,634
	Minor Equipment	7,537	16,951
	Total	$ (79,652)	$ (96,320)
We saw positive variances in Minor Equipment purchases in the Emergency Department, Ophthalmology, and Diagnostic Imaging.			

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 2026 PRELIMINARY

		Variance from Budget Fav<Unfav>	
		SEPT 2026	YTD 2027
7) Purchased Services	Laboratory	$ (5,022)	$ (8,907)
Outsourced laboratory testing created a negative variance in Laboratory.	EVS/Laundry	(766)	(5,724)
	Foundation	(2,301)	(2,470)
Stewardship expenses were above budget, creating a negative variance in Foundation.	Pharmacy	(1,036)	(1,689)
	Multi-Specialty Clinics	(1,262)	(1,461)
	Diagnostic Imaging Services - All	5,714	(286)
Radiology reads were below budget, creating a positive variance in Diagnostic Imaging - All.	Engineering/Plant/Communications	28	253
	Department Repairs	(310)	3,268
	Miscellaneous	1,676	4,812
	Total	$ (3,278)	$ (12,202)
8) Other Expenses	Utilities	$ (2,995)	$ (9,226)
Electricity and Telephone costs were above budget, creating a negative variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	(8,283)	(7,725)
	Equipment Rent	(3,747)	(6,830)
	Marketing	(1,743)	(1,894)
The removal of a lease agreement from the GASB 87 schedule created a negative variance in Multi-Specialty Bldg Rent.	Other Building Rent	200	200
	Dues and Subscriptions	(469)	391
	Insurance	625	1,875
Oxygen tank rentals created a negative variance in Equipment Rent.	Miscellaneous	1,745	4,141
	Outside Training & Travel	5,377	15,761
	Total	$ (9,290)	$ (3,307)
9) Donations	Total	$ (22,231)	$ (66,692)
10) Gain/(Loss) on Lease Termination	Total	$ 61,465	$ 61,465
The removal of the long-term lease agreement for IVCH Ophthalmology from the GASB 87 schedule created a positive variance in Gain/(Loss) on Lease Termination. The District exercised its right to renew for a one year term only, disqualifying the lease from GASB 87.			
11) Depreciation Expense	Total	$ 8,370	$ 8,370
12) Interest Expense	Total	$ 1,721	$ 1,722

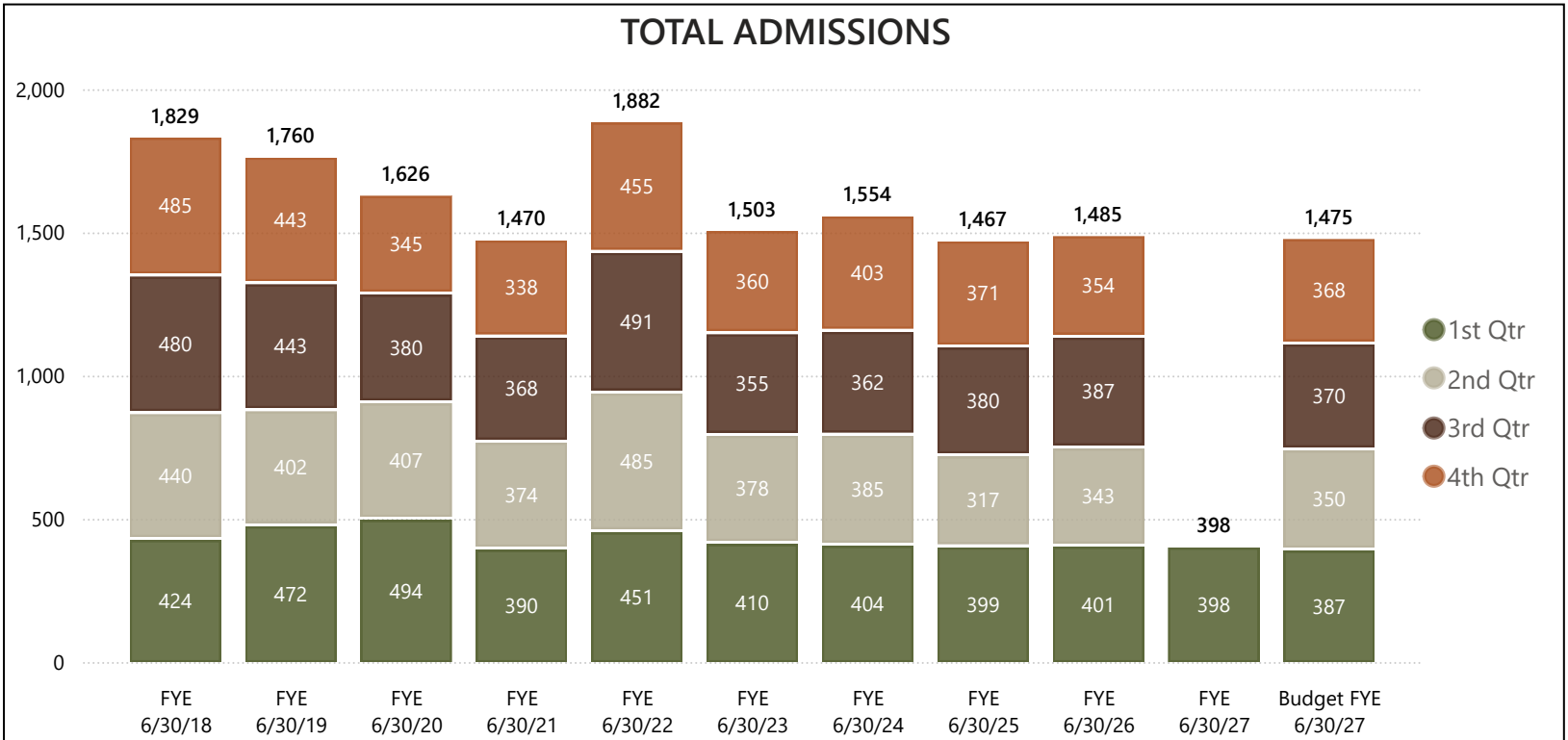
TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

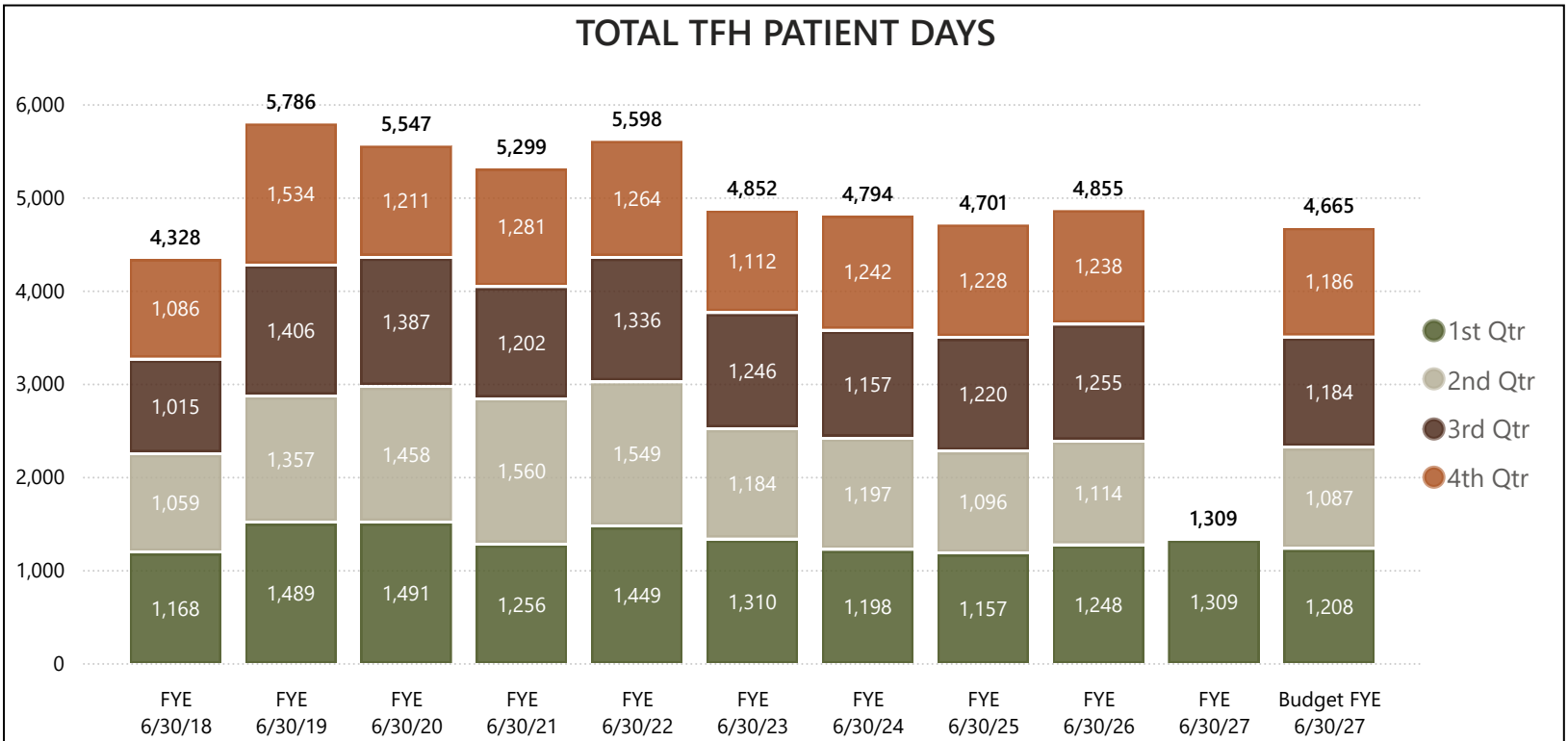
	PRELIMINARY FYE 2026		**BUDGET** FYE 2027	PROJECTED FYE 2027	ACTUAL SEPT 2026	PROJECTED SEPT 2026	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	42,814,744		13,394,772	21,306,005	$ 3,579,107	$ 1,437,380	$ 2,141,727	12,962,347	1,777,456	3,401,228	3,164,974
Interest Income	4,530,573		3,800,000	3,788,070	25,599	55,000	(29,401)	938,070	950,000	950,000	950,000
Property Tax Revenue	12,114,979		12,225,000	12,172,904	-	-	-	597,904	135,000	6,800,000	4,640,000
Donations	1,789,202		8,938,082	8,752,537	-	128,174	(128,174)	198,976	384,521	384,521	7,784,521
Emergency Funds	-		-	-	-	-	-	-	-	-	-
Debt Service Payments	(3,554,952)		(3,380,396)	(3,375,837)	(220,508)	(220,508)	0	(1,324,056)	(661,525)	(728,730)	(661,525)
Property Purchase Agreement	(541,285)		-	-	-	-	-	-	-	-	-
Municipal Lease 2025	(1,000,929)		(1,000,932)	(1,000,931)	(83,411)	(83,411)	0	(250,232)	(250,233)	(250,233)	(250,233)
2017 VR Demand Bond	(790,102)		(734,295)	(729,737)	-	-	-	(662,532)	-	(67,205)	-
2015 Revenue Bond	(1,222,636)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(171,333)		(150,000)	(150,000)	-	-	-	(50,000)	(33,334)	(33,333)	(33,333)
Investment in Capital											
Equipment	(6,466,623)		(6,238,750)	(10,252,066)	(1,638,252)	(1,093,874)	(544,378)	(2,698,128)	(4,677,138)	(1,512,500)	(1,364,300)
Municipal Lease Reimbursement	2,374,027		2,287,591	2,287,591	-	-	-	-	-	-	2,287,591
IT/EMR/Business Systems	-		(5,659,758)	(1,646,442)	-	(1,479,739)	1,479,739	-	-	(1,391,117)	(255,325)
Building Projects/Properties	(38,878,229)		(58,553,840)	(58,553,840)	(7,911,780)	(8,272,132)	360,352	(12,728,536)	(21,998,705)	(12,972,750)	(10,853,849)
Change in Accounts Receivable	6,082,315	N1	(289,055)	(1,556,241)	260,897	(784,460)	1,045,357	(4,016,542)	4,512,836	(1,808,496)	(244,039)
Change in Settlement Accounts	(6,580,815)	N2	3,242,000	4,050,275	(1,695,448)	(1,687,750)	(7,698)	(8,348,445)	(1,032,280)	4,816,750	8,614,250
Change in Other Assets	(13,522,126)	N3	(4,000,000)	(3,839,958)	(818,785)	(1,000,000)	181,215	(3,239,958)	(1,000,000)	(1,900,000)	2,300,000
Change in Other Liabilities	(7,712,961)	N4	(5,220,000)	(7,082,247)	4,832,759	5,000,000	(167,241)	637,753	(7,550,000)	(1,755,000)	1,585,000
Change in Cash Balance	(7,181,200)		(39,604,353)	(34,099,248)	(3,586,411)	(7,917,911)	4,331,500	(17,070,615)	(29,193,170)	(5,749,427)	17,913,965
Beginning Unrestricted Cash	214,054,647		206,873,448	206,873,448	193,389,244	193,389,244		206,873,448	189,802,833	160,609,663	154,860,235
Ending Unrestricted Cash	206,873,448		167,269,095	172,774,200	189,802,833	185,471,333	4,331,500	189,802,833	160,609,663	154,860,235	172,774,200
Operating Cash	206,873,448		167,269,095	172,774,200	189,802,833	185,471,333	4,331,500	189,802,833	160,609,663	154,860,235	172,774,200
Expense Per Day	963,426		1,056,151	1,061,847	1,070,307	1,047,708	22,598	1,070,307	1,057,522	1,061,740	1,061,847
Days Cash On Hand	215		158	163	177	177	0	177	152	146	163

Footnotes:

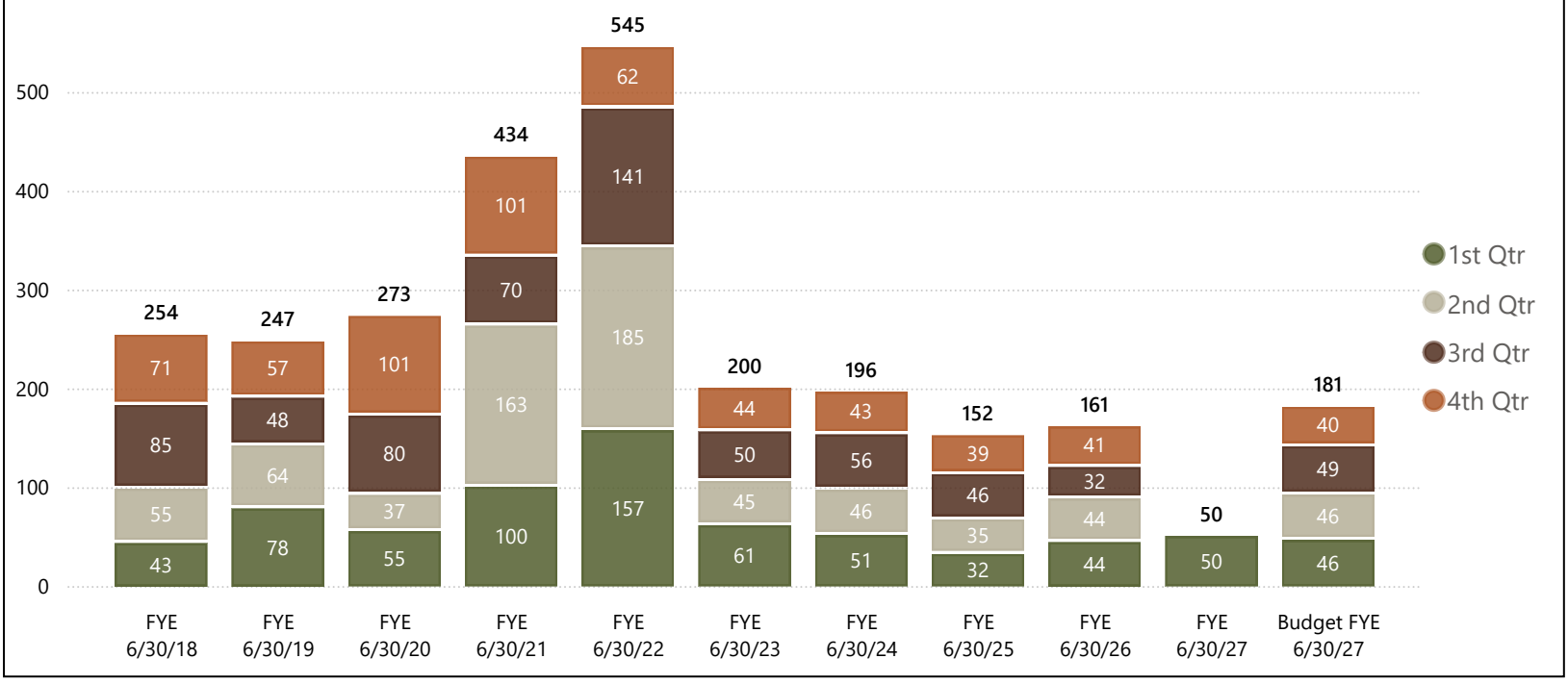
Budget - Beginning Unrestricted Cash amount for Budget FYE 2027 has been restated to match the Ending Unrestricted Cash from Preliminary FYE 2026.

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

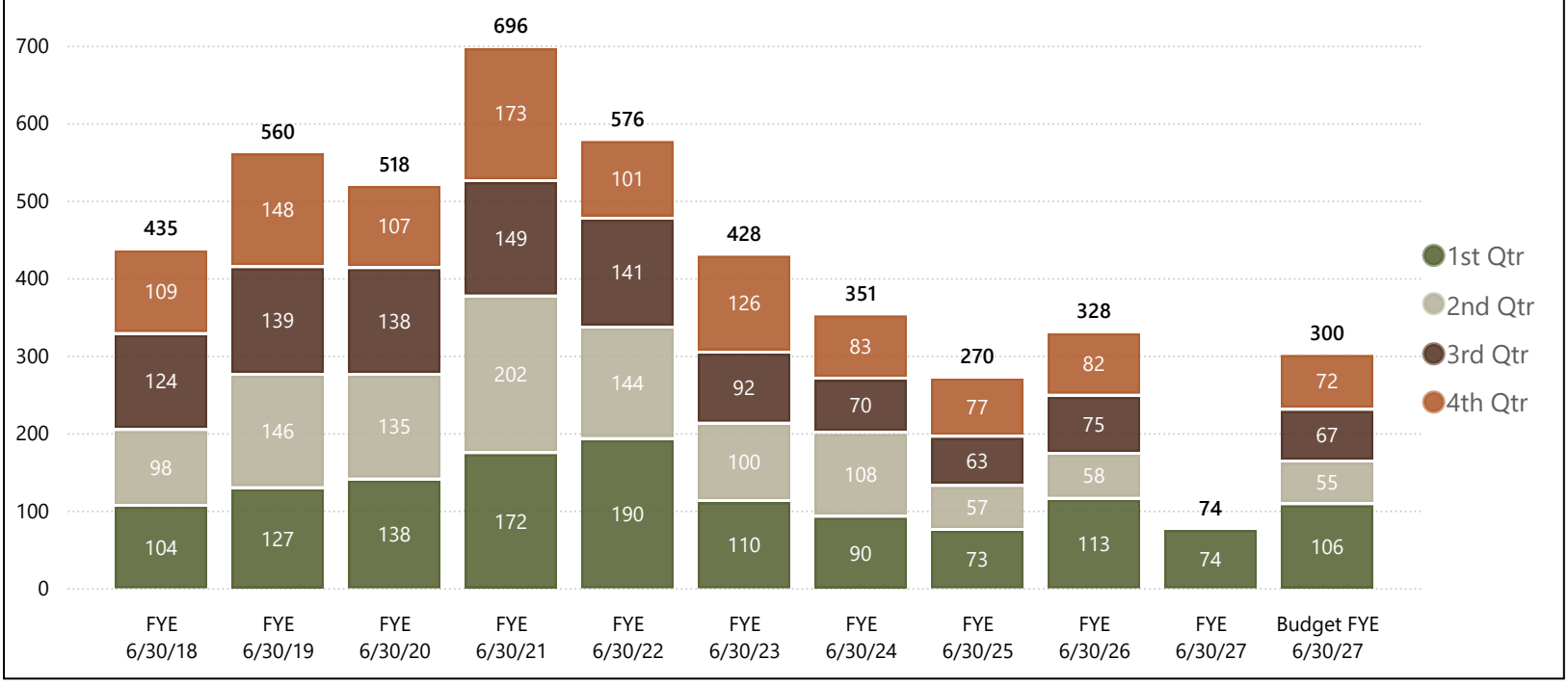

TOTAL ADMISSIONS
2,000
1,500
1,000
500
0
1,829
1,760
1,626
1,470
1,882
1,503
1,554
1,467
1,485
398
1,475
485
443
345
338
455
360
403
371
354
368
480
443
380
368
491
355
362
380
387
370
440
402
407
374
485
378
385
317
343
350
424
472
494
390
451
410
404
399
401
398
387
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH PATIENT DAYS
6,000
5,000
4,000
3,000
2,000
1,000
0
4,328
1,086
1,015
1,059
1,168
5,786
1,534
1,406
1,357
1,489
5,547
1,211
1,387
1,458
1,491
5,299
1,281
1,202
1,560
1,256
5,598
1,264
1,336
1,549
1,449
4,852
1,112
1,246
1,184
1,310
4,794
1,242
1,157
1,197
1,198
4,701
1,228
1,220
1,096
1,157
4,855
1,238
1,255
1,114
1,248
1,309
1,309
4,665
1,186
1,184
1,087
1,208
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

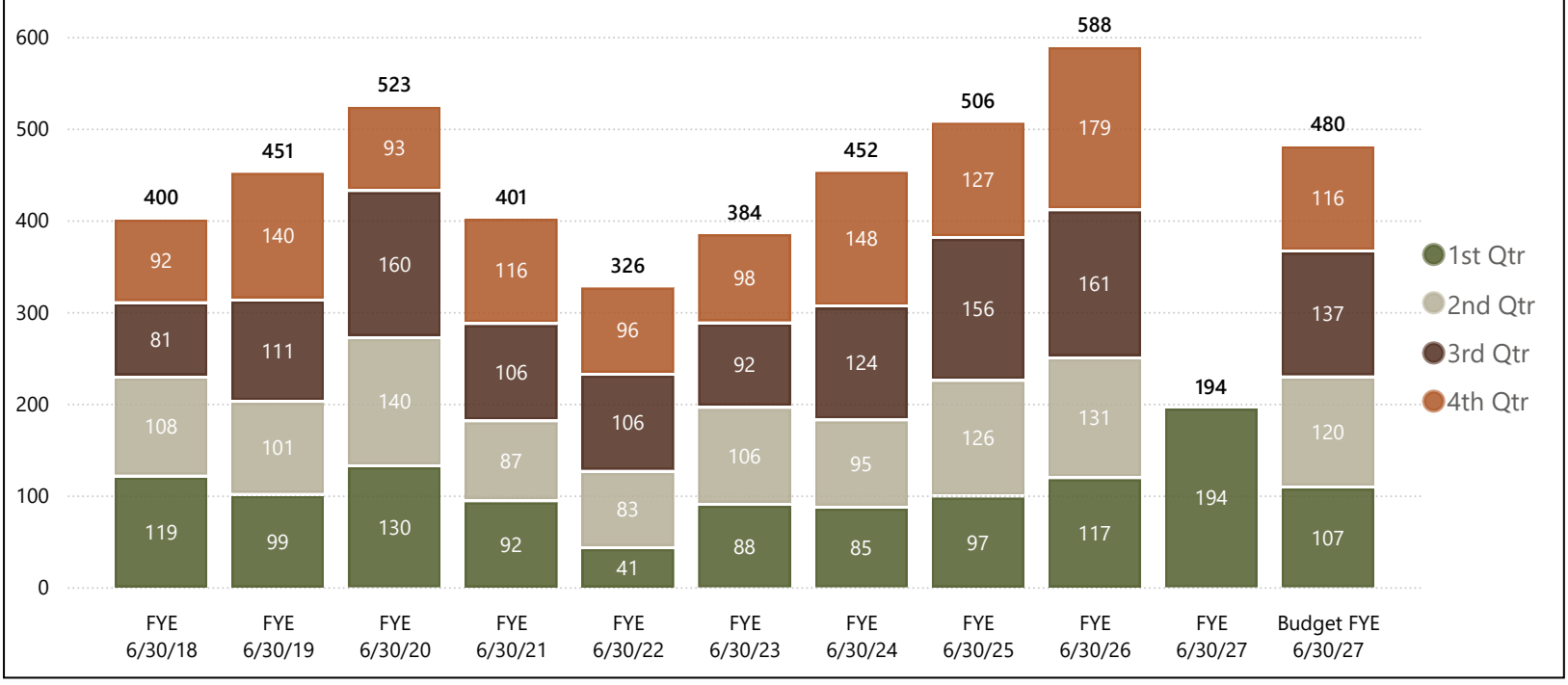
TOTAL TFH ICU INPATIENT DAYS



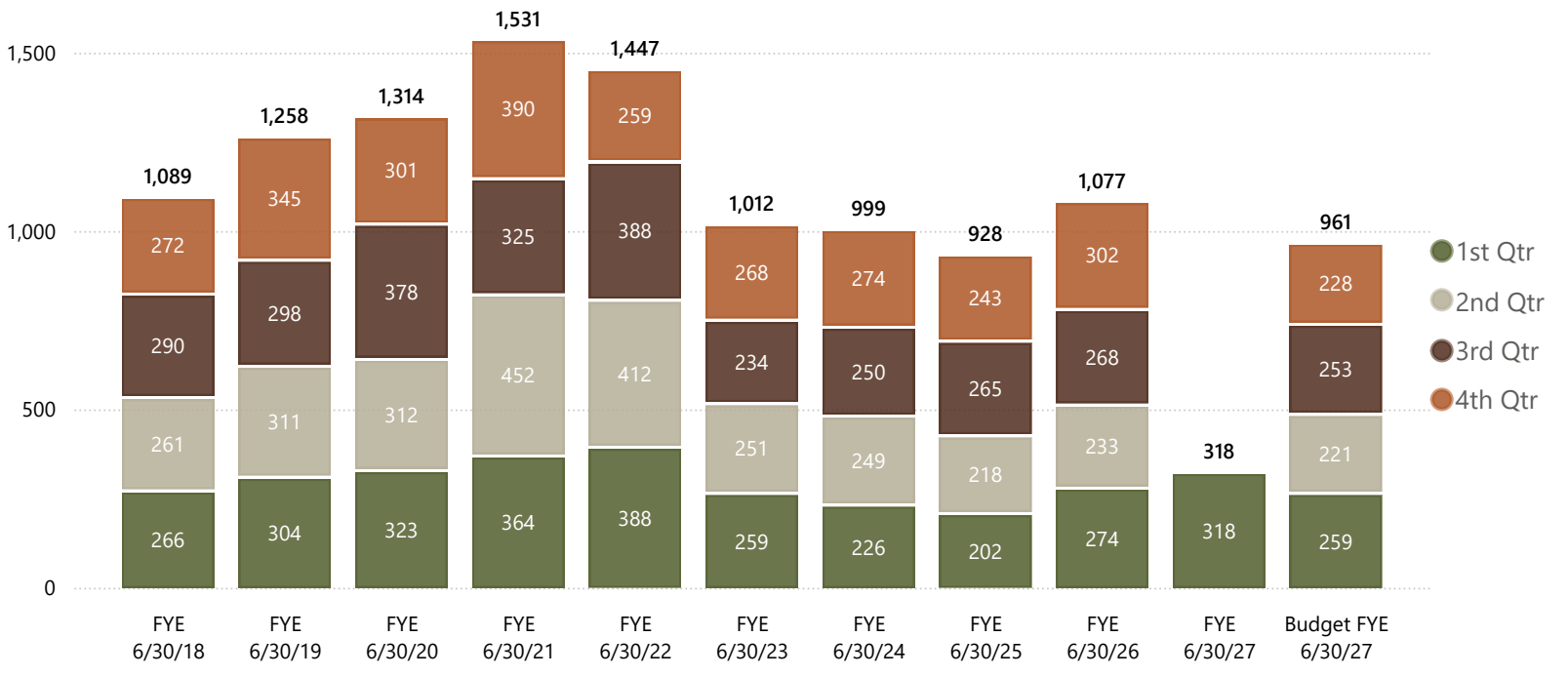
TOTAL TFH ICU STEPDOWN DAYS

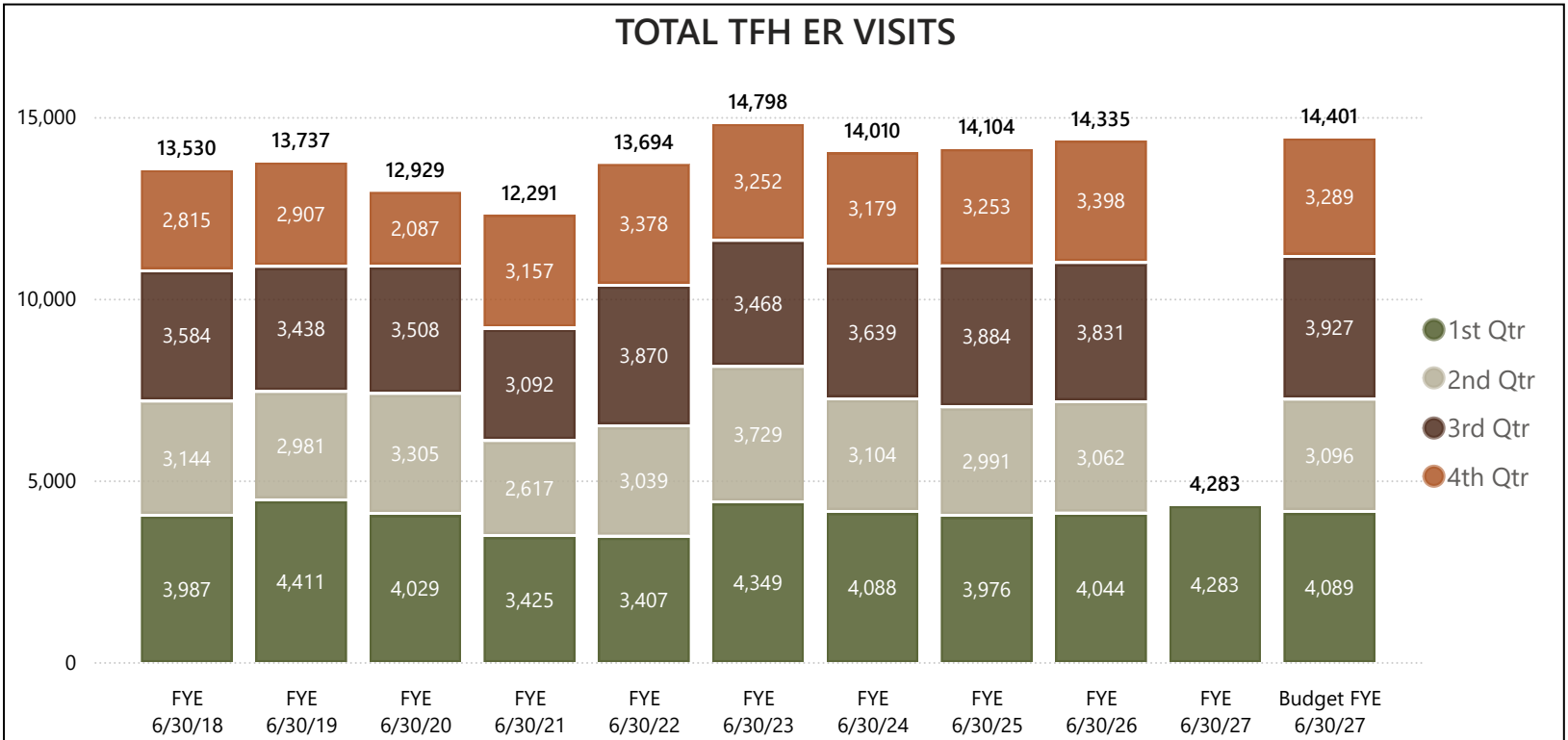


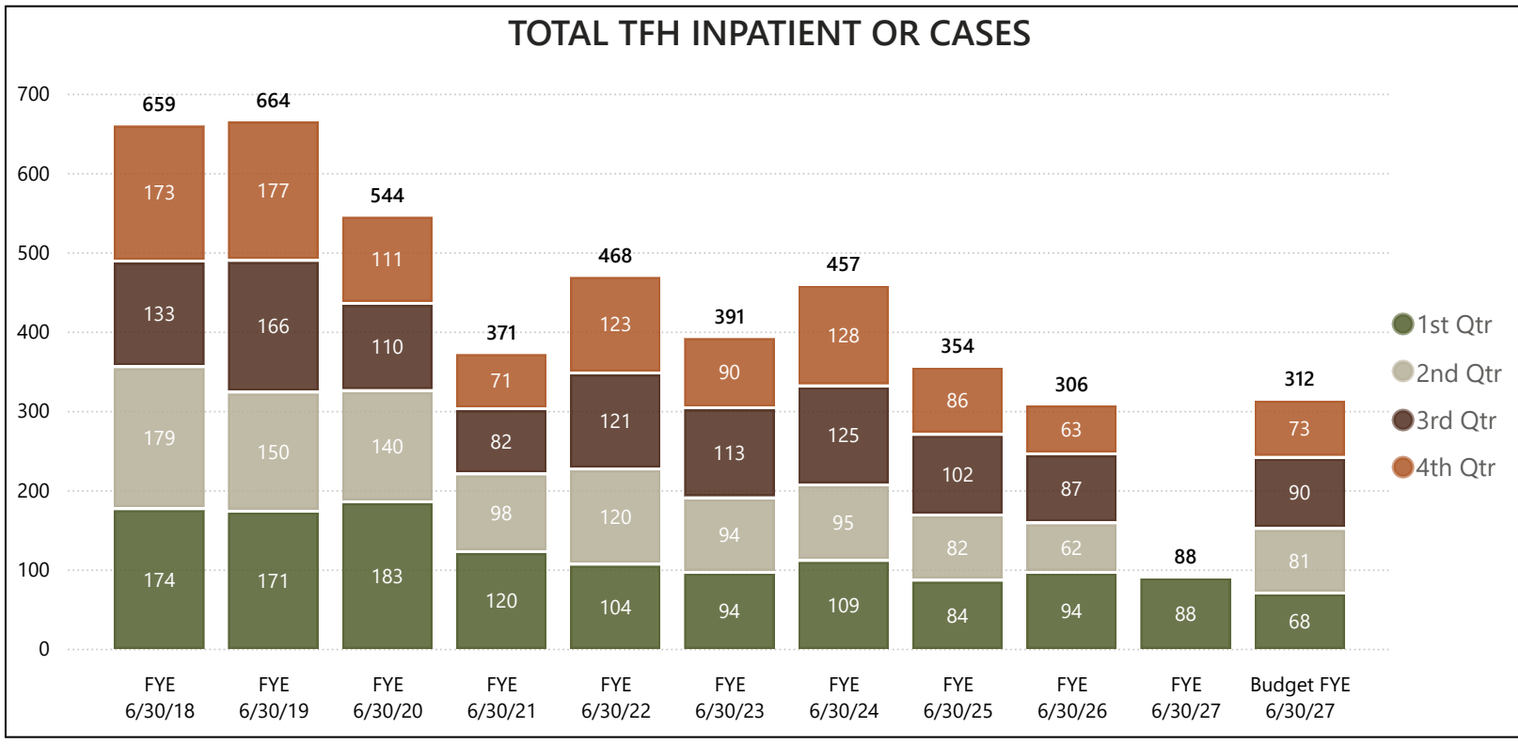
TOTAL TFH ICU MED/SURG DAYS

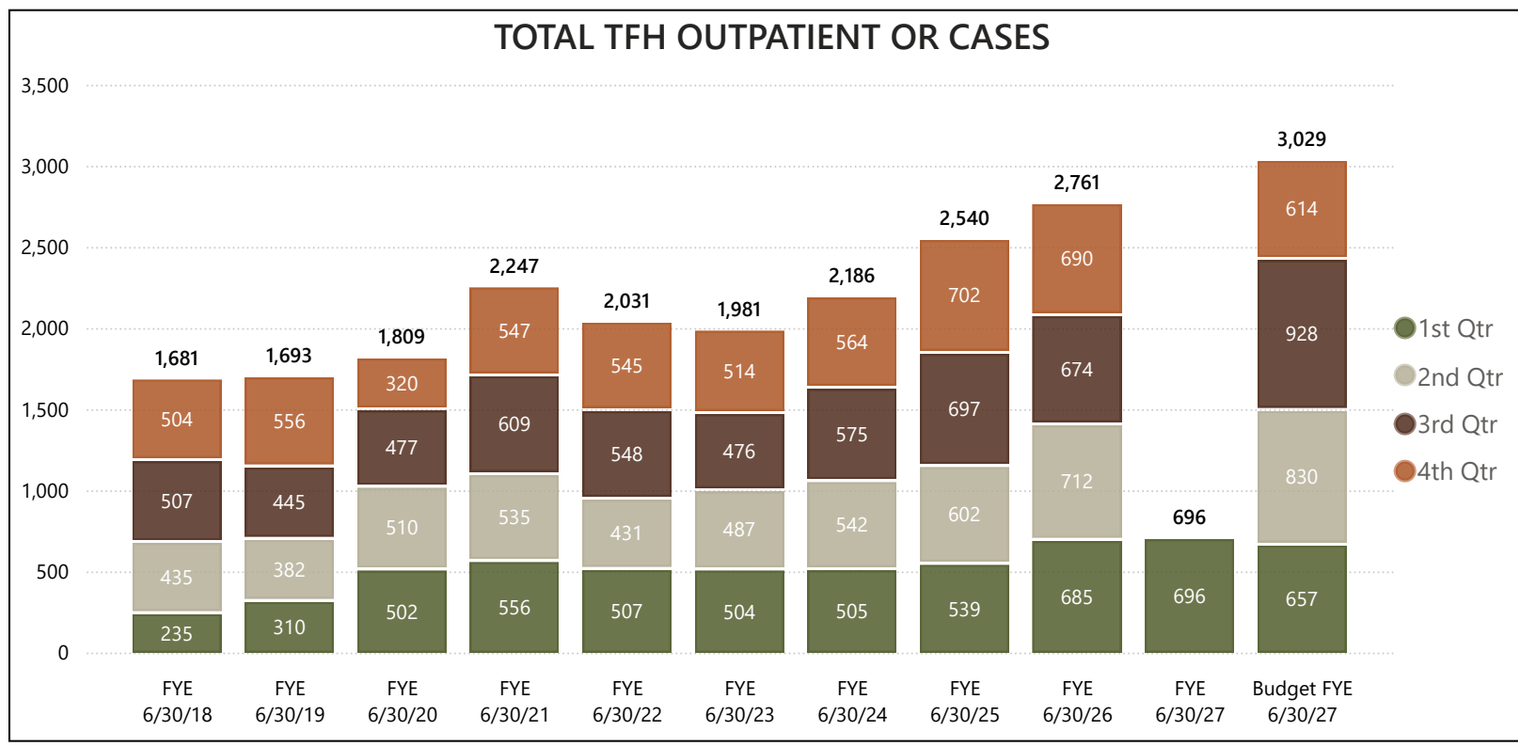


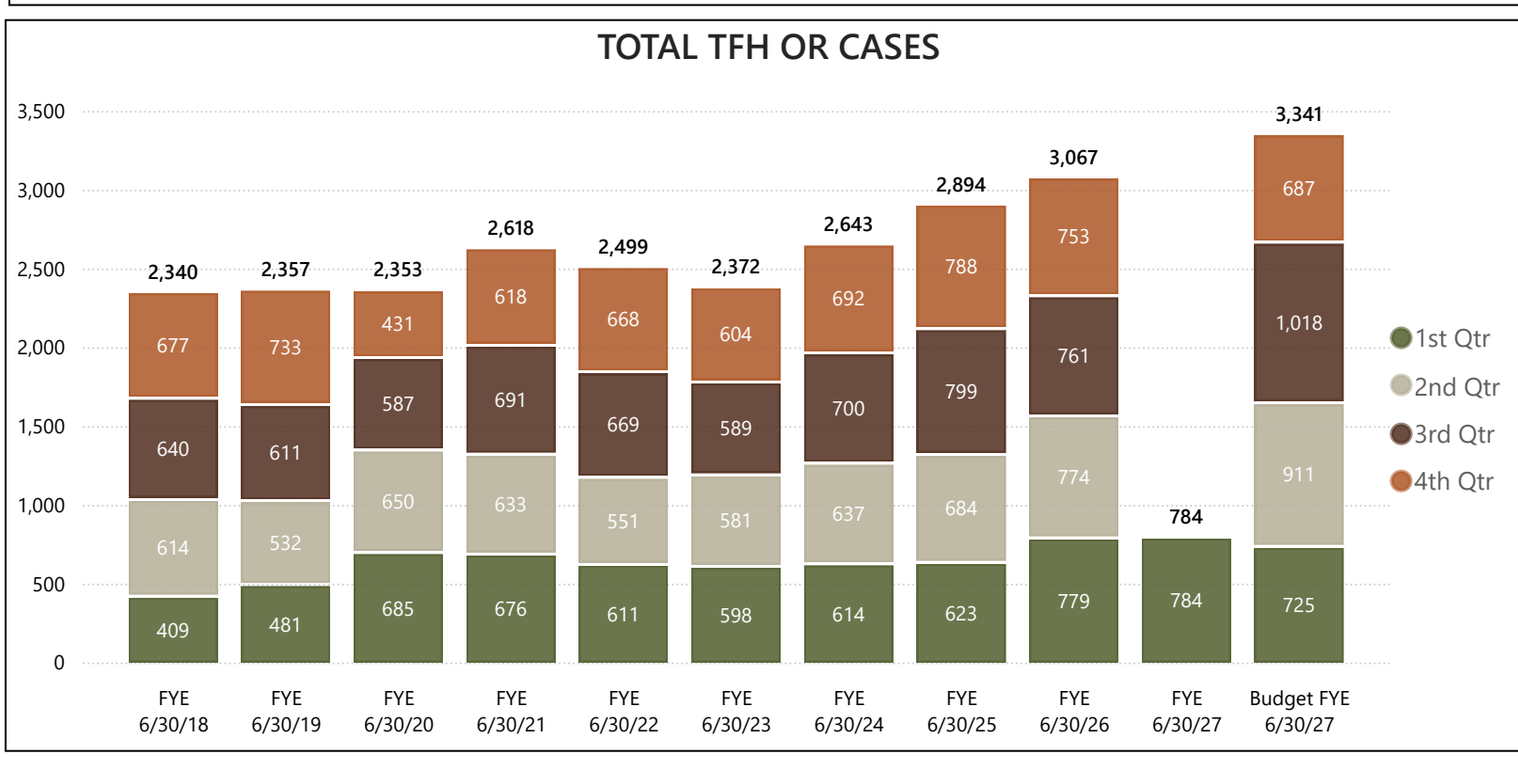
TOTAL TFH ICU DAYS



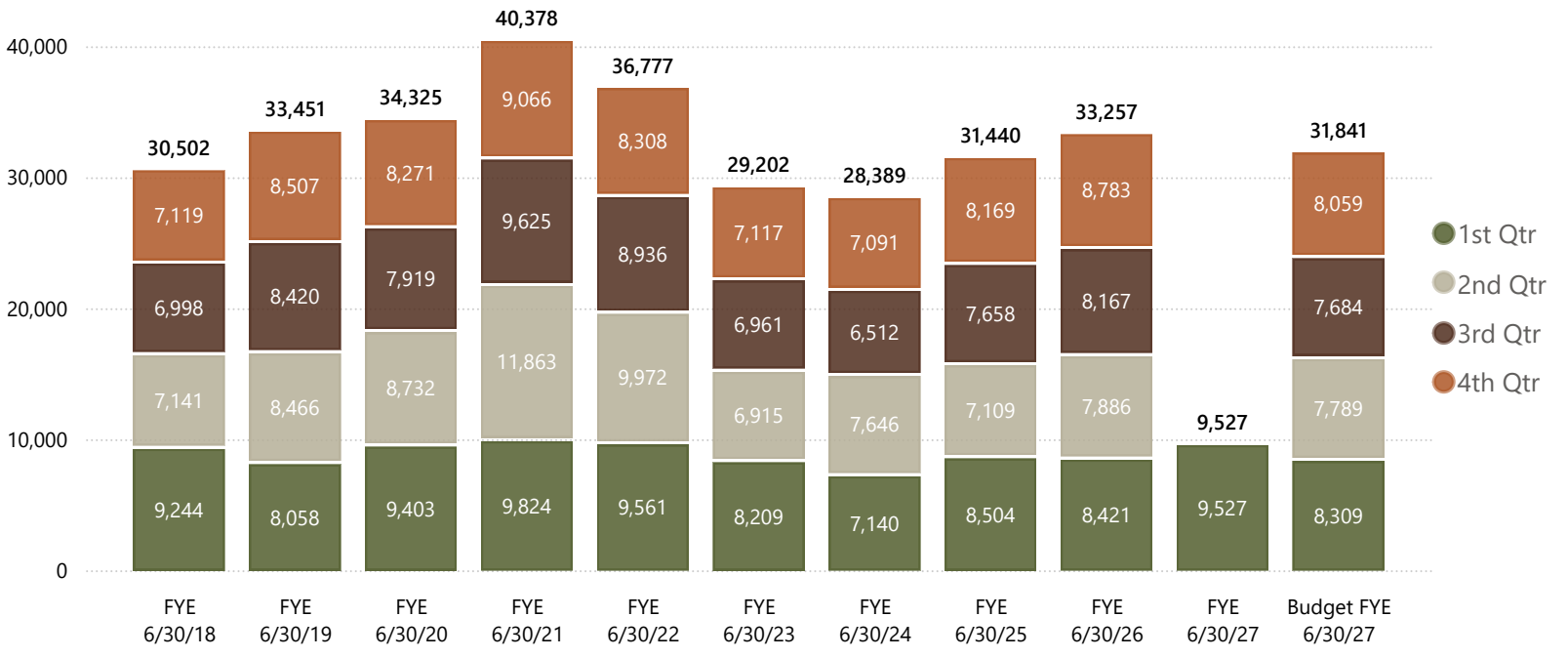

TOTAL TFH ER VISITS
15,000
10,000
5,000
0
13,530
2,815
3,584
3,144
3,987
13,737
2,907
3,438
2,981
4,411
12,929
2,087
3,508
3,305
4,029
12,291
3,157
3,092
2,617
3,425
13,694
3,378
3,870
3,039
3,407
14,798
3,252
3,468
3,729
4,349
14,010
3,179
3,639
3,104
4,088
14,104
3,253
3,884
2,991
3,976
14,335
3,398
3,831
3,062
4,044
4,283
4,283
14,401
3,289
3,927
3,096
4,089
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH INPATIENT OR CASES
700
600
500
400
300
200
100
0
659
664
544
371
468
391
457
354
306
88
312
173
177
111
71
123
90
128
86
63
73
133
166
110
82
121
113
125
102
87
90
179
150
140
98
120
94
95
82
62
81
174
171
183
120
104
94
109
84
94
88
68
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

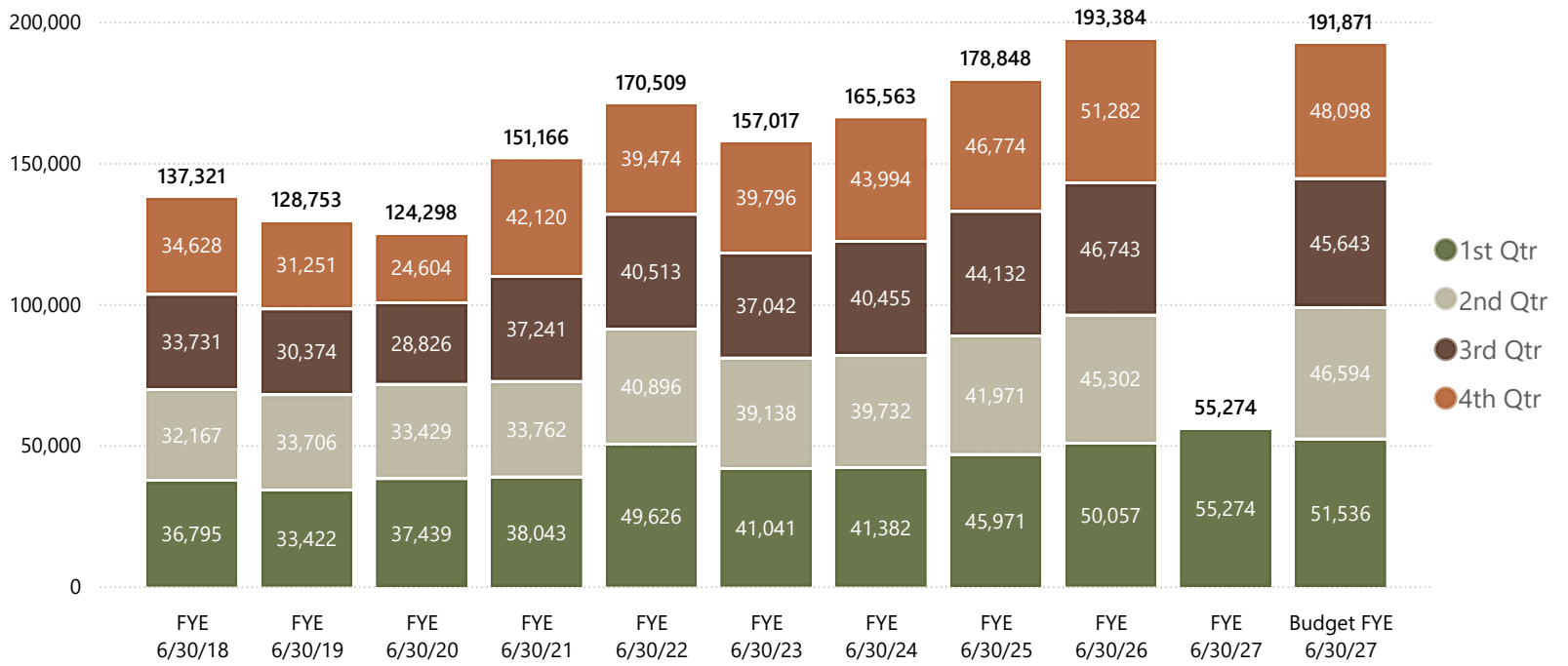

TOTAL TFH OUTPATIENT OR CASES
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,681
1,693
1,809
2,247
2,031
1,981
2,186
2,540
2,761
696
3,029
504
556
320
547
545
514
564
702
690
614
507
445
477
609
548
476
575
697
674
928
435
382
510
535
431
487
542
602
712
830
235
310
502
556
507
504
505
539
685
696
657
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH OR CASES
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,340
2,357
2,353
2,618
2,499
2,372
2,643
2,894
3,067
784
3,341
677
733
431
618
668
604
692
788
753
687
640
611
587
691
669
589
700
799
761
1,018
614
532
650
633
551
581
637
684
774
911
409
481
685
676
611
598
614
623
779
784
725
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

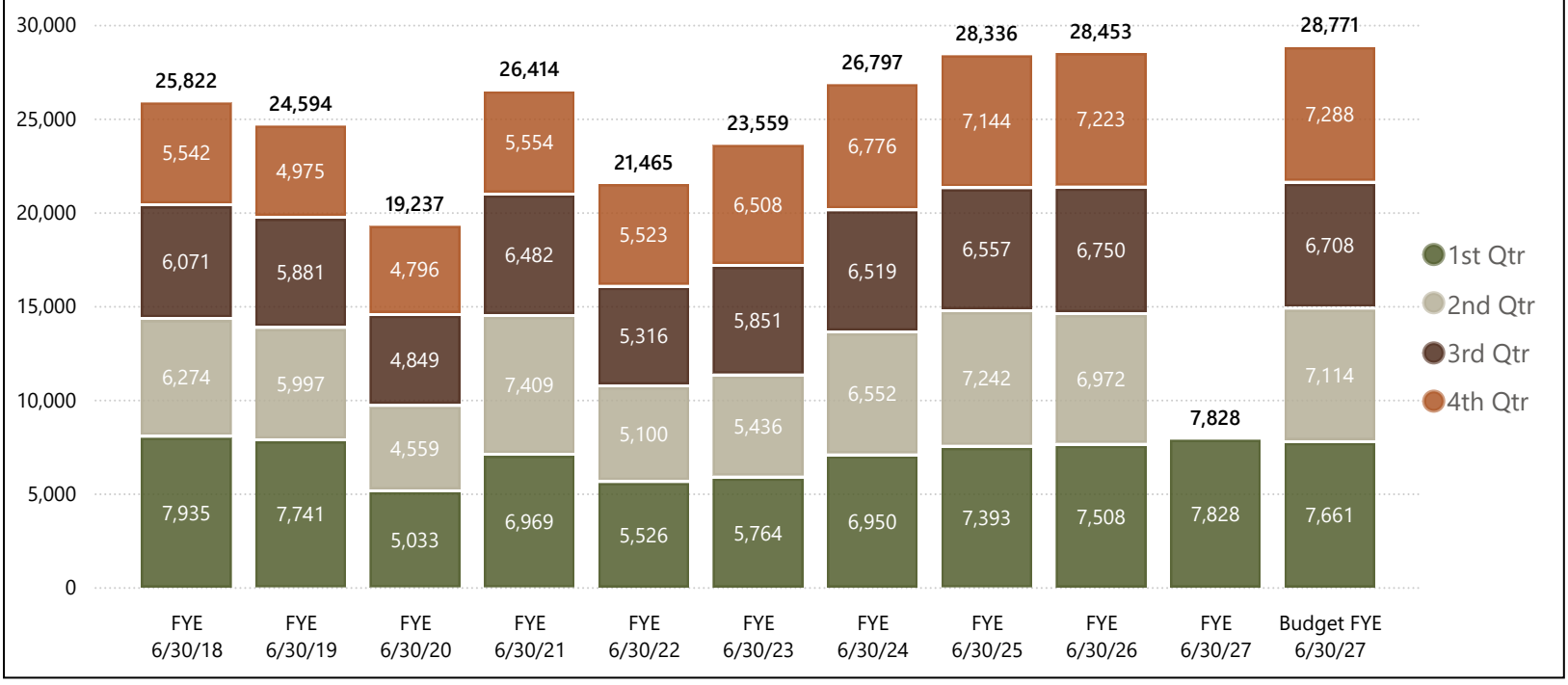
TOTAL TFH INPATIENT LAB TESTS



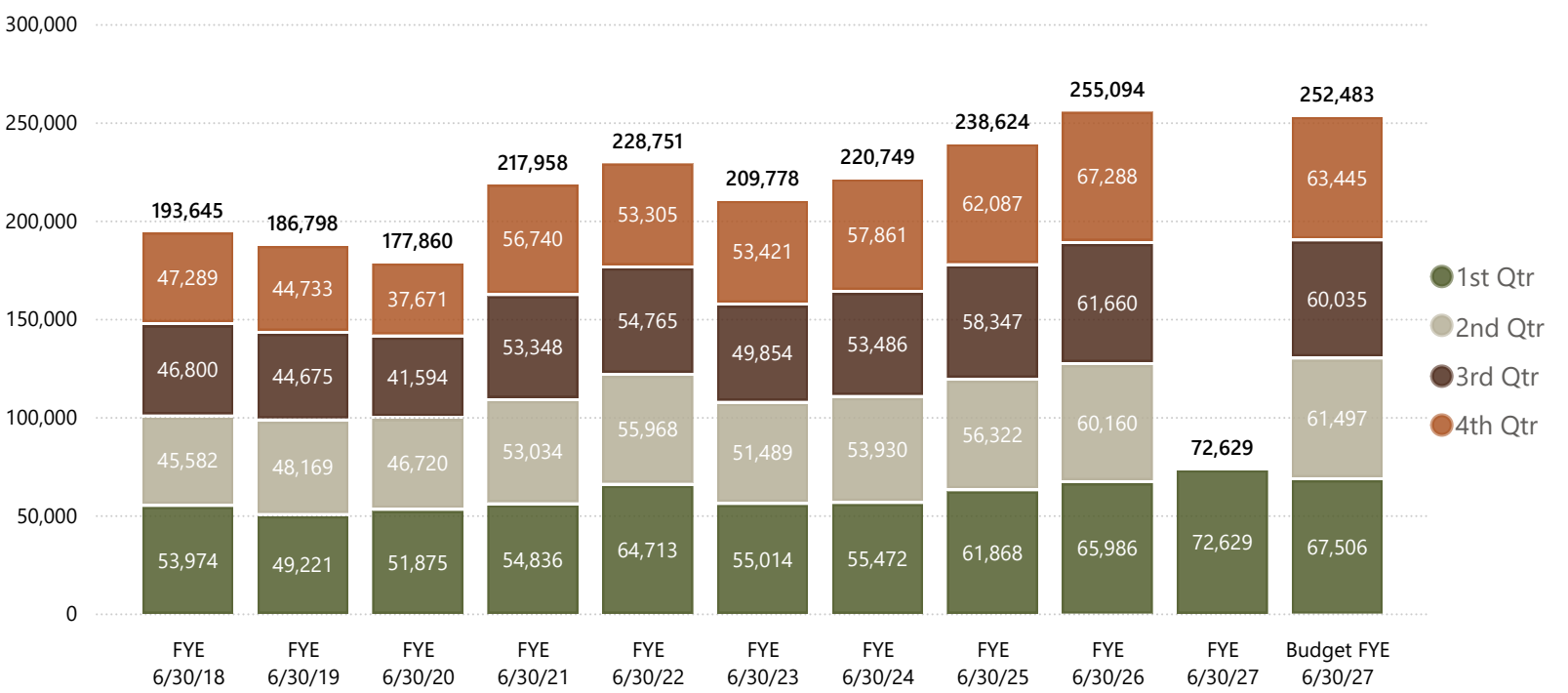
TOTAL TFH OUTPATIENT LAB TESTS

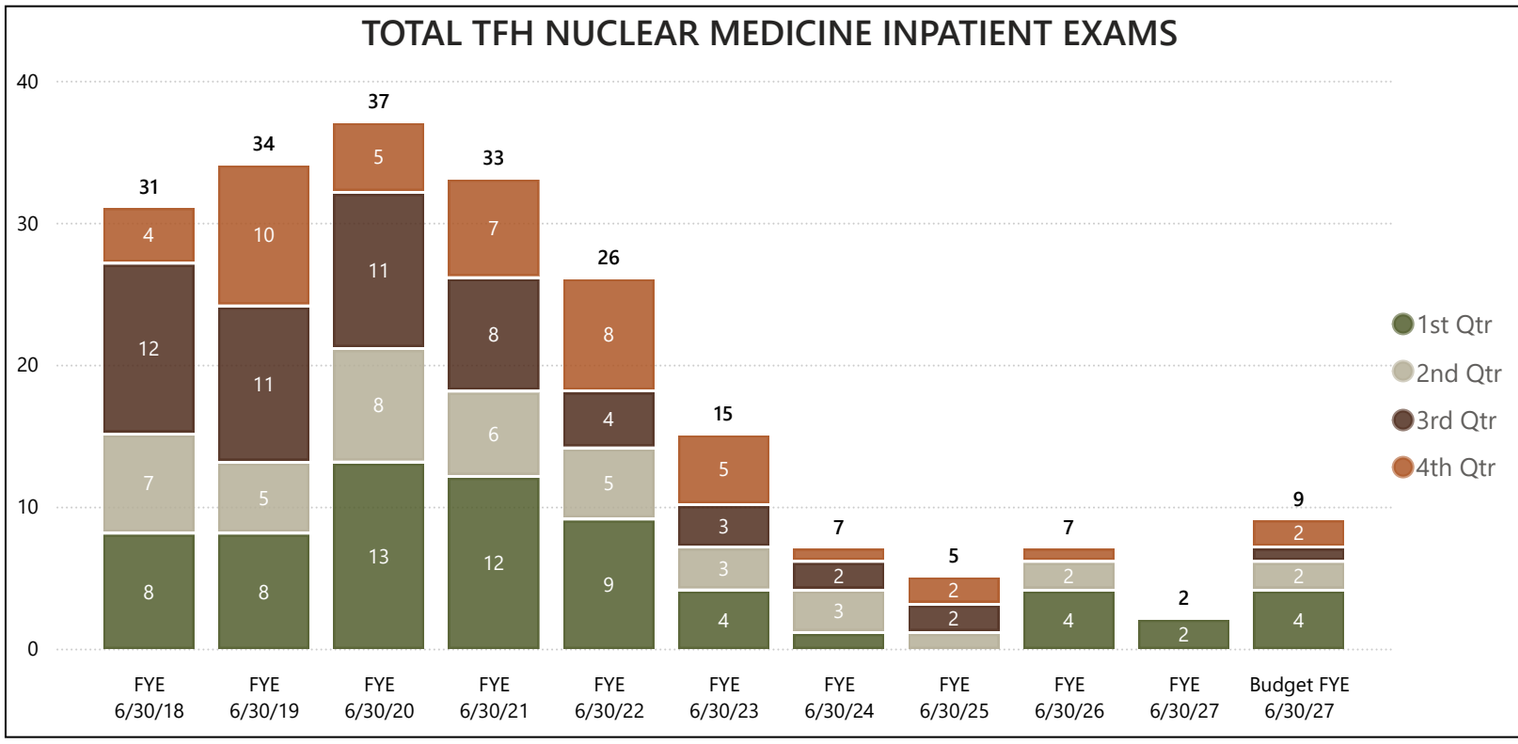


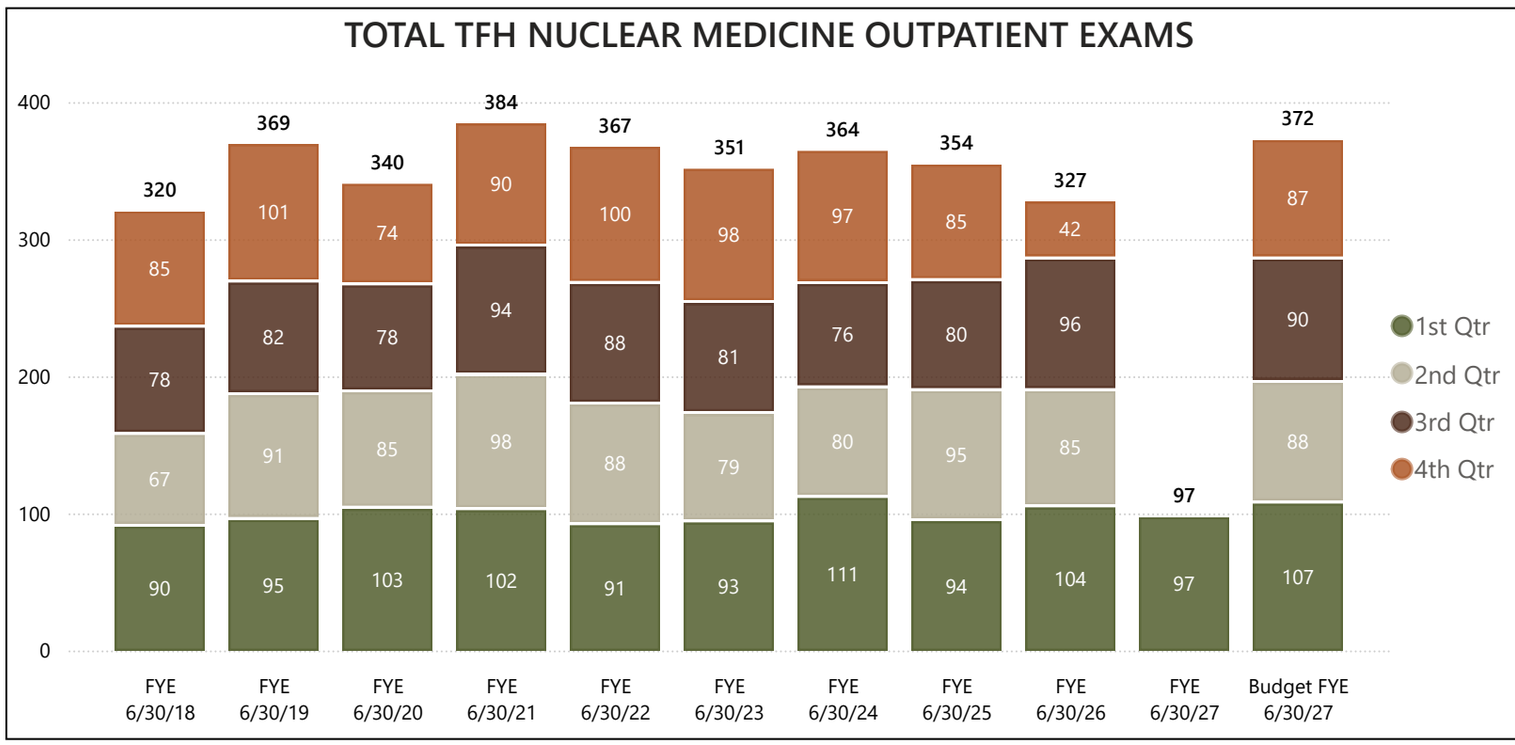
TOTAL TFH OTHER OUTPATIENT LAB TESTS

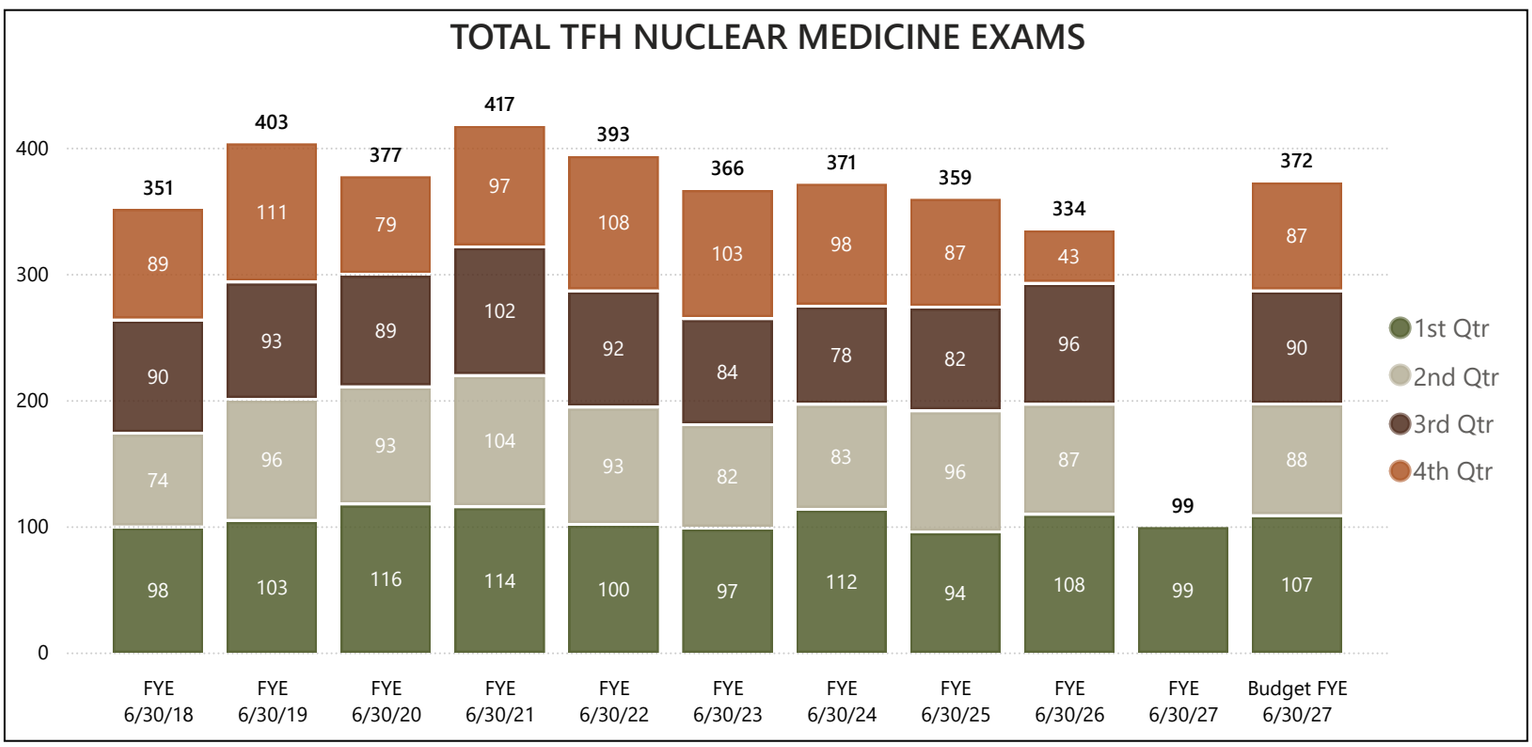


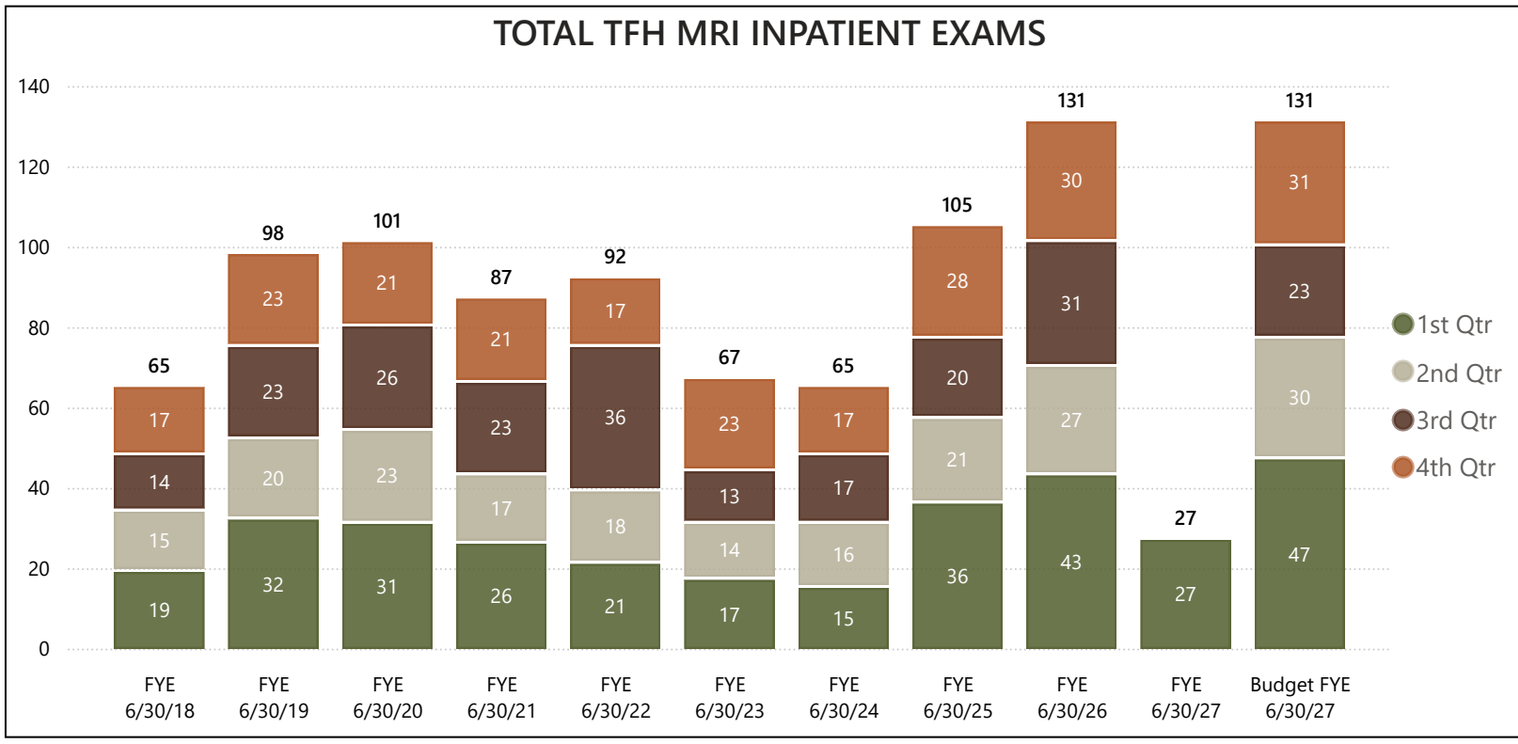
TOTAL TFH LAB TESTS

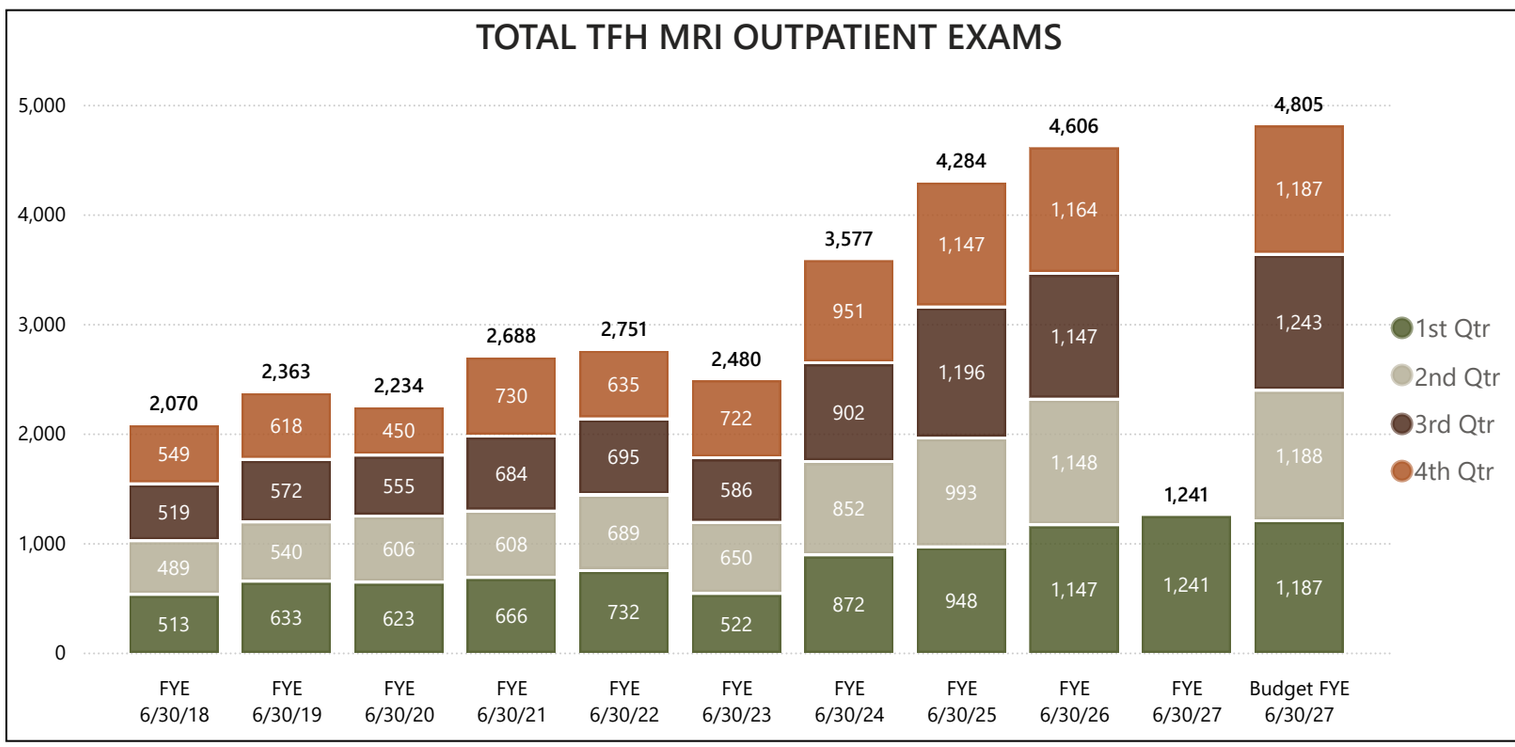


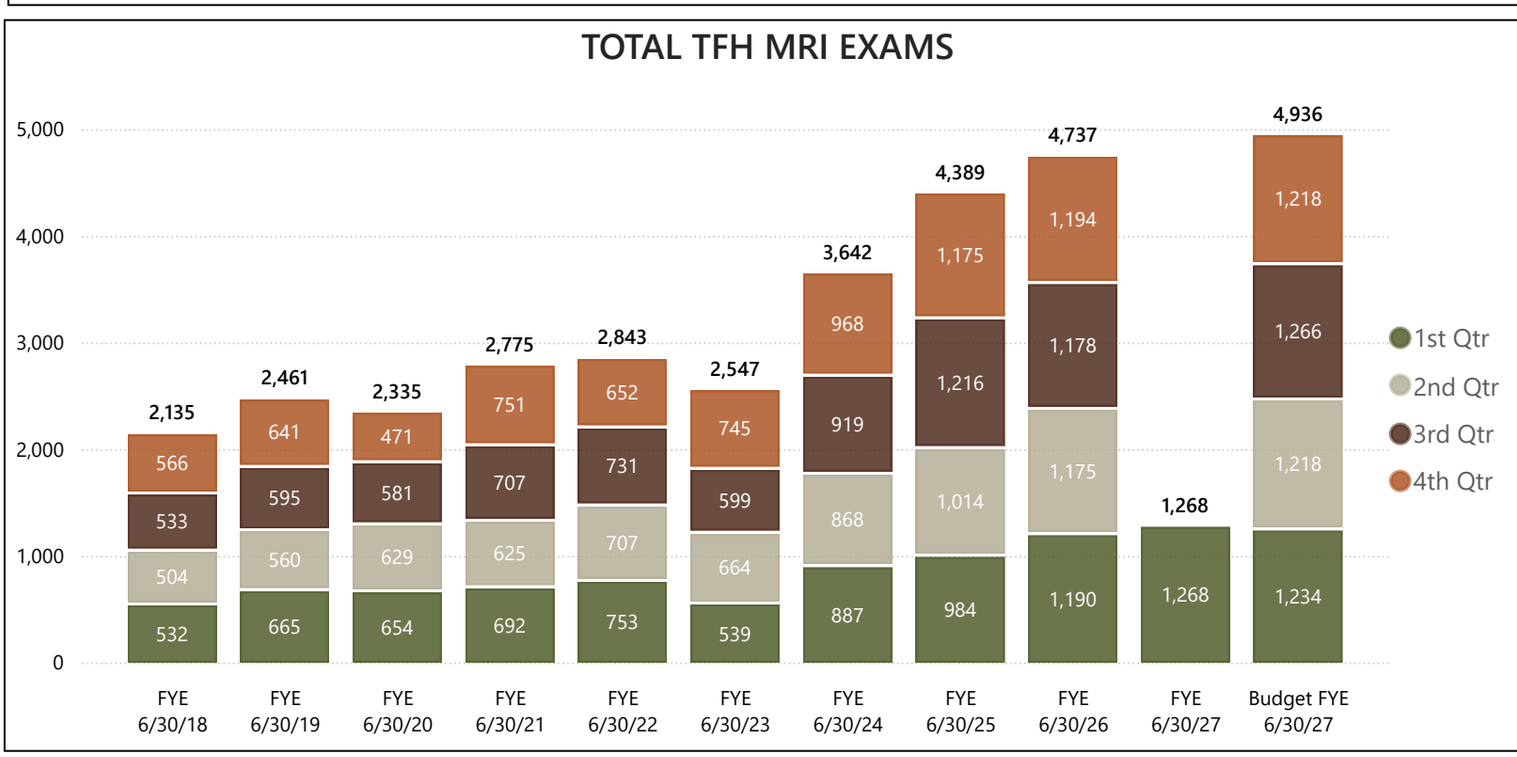

TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS
40
30
20
10
0
31
34
37
33
26
15
7
5
7
2
9
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS
400
300
200
100
0
320
369
340
384
367
351
364
354
327
97
372
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

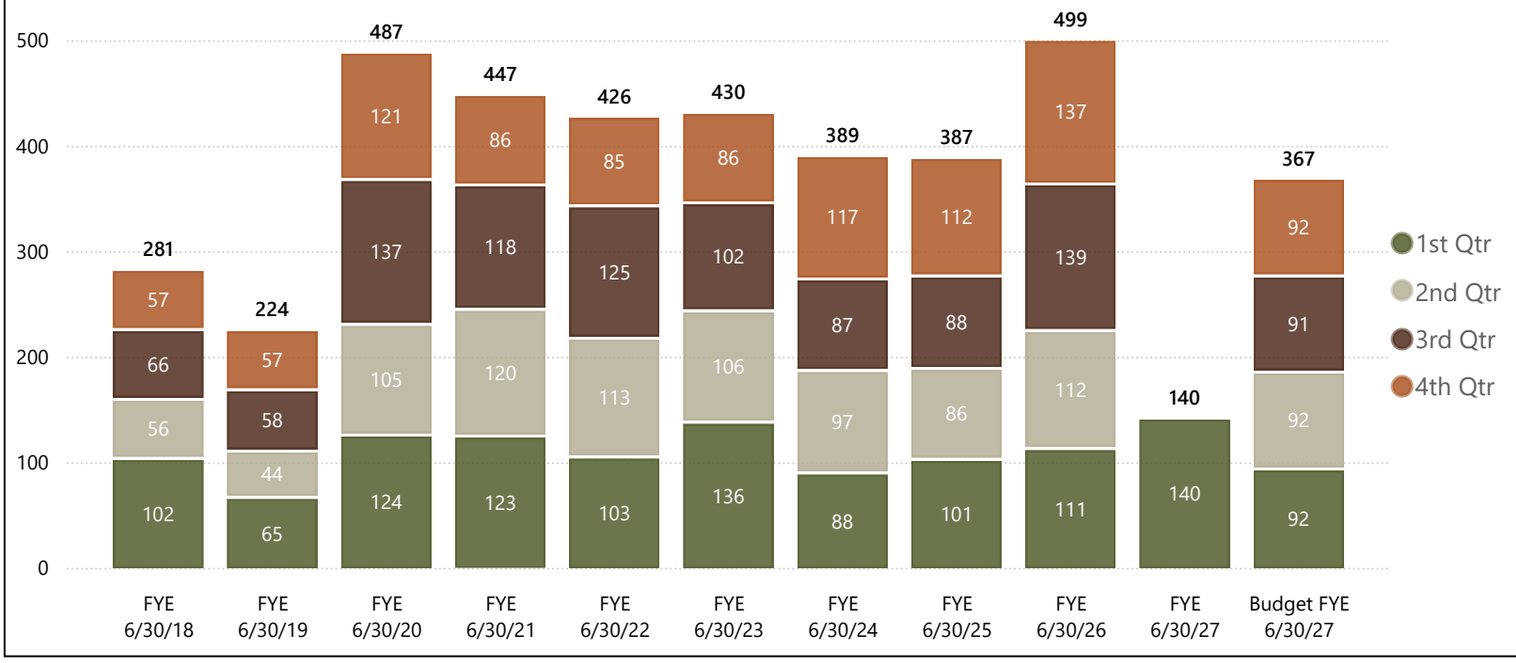

TOTAL TFH NUCLEAR MEDICINE EXAMS
400
300
200
100
0
351
403
377
417
393
366
371
359
334
99
372
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH MRI INPATIENT EXAMS
140
120
100
80
60
40
20
0
65
98
101
87
92
67
65
105
131
27
131
17
14
15
19
23
23
20
32
21
26
23
31
21
23
17
26
17
36
18
21
23
13
14
17
17
16
15
28
20
21
36
30
31
27
43
27
31
23
30
47
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

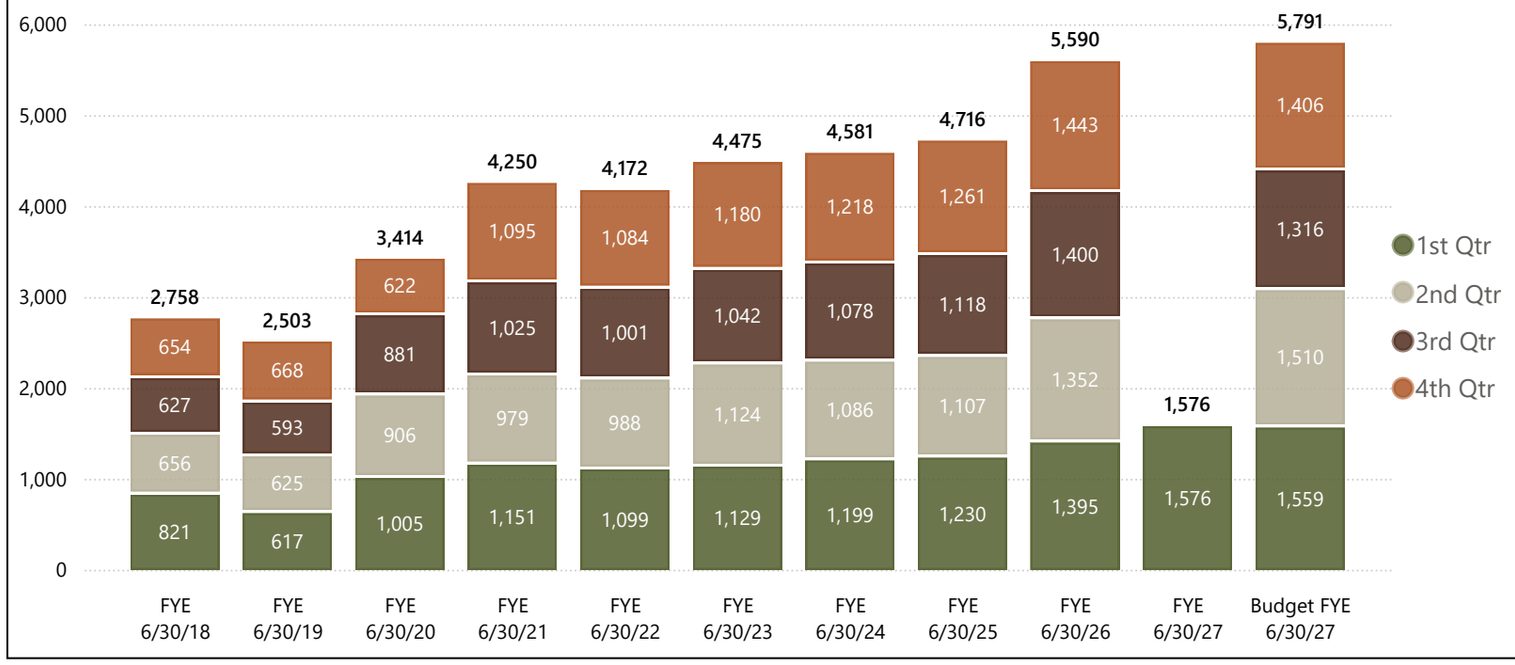

TOTAL TFH MRI OUTPATIENT EXAMS
5,000
4,000
3,000
2,000
1,000
0
2,070
2,363
2,234
2,688
2,751
2,480
3,577
4,284
4,606
1,241
4,805
549
519
489
513
618
572
540
633
450
555
606
623
730
684
608
666
635
695
689
732
722
586
650
522
951
902
852
872
1,147
1,196
993
948
1,164
1,147
1,148
1,147
1,241
1,187
1,243
1,188
1,187
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH MRI EXAMS
5,000
4,000
3,000
2,000
1,000
0
2,135
2,461
2,335
2,775
2,843
2,547
3,642
4,389
4,737
1,268
4,936
566
533
504
532
641
595
560
665
471
581
629
654
751
707
625
692
652
731
707
753
745
599
664
539
968
919
868
887
1,175
1,216
1,014
984
1,194
1,178
1,175
1,190
1,268
1,218
1,266
1,218
1,234
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

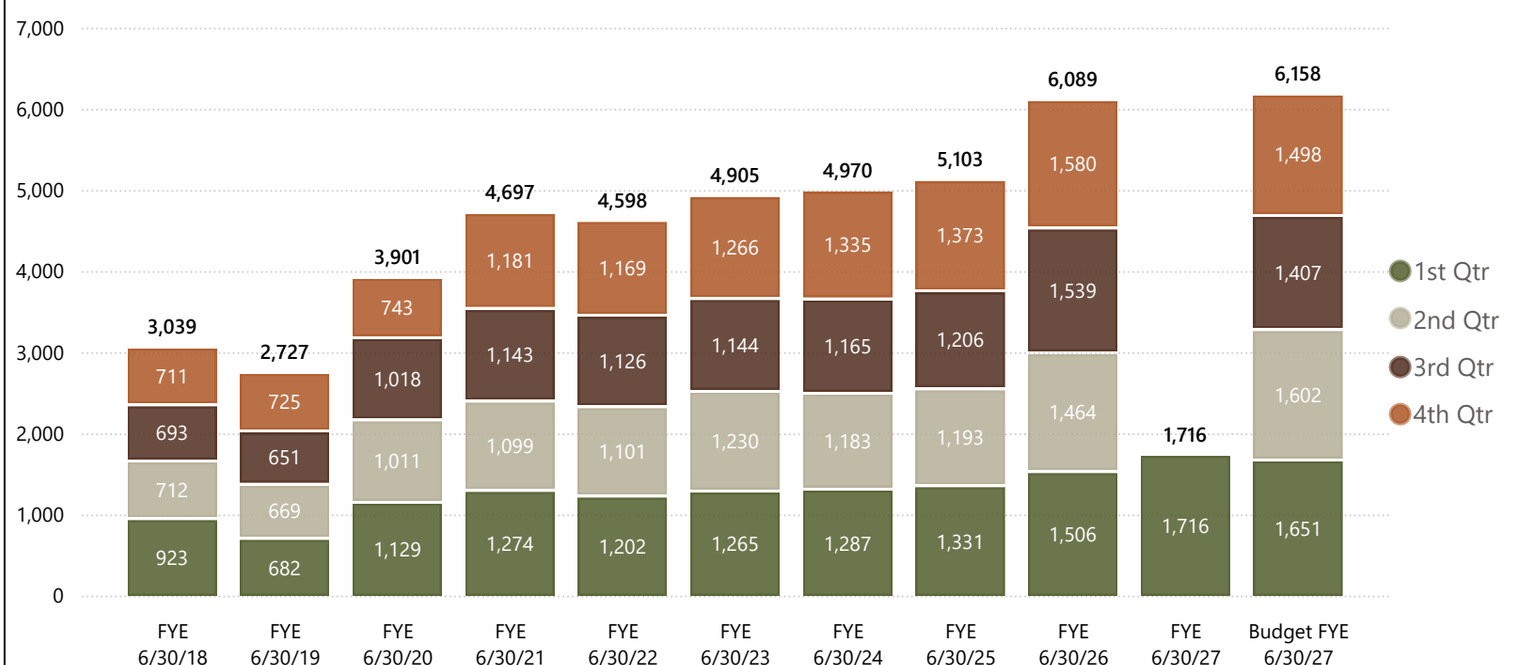
TOTAL TFH ULTRASOUND INPATIENT EXAMS

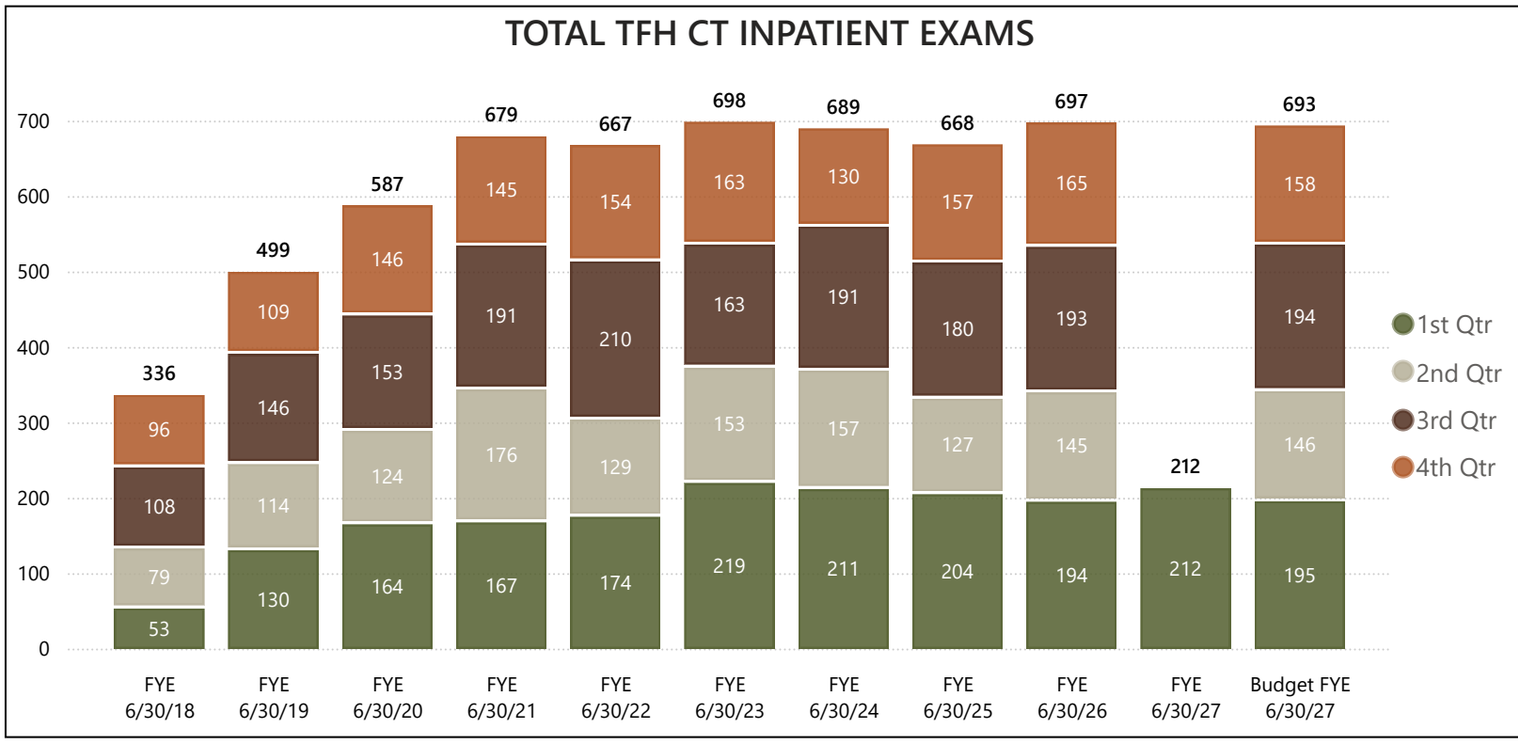


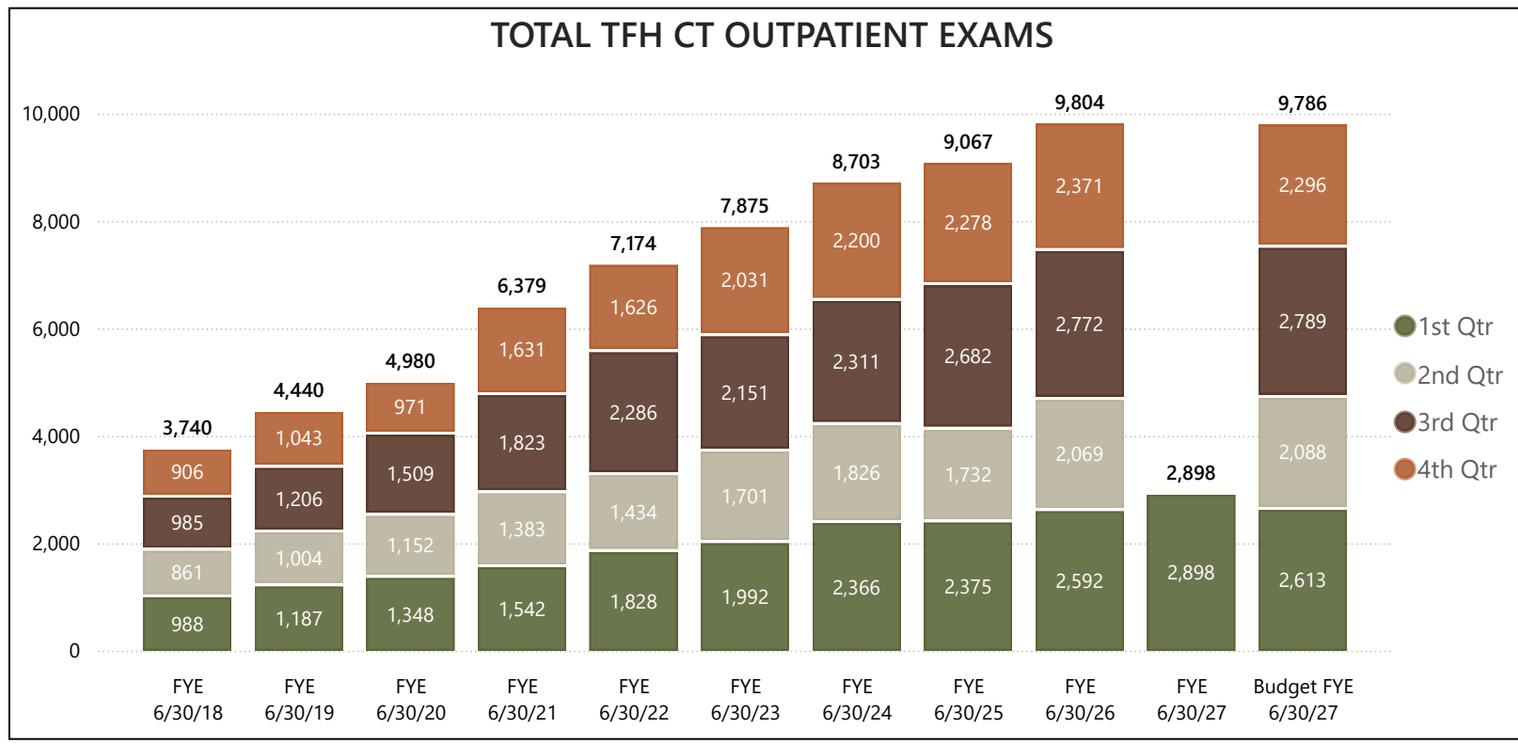
TOTAL TFH ULTRASOUND OUTPATIENT EXAMS

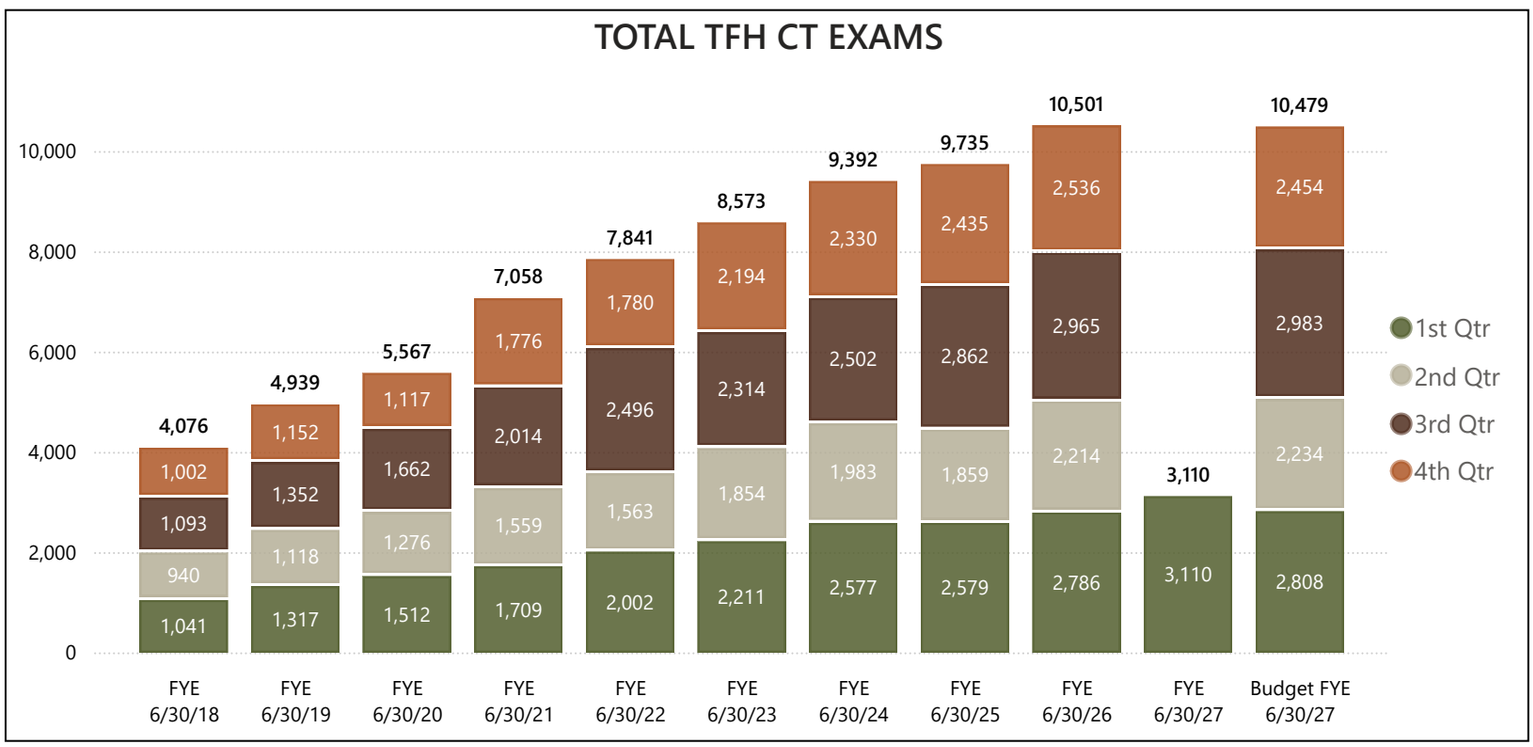


TOTAL TFH ULTRASOUND EXAMS

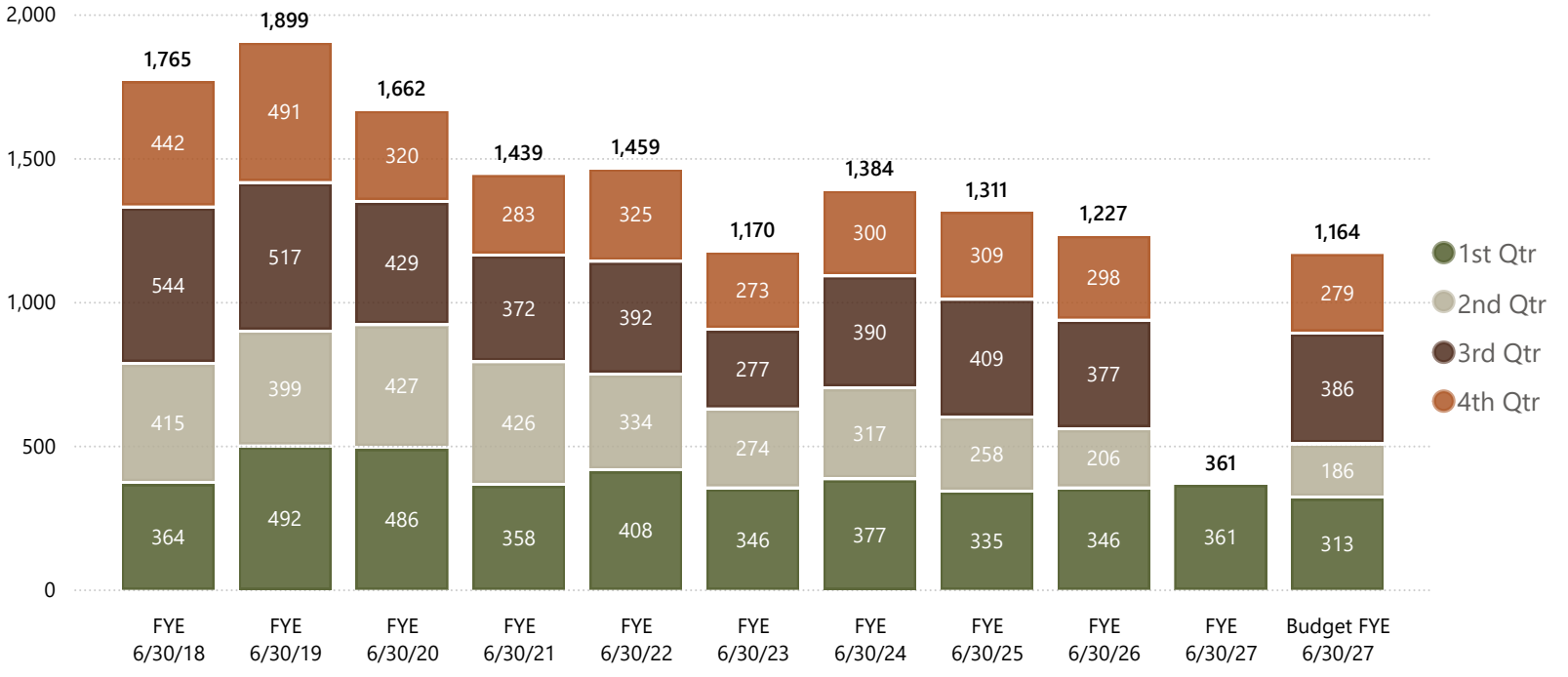



TOTAL TFH CT INPATIENT EXAMS
700
600
500
400
300
200
100
0
336
499
587
679
667
698
689
668
697
212
693
96
109
146
145
154
163
130
157
165
158
108
146
153
191
210
163
191
180
193
194
79
114
124
176
129
153
157
127
145
146
53
130
164
167
174
219
211
204
194
212
195
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

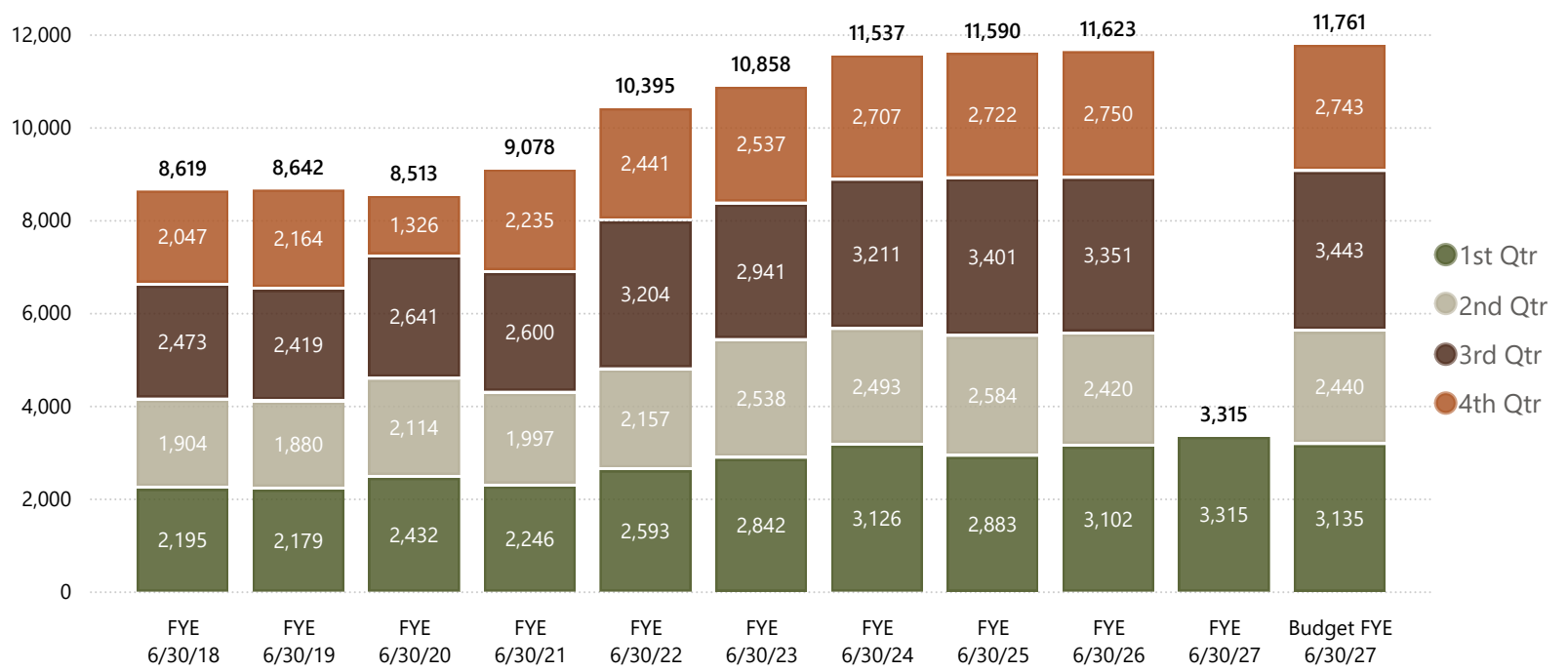

TOTAL TFH CT OUTPATIENT EXAMS
10,000
8,000
6,000
4,000
2,000
0
3,740
4,440
4,980
6,379
7,174
7,875
8,703
9,067
9,804
2,898
9,786
906
1,043
971
1,631
1,626
2,031
2,200
2,278
2,371
2,296
985
1,206
1,509
1,823
2,286
2,151
2,311
2,682
2,772
2,789
861
1,004
1,152
1,383
1,434
1,701
1,826
1,732
2,069
2,088
988
1,187
1,348
1,542
1,828
1,992
2,366
2,375
2,592
2,898
2,613
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH CT EXAMS
10,000
8,000
6,000
4,000
2,000
0
4,076
4,939
5,567
7,058
7,841
8,573
9,392
9,735
10,501
3,110
10,479
1,002
1,152
1,117
1,776
1,780
2,194
2,330
2,435
2,536
2,454
1,093
1,352
1,662
2,014
2,496
2,314
2,502
2,862
2,965
2,983
940
1,118
1,276
1,559
1,563
1,854
1,983
1,859
2,214
2,234
1,041
1,317
1,512
1,709
2,002
2,211
2,577
2,579
2,786
3,110
2,808
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

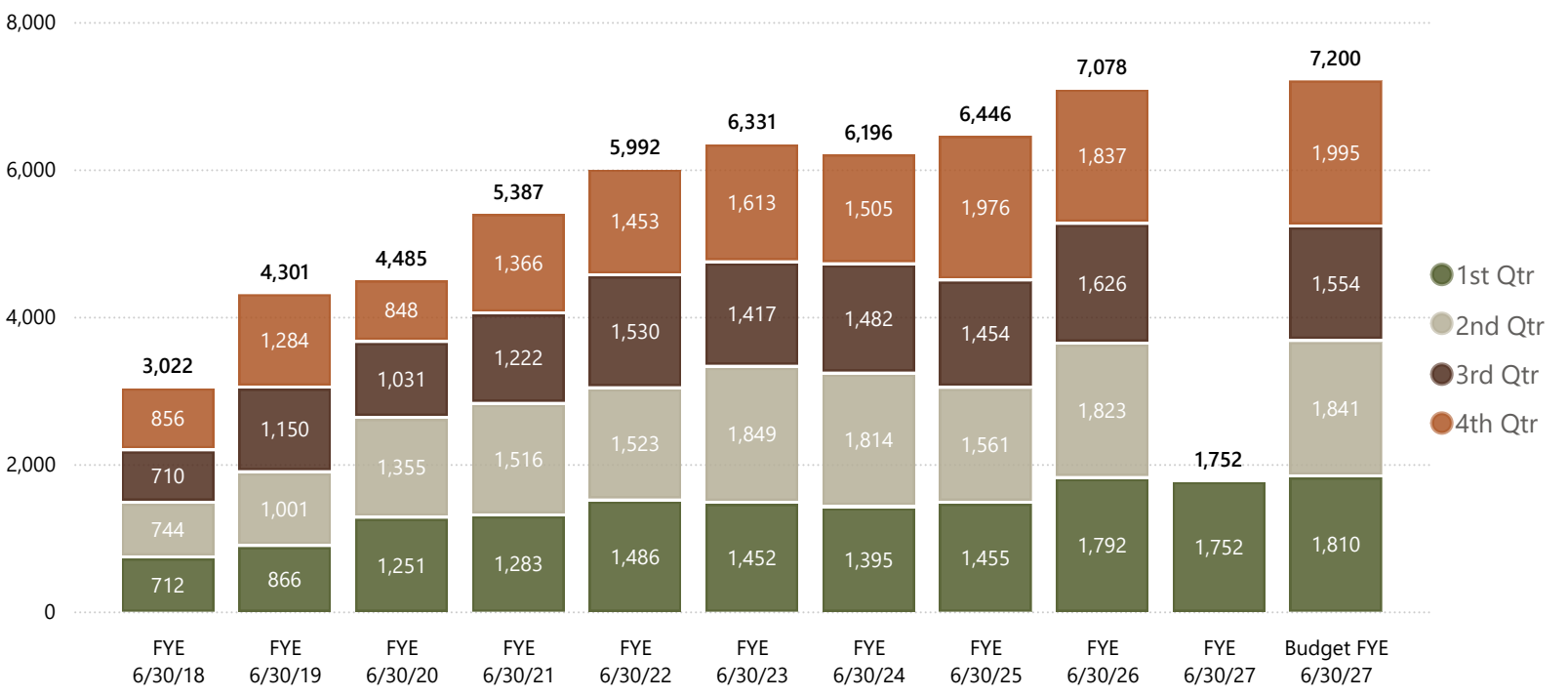
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



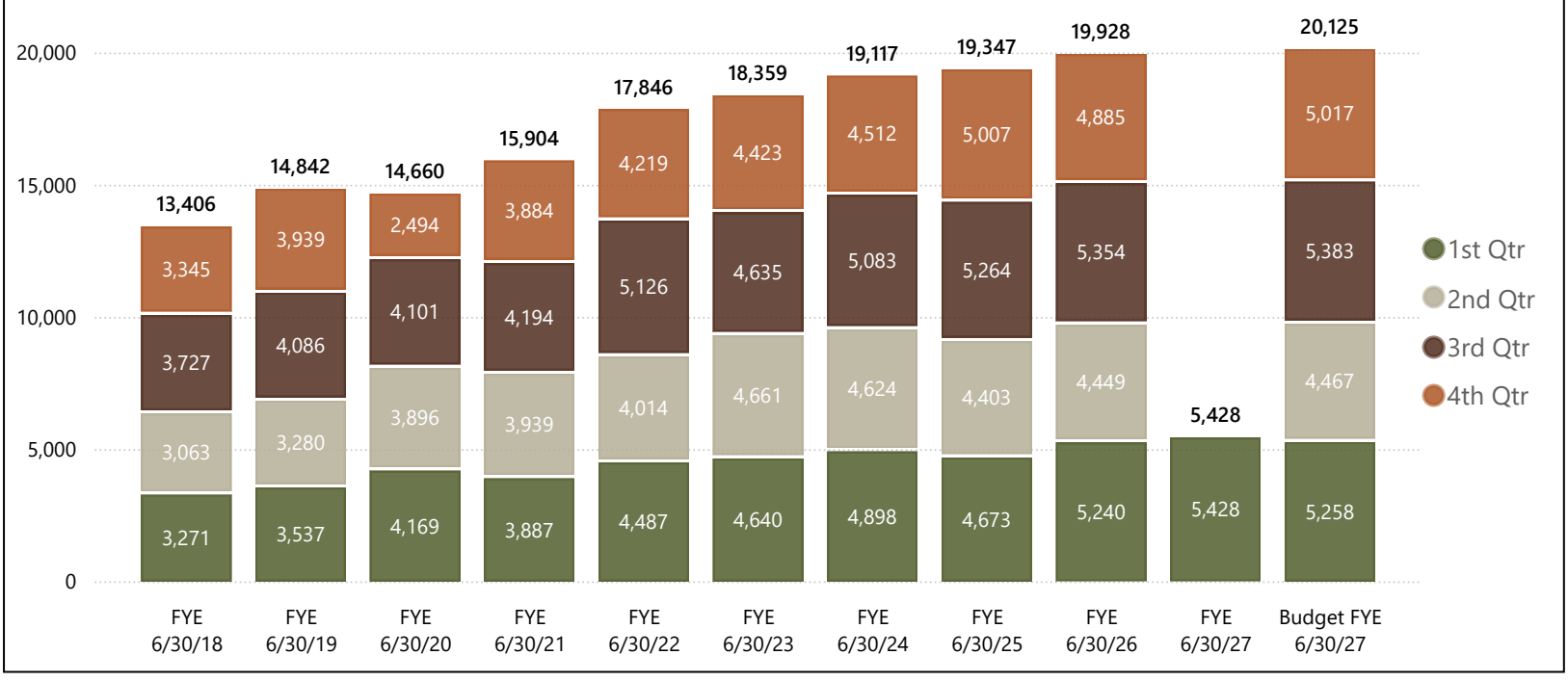
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



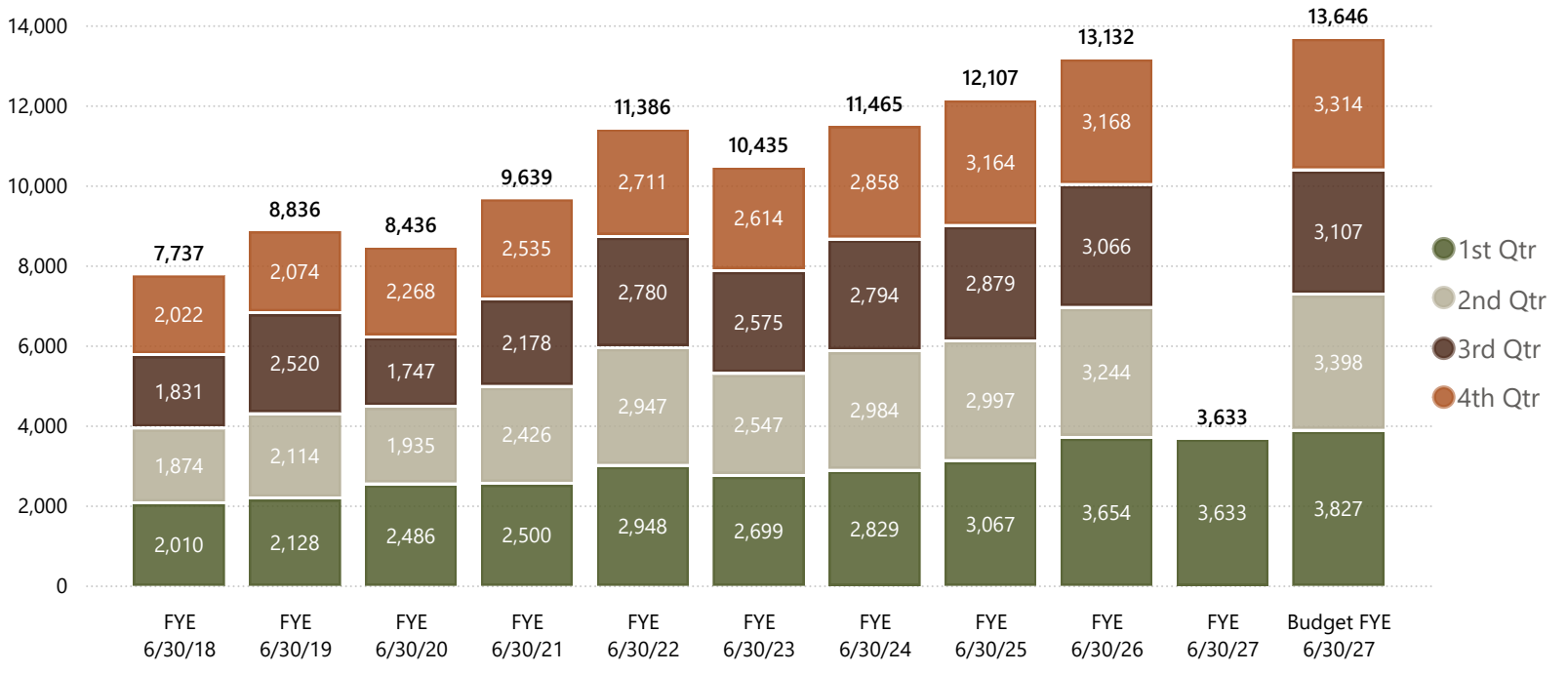
TOTAL TFH MAMMOGRAPHY EXAMS



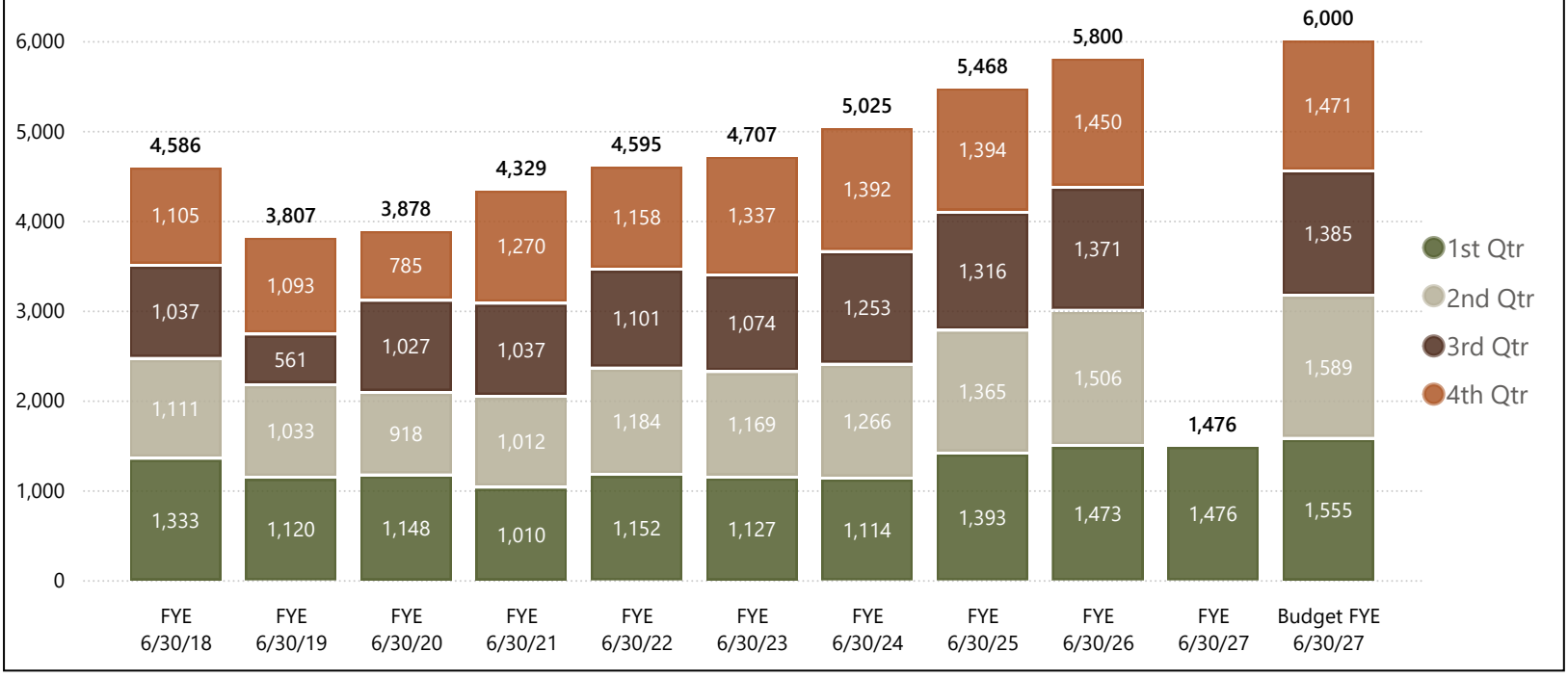
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



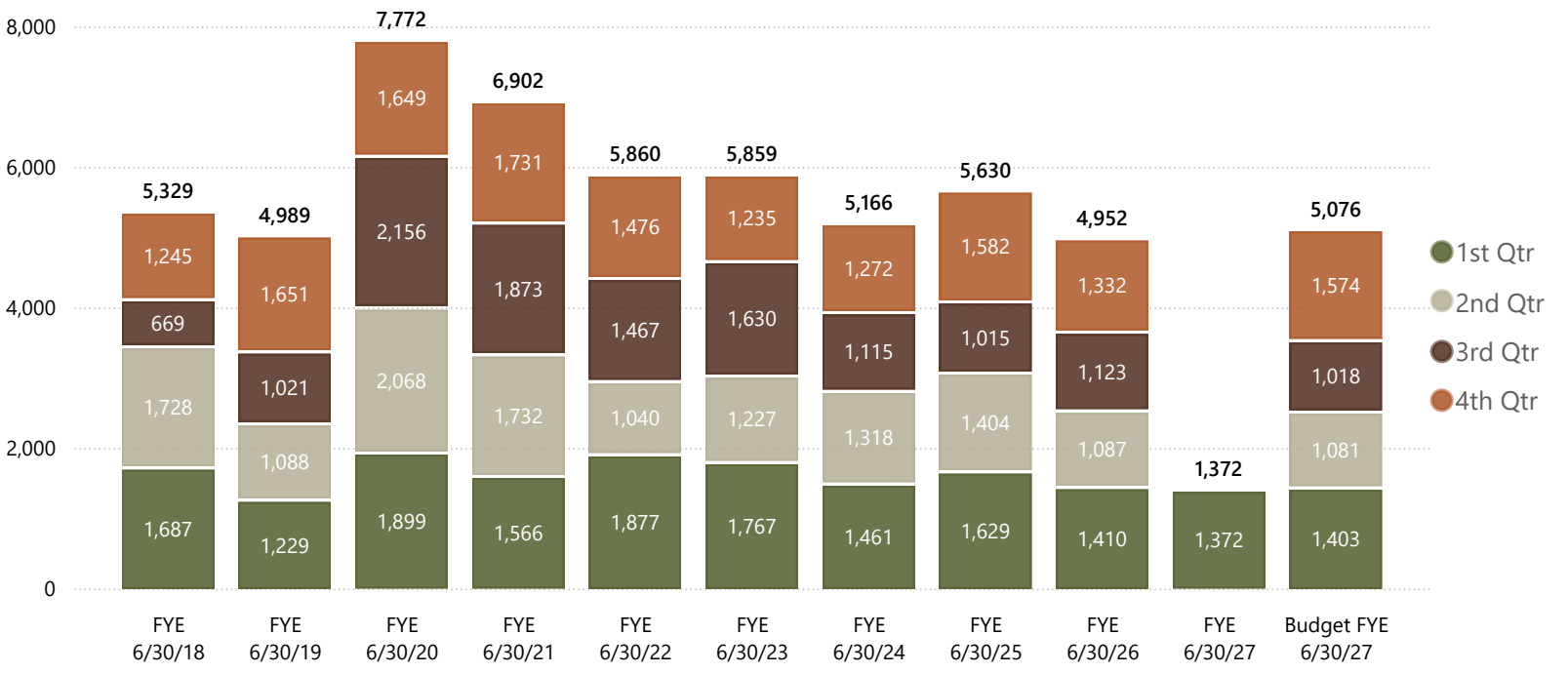
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



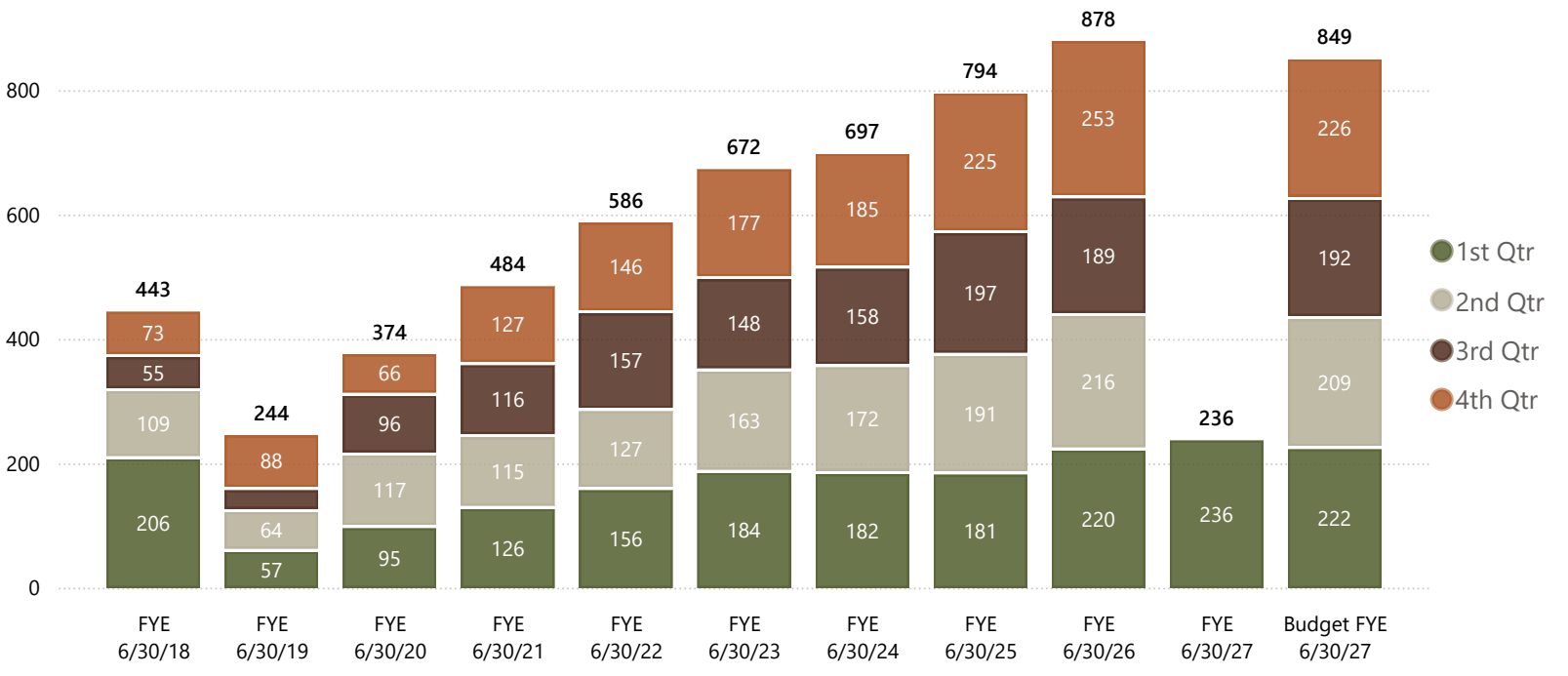
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS

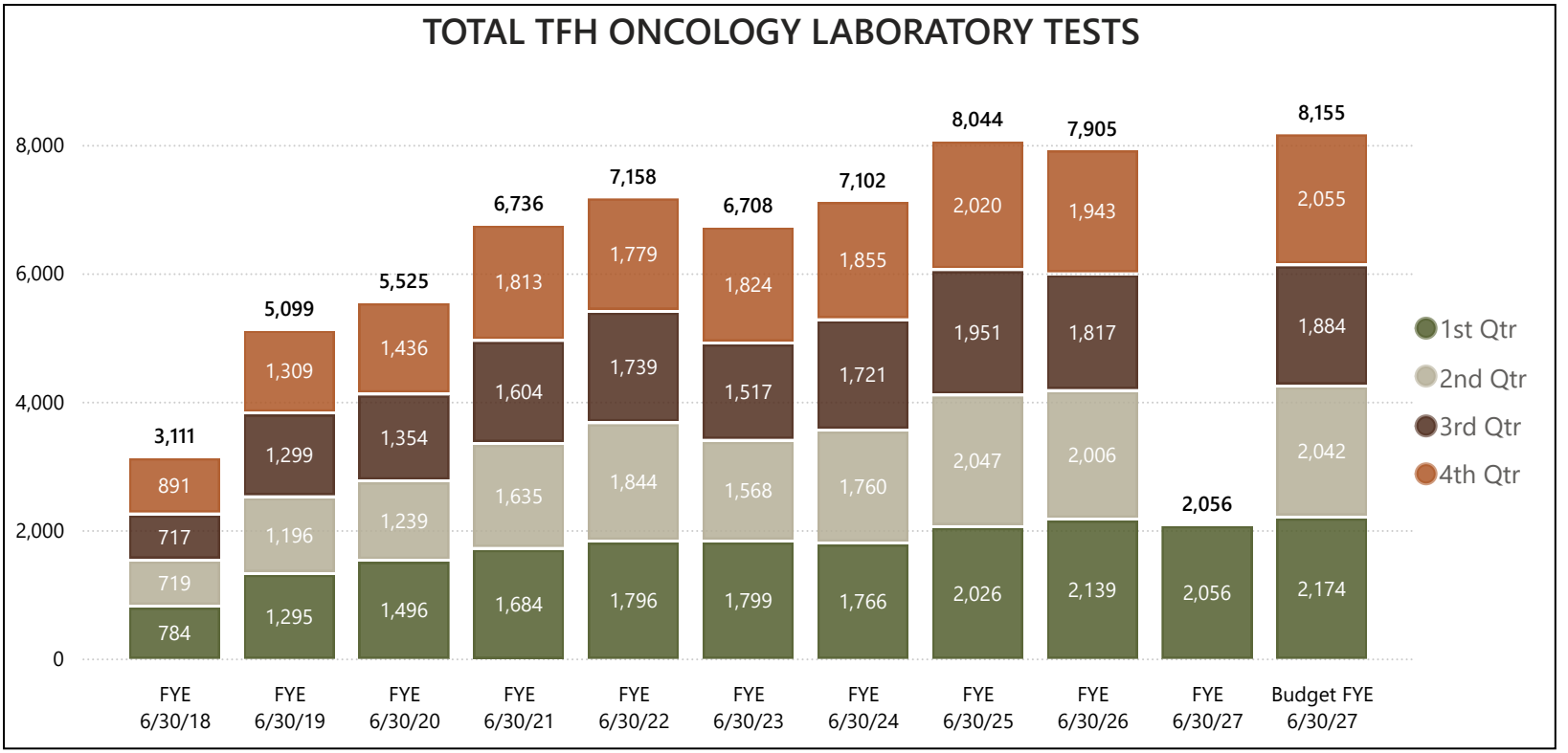


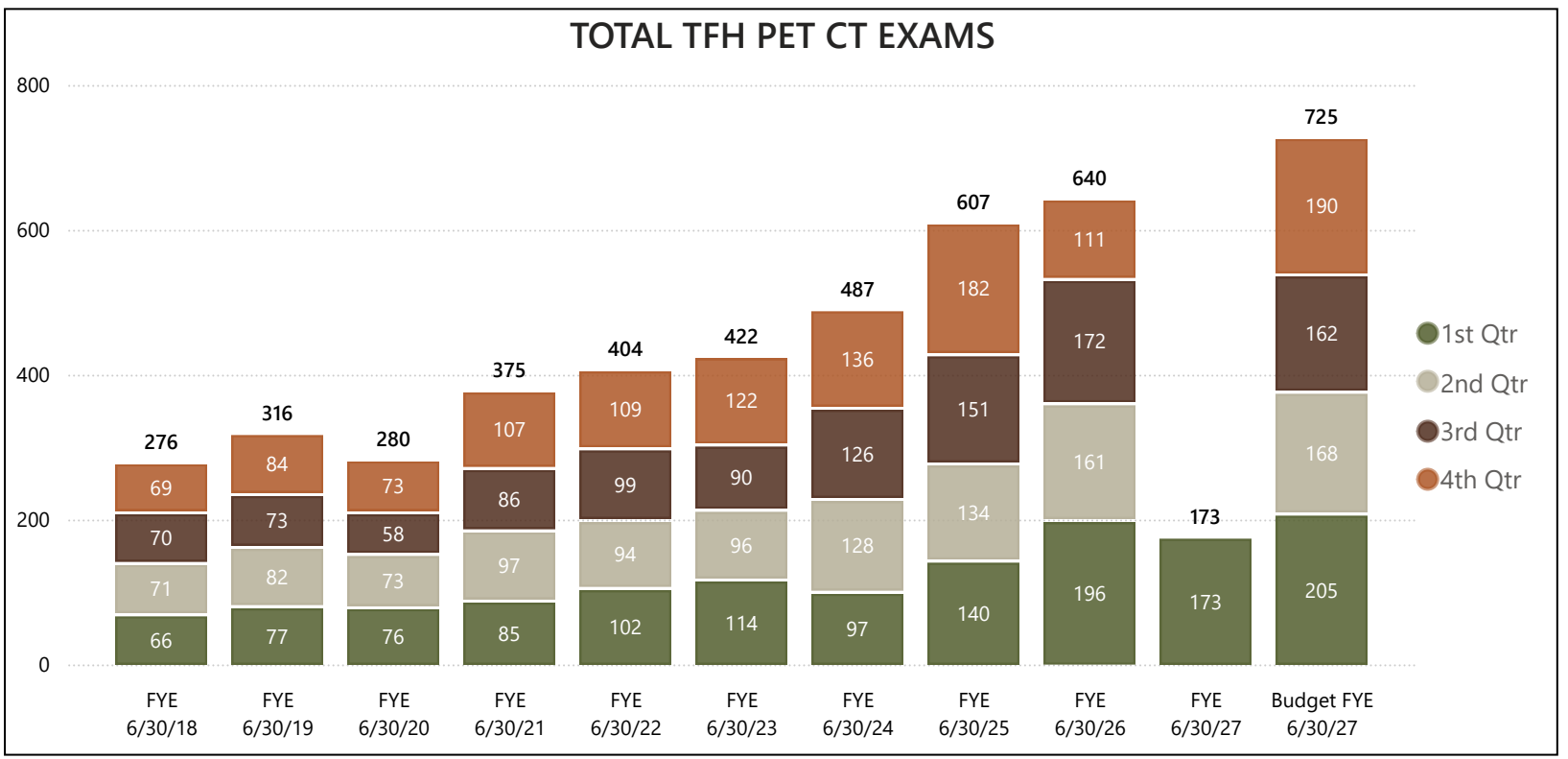
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



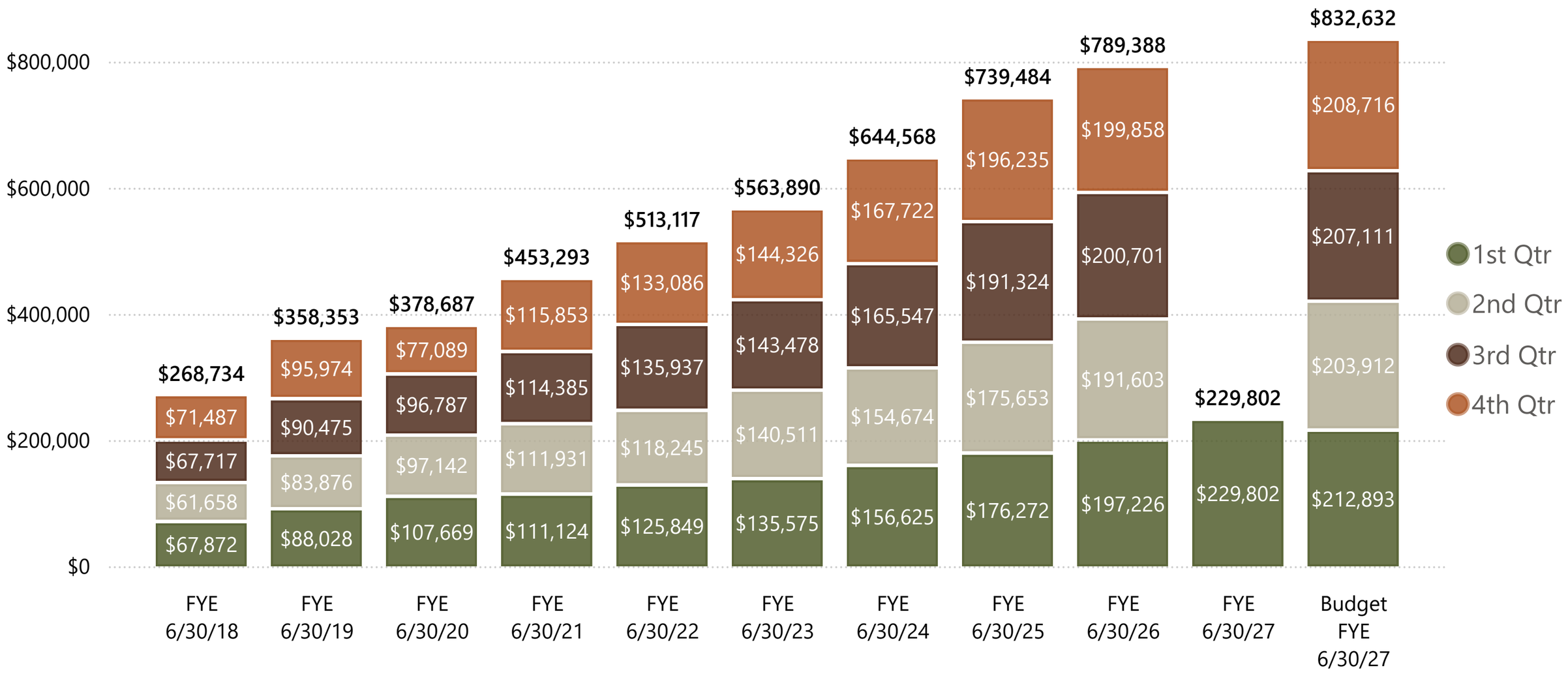
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



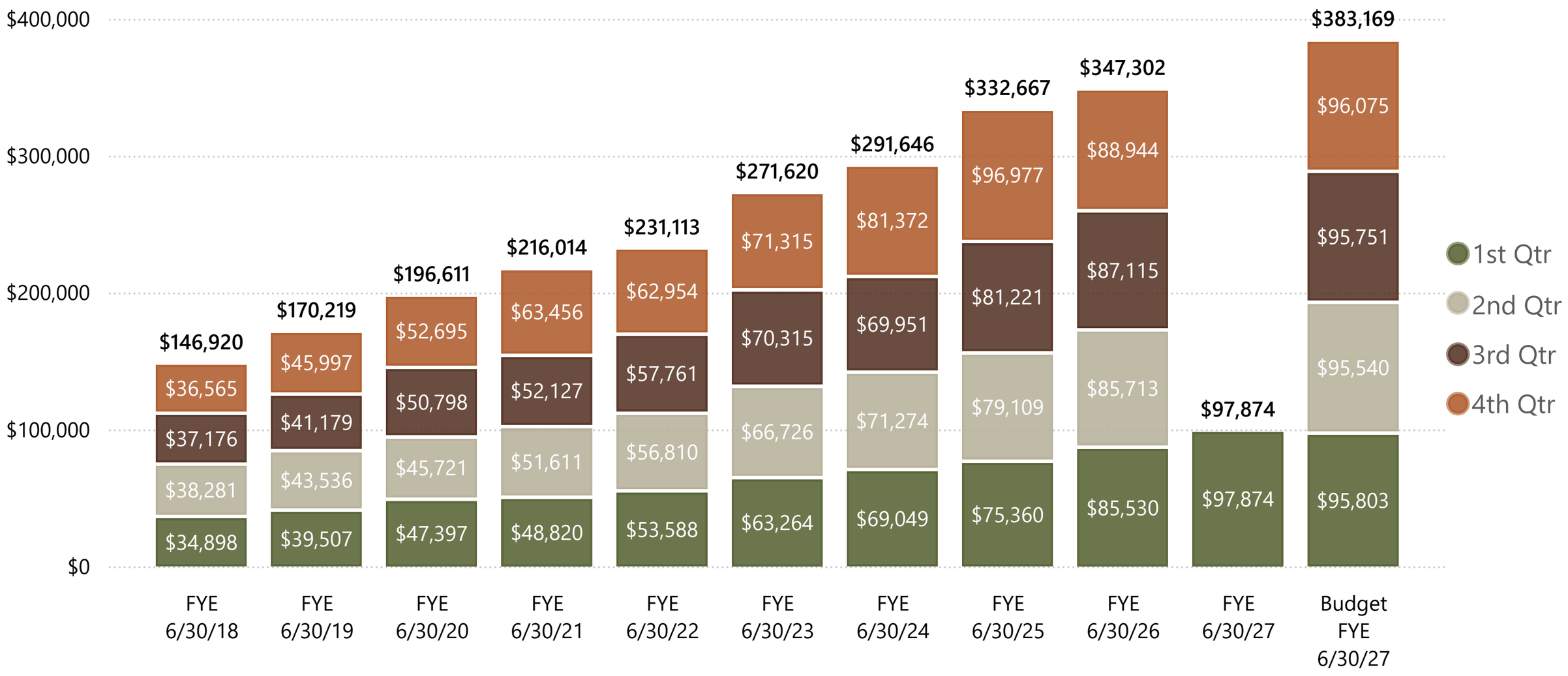

TOTAL TFH ONCOLOGY LABORATORY TESTS
8,000
6,000
4,000
2,000
0
3,111
5,099
5,525
6,736
7,158
6,708
7,102
8,044
7,905
2,056
8,155
784
719
717
891
1,295
1,196
1,299
1,309
1,496
1,239
1,354
1,436
1,684
1,635
1,604
1,813
1,796
1,844
1,739
1,779
1,799
1,568
1,517
1,824
1,766
1,760
1,721
1,855
2,026
2,047
1,951
2,020
2,139
2,006
1,817
1,943
2,056
2,174
2,042
1,884
2,055
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27


TOTAL TFH PET CT EXAMS
800
600
400
200
0
276
316
280
375
404
422
487
607
640
173
725
66
71
70
69
77
82
73
84
76
73
58
73
85
97
86
107
102
94
99
109
114
96
90
122
97
128
126
136
140
134
151
182
196
161
172
111
173
205
168
162
190
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
FYE 6/30/26
FYE 6/30/27
Budget FYE 6/30/27

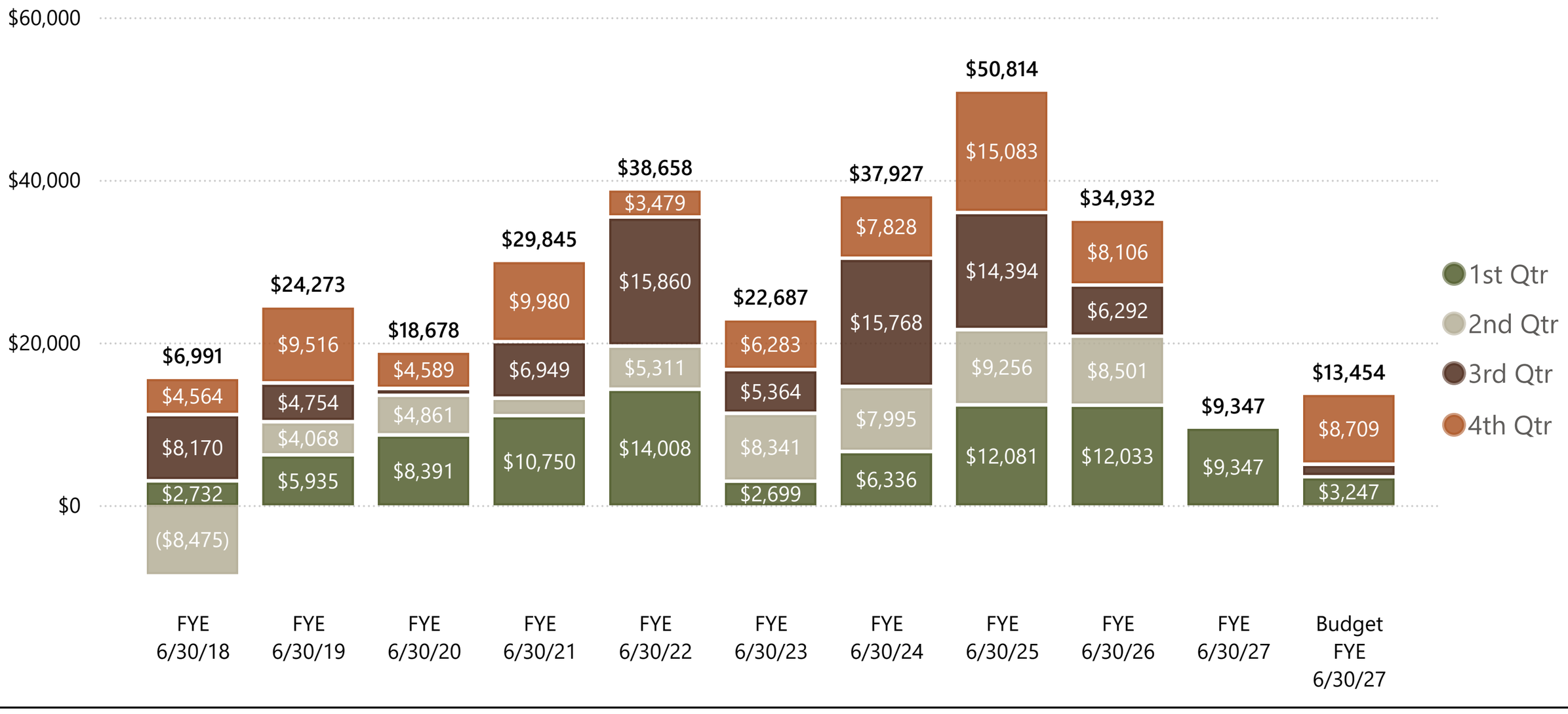
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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



TAHOE FOREST
HOSPITAL DISTRICT

Executive Board Report
October 2026

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

Executive Summary

Work continues across the True North aims, with recent progress in Primary Care access, oncology services, breast health and physician involvement in organizational planning. New providers and expanded clinical space are increasing Primary Care capacity, while improvements in medication management are helping patients receive cancer treatments without delays. Other updates include the completion of the Health System's greenhouse gas inventory, new resources for patients and families, and increased savings through the 340B program.

Health Within Reach

Access, choice, lower cost & convenience

Key Updates

- Four new Primary Care providers began seeing patients in Truckee in September. The North Shore Clinic has increased Primary Care and Urgent Care exam-room capacity in Tahoe City by 85%. The new Primary Care Coverage Model offers more scheduling options while keeping patients connected to their own provider.
- The Pharmacy Department's chemotherapy medication availability program supported 1,903 patient treatments over 221 days. The team identified and resolved 24 potential

medication shortages, achieving 100% medication availability with no treatment delays related to medication shortages.
- Home Health maintained a CMS four-star quality rating, while admissions increased 39.3% from the first to second quarter of 2026.
- With support from the Foundation, Women & Family, the Tahoe Forest Women's Clinic and Care Coordination are providing Preeclampsia Foundation Cuff Kits to help patients monitor blood pressure at home. The Stroke team and Care Coordination are also developing a process to improve follow-up care for stroke patients.

Community Guided

Sustain world-class care shaped by community

Key Updates

- Since launching in January, the Breast Health Program has received 226 referrals, completed 90 initial consultations, and generated 456 imaging and laboratory orders. Of those orders, 69% have remained within Tahoe Forest Health System, representing 315 studies performed locally.
- The Community Resource Library is now available, helping residents find services related to mental health and substance use, food assistance and transportation. A new community health calendar includes information about screenings, vaccination clinics and other local health events.
- The Baby2Baby program is underway, providing families with 400 free diapers following delivery. The program is approved for the next two years.

Transformation

Shared decision, stronger accountability

Key Updates

- Tahoe Forest hosted its first Beyond Possible Fall Forum on September 25, with more than 175 attendees. Feedback was overwhelmingly positive, and planning has begun for next year's event.
- Work continues to give physicians a greater role in Health System planning and decisions. Current efforts include developing service-line plans jointly with clinical and operational leaders, clarifying how physicians participate in decisions and

creating more formal opportunities for Medical Staff leadership to help set organizational priorities.

- Human Resources launched a quarterly Leadership Orientation for newly hired, promoted and transferred leaders, covering management responsibilities, communication, quality reporting and leadership expectations. The Sierra College Leadership Series also continued, with 97% favorable ratings across 51 participant evaluations. All respondents said they would recommend the sessions and could apply what they learned in their work.
- The Health System completed its FY2023–FY2025 greenhouse gas inventory. Purchased Goods and Services, Capital Goods, Electricity, and Natural Gas were identified as the largest areas of environmental impact. A staff committee has been formed to identify opportunities for improvement, and plans are underway for an Environmental Stewardship Coordinator position and an energy-use audit.
- Changes to the 340B program have increased annual savings from approximately $2–3 million to $8 million. These savings provide additional resources to support patient care and Health System operations.

Appendix

CCOF Board Report – October 2026
CHRO Board Report – October 2026
CMO Board Report – October 2026
CNO Board Report – October 2026
COO Board Report – October 2026

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2025	**ITEM:** 14.4 Approval of Policies
DEPARTMENT: Board and Governance policies	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Sarah Jackson, Clerk of the Board Anna Roth, President & CEO	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Policies**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Respective Departments have reviewed Policies, recommended renewal to Governance Committee with Minor Revisions or No Changes. During the October 15, 2025 Board Governance Committee Meeting, the Committee reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the October 23, 2025 Regular Meeting of the Board of Directors.

SUMMARY/OBJECTIVES:

Policies minor Changes (attached)

AGOV-1901, Service Animals & Pet Assisted Therapy
AGOV-1602, Peer Support (Care for the Caregiver)

New Policy (attached)

ABD-2603, Governing Body Records Retention and Destruction
ABD-2604, Board Committee Advisory Member

Administration Policy & Procedure Manual Table of Contents & Signature Page (attached)

- Table of Contents and signature page

SUGGESTED DISCUSSION POINTS:
For non-clinical policies and procedures, the appropriate Board Committee will review every three years and make appropriate recommendations in open session on the Consent Agenda to the Board of Directors.

For Clinical Policies the Medical Executive Committee has reviewed the Department recommendations on policies, procedures and forms. The committee makes the following open session recommendation for consent agenda to the Board of Directors.

Board Governance and Board Quality Committee has additionally reviewed the Department recommendations on policies. The committees made recommendations to approve the new and updated policies as presented.

- §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).
- Procedures shall be approved by the Administration and Medical Staff where such is appropriate.
- Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.

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

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the consent agenda as presented, inclusive of the documents attached here.

LIST OF ATTACHMENTS:

Policies minor Changes (attached)

AGOV-1901, Service Animals & Pet Assisted Therapy
AGOV-1602, Peer Support (Care for the Caregiver)

New Policy (attached)

ABD-2603, Governing Body Records Retention and Destruction
ABD-2604, Board Committee Advisory Member

Administration Policy & Procedure Manual Table of Contents & Signature Page (attached)

- Table of Contents and signature page

Status **Draft** PolicyStat ID **21457358**

Origination Date	N/A
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A

Department	Board - ABD
Applicabilities	System

Governing Body Records Retention and Destruction, ABD-2603

DRAFT

RISK:

Tahoe Forest Hospital District (District) recognizes that ineffective records retention and management practices create significant legal, operational, financial, and reputational risk. Failure to retain records required by law, preserve records subject to litigation, audit, or public records requests, or protect permanent Governing Body records may impair the District's ability to conduct business, demonstrate compliance, defend its actions, and maintain public trust. This Policy is intended to mitigate those risks by establishing clear requirements for the retention, preservation, and lawful destruction of District records in accordance with California Local Health Care District Law.

POLICY:

A. The purpose of this Policy is to establish uniform procedures for the retention, preservation, storage, retrieval, and lawful destruction of records of the District's Governing Body, the Board of Directors (Board). This Policy is intended to:

1. Ensure compliance with California law.
2. Preserve records documenting official Board actions.
3. Promote transparency and accountability.
4. Reduce unnecessary storage costs.
5. Facilitate efficient access to public records.

This Policy shall be interpreted consistent with the California Public Records Act, the Brown Act, Government Code sections 60200–60204, and applicable provisions of the California Health and

Safety Code governing the District.

Authority:

A. This Policy is adopted pursuant to:

1. Government Code §§ 60200–60204 (Destruction of Records of Special Districts).
2. Government Code § 7920.000 et seq. (California Public Records Act)
3. Government Code §§ 54950 et seq. (Ralph M. Brown Act) — open meeting, agenda, and minutes requirements.
4. Government Code §§ 81000–91014 (Political Reform Act) and §§ 87300–87313 (Conflict of Interest Codes)
5. Code of Civil Procedure §§ 337, 338, 343 — statutes of limitation informing minimum retention of contracts and other actionable records.
6. Government Code §§ 911.2, 945.6 (Government Claims Act)
7. Labor Code § 1198.5 and Gov. Code § 12946
8. Secretary of State Local Government Records Management Guidelines. [sos.ca.gov], [archives.c...sos.ca.gov]
9. Applicable provisions of the California Health and Safety Code relating to the District's governance and records.

DRAFT

Scope:

A. General Retention Principles

1. Retention periods below are minimums; District staff may retain a record longer where operationally useful.
2. Where multiple categories in the schedule could apply to a single document, the longer retention period applies.
3. Electronic records have the same retention obligations as paper records; retention periods run from creation, execution, final action, or payment, as specified in the schedule.
4. A duplicate of a record may be destroyed once the original, or a permanent photographic/electronic image made in a form in a trusted system that does not permit alteration, and the reproduction is retained for the balance of the applicable retention period.
5. Nothing in this Policy authorizes destruction of a record expressly required by law, grant terms, or bond covenants to be preserved. Scheduled destruction of any record must be suspended immediately upon notice of a pending claim, audit, public records dispute, subpoena, government investigation, or litigation — actual or reasonably anticipated — that relates to that record, until District Counsel confirms in writing that the hold may be released.
6. This Policy governs retention only; it does not limit the District's disclosure obligations under the California Public Records Act (Gov. Code §§ 7920.000 et seq.)

B. This Policy applies to all records created, received, maintained, or retained by the Board, including:

1. Governance and Formation
    a. Bylaws
    b. Conflicts of Interest Code
    c. Board Policies
    d. Ordinances
    e. Resolutions
    f. Election and governance records
    g. Board member oaths of office, appointment/election certificates
    h. Records relating to formation, reorganization, dissolution, or boundary changes of the District, or Local Agency Formation Commission (LAFCO) procedures regarding the District
    i. District codes
2. Meetings and Public Access
    a. Meeting minutes (regular, special, committee, and closed session)
    b. Agendas
    c. Agenda packets
    d. Meeting audio and video recordings
    e. Committee records
    f. Closed-session documentation
    g. Public records requests and responses
    h. Correspondence addressed to the Board or regarding substantive Board business
3. Ethics
    a. Conflicts of Interest Code
    b. Statements of Economic Interests (FPPC Form 700) for Board members and designated employees
4. Contracts, Real Property, Claims
    a. Contracts, bid, RFP, or procurement for awarded contracts
    b. Real property records
5. Financial and Audits
    a. Audit reports and financial statements
    b. General ledgers and journals
    c. Accounts payable/receivable, invoices, warrants, bank statements
    d. Compensation, expense reimbursement, and travel records for officers,

DRAFT

Board members, employees, and contractors

e. Budget documents and appropriations records

f. Claims against the District after resolution

6. Personnel/Administrative

    a. Personnel files of Board-appointed officers and employees (non-medical)

    b. Employment application, recruitment, and promotion records

Definitions:

A. Record — A "record" means any writing containing information relating to the conduct of the public's business that is prepared, owned, used, or retained by the District, regardless of physical form or characteristics. Records may exist in paper, electronic, audio, video, photographic, or other formats.

B. Permanent Record — A record having enduring legal, historical, fiscal, administrative, or evidentiary value and that shall not be destroyed except as authorized by law.

C. Duplicate Record — A copy of a record where the original or an approved permanent copy is maintained by the District. Duplicate records may be destroyed pursuant to Government Code § 60200.

DRAFT

PROCEDURE:

Governing Body Records:

As a California Healthcare District, this policy includes records unique to healthcare district governance under Health and Safety Code Division 23 (Local Health Care District Law) while retaining the special district requirements of Government Code §§ 60200–60204.

The following retention schedule relates to governing body records only (Board of Directors and Board Committees), not clinical or patient records, nor records developed by administrative staff concerning the day-to-day functions of the District that are separately governed by District retention policies. Government Code § 60201 specifically prohibits destruction of records relating to district formation, ordinances, and minutes of meetings of the legislative body.

A. The following records shall be retained **permanently** and shall never be destroyed except as otherwise authorized by law:

    1. Approved Board meeting minutes, both open and closed sessions.

    2. Approved committee minutes, both open and closed sessions.

    3. Ordinances adopted by the Board (repealed/superseded ordinance: 5 yrs. after repeal)

    4. Resolutions and resolution indexes.

    5. Approved versions of Board Bylaws and amendments.

    6. Records relating to formation, reorganization, dissolution, or boundary changes of the District.

7. Active Board policies.
8. Conflicts of Interest Code
9. LAFCO proceedings affecting district boundaries.
10. Oaths of office.
11. Election certifications and canvasses.
12. Official maps and boundary records.
13. Records conveying title or interest in real property.
14. Historical records designated by Board action.
15. Records of historical significance.
16. Final budgets.
17. Annual audit reports/financial statements
18. General ledgers and journals
19. General Counsel opinions.
20. Records destruction authorization forms in compliance with this Policy.
21. Real property records.

DRAFT

B. The following records shall be retained for **Seven Years** after active period/completion except as otherwise authorized by law:
    1. Form 700 Statements of Economic Interests and other FPPC filings (e.g, Forms 801, 802).
    2. Ethics training certificates.
    3. Board travel and reimbursement records.
    4. Consultant reports presented to the Board that are not incorporated into permanent records.
    5. Accounts payable/receivable, invoices, warrants, bank statements.

C. The following records shall be retained for **Five Years** after active period/completion except as otherwise authorized by law:
    1. Board informational materials.
    2. Committee working papers.
    3. Public hearing files after completion unless associated with a permanent project record.
    4. Closed litigation-related records.
    5. Fully performed written contracts and agreements.
    6. Bids, RFPs, procurement records for awarded contracts.
    7. Personnel files of Board-appointed officers and employees (non-medical)
    8. Employment application, recruitment, and promotion records (relating to the President & CEO)

D. The following records shall be retained for **Two Years** after active period/completion except as otherwise authorized by law:

1. Board and committee agendas, both open and closed sessions.
2. Board and committee agenda packets.
3. Board correspondence relating to policy matters or business of the District.
4. Audio recordings of Board meetings.
5. Video recordings of Board meetings, unless determined to have historical significance.
6. Strategic plans, master plans.
7. Board retreat materials.
8. Claims filed against the District.
9. Complaints or concerns from citizens.
10. Notices and affidavits of postings or publication
11. Secretary of State Statement of Facts/Registry of Public Agencies
12. Public records requests and responses (non-privileged log)

E. The following records do not need to be retained after their active period or when no longer required:

1. Transitory correspondence.
2. Routine scheduling records.

DRAFT

Litigation Hold:

Government Code § 60201 prohibits destruction of records relating to pending claims or litigation. No records may be destroyed when:

A. Litigation is pending or reasonably anticipated;

B. A claim has been filed;

C. An audit is ongoing;

D. A Public Records Act request is pending;

E. A subpoena or investigation has been initiated.

Electronic Records:

Electronic records shall be retained for the same period as paper records. Electronic records constitute official District records when they document Board business. Email, text messages, electronic documents, recordings, and other digital communications shall be retained according to the same retention periods applicable to equivalent paper records.

The District may maintain records electronically when:

A. The records remain accessible and reproducible;

B. Appropriate security measures exist;

C. Metadata necessary to establish authenticity is preserved.

Destruction of Records:

Records are eligible for destruction after the Board of Directors adopts this Records Retention Schedule pursuant to Government Code § 60201(b)(2). The Clerk of the Board is authorized to approve destruction of records, with the concurrence of General Counsel, that have met the retention periods identified in this policy, provided that:

A. No litigation hold applies;

B. No audit, investigation, claim, or Public Records Act request is pending;

C. A destruction log is maintained; and

D. Records designated as permanent are preserved indefinitely.

The Clerk shall maintain a destruction log identifying:

A. Record category;

B. Inclusive dates;

C. Method of destruction;

D. Date destroyed;

E. Authorizing official.

DRAFT

Government Code § 60201 authorizes districts to destroy records pursuant to an adopted records retention schedule and requires maintenance of records identifying categories destroyed.

Duplicate Records:

Duplicate records may be destroyed when:

A. An original record exists; or

B. A permanent electronic reproduction has been preserved.

Government Code § 60200 authorizes disposal of duplicate records when the original or permanent reproduction remains in District custody. [california...public.law]

Clerk of the Board Responsibilities:

The Clerk of the Board shall:

A. Administer this Policy.

B. Maintain the official Governing Body records repository.

C. Conduct periodic records reviews.

D. Maintain records destruction logs.

E. Ensure preservation of permanent records.

F. Recommend revisions to retention schedules as laws change.

Annual Review:

This Policy shall be reviewed at least every three years, or sooner if changes in California law require modification.

Related Policies / Forms:

Records Destruction Log

Record Retention & Destruction, ALG-1917

Preservation and Legal Hold of PHI and Organization Records, ALG-01;

CHA Record and Data Retention Schedule

References:

California Government Code section 60200 (2025)

records-management-8.pdf

Chapter 6 - Records Retention Schedule :: California Secretary of State

DRAFT

Attachments

ABD-2603 Records Destruction Log.docx

Approval Signatures

Step Description	Approver	Date

Status Pending PolicyStat ID 21485226

Origination Date	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Department Board - ABD

Board Committee Advisory Member, ABD-2604

COPY

RISK:

Without clear procedures governing the appointment, responsibilities, and oversight of Advisory Members, the District may face governance, compliance, operational, and reputational risks arising from unclear roles, inconsistent practices, conflicts of interest, or ineffective committee participation. This policy provides accountability, transparency, and role clarity to mitigate those risks.

POLICY:

The Board may appoint advisory members to the Board or to Board committees to broaden the expertise, experience and community perspectives available to inform Board or Board committee discussions. Advisory members serve in an advisory capacity and do not exercise the governance authority of elected Board members.

PROCEDURE:

A. **Role and Need**

1. Each Board committee may periodically consider whether additional expertise, experience or community perspective would strengthen its work. ~~Each~~Advisory roles will be uncompensated and each advisory role will have a written role description, informed by the Governance Institute model, that includes:
    a. outline of purpose
    b. duties and responsibilities

c. desired qualifications and experience
d. term of service
e. attendance expectations
f. boundaries of the role.

2. Advisory members shall:
    a. Serve as non-voting members of the committee.
    b. Their attendance or absence is not counted toward committee quorum requirements.
    c. Participate fully in committee discussion and provide advice and perspective.
    d. Not vote on committee actions or recommendations to the Board of Directors.

B. **Identification and Invitation**

1. Potential advisory members may be identified by:
    a. Board members
    b. committee members
    c. District leadership
    d. Community relationships or community organizations
2. Individuals whose background aligns with the committee's needs may be invited to express interest in serving. Interested community members may also be considered without requiring a formal public recruitment process.

COPY

C. **Candidate Information**

1. Individuals interested in serving will provide:
    a. A brief biography or statement of interest
    b. Description of relevant experience, qualifications
    c. Community involvement or subject matter expertise.
2. Candidates will be informed of:
    a. Service expectations
    b. Meeting participation requirements
    c. Governance training
    d. Financial disclosure requirements as applicable
    e. The public nature of the role.

D. **Candidate Review and Optional Meeting**

1. ~~The~~In the case of candidates recommended by a committee, the committee will review each candidate being considered for appointment and determine whether to recommend the candidate to the Board. A committee interview or meeting with the

candidate is not required; however, the committee may request an opportunity to meet with the candidate before making its recommendation.

E. **Board Appointment and Optional Meeting**

1. The committee's recommendation will include a brief candidate profile summarizing relevant experience, qualifications and perspective.
2. A Board interview or meeting with ~~the~~a candidate recommended by a Board committee is not required; however, the Board may request an opportunity to meet with a recommended candidate before considering the appointment.
3. Final appointments will be made by the Board in public session and will specify the committee and term of service.

F. **Orientation and Training**

1. New advisory members will participate in a public Board orientation, which may include:
    a. District overview
    b. District and Board governance
    c. Committee responsibilities
    d. Advisory role and expectations for participation.
    e. Brown Act training
    f. Form 700 disclosure requirements, when required by the District's Conflict of Interest Code
    g. Ethics training
    h. Confidentiality requirements and Compliance training

COPY

G. **Communication and Staff Interaction**

1. Advisory members to Board committees will conduct committee-related communications through the committee chair.
2. Advisory members shall not:
    a. Independently direct work to or request information from individual staff members on committee matters.
    b. The committee chair will coordinate requests through the District CEDO or other appropriate administrative channels approved by the CEO.

H. **Terms, Vacancies and Review**

1. Appointments will be for established terms, with eligibility for reappointment.
2. If a vacancy occurs during a term, the Board or the Board committee may identify and recommend another individual to complete the term.
3. Committee chairs will periodically review participation, attendance and the expertise or perspectives needed by the committee.

I. **Resignation, Removal, and Termination of Service**

1. Advisory member service is voluntary and intended to support the work of the Board

or its committees. Either the advisory member or the Board may conclude the appointment at any time and for any reason. Advisory member appointments serve at the pleasure of the Board and Board Committee, and appointment does not create a guarantee to continued service.

2.

Special Instructions / Definitions:

“District” refers to Tahoe Forest Hospital District (TFHD)

“Board” refers to the TFHD Board of Directors

“Committee” refers to committees established by the TFHD Board of Directors including, but not limited to Board Standing Committees or Ad hoc Committees.

Related Policies/Forms:

Board Committee Advisory Member Process

References:

COPY

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	Pending
	Sarah Jackson: Clerk of the Board	09/2026

TAHOE FOREST
HEALTH SYSTEM

Board Committee Advisory Members

Process Description

Purpose

Advisory members can strengthen Board committees by bringing additional expertise, community perspective and lived experience to the committee's work. They can broaden the range of voices informing Board discussions, provide specialized knowledge that may not exist among current Board members, and create another meaningful connection between the District and the communities it serves.

Advisory members support and inform the work of Board committees; they do not replace the role or authority of elected Board members. A clear appointment process, defined responsibilities and appropriate governance training help advisory members contribute effectively while maintaining appropriate boundaries between governance and operations. Candidates should understand that advisory members participate in committee discussions but are not voting members. Their attendance does not count toward quorum, and they do not vote on recommendations or other actions of the committee.

Step-by-Step Appointment Process

Step 1 - Committee identifies a need- The committee discusses the expertise, experience or community perspective that would strengthen its work and confirms that an advisory appointment is appropriate.

Step 2 - Potential candidate is identified- The committee chair, Board members, District leadership or others may suggest individuals whose expertise, experience or perspective aligns with the committee's needs.

Step 3 - Committee chair makes or coordinates the invitation- The committee chair, or a person designated by the chair, contacts the potential candidate to explain the opportunity and determine interest.

Step 4 - Candidate information is collected- The interested candidate provides a brief biography or statement of interest and receives the advisory member role description and information about expectations for service, including the public nature of the role.

DRAFT

TAHOE FOREST
HEALTH SYSTEM

Step 5 - Committee reviews the candidate- The committee reviews the candidate profile and considers whether to recommend appointment. The committee may request to meet with the candidate as part of its consideration but is not required to conduct an interview.

Step 6 - Committee determines whether to recommend appointment- Following the interview, the committee decides whether to forward the candidate to the Board for consideration.

Step 7 - Recommendation is prepared for the Board- The Board agenda item includes the committee's recommendation, a concise candidate profile or biography, the advisory role description and the proposed term.

Step 8 - Board interview, if requested- Board may meet with the candidate
The Board may request an opportunity to meet with the candidate before considering the appointment. A Board interview is optional and is not a prerequisite for appointment.

Step 9 - Board appoints the advisory member- The Board considers and acts on the appointment in public session.

Step 10 - Orientation and required training are completed- The new advisory member participates in public Board orientation, completes Brown Act training, files a Form 700 if required by the District's Conflict of Interest Code, and completes other applicable training.

Step 11 - Advisory member begins committee service- Once appointment and required onboarding are complete, the advisory member begins participating in committee meetings.

Step 12 - Ongoing communication runs through the committee chair- Questions, requests for information and committee-related needs are directed through the committee chair rather than directly to staff.

Step 13 – Advisory member resignation, removal, and termination of service- Advisory member service is voluntary and intended to support the work of the Board committee. Either the advisory member or the Board committee may conclude the appointment when it is in the best interest of the individual, committee, or District. Advisory members serve at the pleasure of the Board, and an appointment does not create a guarantee of continued service.

DRAFT

Status **Pending** PolicyStat ID **21410012**

Origination Date	05/2019	Department	Governance - AGOV
Last Approved	N/A		
Effective	Upon Approval		
Last Revised	10/2026		
Next Review	3 years after approval		

Service Animals & Pet Assisted Therapy, AGOV-1901

COPY

RISK:

If a standardized process for Service Animals, Pet Assisted Therapy (PAT) Animals, and pet visitation is not followed, this could result in noncompliance with the Americans with Disabilities Act (ADA), and patient harm due to not abiding by nationally-recognized safety and infection prevention guidelines.

POLICY:

A. Persons with disabilities are entitled to ~~bring their~~be accompanied by a service animal, as defined by the Americans with Disability Act (ADA), onto Tahoe Forest Hospital District (TFHD) and Incline Village Community Hospital (IVCH) campuses and receive reasonable accommodation. A service animal is defined by the Americans with Disabilities (ADA) as a dog (or in limited cases, a miniature horse) that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Animals whose sole function is to prove comfort or emotional support do not qualify as service animals under the ADA. Service animals are not required to be certified ~~service animals (nonhuman primates and reptiles excluded) onto the Tahoe Forest Hospital District (TFHD) and Incline Village Community Hospital (IVCH) campuses and receive reasonable accommodation. Service animal is a legal term defined by the Americans with Disabilities (ADA) as any animal that assists a person with one or more daily activities.~~, registered, or licensed as a condition of access.

B. Pet-assisted therapy (PAT) animals are allowed for the benefit of patients. PAT sessions consist of one dog handler (Truckee-Tahoe Humane Society (TTHS) trained volunteer animal handler) and one approved dog spending time with one patient at a time who agrees to PAT and is a candidate for PAT on the day of the visit.

Personal pets and Emotional Support Animals are NOT permitted in the hospital or other health system locations unless designated as service animals or therapy animals, or unless prior approval has been obtained by the Risk Manager or respective Director/Manager/Supervisor.

Definitions:

A. **Service Animal** – A dog, or in limited cases a miniature horse, that is specifically trained to do work or perform tasks for the benefit of a person with a disability(s). If an animal meets this definition, it is considered a Service Animal under the Americans with Disabilities Act, regardless of whether it has been licensed or certified. ~~This category~~Service animals in training are not recognized under the ADA; however, they may ~~include~~be permitted in accordance with applicable state law and facility policy. A Service ~~Animals in training. A Service~~ Animal is not considered a pet.

B. **Disability** – The consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these.

C. **Emotional Support Animal** – An animal, usually a personal pet, that provides therapeutic benefits to its owner through companionship and affection. Emotional Support animals are not specifically trained to perform tasks for a person who suffers from emotional disabilities. Emotional Therapy animals are not considered service animals and are not included in the Americans with Disabilities Act.

D. **Pet-Assisted Therapy (PAT) Animal** – An animal, usually a personal pet, that with ~~their~~its owner, has successfully completed training and maintains certification as a Therapy Animal by an approved, accreditation organization. PAT animals are not considered service animals and are not included in the Americans with Disabilities Act.

E. **Pet** – a domestic animal kept for pleasure or companionship, and/or an animal not recognized as a PAT Dog or Service Animal.

COPY

PROCEDURE:

A. **Service Animals**

1. Under the ADA, an employee may ask two distinct questions to determine if the animal in question is a Service Animal:
    a. Is the animal required because of a disability?
    b. What work or task is the animal trained to perform?
2. IMPORTANT: Under the ADA, staff may not request any documentation for the dog, may not inquire about the nature of the person's disability, or require proof that the dog is trained.
3. Individuals with a Service Animal must be allowed to go anywhere in the facility that patients and the general public are allowed to go, unless a legitimate safety requirement or infection control risk cannot be mitigated. An employee with a service animal must be granted the same access as an employee in the same job title without a service animal.
4. A Service Animal is not required to wear a harness, tags, or other information indicating that it is a Service Animal. Staff may not require proof of certification or

other such evidence of Service Animal status before permitting the Service Animal to accompany the person with a disability.

5. Persons who use Service Animals are entitled to be accompanied by their Service Animals during the course of visits to this facility, regardless of whether the animals are working or performing services at all times, and regardless of whether health care staff could perform essentially the same services provided by the Service Animal.
6. In addition to ensuring the independence of the person with a disability, keeping an animal and handler together helps to maintain the animal's training and the bond.
7. Tahoe Forest Hospital District (TFHD) will permit a person with a disability to be accompanied by his/her Service Animal in all areas of the facility in which that person would otherwise be allowed unless a legitimate safety requirement or infection control risk cannot be mitigated.
    a. Areas from which Service Animals may be excluded would include those areas not accessible to the general public. This could include any area where visitors need to take protective infection control measures, e.g., using gloves, wearing gowns, and masks, wearing protective equipment, paying strict attention to hand hygiene and being free of dermatologic conditions, and no similar infection control measures could be reasonably imposed on a Service Animal.
    b. Service Animals may generally be excluded from the following restricted access specialty care units:
        i. Operating rooms
        ii. Labor and Delivery
        iii. Intensive Care Unit
        iv. Those areas in which transmission-based precautions are in place, e.g., rooms or units that require special ventilation for high-risk immunocompromised patients, patients with open sores or exposed areas of skin, neutropenia (neutrophils less than 1000), all airborne infection isolation rooms and for all patients with airborne infections.
    c. Justification for restriction must be documented when exclusion occurs, including infection control rationale.
8. Procedures for Decisions Regarding Service Animals:
    a. Risk Management, in conjunction with Infection Control, is responsible for designating all restricted access areas of the facility and will review this on a regular basis. Risk Management and/or Human Resources may make individual decisions regarding Service Animals in accordance with this policy, the relevant provisions of the ADA, and any other relevant law.
    b. Other than the "Restricted Access Areas" listed above, Service animals should not be automatically excluded from any area of the facility, unless the appropriate analysis and determination has been made. For example, if certain immunocompromised patients are able to receive visitors who

COPY

are not required to adhere to any special infection control measures, it will likely ~~will~~ be appropriate for a staff member, employee, volunteer, patient or visitor who uses a Service Animal to enter that care area.

c. In the event that a question or dispute arises about whether a ~~Service~~service animal can accompany its owner in a particular area of this facility, Risk Management and/or Human Resources, in conjunction with Infection Control, must make that decision on a case-by-~~-~~case basis and take into account:

   i. The particular Service Animal

   ii. The needs of the affected person(s) and patient(s)

   iii. The health care situation

9. Consultation with Persons Who Use Service Animals:

   a. If a person who uses a Service Animal is expected to be admitted as a patient to this facility, admitting staff should determine what arrangements the patient wants to make regarding his/her Service Animal, including the patient's preference to be accompanied by the animal.

   b. All patients and visitors who use Service Animals must be advised that the care or supervision of a Service Animal is solely their responsibility and that facility personnel may not provide care, food, or a special location for the animal.

   c. The patient may designate a family member or other volunteer to care for the Service Animal.

   d. In the event that a patient decides to leave the Service Animal at home, a family member or volunteer may bring the animal in for visits with the patient to help maintain the bond between the person and the Service Animal.

   e. In those instances where it is not possible to discuss arrangements for a Service Animal prior to regular admission or emergency room treatment, every effort should be made to discuss the patient's preferences regarding his/her Service Animal at the earliest possible time.

   f. Facility staff will advise the owner of a Service Animal where the animal can be taken to the toilet and to exercise on the grounds of the facility. Service Animals are to be accompanied by the owner or the owner's designated responsible party at all times. TFHD and/or IVCH staff are not responsible for the care, feeding, exercising, or toileting of animals.

   g. The handler is responsible for the control of the Service Animal at all times (leash, harness, or tether unless contraindicated by disability). The handler shall ensure the Service Animal is housebroken and in good health and will prevent the Service Animal from coming in contact with invasive devices, wounds, sterile equipment, or food.

   h. The ~~patient or his/her designee~~handler is responsible for the care and control of the service animal. TFHD and/or IVCH reserves the right to have a service animal removed from the premises if it poses a threat to

COPY

patients, visitors, or staff. The Service Animal may be removed if it is out of control and the handler does not take corrective action, it is not housebroken, or it poses a direct threat that cannot be mitigated.

10. Separation of the Owner and the Service Animal:
    a. If, in accordance with this policy, it becomes necessary to separate the Service Animal from its owner, health care personnel will make all reasonable efforts to help facilitate the transfer of the animal to a designated person prior to the separation.
    b. At ~~THFD~~TFHD locations, in the event that a Service Animal must be separated from the handler, and no designee is presently available, health care personnel will contact the Humane Society of Truckee -Tahoe (HSTT) at 530-582-2472, to make temporary arrangements for the care and supervision of the animal.
    c. At IVCH locations, in the event that a Service Animal must be separated from the handler, and no designee is presently available, health care personnel will contact the Washoe County Sheriff's Office (WCSO) either by dialing 911, or calling WCSO Dispatch at 775-322-3647, option 1. WCSO is available 24 / 7 and work collaboratively with Washoe County Regional Animal Services, which can accommodate a "safe hold."
    d. Efforts should be made to explain the particular rationale for the separation to the owner and to help the owner make alternative arrangements for the care of the animal.
11. Other Guidance:
    a. In the event someone has severe allergies to animals, or has asthma, facility staff will make a risk assessment in accordance with the criteria in the policy.
    b. Staff is expected to take reasonable steps to ensure that any potential harm is minimized by moving affected staff, patients, or visitors to other areas or rooms or making other reasonable modifications.
    c. Care must be taken to ensure that any relocation of patients ~~are~~is made without regard to disability, and that persons using Service Animals are not the individuals routinely asked to relocate.
    d. If any patient must be relocated to accommodate his/her or someone else's need to be accompanied by a Service Animal, neither person may be charged a higher rate than they would have been charged in their original location.
    e. A Service Animal is permitted to accompany its owner to any area(s) where health care staff, visitors, and patients are permitted to enter without taking heightened infection control precautions.
12. Complaints Regarding Service Animals: Persons with disabilities who use Service Animals and any other individuals may file a complaint with the facility setting forth the nature of the complaint and the pertinent details and what action they wish taken. Persons who wish to file a complaint should follow procedures set forth in the

COPY

"Patient/Family Grievance" policy. Persons with complaints may also file the complaints with federal or state agencies, if they wish.

B. **Pet Assisted Therapy (PAT) Animals – General Provisions:**

1. Typically, a PAT session consists of one dog handler (Humane Society trained volunteer animal handler) and one certified dog spending time with one patient/ resident at a time who agrees to PAT, and is a candidate for PAT on the day of the visit.
    a. The physician will notify the nursing station if PAT is not authorized or rely on the determination of the patient/resident nurse on the appropriateness of PAT based on patient/resident ability for appropriate interaction with dog.
    b. Dog handler agrees to abide by this policy and the Humane Society of Truckee-Tahoe's Pet Assisted Therapy program guidelines.
    c. In selected locations (e.g. ~~outpatient clinics~~Outpatient Multispecialty Clinics or Long Term Care/Extended Care Center (ECC)), the presence of a PAT dog may result in interaction with more than one patient/resident and those accompanying patients/residents in the common areas. Before entering the common area(s), the volunteer dog handler must check with staff of the clinic or ECC if patients/residents and those accompanying them are agreeable to the PAT visit.
2. Volunteers (animal handlers) of the Humane Society of Truckee-Tahoe may visit inpatients in the solarium/waiting room by the 2nd floor South entrance, Multispecialty Clinic outpatients, or LTC/ECC residents for the purpose of PAT sessions after checking with the approved nursing station, outpatient reception, or ~~Cancer Center~~LTC/ECC main desk~~, and infusion area nursing station~~.
    a. For inpatients, the designated entrances are: first floor main entrance, 2nd floor South entrance, or the entrance to Long-term Care.
    b. Sign in is required at approved PAT nursing units and other locations.
    c. ~~PAT Volunteers are instructed to visit the Cancer Center first when multiple PAT visits are planned for the same day.~~
    d. PAT visits are on a voluntary basis and not during animal handlers' work hours.
    e. PAT volunteer animal handlers must sign the PAT Handler Volunteer Waiver of Liability before providing volunteer services at any TFHD site location.
3. The dog must be appropriately identified as a therapy dog by wearing a TFHD ID badge and a clean therapy dog vest. The dog must be:
    a. Certified by the AKC Canine Good Citizen Test (includes temperament evaluation);
    b. At least one year of age;
    c. Spayed or neutered.

COPY

4. Dogs must have a current rabies vaccination, be free of ectoparasites (e.g. fleas, ticks) and have no sutures, open wounds, or obvious dermatologic lesions that could be associated with bacterial, fungal, viral or parasitic infestations.
    a. Special testing may be indicated if the dog is epidemiologically linked to an outbreak of an infectious disease.
5. Pet Therapy dogs, and their approved ~~handler~~handlers, are welcome to visit patients who desire PAT, are able to interact with PAT dog appropriately, and have no open, uncovered wounds in the following locations after checking in with nursing station or reception first:
    a. Inpatients in the solarium/waiting room by the 2nd floor South entrance;
    b. Long-term Care~~:~~ in common areas, patio, or individual resident's rooms;
    c. Multi-Specialty Clinics (MSC), except procedure rooms.
    d. Home setting for Hospice and Home Health patients.
        i. Patients and/or family will request a Pet-assisted Therapy visit.
        ii. Prior to the ~~Pet~~pet-assisted therapy visit, the staff member/ volunteer will provide information about pet
        iii. ~~therapy~~Therapy to the patient/family/caregiver.
        iv. A visit by pet therapy will be arranged upon approval by the patient/family.
        v. Pet therapy will be incorporated into the plan of care (POC).
        vi. Provision of pet therapy will be documented in the patient's electronic medical record (EMR)
        vii. The name of the animal involved and patient's response will be documented on the visit record (Nursing, HHA, MSW, Volunteer, etc.) and will be entered/scanned into the EMR.
        viii. Staff/volunteers will remain with the pet throughout the entire visit along with the handle
6. Pet Therapy dogs, and their approved handler, are welcome for Peer Support during a group debrief after a critical incident, or for one-~~-~~on-~~-~~one Peer Support. This will be performed only in non-patient care areas such as conference rooms that are not accessed through a patient care area (i.e., Eskridge, Solarium), or located in non-clinical areas (i.e., Donner, Gateway), and outside locations on campus (weather permitting).
7. A pet therapy dog visit is defined as a short length of time (e.g. usually a few minutes to an hour), with a patient that has requested the interaction, for the purpose of providing affection and comfort.
8. Pet Therapy dogs are ~~not~~**NOT** allowed in:
    a. Surgical Services, including Operating Rooms, Procedure Rooms, Sterile Processing Department, Ambulatory Surgery, Post-Anesthesia Recovery Unit (PACU)

COPY

b. Radiology Special Procedures Room
c. Emergency Department
d. Medical-Surgical Department
e. Intensive Care Unit (ICU)
f. Women & Family Center
g. Laboratory or lab draw areas
h. Cancer Center
i. Food service e.g. ~~cafe~~café, food preparation, or food storage areas
j. Medication storage or preparation areas

9. All PAT volunteers will attend an orientation session by the PAT Coordinators at TFHD prior to beginning Pet Therapy and a PAT Coordinator will accompany volunteers and their dogs on their first visit to the health system.
10. TFHD reserves the right to have a PAT animal removed from the premises if it poses a threat to patients, visitors, or staff.

C. **Pets – General Provisions:**

1. Pets, as defined above, are generally NOT permitted in the facility. Generally, only patients who have a life-threatening or terminal illness, and have requested a visit with their personal pet, are allowed pet visits.
2. Exceptions to this pet policy are on a case-by-case basis. Risk Management and Human Resources, as well as the patient and family, will be involved in making pet visitation decisions.
3. Animals participating in pet visitation sessions should be current and complete with regard to recommended immunizations and should be in good health.
4. Pet visits must be supervised by a handler who knows the animal and their behavior, and the area must be cleaned after visits according to standard cleaning procedures.
5. TFHD reserves the right to restrict pets on any TFHD property.

D. **Documentation requirements for all animals in the health care facility**: If requested, the handler/partner of a service/therapy animal or pet must show proof that the animal has met the following regulations:

1. Licensing: As appropriate, the animal must meet the licensing requirement of Nevada County, CA and wear the tags designated by the city. (For nonresidents, home city or state tags will be accepted in lieu of Nevada County, CA tags.)
2. Health Records: As appropriate, the animal must have a health statement, including vaccinations from a licensed veterinarian, dated within the past year. Preventative measures must be taken for flea and odor control. Animals should be routinely screened for enteric parasites and should have no obvious dermatologic lesions that could be associated with bacterial, fungal, or viral infections. Animals should be clean and well groomed.
3. Animals that are ill or in poor health must not be taken into public areas.

COPY

E. **General provisions applicable to all animals:**

1. Infection Prevention and Control:
    a. The most important infection control measure to prevent potential disease transmission is strict enforcement of handwashing or hand ~~washing or hand~~ hygiene measures (using alcohol-based agents when a sink is not available) for all patients, staff, and residents after handling the animals.
    b. Staff is expected to follow standard infection control and environmental surface cleaning procedures following visitation by a Service or PAT Animal.
    c. Care should also be taken to avoid direct contact with the animal's urine and feces. Clean-up of these substances from environmental surfaces requires gloves and the use of leak-resistant (e.g., "zip-lockable") plastic bags to discard absorbent material used in the process of the clean-up (similar to the disposal of diapers).
    d. The area of the spill should be cleaned with a facility-approved disinfectant.
    e. Relief areas include the nearest grassy areas outdoors, such as the spaces outside the external doors.
2. Behavior/etiquette of handlers and animals in the health care facility:
    a. The handler will provide the animal with an opportunity to relief itself outside before entry ~~to~~ the PAT visit area.
    b. The animal must be under partner/handler control at all times with a non-retractable leash that is ~~4-6~~4–6 feet or less in length.
    c. The animals will not be allowed to wear a choke collar or chain, only clean standard cloth or leather collar will be allowed.
    d. The animal may be asked to leave the premises if it exhibits aggressive or threatening behaviors or in any way poses a risk to patients, residents, staff, or visitors.
    e. The animal must not display any disruptive behaviors such as barking, whining, growling, or pawing.
    f. The animal must not sniff people, food, or the belongings of others.
    g. The animal must not initiate contact with others without the partner/handler's permission.
    h. The animal must not block an aisle or passageway.
    i. No food will be provided/available for the animal at the ~~visit~~visited location.
    j. No animal bedding or toys will be allowed at the ~~visit~~visited location.
3. Grooming requirements:
    a. The animal's coat will be brushed or combed before a visit to remove loose hair, dander, and other debris.

COPY

b. The animal's nails will be kept short and free of sharp edges.

F. **Education and Training of Staff Regarding the Policy**: TFHD will conduct periodic training on the issue of animals in the healthcare facility and ensure that employees are advised about the policy and the procedures for handling questions about animals in this health care facility.

G. **Reasonable Modification of Policies, Practices, and Procedures:** On occasion, there may be situations not addressed in this policy where this facility will need to make certain changes to accommodate a person with a disability who uses a Service Animal or a patient requesting a pet visit. This facility will make reasonable modifications to its policies, practices, and procedures to ensure that persons with disabilities enjoy the full protection of the ADA.

H. **Responsibility:** All TFHD employees, and contractors, are responsible for enforcing, following, and abiding by this policy and procedure.

Related Policies/Forms:

PAT Handler Volunteer Waiver of Liability

References:

CDC reference: Guidelines for Environmental Infection Control in Health-Care Facilities (2003), last updated July 2019

~~Additional Resource Information: Regulations pertaining to Title III of the Americans with Disabilities Act prohibiting discrimination on the basis of disability by public accommodations and commercial facilities, 28 C.F.R.§36.101 et seq. See in Particular: the ADA 2010 revised requirements for service animals. https://www.ada.gov/service_animals_2010.htm~~

U.S. Department of Justice, Civil Rights Division. (2020, February 28). *ADA requirements: Service animals*. https://www.ada.gov/resources/service-animals-2010-requirements/

COPY

All Revision Dates

10/2026, 02/2025, 09/2024, 04/2024, 06/2022, 04/2022, 12/2021, 06/2021, 06/2019, 06/2019, 05/2019

Attachments

PAT Liability Waiver Form.pdf

Approval Signatures

Step Description	Approver	Date
	Devon Kim: Executive	Pending

Assistant

COPY

Status **Pending** PolicyStat ID **21410094**

Origination Date	04/2011
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2026
Next Review	3 years after approval
Department	Governance - AGOV
Applicabilities	System

Peer Support (Care for the Caregiver), AGOV-1602

COPY

RISK:

Not having guidelines and structure for offering emotional support and mental health first aid to all adult employees who have been involved in, or witness to, a critical incident can lead to increased risk of stress which could affect employee performance and result in poor health outcomes for employees and patients.

POLICY:

A. Tahoe Forest Health System recognizes the potential emotional and psychological impact adverse, harmful and emotionally traumatic events can have on employees. We are committed to ensuring that comprehensive, organization wide support systems and care for all employees are available to those who may have been impacted by emotionally traumatic events.

B. Immediately following an event or critical incident an Operational Debriefing shall occur to identify immediate corrections needed to reduce any risk (e.g. processes, equipment) per policy, Operational Incident Debriefing, AQPI-1601. At that time, a referral may be made to deploy Peer Supporter(s) for adult employees needing emotional support services. This can include, but is not limited to, individual peer support, defusing or debriefing for the team, or further escalation through the Peer Support Algorithm. Peer Support is available to adult employees and contractors 18 years or older.

C. All Peer Support related referrals and encounters are maintained in a confidential manner. Specific areas throughout the Health System have been designated for Peer Support and are available at any time. These areas include the Quiet Room in Tahoe Forest Hospital Emergency

Department, the Community Room at Incline Village Community Hospital, Room Hotel 105 at Corporate ~~Point~~Pointe, and the Alpine Room at Pioneer Center.

D. The effectiveness and evaluation of TFHD's Peer Support is reported up through the Executive Sponsor of the program to the Administrative Council. Confidentiality of individual cases will be maintained throughout any evaluation process.

PROCEDURE:

A. The Peer Support team can be activated by anyone in response to a critical incident that triggers the need for emotional support of employees.

B. Activation of Peer Support will be accomplished by ~~contacting the House Supervisor, or any~~utilizing the Peer Support Module; a member of the Peer Support ~~team, who~~Steering Committee will then follow the Peer Support algorithm.

C. The Peer Support Algorithm (see attached) lists the variety of escalation options that may be needed, depending on the person/people who need emotional support in three tiers/levels. The algorithm will provide suggestions for the Peer Supporter that could be activated, based on the person needing support and the Peer ~~Supporters~~Supporter's position credentials.

D. ~~After the Peer Supporter has responded, he/she will complete a brief Quality/Safety Event, tagging the event as a Peer Support case for tracking purposes only. He/she will attach the confidential Peer Support encounter form within 72 hours of activation.~~

E. Evaluation of TFHD's Peer Support process will be achieved through ~~volume statistics (number and frequency of encounters) as well as some qualitative~~ data collection and analysis via the Peer Support Module. All individual evaluations will be kept confidential. Any demographic information collected on employees within the Peer Support Module will be automatically deleted seven days after the file is closed.

COPY

Definitions:

A. **Adverse/ Harm event (aka critical incident):** An unanticipated event that may have or did result in harm. This could be a physical, psychological or financial event.

B. **Peer Support (aka Care for the Caregiver):** Emotional first aid provided to a person who is involved in an unexpected critical incident.

C. **Critical Incident**: Any reportable or non-reportable event that causes an unusually high level of stress for staff or events or situations that have sufficient emotional power to overcome the usual coping abilities of staff. A critical incident shall be defined by the person who experiences it, and not by outsiders. Each person has their own varying levels of resilience and ability to process a critical incident.

D. **Defusing:** Defusing is performed after the incident in a stable location. The purpose is to offer information, support, and allow initial ventilation of feelings, to set up or establish a need for a formal debriefing, and to stabilize staff members so they can go home or back to work. It is similar to a "mini" debriefing but is not as detailed or as long.

E. **Debriefing:** Debriefings are specially structured group meetings between the persons directly involved with the critical incident. It is a confidential, non-evaluative discussion of the involvement, thoughts, reactions and feelings resulting from the incident. It has psychological and educational components.

F. **Operational Debriefing:** Process of holding a post-event discussion about what happened during the event. The discussion may include input from participants regarding what occurred, what worked well, what could be improved upon. The operational debriefing should be based on process and facts. It is separate and apart from a peer supporter interaction (debriefing or defusing).

G. **Harm:** Any measurable amount of physical, psychological, or financial injury

H. **Peer supporter:** A trained member of the Peer Support Team who is trained in best practices and available to respond to the employee to offer and provide emotional first aid following a harm, adverse or emotionally traumatic event or critical incident.

I. **Traumatic event:** An experience in the workplace that causes emotional upheaval, or has the potential to impact the well-being of staff/employee(s) in the work environment. Examples of a traumatic event include but are not limited to the following:

    1. Workplace violence event
    2. Severe injury or death to a patient, employee, or visitor
    3. Medical error
    4. Unanticipated patient harm or death (especially when the age or other characteristics remind the individual of a family member or loved one)
    5. Sudden loss of a co-worker
    6. Collective, significant personal loss
    7. Multiple deaths in a clinical area
    8. Seriously troubled employee creating havoc with multiple staff members
    9. Actual suicidal or homicidal attempts by a patient, employee, or visitor
    10. Loss of positive coping skills, such as obvious addictions.

J. **Triggering event:** An adverse, unanticipated, or traumatic event.

COPY

Related Policies/Forms:

Sentinel/Adverse Event/Error or Unanticipated Outcome, AQPI-1906, Well Being Policy, MSGEN-9

All Revision Dates

09/2026, 11/2023, 10/2023, 05/2022, 06/2021, 05/2021, 06/2020, 12/2017, 02/2016, 11/2012

Attachments

AGOV-1602-TFHD Disclosure Checklist - Attachment A.pdf

TFHD Peer Support Activation Algorithm

Approval Signatures

Step Description	Approver	Date
	Devon Kim: Executive Assistant	Pending

COPY

TAHOE FOREST
HOSPITAL DISTRICT

ADMINISTRATION
POLICY & PROCEDURE
MANUAL

APPROVED:

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

Date:

Michael McGarry
Chair, Board of Directors

Date:

Title	Department	Next Review
Business Plan Development, AFIN-01	Finance-AFIN	10/1/2028
Management Strategies for Low Census, AFIN-02	Finance-AFIN	10/1/2028
340B Program Compliance, AGOV-1501	Governance - AGOV	10/6/2028
A Culture of Safety, AGOV-01	Governance - AGOV	7/29/2029
Administrative Delegation of Authority, AGOV-14	Governance - AGOV	10/31/2026
Available CAH Services, TFH & IVCH, AGOV-06	Governance - AGOV	3/31/2027
Civil Rights Grievance Procedure, AGOV-08	Governance - AGOV	4/24/2028
Code 250 - Hospital Emergency Response Team, AGOV-2201	Governance - AGOV	2/15/2027
Decorations and Displays, AGOV-1802	Governance - AGOV	3/23/2028
Display of the United States Flag, AGOV-2501	Governance - AGOV	11/17/2028
Disruption of Service, AGOV-16	Governance - AGOV	4/24/2028
Emergency Medical Services (EMS) of Patients on Hospital Pro	Governance - AGOV	4/26/2029
Hand-Off Communications, SBAR and C-U-S Reports, AGOV-	Governance - AGOV	3/30/2029
Management and Screening of Mental Health Patients at Risk	Governance - AGOV	2/21/2026
Management of Disruptive Behavior Patient/Visitor, AGOV-240	Governance - AGOV	10/2/2027
Medical Device Tracking, AGOV-1605	Governance - AGOV	3/30/2029
Nondiscrimination, AGOV-21	Governance - AGOV	4/24/2028
Organizational Structure, AGOV-22	Governance - AGOV	2/14/2027
Patient Identification and Arm Banding, AGOV-1801	Governance - AGOV	7/29/2029
Peer Support (Care for the Caregiver), AGOV-1602	Governance - AGOV	11/12/2026
Plan for the Provision of Care to Patients, AGOV-26	Governance - AGOV	3/30/2029
Policy & Procedure Structure and Approval, AGOV-9	Governance - AGOV	4/26/2029
Posting of Information in Public Areas of the Hospital, AGOV-2	Governance - AGOV	2/14/2027
Professional Expectations, AGOV-1505	Governance - AGOV	3/13/2027
Refusal to Permit Care or Treatment, AGOV-2502	Governance - AGOV	11/17/2028
Requests for Public Funds (Grants) and Community Sponsors	Governance - AGOV	2/6/2027
Searching of Patient's Personal Belongings, AGOV-2001	Governance - AGOV	11/25/2027
Service Animals & Pet Assisted Therapy, AGOV-1901	Governance - AGOV	2/4/2028
Sharps Security, AGOV-47	Governance - AGOV	4/24/2028
Smoke Free Environment, AGOV-37	Governance - AGOV	2/14/2027
Social Media Policy, AGOV-44	Governance - AGOV	2/25/2027
Solicitation, AGOV-38	Governance - AGOV	2/14/2027
Telephone/Verbal Orders - Receiving and Documenting, AGOV	Governance - AGOV	8/27/2028
Telephone/Verbal Orders - Receiving and Documenting, AGOV-2202	Governance - AGOV	8/27/2028
Electronic Signature, AIT-106	Information Technology-AIT and DIT	10/1/2028
Community Involvement, APR-01	Public Relations-APR	11/1/2028
Logo Use, APR-02	Public Relations-APR	5/1/2029

Title	Department	Next Review
Marketing Plan, APR-03	Public Relations-APR	5/1/2029
Media Communications, APR-04	Public Relations-APR	5/1/2029
Speakers Policy, APR-05	Public Relations-APR	11/1/2028
Event Reporting (Electronic Eent Reporting System), AQPI-06	Quality Assurance / Performance Improvmement - AQPI	11/1/2028
Patient Safety Plan, AQPI-02	Quality Assurance / Performance Improvmement - AQPI	4/1/2027
Quality Assessment / Performance Improvement (QA/PI) Plan, AQPI-05	Quality Assurance / Performance Improvmement - AQPI	3/1/2027

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: Oct 22, 2026	**ITEM:** FY26 BOD Quality Dashboard Report
DEPARTMENT: Quality & Regulations	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Erin Madewell, Director of Q&R	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☒ No ☐ N/A

BACKGROUND:
The Board of Directors Quality Dashboard provides an overview of select core measures and key quality metrics across the organization.

SUMMARY/OBJECTIVES:
The dashboard is designed to support Board oversight by highlighting performance and trends in areas that are important to the delivery of safe, high-quality care. Key measures are highlighted to provide additional context regarding their significance and potential impact on our patients and community.

SUGGESTED DISCUSSION POINTS:

SUGGESTED MOTION/ALTERNATIVES:
Move to accept the FY26 BOD Quality Dashboard Report as presented

LIST OF ATTACHMENTS:
FY26 BOD Quality Dashboard Report

TAHOE FOREST
HEALTH SYSTEM

BOARD OF DIRECTORS QUALITY DASHBOARD FY 25-26

Erin Madewell, MBA, MSN, RN, CPHQ

| October 22, 2026



Governance Oversight



12.00.05 The CAH's governing body is ultimately responsible for the CAH's Quality Assurance/Performance Improvement (QAPI) program and is responsible and accountable for ensuring that the QAPI program meets the CMS standards. §485.641(c) Tag C-1313

12.00.06 The program must incorporate quality indicator data including patient care data, and other relevant data, in order to achieve the goals of the QAPI program. §485.641(e) Tag C-1325

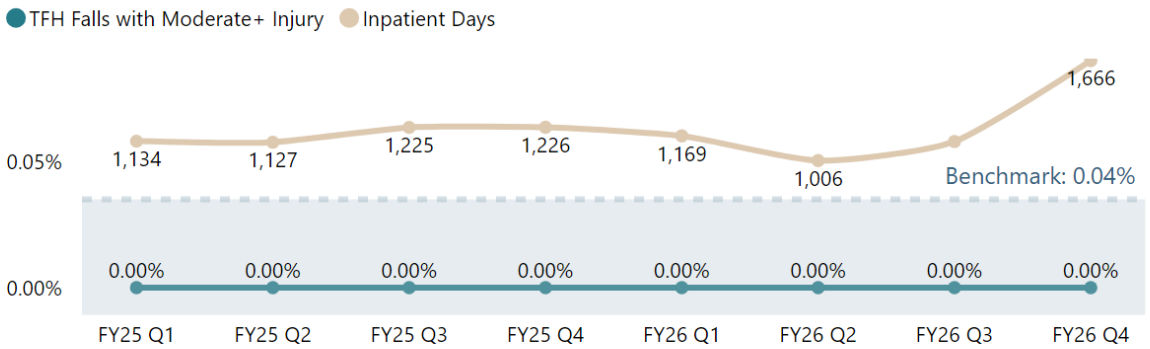
TAHOE FOREST HEALTH SYSTEM

Quality Measures

FY 2023 | FY 2024 | FY 2025 | FY 2026

TFH Falls with Moderate to Severe Injury

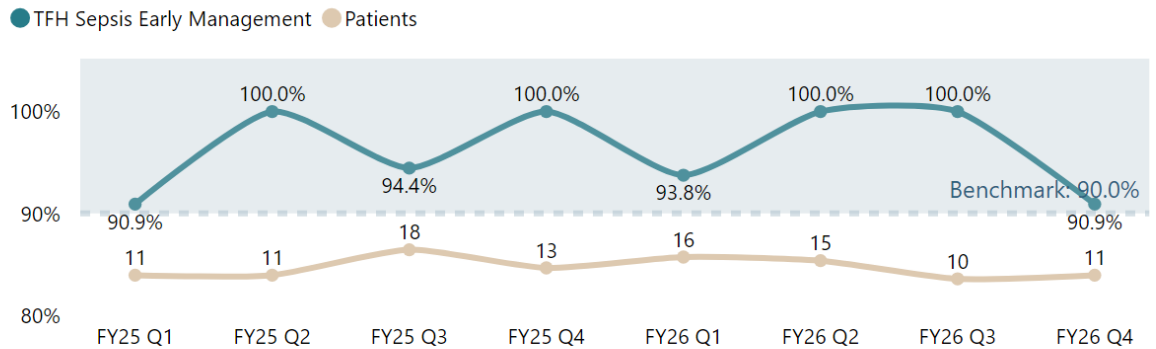
Lower is Better



Goal to minimize the number of inpatient falls that result in moderate or severe injury.

TFH Sepsis Early Management

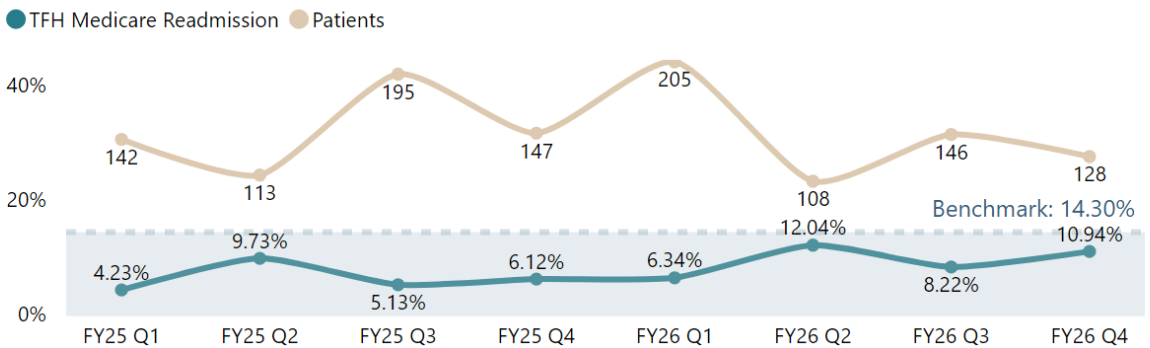
Higher is Better



Goal to decrease incidence of organ failure, hospital mortality, length of stay, and cost of care related to early recognition and treatment of sepsis.

TFH Medicare Readmission

Lower is Better

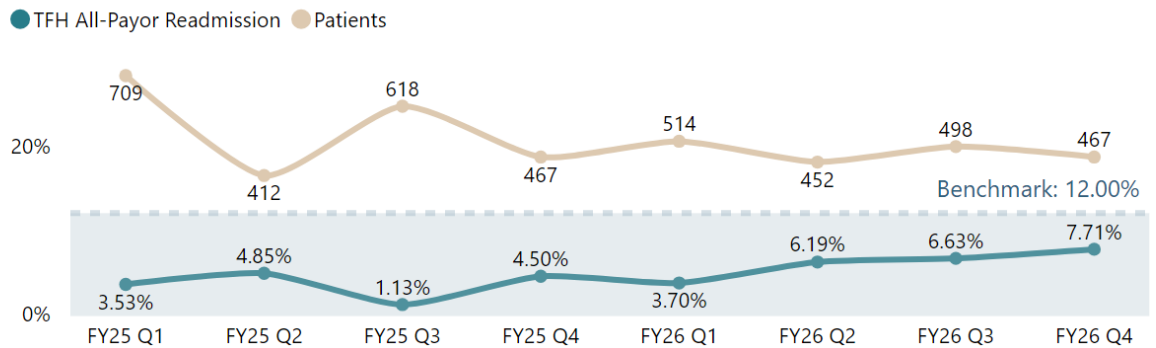


Goal to minimize readmissions

Note: This data does not include readmissions to other facilities.

TFH All-Payor Readmission

Lower is Better



Goal to minimize readmissions

Note: This data does not include readmissions to other facilities.

CMS Compare Quality Metrics



The overall quality star rating is based on how well a hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.



Percentage of patients who received appropriate care for severe sepsis and/or septic shock (100%)

- *Higher percentages are better*



Rate of readmission within 30 days after discharge from hospital (hospital-wide)

TAHOE FOREST HEALTH SYSTEM

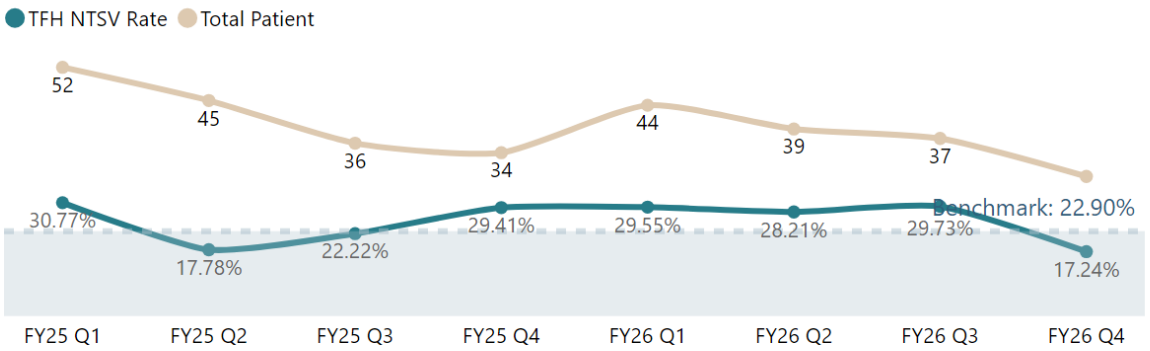
©Tahoe Forest Health System 2025

Quality Measures

FY 2023 | FY 2024 | FY 2025 | FY 2026

TFH NTSV C-Section Rate

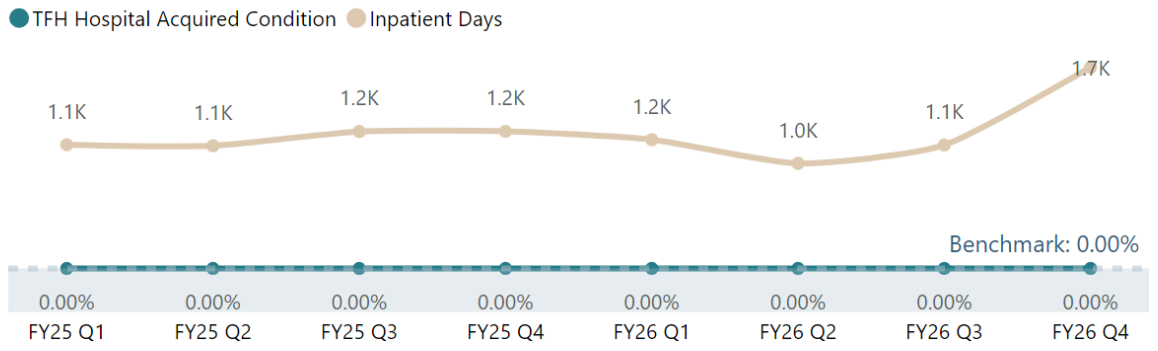
Lower is Better



This rate is represented as a percentage of NTSV c-sections out of NTSV births.

TFH Hospital Acquired Condition

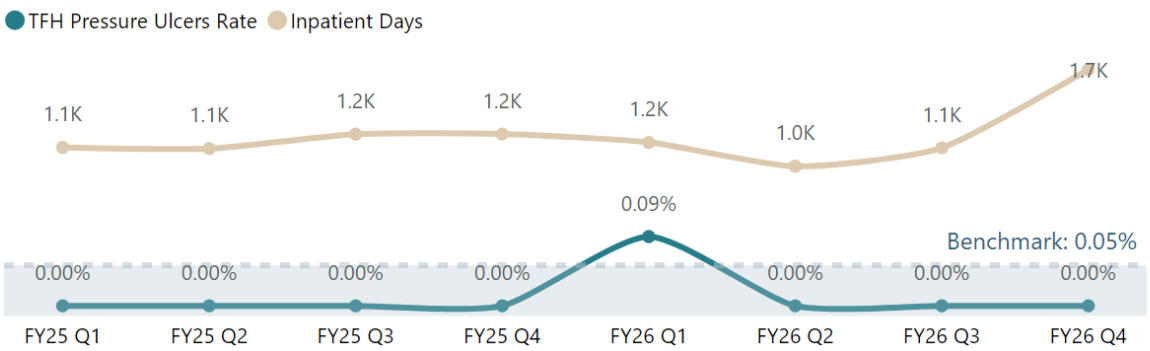
Lower is Better



A rollup of air embolisms, blood incompatibility, deep venous thromboembolism, pulmonary emboli post-surgery, and foreign object retained after surgery.

TFH Pressure Ulcers Rate

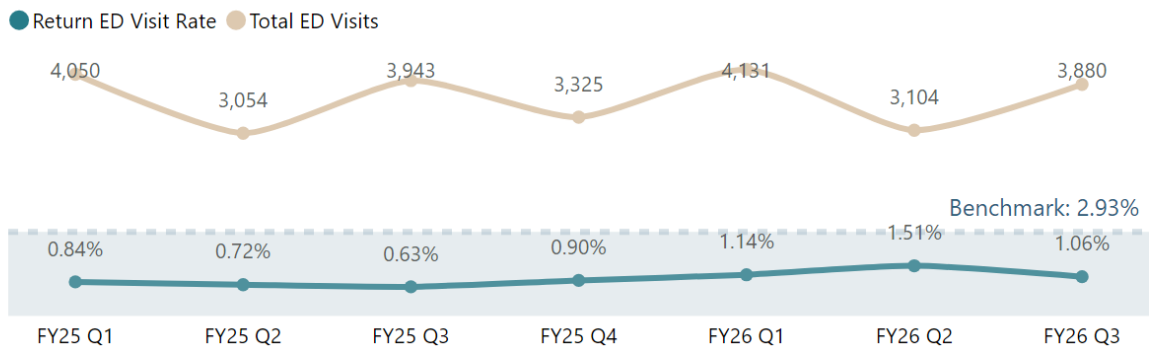
Lower is Better



Goal to minimize the number of inpatient pressure ulcers.

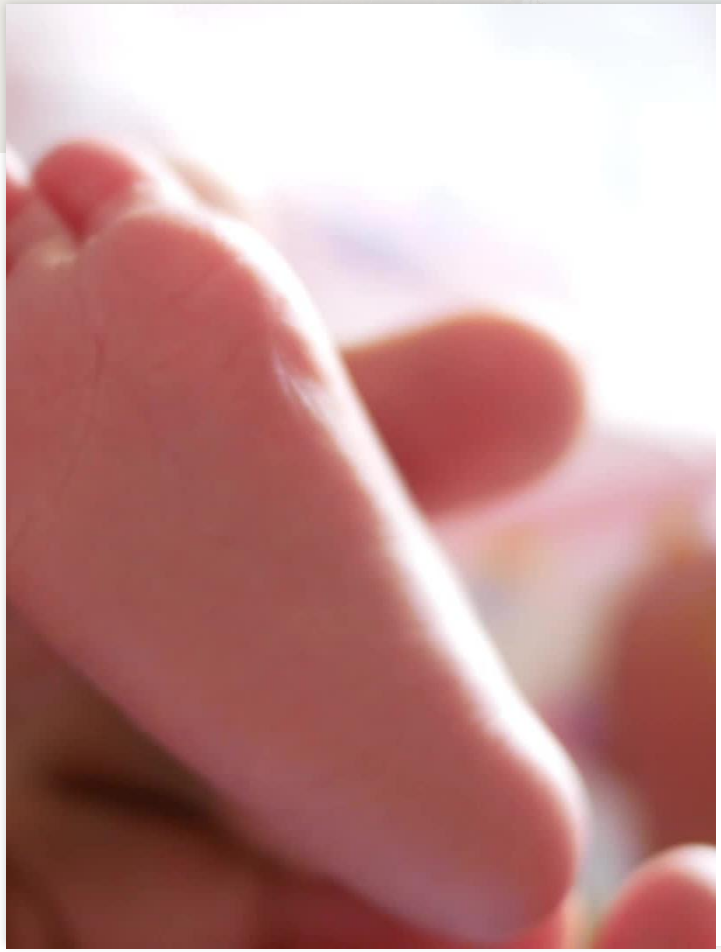
TFH Patients Returning to ED Within 72hrs

Lower is Better



Goal to minimize the number of ED patients who return within 72 hours of discharge with the same diagnosis.

Nulliparous Term Singleton Vertex Cesarean Birth Rate



Identifies the proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, that are singleton (no twins or beyond) and in the vertex presentation (no breech or transverse positions), via cesarean birth.

National average is 25.3%

TAHOE FOREST HEALTH SYSTEM

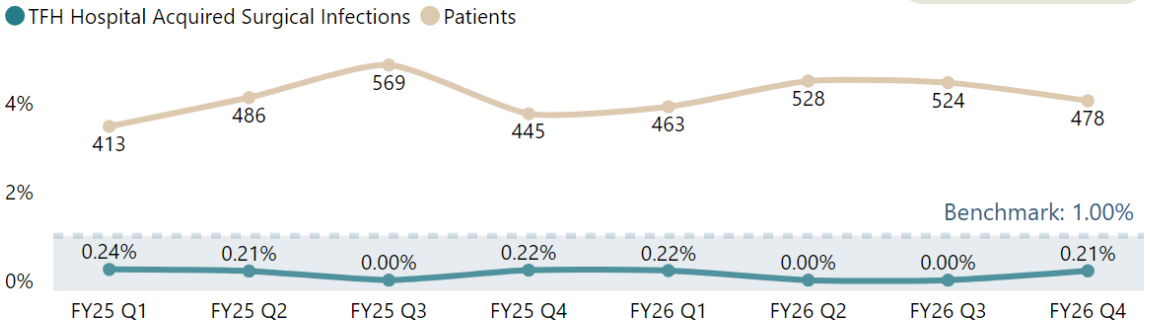
©Tahoe Forest Health System 2025

Quality Measures

FY 2023 | FY 2024 | FY 2025 | FY 2026

TFH Hospital Acquired Surgical Infections - Class I

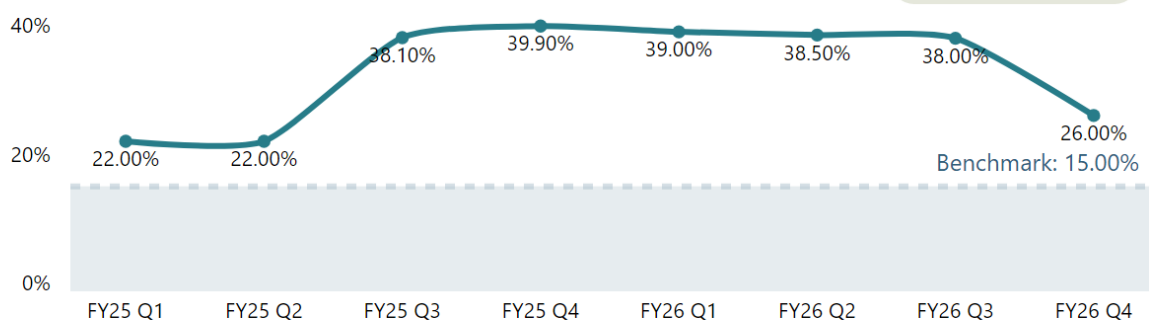
Lower is Better



Goal to minimize surgical infections, ideally zero infections.

Safe Use of Opioids

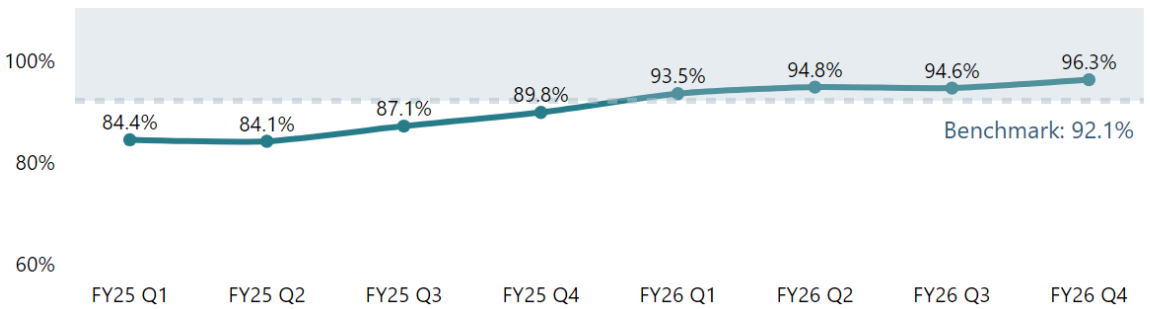
Lower is Better



Proportion of IP hospitalizations for patients 18 or older prescribed, or continued on two or more opioids or an opioid and benzodiazepine at discharge

Patients assessed on all 7 HIS quality measures at hospice admission

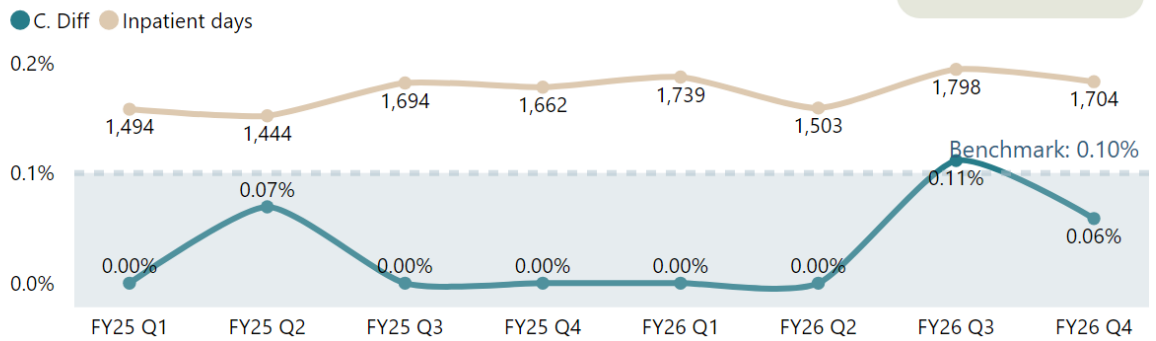
Higher is Better



The 7 Hospice Item Set (HIS) subcategories are: treatment preferences, beliefs and values, initial/ongoing pain assessment, initial/ongoing SOB assessment, and constipation care.

TFH Hospital Acquired Clostridium Difficile (C. Diff.)

Lower is Better



To minimize hospital acquired Clostridioides difficile.

Safe Use of Opioids



Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.

- *Lower percentages are better*

Collaborating with the interdisciplinary team on processes to minimize opioid and benzodiazepine prescriptions at discharge. The measure is related to processes for medication reconciliation, discharge planning and patient satisfaction.

TAHOE FOREST HEALTH SYSTEM

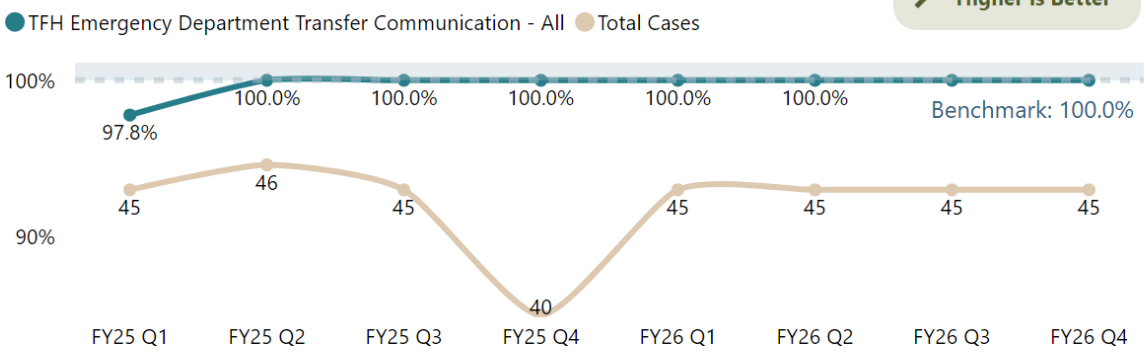
©Tahoe Forest Health System 2025

Quality Measures

FY 2023 | FY 2024 | FY 2025 | FY 2026

TFH Emergency Department Transfer Communication - All

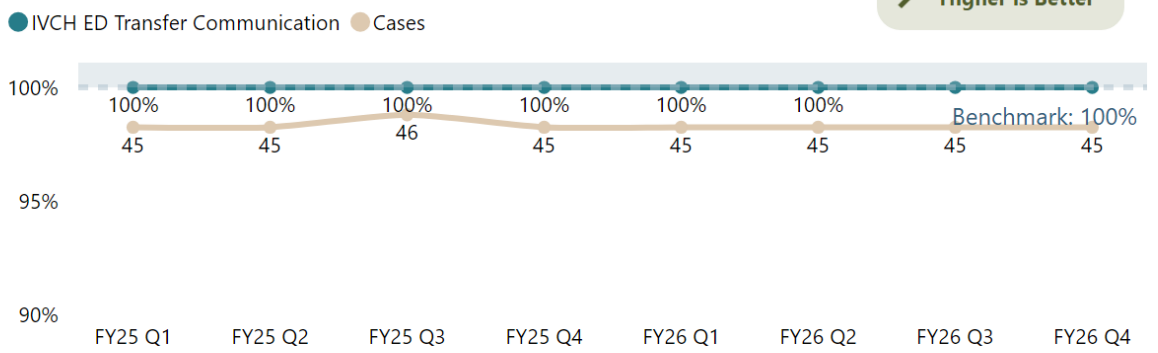
Higher is Better



Documentation includes meds/allergies/reactions, ED-administered meds, provider notes, mental status assessment, reason for transfer and plan of care, and tests and procedures.

IVCH Emergency Department Transfer Communication - All

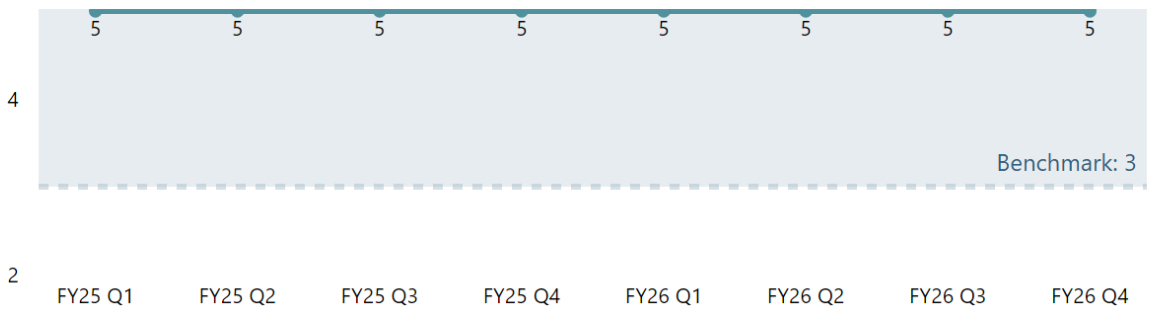
Higher is Better



Documentation includes meds/allergies/reactions, ED-administered meds, provider notes, mental status assessment, reason for transfer and plan of care, and tests and procedures.

Nursing Home Compare Overall Star Rating

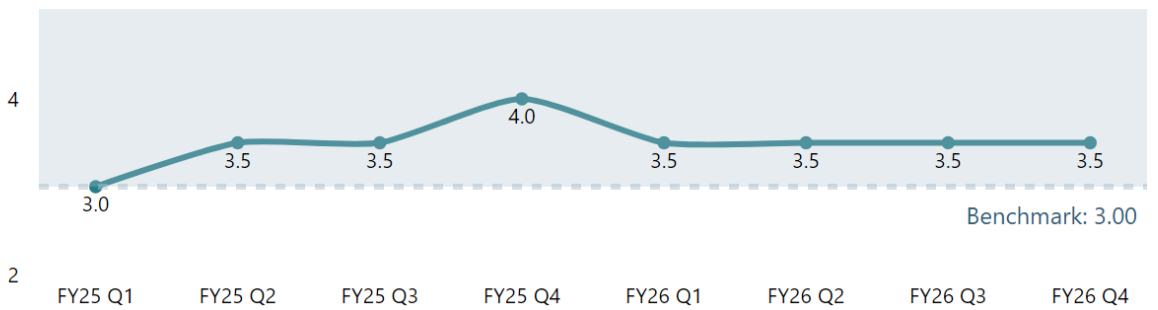
Higher is Better



This includes Health Inspection deficiencies, Nursing Home Staffing Measures, Quality Measures, and Fire Inspection deficiencies.

Home Health Compare Quality of Patient Care Star Rating

Higher is Better



This star rating summarizes 9 of 23 quality measures reported on Home Health Compare.

Thank you.



TAHOE FOREST HEALTH SYSTEM

©Tahoe Forest Health System 2025

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	ITEM: Corporate Compliance Report (Open Session)
DEPARTMENT: Compliance	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Scott G. Kraft and Sean Weiss, Compliance Officers, DoctorsManagement, LLC.	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Quarterly Compliance Report**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
Quarterly Compliance Report detailing ongoing work, support, investigations, and review in progress and completed by the Compliance Committee.

SUMMARY/OBJECTIVES:
Objective: Review the current Quarterly Compliance Report.

SUGGESTED DISCUSSION POINTS:

Compliance Training, Compliance Investigations

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

Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Q2 and Q3 CY 2026 combined Corporate Compliance report as presented.

LIST OF ATTACHMENTS:
2nd and 3rd Quarter Corporate Compliance Report

TAHOE FOREST
HOSPITAL DISTRICT

Board Informational Report
Quarterly Compliance Officer's Report
By: Scott G. Kraft and Sean Weiss
Compliance Officers, DoctorsManagement, LLC

DATE: October 22, 2026

Dear Members of the Board,

As the appointed Compliance Officers for Tahoe Forest Hospital District (TFHD), we (Scott G. Kraft and Sean M. Weiss) are pleased to submit this compliance officer's open session report for 2026 Quarters 2 and 3.

Current Corporate Compliance Committee:
This is the composition of the Corporate Compliance Committee as of May 28, 2026:
Sean M Weiss, DoctorsManagement – Compliance Officer
Scott G. Kraft, DoctorsManagement – Compliance Officer
Anna Roth, President and Chief Executive Officer
Louis Ward, Chief Operating Officer
Jan Iida, RN, Chief Nursing Officer
Crystal Felix. Chief Financial Officer
Brian Evans, MD – Chief Medical Officer
Matt Mushet – In-house Legal Counsel
Gary Harper*, compliance analyst
Sarah Swezey, Privacy Officer
Jenny Parvin, Revenue Integrity Nurse
Janet Van Gelder, Director of Quality and Regulations
Lisa Foust, Chief Human Resources Officer

HIPAA Breaches
We are investigating a HIPAA breach involving the inadvertent uploading of a file containing patient protected health information to an web-based artificial intelligence tool. This has been reported to the California Department of Public Health and we are awaiting their response. We

anticipate this will also be reported to the Office of Civil Rights (OCR) division of the Department of Health and Human Services. We have issued written guidance to all employees concerning the use of commercial web-based AI services and we are helping to explore the feasibility of HIPAA-compliant enterprise solutions if the need is warranted.

A vendor reported to us that they were the victim of a 'vishing' attempt – a caller spoofed the voice and phone of TFHD and as a result there was an inadvertent disclosure of patient protected health information. This is being handled with the vendor and we are in development of a draft policy to help employees verify information requests and calls.

Charge Description Master/Fee Setting: We completed a compliance-focused review of the charge master and we have not identified any substantive compliance concerns. We recommend a business focused review of the charge master and also that pricing be reviewed for items that have been on the charge master for over 10 years to ensure that there have not been significant downward adjustments in the amount TFHD pays for these items. That said we don't believe there is any compliance/regulatory risk to the district.

Documentation of in-office X-Ray services
In response to a policy change by Medi-Cal, we are working on revisions to the documentation structure of in-office X-Ray interpretations performed by providers on the same day as office visit services.

Use of X-Ray Equipment in Urgent Care
As urgent care prepares to move to a different location from a primary care practice location, we discussed the use of the X-Ray machine that is located in the urgent care setting and appropriate/non-appropriate uses of the machine by urgent care as well as other departments within Tahoe Forest.

Lab Collection On Campus vs. Off Campus
We shared a compliance opinion concerning lab fees and billing when the location where lab samples are collected from patients is not located within 250 yards of the main hospital campus. Essentially, this impacts how lab services are billed related to whether the collection point is part of the hospital on-campus setting under Rural Health Clinic policies.

Annual Compliance Training
We were able to hold annual compliance training for the medical staff on HIPAA and overall compliance.

Privacy Officer
Sarah Little is transitioning into a role as full-time privacy officer and will help to support the overall compliance efforts at TFHD. Sarah had previously been in a split role as privacy officer and part-time in health information management. As we have developed a more robust suite of privacy monitoring tools and a more comprehensive privacy program we have found a need for a full-time person in this role.

Transitional Care Management and Chronic Care Management
We reviewed a sample of documentation for each of these service types for compliance. These are programs that result in additional payment based on specific documentation milestones. We did not identify substantive compliance concerns, though we made recommendations for some improvements to the documentation of these service items.

Auditing & Monitoring

- **High Risk Services:** We are monitoring the Office of Inspector General (OIG) work plan for targeted areas for compliance review and performing internal reviews of those items.

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

Compliance Reporting/Detected Offenses/Corrective Action Plans:

- An employee was to be investigated for potential inappropriate access of patient protected health information. This was not a reportable violation to state or federal regulators but the employee chose to resign.
- We received a report regarding an inadvertent disclosure of patient protected health information of a minor in foster care. This was adjudicated by the state as technically a violation with no action taken as it was determined TFHD had appropriate safeguards in place.
- We have had two separate reports of patients presenting falsified vaccination records purporting to be from TFHD that were detected by school nurses. This is not a violation by the district but we are exploring steps to discourage falsification, such as including prominent information for schools to be able to call to validate records.
- We have a complaint/report from a parent concerning a perception of rude treatment related to trying to obtain a provider signature for disability paperwork. The parent/guardian had been canceling appointments and we are reviewing requirements and overall provider comfort levels with visit frequency related to the need to sign off on necessary paperwork.

Ongoing Compliance Support
We are excited to have both Gary Harper for compliance and Sarah Little for privacy supporting compliance.

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

Sincerely,
Sean M. Weiss
sweiss@drsmgmt.com

Scott G. Kraft
skraft@drsmgmt.com

Chief Compliance Officers
Tahoe Forest Health System

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** Ratify Board Finance Committee Advisory Member
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO Kim McCarl, CSO Crystal Felix, CFO	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND: Advisory members can strengthen the Board and its' committees by bringing additional expertise, perspective and experience to the work of the Board. Advisory members should support and inform the work of the Board. Advisory members are non-voting and do not count towards a quorum. Advisory members are considered through a detailed appointment process set by Board Policy ABD-2604.

SUMMARY/OBJECTIVES:

Michael Blaszyk is a senior healthcare executive, advisor and board member with extensive experience in healthcare finance, operations, strategy and governance. As an advisor he could bring the following perspectives to the Health System.

- Healthcare financial strategy and long-term sustainability
- Health system governance and the distinction between governance and operations
- Healthcare transformation and organizational strategy
- Evaluation of growth, partnerships and investment opportunities
- Experience with complex healthcare organizations and community-based health systems
- Board effectiveness and executive leadership

SUGGESTED DISCUSSION POINTS:

Michael Blaszyk has been recommended for appointment as a Board Finance Committee Advisory Member by the Board Finance Committee at their 09/24/2026 meeting.

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the consent agenda as presented (includes approval of this item)

Alternative: pull item from consent agenda for further discussion under agenda item 16. After discussion, request a motion to ratify Board Finance Committee Advisory member.

LIST OF ATTACHMENTS: n/a

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** 15.1. True North Office (TNO) Governance Recommendation Report & Implementation Plan
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO Kim McCarl, Chief Strategy Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☒ Presentation ☐ Resolution ☒ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:

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.

Governance is one of the important components of the whole TNO. The assessment of Leadership and governance will assist with:

- Clarification of roles, decision rights, and operating model
- Alignment of executive structure and incentives with strategy

SUMMARY/OBJECTIVES:

- Established a formal governance workstream following June Board meeting
- Collected and analyzed data
- Conducted interviews and attended various meetings
- Reviewed governance documents
- Final report and implementation of plan.

SUGGESTED DISCUSSION POINTS:

The Draft True North Governance Recommendation Report and Assessment was reviewed and recommend for approval by the Board Governance Committee on 09/16/2026. Forwarded to the full Board of Directors for discussion and possible action.

SUGGESTED MOTION/ALTERNATIVES:

Suggested Motion: Move to approve the True North Governance Recommendation Report & Implementation Plan as presented.

Alternative Motion: Move to approve the True North Governance Recommendation Report & Implementation Plan as revised
LIST OF ATTACHMENTS: 15.1. TNO Governance Recommendation Report and Implementation Plan Linked – Final Narrative TFHD Governance Report Linked – Draft Governance Assessment 2026-09

TAHOE FOREST
HEALTH SYSTEM

TRUE NORTH GOVERNANCE RECOMMENDATION REPORT & IMPLEMENTATION PLAN



Tahoe Forest Hospital District Board of Directors

Presentation of Larry Gage, Alston & Bird LLP
October 22, 2026

Background & Purpose of Report

- March 2026 Board Retreat
- True North Strategic Plan adopted in May
- Governance assessment work plan approved in June
- Project team reviewed TFHD documents, attended Board meetings, conducted interviews and meetings and assessed best practices from literature and other systems.

Goal of assessment was "to reinforce the distinction between the Board's fiduciary and policy-setting responsibilities and management's operational responsibilities while improving committee effectiveness, governance communication processes, Board education, and strategic oversight capabilities."

©Tahoe Forest Health System 2025

TFHS's Current Governance Policies and Practices Demonstrate Substantial Strengths

- TFHD, as a Hospital District, enjoys certain powers that most other hospitals do not.
- The TFHD Board is well staffed.
- Good working relationship with medical staff leadership on quality, credentialing and privileging.
- Board and its Finance Committee are well-informed on System's budget and financial situation.
- The Board has recently conducted annual retreats and self-evaluation surveys.
- Thorough onboarding materials for newly elected Directors.
- Improved Board education efforts (including attendance at TGI conferences).
- Current Board has a good mix of skills and experience for such a small Board.
- Current Directors enthusiastically support the System.

©Tahoe Forest Health System 2025



Interview Insights
Value of Serving on the District Board

In the past I have seen governance at the District done well to very poorly. Today it has gone full circle from good to bad and back to very good again.

I would like to be able to knowledgeably explain what is means to be a board member at TFHD. I would like to "feel the joy" in doing the job.

- TFHD Directors

TAHOE FOREST HEALTH SYSTEM

©Tahoe Forest Health System 2025

However, the System Would Benefit From Further Refinements

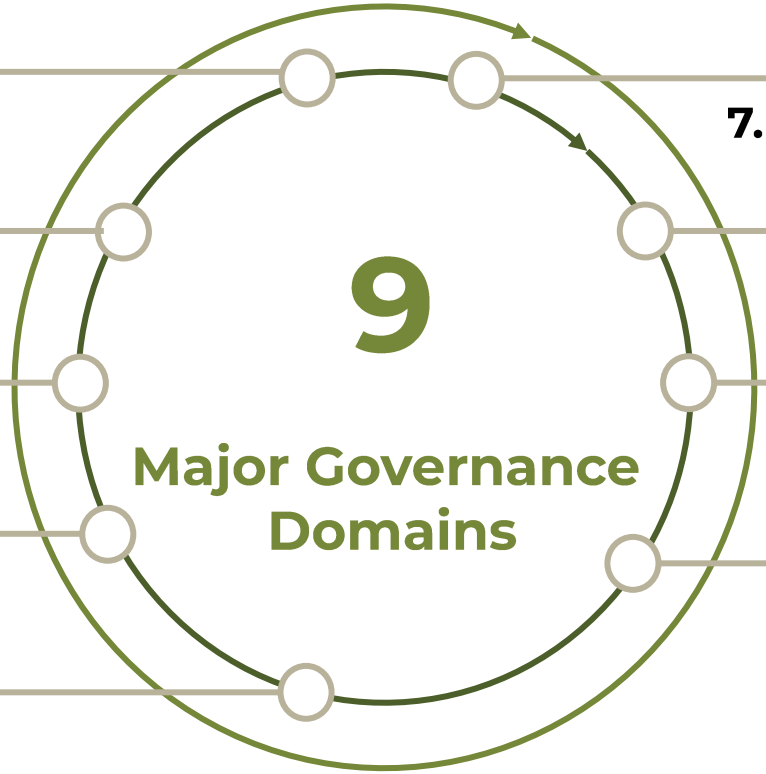
- While TFHS is financially healthy today, the System will face many future challenges.
- The Board meets monthly, which can be burdensome on both Directors and staff.
- Board meeting agendas can be confusing, and meetings at times appear overstaffed.
- Board committees are small and do not appear to be delegated much authority.
- Directors do not routinely tour System facilities and programs.
- While improved, ongoing Board member education is still somewhat sporadic and unpredictable.
- The Board is called upon to approve all District policies, including clinical, operational and technical policies that do not require their detailed attention.
- Board meeting materials are lengthy and sometimes provided to Directors without adequate time to review thoroughly.
- TFHS has 11 separate agreements with the UC Davis Health System without a formal overall affiliation agreement.

©Tahoe Forest Health System 2025

Key Governance Recommendations

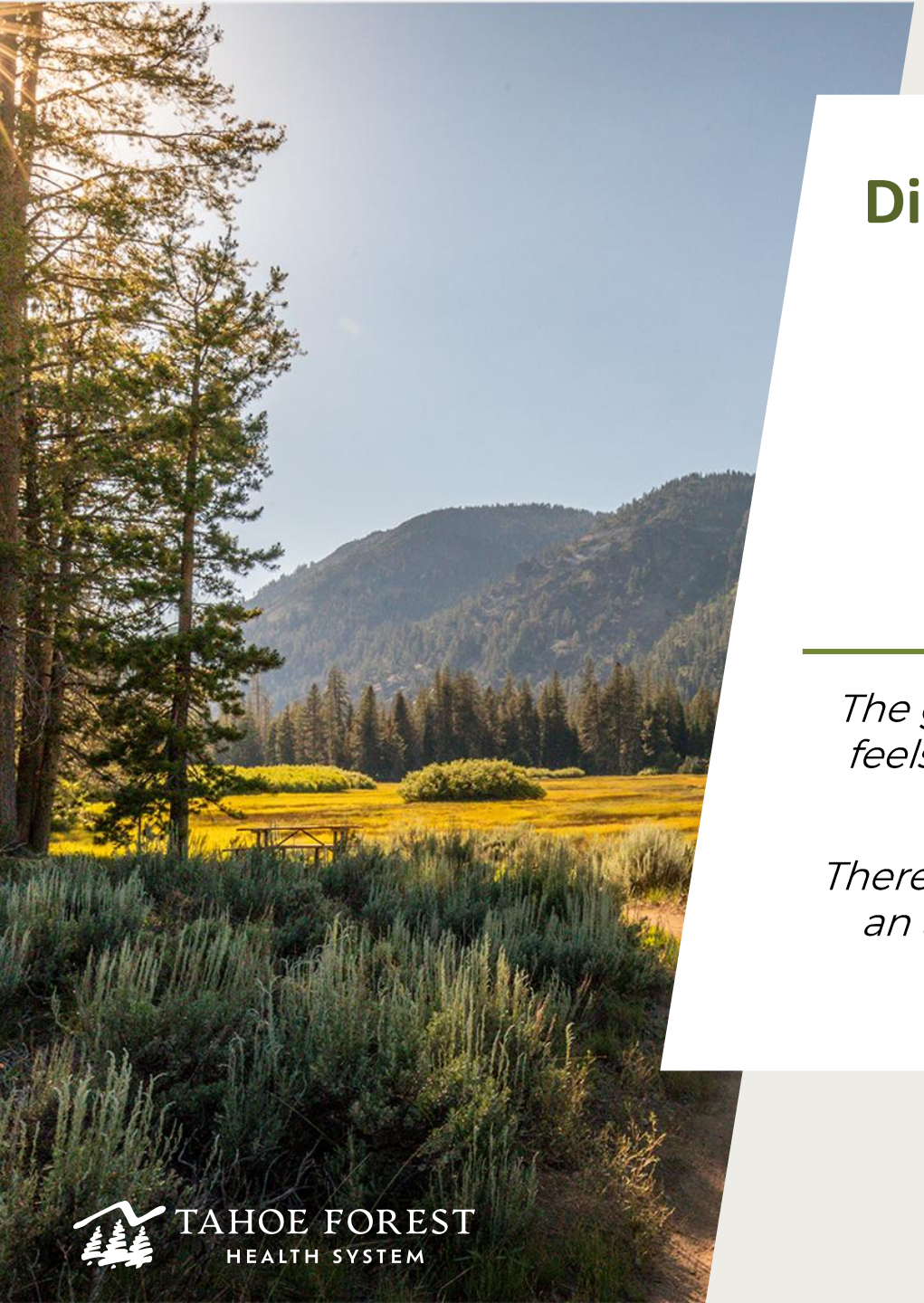
This Report Includes Recommended Refinements in Nine Major Governance Domains

1. District Board Composition & Succession Planning
2. District Board Meetings
3. District Board Committees
4. Medical Staff Participation in Governance
5. Onboarding and Ongoing Board Education
6. Governance and Hospital Policies
7. Regular Evaluation of Boards and CEO
8. Governance of Subsidiaries and Affiliates
9. Support for District Board



TAHOE FOREST HEALTH SYSTEM

©Tahoe Forest Health System 2025



Interview Insights
District Board Composition & Succession Planning

There should be succession planning in place for both board and leadership.

We would be interested in community and subject matter expert advisors, although many are already serving on other boards, like the foundations.

- TFHD Directors

The greater Truckee / Lake Tahoe area is a very engaged community. It feels like if we sought out an advisory committee, we would be able to fill it.

There is interest from the Foundation Board members in participating in an advisory committee. It is a "privilege to serve" this Health System.

- Community Leaders

TAHOE FOREST HEALTH SYSTEM

©Tahoe Forest Health System 2025

District Board Size, Composition & Succession Planning

- **Board Size:** While the District's Board size is determined by statute, TFHS would benefit from the expertise of additional board members, and one way would be to recruit and appoint non-voting advisory members whose skills and experience fill in some of the current gaps. We recommend that the Board consider initially appointing 3-4 non-voting advisory members to the TFHD Board.
- **Board Composition:** In preparation for implementing the recommendation to recruit advisory members, the Board should create a governance skills and expertise matrix to identify gaps in available expertise.
- **Use of National Experts on Boards:** In recruiting such advisory members, TFHD should not limit the search to local or regional candidates but also consider that the needed skills and experience may be found in national experts.
- **Succession Planning:** TFHD should develop a process for identifying and educating individuals whose election would benefit the District's programs, services and communities. The District can look to certain other boards and committees as "farm teams" for identifying potential candidates, such as the system's foundations.

©Tahoe Forest Health System 2025

Interview Insights
District Board Meetings

I would love to get the board materials sooner. And most items should have an executive summary, with the details in appendixes.

Review of the agenda packets has been a journey. I've progressed from spending ~30 hours reviewing agenda packets per month, to approximately 6 hours.

More recently the board packets are more manageable.

TFHD Directors



TAHOE FOREST
HEALTH SYSTEM

District Board Meetings

- **Meeting Frequency:** We recommend that the Board move from a monthly to a bimonthly meeting schedule.
- **Use of Consent Agendas:** TFHD appears to have made more effective use of consent agendas in recent meetings, and we recommend that the System continue in that direction. Much of the work on issues prepared for the consent agendas should be done in advance, by committees and/or executive staff (or where relevant, the medical staff leadership).
- **Enhance Director Meeting Participation:** There should be an expectation that Directors will review the materials (including more formal presentations) in advance, and executive or medical staff members who make presentations to the Board should be required to summarize rather than deliver their presentations, and to allocate at least 25% of the time to Board discussion.
- **Other Meeting Issues:** The need to address issues in closed session should be carefully evaluated, to avoid unnecessary fragmentation of board meetings. In addition to closed sessions, TFHD should also schedule a more traditional "executive session" at the end of each meeting, consistent with the Brown Act. TFHD should consider adopting a policy of limiting staff attendance to individuals who are scheduled to make presentations or respond to questions on issues related to the Board's legitimate business. The planned shift to distributing materials at least seven days in advance of Board meetings is itself a "best practice".

©Tahoe Forest Health System 2025

Interview Insights
District Board Committees

I would like to see us create process where committees meet first on action items and bring recommendations to the board for action, rather than action items arriving without committee input.

We should make the committee work more dense, impactful and meaningful. It has to be meaty enough to make it worth it.

The Community Engagement Committee is too vague.

TFHD Directors



TAHOE FOREST
HEALTH SYSTEM

District Board Committees

- **Role of Committees:** The TFHD committees should play a more prominent role in considering issues within their jurisdiction, and the chair of each committee should play a greater role in presenting committee recommendations to the Board.
- **Addition of Advisory Members:** The TFHD Finance, Quality and Community Engagement committees should consider adding at least 2-3 non-voting advisory members to round out their skills and experience.
- **Committee Meeting Schedules:** Committee meetings should be scheduled at a time and frequency to enable them to address issues in a methodical way before they go to the full Board. If the recommendation to move full Board meetings from monthly to bimonthly is accepted, the committees should also meet bimonthly, in the month between Board meetings.
- **Quality Committee:** If the recommendation for bimonthly Board meetings is accepted, the Board could delegate medical staff credentialing and privileging function to the Quality Committee in those months in which the Board does not meet.
- **Finance Committee**: Consideration should be given to whether the Finance Committee is the right committee to have jurisdiction over strategic planning. The Board should consider either creating a separate committee to consider issues of planning and growth or reserve those issues for Board consideration.
- **Community Engagement Committee:** This committee appears to suffer from a lack of clarity in its mandated duties and responsibilities. Consideration should be given to restructuring the committee and broadening its agenda as (e.g.) a Community Benefit and Population Health Committee.

©Tahoe Forest Health System 2025

Interview Insights - Medical Staff Participation

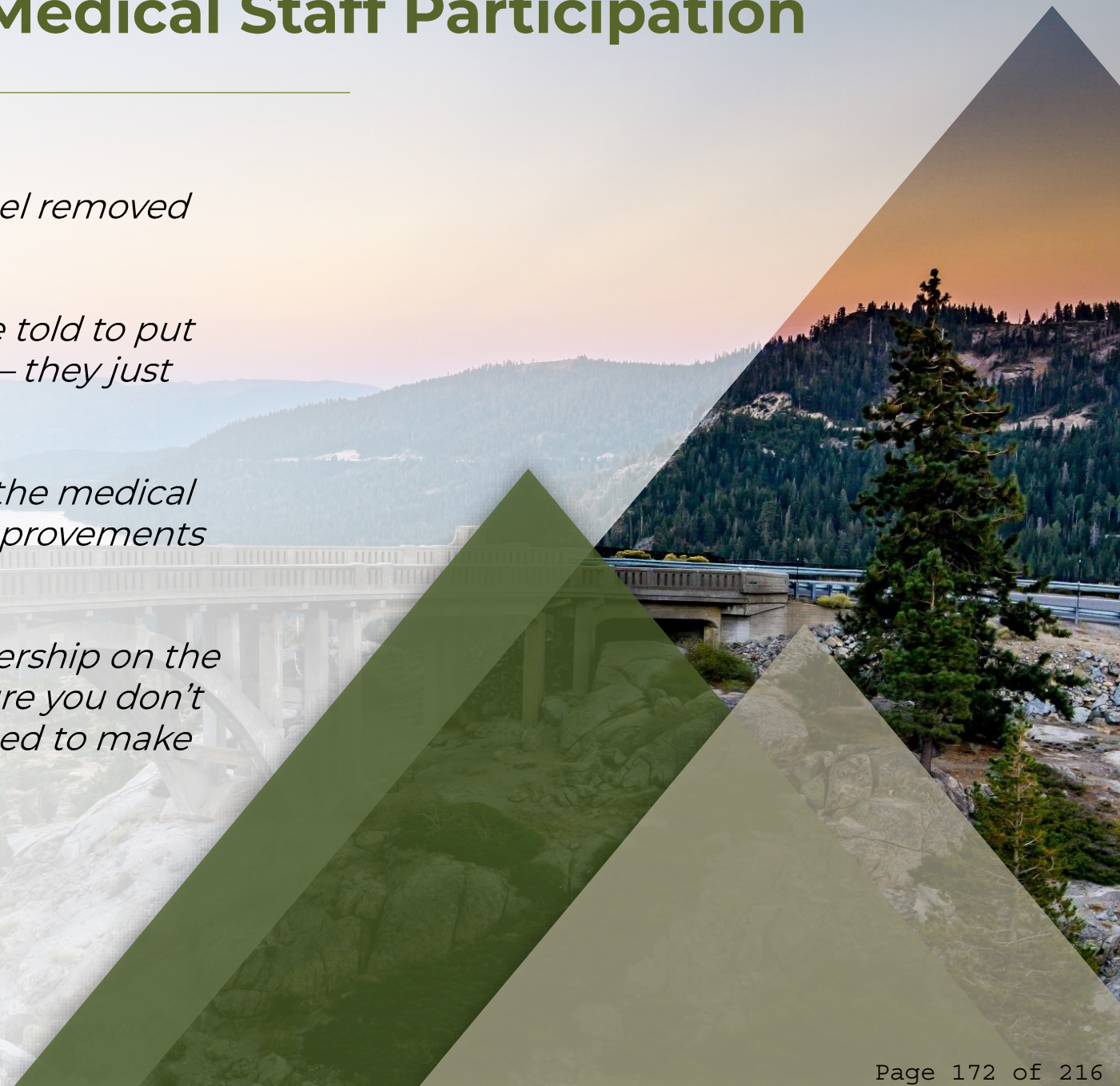
Medical staff wants to feel heard; they currently feel removed from strategic decisions.

When providers have improvement ideas, they are told to put them in "the hopper" but nothing ever happens – they just disappear.

I feel like there is still a bit of disconnect between the medical staff and leadership, but there have been major improvements over the last year or so.

We are open to the idea of med staff having membership on the committees or board – the challenge is to make sure you don't include them and then nothing happens – you need to make sure it is meaningful.

Medical Staff Leadership



TAHOE FOREST HEALTH SYSTEM

Medical Staff Participation in Governance

- **Appointment to Board and/or Committees:** If TFHD adopts the recommendation to add non-voting advisory members to the Board and/or its committees, the Board should give serious consideration to including physicians and other individuals with clinical experience in such a role, provided this can be done without risking conflicts of interest.
- **Credentialing and Privileging:** If TFHD adopts the recommendation to move from monthly to bimonthly Board meetings, the medical staff bylaws may require an amendment to acknowledge that the Board may delegate credentialing and privileging to a committee in the months between meetings.

©Tahoe Forest Health System 2025

Onboarding and Ongoing Board Education

- **Onboarding:** While the onboarding of new Directors seems thorough from an informational view, new members should be provided more opportunities to tour the System's facilities and become more familiar with its programs.
- **Ongoing Board Education:** Ongoing Board education should address the external health care environment, core operational issues, and governance responsibilities. We recommend establishing a standing education schedule with mandatory, in-person participation. The Board should establish a targeted Board education program to strengthen the baseline knowledge of interested Directors in key strategic areas (e.g., payer strategy, digital health, AI, care delivery transformation). This will enable Board members to ask higher-order questions, make informed decisions and contribute more meaningfully to dialogue.
- **Responsibility for Board Education:** The Governance Committee could be tasked with coordinating the onboarding and educational activities of the Board and other committees.
- **External Resources:** Membership in and attendance at meetings of The Governance Institute should continue to be encouraged, and other opportunities should be provided to Board members to join or otherwise participate in meetings of other external organizations.

©Tahoe Forest Health System 2025

District Board Onboarding & Education – Interview Insights & ACHD Advice

It is important to have education that is framed as board education. We get a lot of presentations, but sometimes it is unclear who the audience is – is it the board? Is it staff? Is it the public?

The education process to keep up with the best practice of health system board has been challenging.

I would like to get to the point where the board has personalized education plans. Anything else doesn't make sense.

TFHD Directors

Top 10 Topics California Hospital District Trustees Should Revisit Every Year

- *Fiduciary duties and governance*
- *Brown Act and ethics compliance*
- *Hospital finance*
- *Quality and patient safety*
- *Medical staff governance*
- *Compliance and risk management*
- *Cybersecurity*
- *Physician alignment*
- *Strategic partnerships and affiliations*
- *Community health needs and district mission*

Association of California Health Districts

TAHOE FOREST HEALTH SYSTEM

©Tahoe Forest Health System 2025

Board and Health System Policies

- **Delegation of Policies:** The District should delegate the development and approval of policies that are clearly operational, clinical or technical to the CEO, management and medical staff leadership.
- **Accreditation Standards:** We believe that ACHC accreditation standards can be legally satisfied when the board delegates the operational drafting, implementation, and technical management of clinical or administrative policies to executive leadership and the medical staff, provided the board maintains ultimate legal accountability.
- **Publication of Key Policies:** While TFHS policies are available for review online in BoardEffect, the Board should be provided the credentials to access those policies at their convenience. We further recommend that TFHD gather its governance and "high level" administrative policies together in a single publication and also develop and make available to Directors a comprehensive index of all policies.

©Tahoe Forest Health System 2025

Measuring and Improving Board Performance

- **Annual Board Evaluation:** We recommend a structured evaluation process for both the Board as a whole and individual Directors on an annual basis. A standard evaluation tool should assess core areas of individual performance such as preparation, participation, and attendance.
- **Survey Instrument**: The Board should conduct regular evaluations using a self-assessment or peer review survey that is consistent from year to year. There are various methodologies and surveys that can be used for board and director self-evaluation.
- **Regular Feedback**: Ideally delivered by the Board Chair or external consultants, feedback enhances the performance of both individual directors and the Board as a whole.

©Tahoe Forest Health System 2025

Governance of Subsidiaries and Affiliates

- **Representation of TFHS Affiliates:** Consistent with the recommendations above regarding the use of non-voting advisory members, TFHD should recruit advisory members representative of its Nevada subsidiaries and other affiliates from outside the District. (We understand that the System is already moving ahead to do so with respect to the Board's Finance Committee)
- **Identify Potential Future Talent from Other Organizations:** In developing a matrix to identify gaps in the skills and experience of District board members and a succession plan, TFHD should also look to its two foundations and other community organizations as potential "farm teams" for future elected and advisory board members.
- **Foundation Planning:** Foundation strategic planning can be valuable to the Board in understanding TFHD opportunities and challenges, as long as these efforts be carefully coordinated with the District and consistent with the System's True North Strategic Plan.
- **Inventory Informal Partnerships and Affiliations:** It is also recommended that the District conduct an inventory of other affiliations or partnerships not included in the current list, some of which may be organized on a contractual or informal basis.
- **Consolidate UC Davis Agreements:** It is recommended that TFHS reorganize the 11 current agreements with UC Davis into a formal master affiliation agreement that can lay the groundwork for further collaboration.

©Tahoe Forest Health System 2025

TFHD Subsidiaries, Joint Ventures & Affiliates

TFHD Subsidiaries & JVs

- *Incline Village Community Hospital*
- *Incline Village Community Hospital Foundation*
- *Tahoe Forest Hospital Foundation*
- *Eastern Sierra Holdings, LLC*
- *Truckee Surgery Center (99% ownership)*
- *Truckee Tahoe Workforce Housing Agency (1/7)*
- *Sierra Health Collaborative LLC (1/5)*

TFHD/UC Davis Agreements

- *Cancer Care Network Participation Agreement (2008)*
- *Radiation Oncology Quality Assurance Agreement (2013)*
- *Medical Oncology Auditing Services Agreement (2013)*
- *WeCARE! Breast Cancer Peer Navigator Program Agreement (2010)*
- *Rural-PRIME Clerkship & Rural Center of Excellence Agreement (2008)*
- *Graduate Medical Education (GME) Affiliation Agreement (2010)*
- *Graduate Nursing Student Training Agreement (2010)*
- *NP & PA Clinical Training Affiliation Agreement (2007)*
- *Telemedicine Program Equipment Loan & Specialty Consultation Agreement (2018)*
- *Pediatric Cardiology EKG & Echo Interpretation Agreement (2004)*
- *AAMC Uniform Clinical Training Affiliation Agreement (2021)*

©Tahoe Forest Health System 2025

Board Support

- **Coordination of Board Information**: Boards and committees should have access to subject matter experts from senior staff appropriate to the decisions that need to be made and/or the charter of the committee. However, it is essential that such support be carefully coordinated by and through the CEO.
- **Dashboards:** While TFHD does make use of dashboards in specific areas (such as monitoring quality and financial metrics), it is recommended that the District should consider creating a single governance dashboard covering a range of important topics to give board members more meaningful insight into a limited number (10-15) cross-cutting metrics.
- **Technology:** We recommend implementing this recommendation by engaging with Board staff and the executive team, including IT experts, to spearhead the selection of metrics and the creation of an effective, sustainable data tracking and presentation system. The goal should be to create a “dynamic” list of the most important current metrics, with metrics added as needed or retired when no longer of immediate importance.

©Tahoe Forest Health System 2025

Implementation Plan

The implementation of the recommendations in this report should be outlined in an implementation plan to be developed following the Board's approval. This implementation plan should include the following action items. Note that potential models or examples in each of these areas have been provided in appendices to this report.

- ❑ Develop a governance operating model that clearly defines the roles, responsibilities, and decision-making authority of the Board, CEO, Board committees, executive leadership, subsidiaries, and affiliated entities.
- ❑ Review and update Board bylaws, committee charters, and governance policies.
- ❑ Optimize Board and committee meeting cadence, agenda design, and consent calendar utilization.
- ❑ Create a governance skills and expertise matrix to identify advisory gaps.
- ❑ Develop pathways for community and subject matter expert engagement consistent with California Health Care District law.
- ❑ Launch a structured Board education program focused on finance, strategy, quality, healthcare trends and governance best practices.
- ❑ The implementation plan will of necessity be carefully coordinated with the other True North work streams with recurring governance progress reporting.

©Tahoe Forest Health System 2025

Appendix

- Final TFHD Governance Report / Recommendations
- DRAFT-Governance Assessment 2026_09

©Tahoe Forest Health System 2025

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: Oct 22, 2026	**ITEM:** FY26 Culture of Safety Report
DEPARTMENT: Quality & Regulations	**TYPE OF AGENDA ITEM:** ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Erin Madewell, Director of Q&R	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☒ No ☐ N/A

BACKGROUND:
The attached report provides an overview of the 2026 Culture of Safety Survey results across the organization.

SUMMARY/OBJECTIVES:
The survey offers important insight into staff perceptions of safety culture, teamwork, communication, well-being, and belonging, which are foundational to quality, safety, and the patient experience. The report highlights key findings and outlines the organization's next steps, including the transition to an integrated Press Ganey Culture of Safety survey platform that will align safety, employee engagement, and patient experience measurement and improvement efforts.

SUGGESTED DISCUSSION POINTS:

SUGGESTED MOTION/ALTERNATIVES:
Move to accept report as presented.

LIST OF ATTACHMENTS:



SCORE Culture of Safety Survey Summary Report FY 2026

Erin Madewell, MBA, MSN, RN, CPHQ

Director of Quality & Regulations

TAHOE FOREST
HOSPITAL DISTRICT

SCORE Survey Overview



Adverse events and patient harm impact not only patients but patients' families and clinical staff, who strive to provide safe, high-quality care.



Beta HEART® (Healing, Empathy, Accountability, Resolution and Trust) is a coordinated program that helps create a reliable, sustainable and transparent culture of safety.



The **SCORE Culture of Safety Survey** provides a standardized approach to assessing patient safety culture and identifying opportunities to strengthen organizational practices that support safe patient care.

TAHOE FOREST
HOSPITAL DISTRICT

SCORE Survey Overview



TAHOE FOREST
HOSPITAL DISTRICT

SCORE Pulse Survey

2025: Full, organization-wide survey administered.

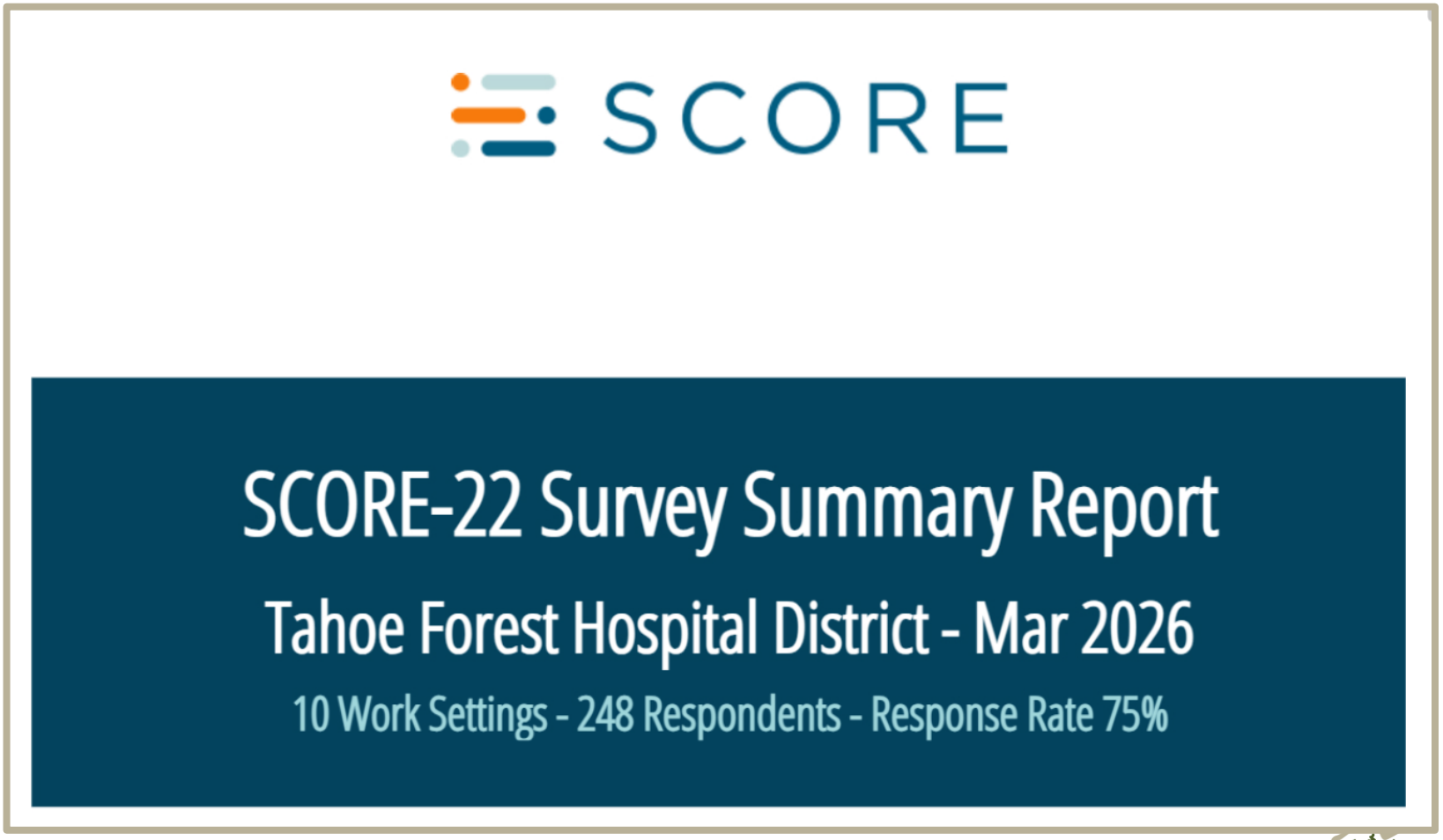
2026: ***Pulse Survey*** deployed in select departments that had opportunities to benefit from additional feedback and real-time insights.

Pulse Survey = *Limited questions* in *select departments*

Departments not participating in the pulse survey remained focused on sustaining and advancing action plans developed from previous survey results.

TAHOE FOREST
HOSPITAL DISTRICT

Overall SCORE Summary



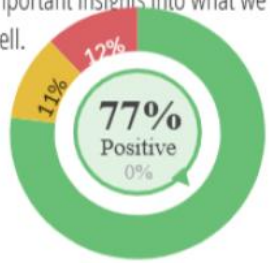
TAHOE FOREST
HOSPITAL DISTRICT

Key SCORE Items

Key Drivers of Culture & Engagement (Green is good)

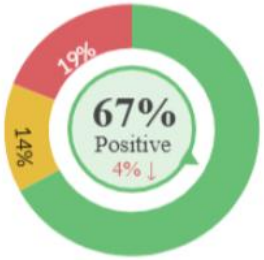
CULTURE SCORE

The learning environment in this work setting allows us to gain important insights into what we do well.



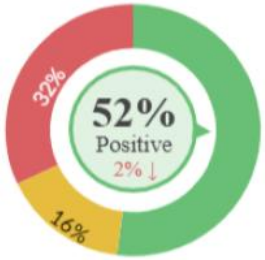
CULTURE SCORE

Regularly makes time to provide positive feedback to me.



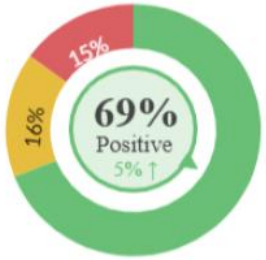
WORK ENGAGEMENT SCORE

I feel burned out from my work.



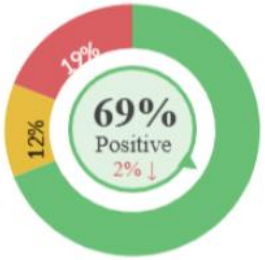
CULTURE SCORE

Disagreements in this work setting are appropriately resolved.



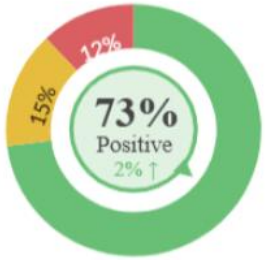
CULTURE SCORE

It is difficult to speak up if I perceive a problem.



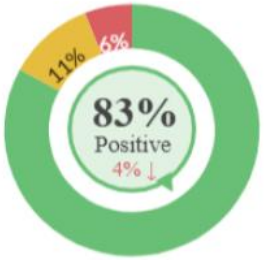
CULTURE SCORE

The culture makes it easy to learn from the errors of others.



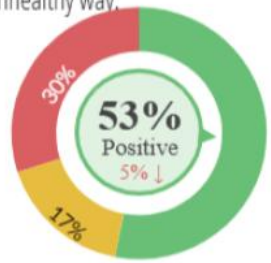
SAFETY CLIMATE

I would feel safe being treated here as a patient.



WORK ENGAGEMENT SCORE

Events in this work setting affect my life in an emotionally unhealthy way.



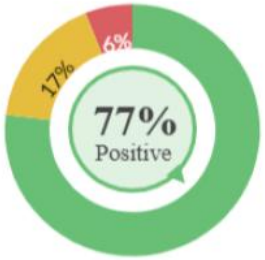
BELONGING

I feel I belong and am welcomed, as a person, at this job.



INTENTIONS TO LEAVE

I have plans to leave this job within the next year.



Key: Performing well Neutral Needs Attention

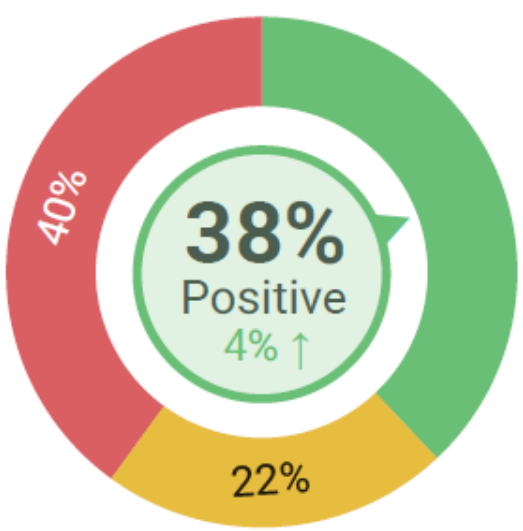
TAHOE FOREST HOSPITAL DISTRICT

Key SCORE Items : Burnout

Workforce well-being is a key patient safety strategy. Reducing burnout helps improve communication, engagement, and reliability of care, contributing to safer outcomes for patients.

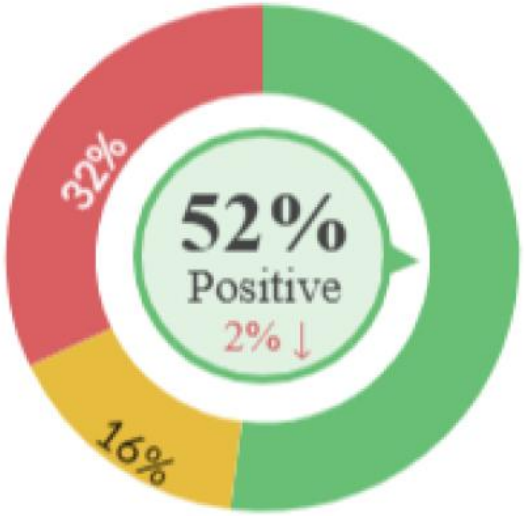
2025 Organization-wide

People in this work setting are burned out from their work.



2026 Pulse Survey

I feel burned out from my work.



Key: Performing well Neutral Needs Attention

TAHOE FOREST HOSPITAL DISTRICT

Key SCORE Items : Culture

Culture questions assess how staff perceive and experience the organization's commitment to safety, including communication, teamwork, trust, and speaking up about concerns.

Culture Score	Percent Positive	YOY	Percent Positive / Neutral / Negative
It is easy for personnel here to ask questions when there is something that they do not understand.	81%	1% ↑	9% 10%
...allows us to gain important insights into what we do well.	77%	0%	11% 12%
The culture in this work setting makes it easy to learn from the errors of others.	73%	2% ↑	15% 12%
My suggestions about quality would be acted upon if I expressed them to management.	71%	1% ↓	14% 15%
Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient).	69%	5% ↑	16% 15%

Key: Performing well Neutral Needs Attention

TAHOE FOREST HOSPITAL DISTRICT

Key SCORE Items : Belonging

A strong sense of belonging encourages staff to speak up, share expertise, and address potential risks before harm occurs, supporting a high-reliability culture and safer patient care.

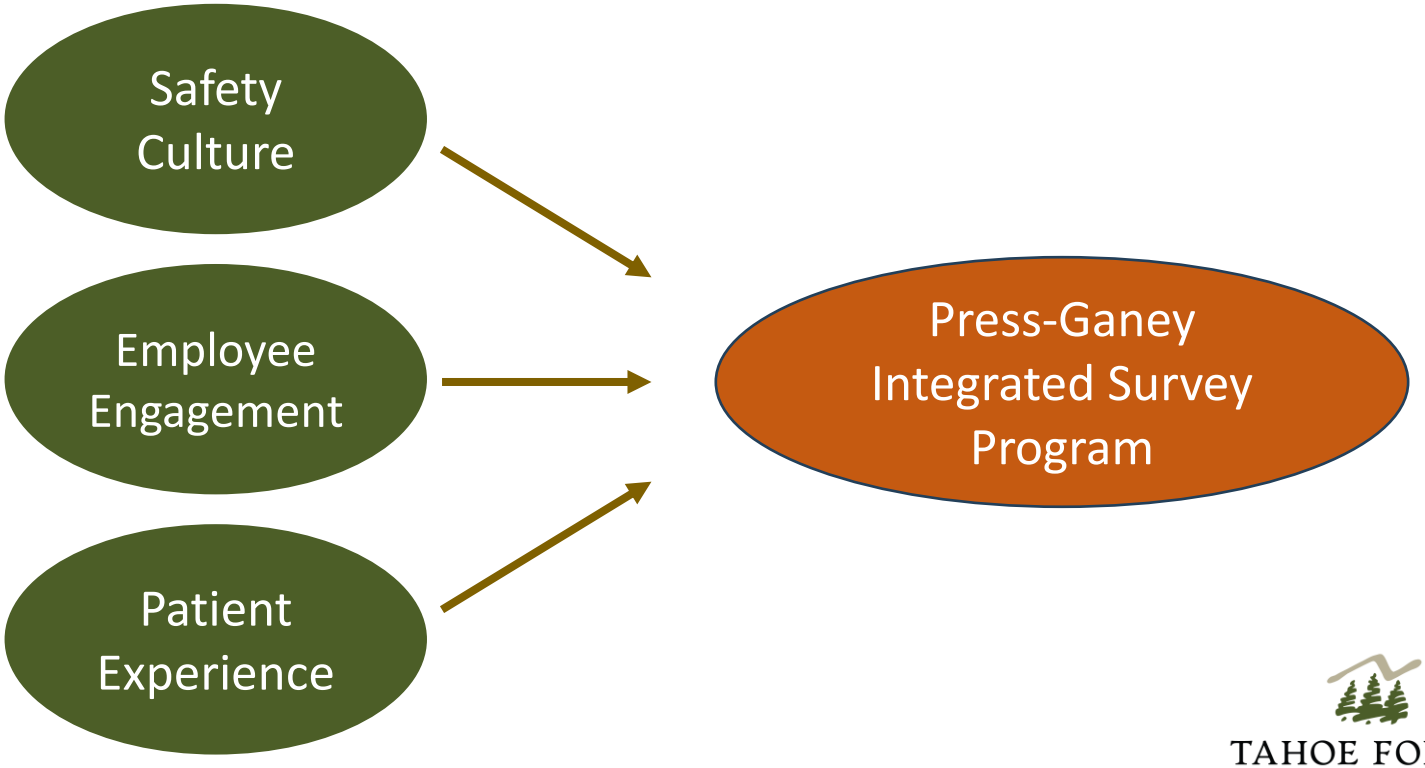
Belonging	Percent Positive	YOY	Percent Positive / Neutral / Negative
I feel I belong and am welcomed, as a person, at this job.	81%	--	11% 8%
My ideas and opinions about patient care are valued by others.	77%	--	16% 7%
I feel respected by those in leadership.	74%	--	14% 12%
My employer has a strong commitment to diversity, equity, and inclusion.	73%	--	17% 10%
Facility leaders interact with the workers to understand what we do.	58%	--	23% 19%

Key: Performing well Neutral Needs Attention

TAHOE FOREST HOSPITAL DISTRICT

Next Steps – Q&R Action Items

- In 2027, we will build upon these outcomes by transitioning to a Press-Ganey culture of safety survey which allows us to integrate this work with employee engagement and patient experience initiatives.



TAHOE FOREST HOSPITAL DISTRICT


Questions?
EMERGENCY
INCLINE VILLAGE
COMMUNITY HOSPITAL

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** 2027 CEO Incentive Metrics
DEPARTMENT: Human Resources	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Lisa Foust, Chief Human Resources Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
At their June 2026 meeting, the Board approved goal categories and goal weights for the Chief Executive Officer Incentive Plan. This presentation provides specific metrics tied to each approved goal area and specifically defines expectations and metrics for performance and goal payout based on specific, measurable criteria.

SUMMARY/OBJECTIVES:
Specific performance metrics have been defined for Financial Performance, Patient Experience, and the three True North Aims of Health Within Reach, Community Guided, and Transformation. Metrics are defined for goal performance, with specific definitions of Minimum, Target, and Maximum achievement.

SUGGESTED DISCUSSION POINTS:
- Metrics have been defined using SMART goal development (Specific, Measurable, Achievable, Relevant, and Time-Bound).
- Both Outcome and Process goals have specific and measurable metrics attached, making it clear to the Board to discern if the goal is reached, and at what level of achievement, after the close of the fiscal year.
- There are both operational goals and strategic goals defined in the CEO's Incentive Plan. Strategic goals are anchored to True North Aims.

SUGGESTED MOTION/ALTERNATIVES:
Suggested motion: Approve revised Incentive Plan trigger and 2027 President & CEO Incentive Compensation Program metrics as presented.

LIST OF ATTACHMENTS:
PowerPoint presentation: "FY 2027 President & CEO Incentive Compensation: Proposed Metrics"

TAHOE FOREST
HEALTH SYSTEM

FY 2027 PRESIDENT & CEO INCENTIVE COMPENSATION: PROPOSED METRICS

Tahoe Forest Health District Board of Directors
10.22.2026

Incentive Plan yields based on achievement

President & CEO FY 2027 Incentive Compensation Plan and Framework approved by the TFHD Board of Directors on 6/25/2026:

Threshold (minimum) Performance	Target Performance	Maximum Performance
17.5% of CEO base salary	35% of CEO base salary	52.5% of CEO base salary

©Tahoe Forest Health System 2025

Incentive Plan Trigger*

- Incentive plan is not funded unless the following two triggers are met:
  1. Patient Satisfaction metrics achieve a Press Ganey total average score of 92 as measured at 6/30/2027.
  2. Budgeted Earnings Before Interest, Depreciation, and Amortization (EBIDA) for 2027 is achieved.

*President & CEO FY 2027 Incentive Compensation Plan and Framework approved by the TFHD Board of Directors on 6/25/2026, including an Incentive Plan Trigger approved by the Board of 80% of Budgeted Net Income.

Proposed Incentive Plan Financial Trigger has a higher degree of difficulty than what was approved by the Board. Budgeted EBIDA is recommended as a better gauge of fiscal stability because it isolates recurring operating performance from financing choices and noncash depreciation and amortization, making results more comparable and the operating cushion clearer.

©Tahoe Forest Health System 2025

Fiscal Year 2027 CEO Incentive Goals: Proposed Metrics

	Goal	Metric at Target-Level Achievement	Metric Weight	Total Weight
Financial	Earnings Before Interest, Depreciation & Amortization (EBIDA)	Achieve 120% of budgeted EBIDA by 6/30/2027.	30%	30%
Quality	Patient Satisfaction	Patient Satisfaction metrics achieve an average score of 94, as measured by Press Ganey Total Average Score at 6/30/2027.	20%	20%
True North 2030 Strategic Aims	**Health Within Reach**	Achieve 4,000 available Primary Care patient visits by 6/30/2027.	15%	30%
	Health Within Reach	Reduce wait time for Third Next Available Appointment (TNAA) for Primary Care, Women's Health, and Pediatrics to 30 days by June 30, 2027.	15%	
	Community Guided	Guide and facilitate the Patient / Family Advisory Committee (PFAC) in performance improvement analysis and planning for specific programs that are responsive to community input from the 5000 Voices Campaign.	5%	10%
	Community Guided	Hold Beyond Possible event and leverage learnings and momentum from 2026 event to plan/book similar caliber event in 2027.	5%	
	Transformation	Launch a Leadership Development Platform aimed at building physician, clinician, and leader engagement and alignment with True North Aims, operational imperatives, and continuous performance improvement.	5%	10%
	Transformation	Engage the Board in a structured educational framework to equip them with the insights necessary to navigate complex local, regional, and national healthcare delivery challenges.	5%	
TOTALS			**100%**	**100%**

©Tahoe Forest Health System 2025

Continued Focus on Balancing and Novel Metrics

While specific True North Aims are featured in the proposed incentive compensation metrics, monitoring the organization's broader health will continue. **Balancing Metrics** help identify unintended consequences that may occur when improvement efforts in one area place pressure on another.

Focus will continue on the **Balancing Metrics** below that ensure 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 Metrics

Focus will also continue on **Novel Metrics** that enable us to pilot novel approaches to address key feedback from our community. Pilot programs help us analyze the effectiveness and sustainability of different approaches, establish baselines, and develop meaningful performance targets. **Novel Metrics** currently being gathered for reporting purposes address making care more affordable and accessible, including:

- Lab Test Utilization Pilot
- Total Financial Assistance Pilot

Novel Metrics from pilot programs may run for multiple years to validate stable state and that outcomes are meaningful and sustainable.

©Tahoe Forest Health System 2025

Appendix

Detailed information on each metric proposed in the FY 2027 CEO Incentive Compensation Program



TAHOE FOREST HEALTH SYSTEM

Financial Metric (Overall Weight = 30%)

2027 Incentive Goal	Metric Definition @ Target	Metric Type; Desired Direction	Weight	Minimum Achievement Definition	Target Achievement Definition	Maximum Definition
Financial Metric*	2027 Budgeted Earnings Before Interest, Depreciation, and Amortization (EBIDA)	Outcome metric; **Higher** is better	30%	Budgeted EBIDA	120% of budgeted EBIDA	150% or greater of budgeted EBIDA

*President & CEO FY 2027 Incentive Compensation Plan and Framework approved by the TFHD Board of Directors on 6/25/2026, including a Financial Metric approved by the Board as follows:

- Threshold: 80% of Budgeted Net Income
- Target: 100% of Budgeted Net Income
- Maximum: 120% of Budgeted Net Income

Proposed Incentive Plan Financial Trigger has a higher degree of difficulty than what was approved by the Board. Budgeted EBIDA is recommended as a better gauge of fiscal stability because it isolates recurring operating performance from financing choices and noncash depreciation and amortization, making results more comparable and the operating cushion clearer.

©Tahoe Forest Health System 2025

Quality Metric (Overall Weight = 20%)

2027 Incentive Goal	Metric Definition @ Target	Metric Type; Desired Direction	Weight	Minimum Achievement Definition	Target Achievement Definition	Maximum Definition
Quality Metric: Patient Experience	Patient Satisfaction Scores as measured by Press Ganey total average score at 6/30/2027.	Outcome metric; **Higher** is better	20%	Patient Satisfaction metrics maintain Press Ganey total average score of 92.	Patient Satisfaction metrics achieve maintain Press Ganey total average score of 94.	Patient Satisfaction metrics achieve Press Ganey total average score of 96 or above.

©Tahoe Forest Health System 2025

True North Strategic Objective #1: Health Within Reach (Overall Weight = 30%)

True North Aim	Metric Definition @ Target	Metric Type; Desired Direction	Weight	Minimum Achievement Definition	Target Achievement Definition	Maximum Definition
Health Within Reach	Achieve 4,000 available Primary Care patient visits by 6/30/2027.	Outcome metric; **Higher** is better	15%	3,200 available patient visits per month, or 80% of Target.	4,000 available patient visits per month.	4,400 available patient visits per month, or 110% of Target.
Health Within Reach	By June 30, 2027, reduce wait time for Third Next Available Appointment (TNAA) for Primary Care, Women's Health, and Peds to 30 days.	Outcome metric; **Lower** is better	15%	TNAA is 36 days	TNAA is 30 days	TNAA wait time is 24 days or lower

©Tahoe Forest Health System 2025

True North Strategic Objective #2: Community Guided (Overall Weight = 10%)

True North Aim	Metric Definition @ Target	Metric Type; Desired Direction	Weight	Minimum Achievement Definition	Target Achievement Definition	Maximum Definition
Community Guided	Beyond Possible Summit is organized and held as a community-related transformation event.	Process metric; **all steps** completed	5%	N/A	1. Beyond Possible Summit held; participant feedback gathered.	#1 achieved, **and** 2. Leverage learnings and momentum from 2026 Beyond Possible to plan/book 2027 event at/above caliber of 2026 event.
Community Guided	Patient / Family Advisory Committee (PFAC) engages in analysis and planning for specific programs that are responsive to community input from the 5000 Voices Campaign.	Process metric; **all steps** completed	5%	1. PFAC completes assessment of community need via a Performance Improvement exercise (i.e., value stream mapping of current and future state).	#1 achieved **and** 2. One specific new community event or intervention is completed based on learnings from #1 by 6/30/2027.	#1 and #2 are achieved, **and** 3. Two specific new community events or interventions are completed based on learnings from #1 by 6/30/2027.

©Tahoe Forest Health System 2025

True North Strategic Objective #3: Transformation (Overall Weight = 10%)

True North Aim	Metric Definition @ Target	Metric Type; Desired Direction	Weight	Minimum Achievement Definition	Target Achievement Definition	Maximum Achievement Definition
Transformation	Launch a Leadership Development Platform aimed at building physician, clinician, and leader engagement and alignment with True North Aims, operational imperatives, and continuous performance improvement.	Process metric; **all steps** completed	5%	1. Platform is launched by 1/1/2027.	#1 achieved **and** 2. First cohort of leaders enrolled and actively learning by 3/31/2027.	#1 and #2 achieved **and** 3. First cohort of leaders progresses to next level of platform and second cohort enrolled by 6/30/2027.
Transformation	Engage the Board in a structured educational framework to equip them with the insights necessary to navigate complex local, regional, and national healthcare delivery challenges.	Process metric; **all steps** completed	5%	1. Establish a12-month educational curriculum along with quarterly strategic briefings on topics relevant to True North Aims.	#1 achieved **and** 2. Build a digital repository to house relevant health care industry white papers, educational materials from The Governance Institute, IHI, AHA, CSRHA, Nat'l Quality Forum, etc.	#1 and #2 achieved, **and** 3. Align governance support to implement Governance Best Practice recommendations and drive strategic choices.

©Tahoe Forest Health System 2025

Board Action Requested

- Approve revised Incentive Plan trigger and 2027 President & CEO Incentive Compensation Program metrics as presented.

©Tahoe Forest Health System 2025

TAHOE FOREST
HEALTH SYSTEM

QUESTIONS?

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** Resolution Supporting Measure P, TTUSD Local Education Funding
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Louis Ward, Chief Operating Officer Anna Roth, President & CEO	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☒ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☒ No ☐ N/A

BACKGROUND:

The Tahoe-Truckee Unified School District (TTUSD) serves approximately 4,000 students through ten schools in the Truckee, North Lake Tahoe, and West Shore communities. TTUSD's locally approved parcel tax funding has been in place since 1989 and currently provides more than five percent of their budget.

According to TTUSD, the existing local funding source is scheduled to sunset and, if not renewed, could result in more than $5 million in budget reductions affecting teachers, class sizes, and academic programs.

Measure P would renew local parcel tax funding, providing approximately $7 million annually for educational programs, including STEM education, teacher recruitment and retention, career technical education programs, and manageable class sizes. The measure includes independent citizen oversight, annual audits, public spending disclosure requirements, and restrictions prohibiting use of funds for administrator salaries.

The TFHD Board Community Engagement Committee reviewed the endorsement request at a meeting on 10/02/2026. The Board Community Engagement Committee recommended a resolution endorsing and supporting Measure P be sent to the full Board of Directors meeting on 10/22/2026 for action.

SUMMARY/OBJECTIVES:

Measure P, TTUSD is seeking the endorsement and support of Measure P.

SUGGESTED DISCUSSION POINTS:

https://www.ttusd.org/community/local-funding

SUGGESTED MOTION/ALTERNATIVES:

Motion: approve Resolution 2026-06 expressing the TFHD Board's support of Measure P and its efforts to continue locally controlled funding for educational programs and services within the Tahoe-Truckee Unified School District.

Alternative Motion: Suggest edits to the Resolution.

LIST OF ATTACHMENTS:

Resolution 2026-06

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2026-06

A RESOLUTION SUPPORTING MEASURE P, THE TAHOE-TRUCKEE UNIFIED SCHOOL DISTRICT LOCAL EDUCATION FUNDING MEASURE

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

WHEREAS, a strong public education system is essential to maintaining vibrant, healthy, and resilient communities and contributes significantly to the economic and social well-being of the Tahoe-Truckee region; and

WHEREAS, the Tahoe-Truckee Unified School District (TTUSD) serves approximately 4,000 students through ten schools located throughout the Truckee, North Lake Tahoe, and West Shore communities and is committed to providing a high-quality education that prepares students for college, careers, and lifelong success;

WHEREAS, since 1989, local parcel tax funding approved by voters has helped support educational programs and services within TTUSD, representing more than five percent of the District's budget and providing locally controlled funding that supplements State education funding;

WHEREAS, absent renewal of this local funding source, more than $5 million in annual educational funding may be lost, potentially resulting in teacher layoffs, reductions to academic and career training programs, and increased class sizes;

WHEREAS, the TTUSD Board of Education has placed Measure P on the November 3, 2026 ballot to renew and continue local funding for neighborhood schools, providing approximately $7 million annually for educational programs and services;

WHEREAS, funding generated by Measure P would support science, technology, engineering, and mathematics (STEM) programs, help attract and retain highly qualified teachers, maintain career technical education and workforce development programs, and preserve manageable class sizes for students throughout the School District;

WHEREAS, Measure P includes important accountability provisions, including independent citizen oversight, annual audits, public disclosure of expenditures, restrictions preventing funds from being used for administrator salaries, and assurances that all funds remain locally controlled and cannot be taken by the State or federal government;

WHEREAS, educational excellence contributes to the long-term vitality of the region by supporting workforce development, economic opportunity, community engagement, and quality of life for current and future generations.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Tahoe Forest Hospital District recognizes the importance of maintaining high-quality educational opportunities for students within the Tahoe-Truckee region and acknowledges the community benefits associated with continued local investment in public education.

BE IT FURTHER RESOLVED, that the Board of Directors hereby expresses its support for Measure P, recognizing its role in helping sustain educational programs, retain quality teachers, maintain manageable class sizes, and provide career readiness opportunities for local students.

AND BE IT FURTHER RESOLVED, that the Board encourages eligible voters to become informed regarding Measure P and to participate in the November 3, 2026 election.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 22nd day of October, 2026 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

_____	_____
Michael McGarry Chair, Board of Directors Tahoe Forest Hospital District	Alyce Wong Secretary, Board of Directors Tahoe Forest Hospital District

TAHOE FOREST
HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

MEETING DATE: October 22, 2026	**ITEM:** 15.5 Resolution Recognizing Breast Cancer Awareness Month
DEPARTMENT: Administration	**TYPE OF AGENDA ITEM:** ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Louis Ward, Chief Operating Officer Anna Roth, President & CEO	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☒ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☒ No ☐ N/A

BACKGROUND:
Breast Cancer Awareness Month is observed each October to promote education, early detection, treatment awareness, and support for individuals and families affected by breast cancer. The resolution provides an opportunity for the Board to acknowledge the patients and survivors while recognizing the exceptional care provided by healthcare professionals and support staff throughout the District.

The resolution highlights the contributions of physicians, nurses, technicians, patient navigators, therapists, and support personnel whose commitment to clinical excellence and compassionate service positively impacts patient outcomes and experiences.

SUMMARY/OBJECTIVES:
Consider adoption of a resolution recognizing October 2026 as Breast Cancer Awareness Month and honoring the physicians, healthcare providers, and staff whose excellence, dedication, and compassion support patients and families facing a breast cancer diagnosis.

SUGGESTED DISCUSSION POINTS:

SUGGESTED MOTION/ALTERNATIVES:
Motion: approve Resolution 2026-07 recognizing Breast Cancer Awareness month and honoring staff and physician excellence and compassion.

Alternative Motion: Suggest edits to the Resolution.

LIST OF ATTACHMENTS:
Resolution 2026-07

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2026-07

RECOGNIZING BREAST CANCER AWARENESS MONTH AND HONORING THOSE AFFECTED BY BREAST CANCER, AND THE EXCELLENCE, COMPASSION AND DEDICATION OF HEALTHCARE PROFESSIONALS AND STAFF WHO SUPPORT PATIENTS DIAGNOSED WITH BREAST CANCER

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

WHEREAS, October is recognized nationally and throughout the District as Breast Cancer Awareness Month, a time dedicated to increasing awareness of breast cancer, promoting education and early detection, supporting those affected by the disease, and honoring survivors; and

WHEREAS, breast cancer affects people of all genders and remains one of the most commonly diagnosed cancers and a leading cause of cancer death; and

WHEREAS, breast cancer affects individuals, families, friends, and communities, creating challenges that extend beyond medical treatment and requiring courage, resilience, and support throughout the care journey; and

WHEREAS, healthcare professionals, including physicians, surgeons, radiologists, oncologists, nurses, technicians, navigators, therapists, and support staff play a critical role in the detection, diagnosis, treatment, and ongoing care of individuals facing breast cancer; and

WHEREAS the compassionate care provided by these dedicated professionals extends beyond clinical treatment, offering comfort, dignity, education, encouragement, and hope to patients and their loved ones during difficult and often life-changing circumstances; and

WHEREAS, the Board of Directors recognizes the commitment to excellence demonstrated by healthcare teams who continually advance the quality of care through expertise, innovation, collaboration, and patient-centered service; and

WHEREAS, the Board also acknowledges the extraordinary efforts of administrative, operational, and support staff whose contributions help ensure patients receive timely, coordinated, and compassionate care throughout their treatment experience; and

WHEREAS, recognizing Breast Cancer Awareness Month provides an opportunity to honor not only those affected by breast cancer, but also the physicians, clinicians, and staff whose professionalism and compassion make a meaningful difference in the lives of patients every day.

WHEREAS, by proclamation on October 23, 2025, the Tahoe Forest Hospital District recognized the month of October as Breast Cancer Awareness Month throughout the District's service area.

NOW, THEREFORE, BE IT RESOLVED, that the Board expresses its sincere appreciation and gratitude to the physicians, healthcare providers, and staff members whose excellence, dedication, and compassion provide exceptional care and support to patients diagnosed with breast cancer.

BE IT FURTHER RESOLVED, that the Board encourages community members to promote awareness, education, preventive health measures, and support for those impacted by breast cancer and commends these healthcare professionals and staff for their unwavering commitment to improving the health, well-being, and quality of life of individuals and families facing a breast cancer diagnosis.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 22nd day of October 2026 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

_____	_____
Michael McGarry	Alyce Wong
Chair, Board of Directors	Secretary, Board of Directors
Tahoe Forest Hospital District	Tahoe Forest Hospital District