

# TAHOE FOREST HEALTH SYSTEM MAGAZINE

VOLUME 2, NUMBER 2 / 2016

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# ON THE COVER

Ten years in the making, the Measure C projects are a collection of 15 major projects that include bringing the hospital up to modern seismic standards, new facilities, and upgraded services. It has increased the hospital's patient capacity, brought in new life-saving technologies and put the rural Truckee hospital on par with its more metropolitan counterparts.

Read **Measure C Measures Up** (page 6) and learn how the Measure C projects have improved health care in our community.



## OUR HOSPITALS

### TAHOE FOREST HOSPITAL

10121 Pine Avenue  
PO Box 759  
Truckee, CA 96160  
**Main phone line (530) 587-6011**

### INCLINE VILLAGE COMMUNITY HOSPITAL

880 Alder Avenue  
Incline Village, NV 89451  
**Main phone line (775) 833-4100**

## ONLINE RESOURCES

**NEWS, EVENTS, BOARD MEETINGS & SERVICES  
OF THE TAHOE FOREST HEALTH SYSTEM**  
[www.tfhd.com](http://www.tfhd.com)

**TAHOE FOREST HEALTH SYSTEM**  
[www.tfhd.com](http://www.tfhd.com)

**GENE UPSHAW MEMORIAL GOLF CLASSIC**  
[www.GU63.org](http://www.GU63.org)

**GENE UPSHAW MEMORIAL TAHOE FOREST  
CANCER CENTER**  
[www.tahoecancercenter.com](http://www.tahoecancercenter.com)

**CANCER CARE ENDOWMENT**  
[www.endowment4cancercare.com](http://www.endowment4cancercare.com)

**CITIZENS OVERSIGHT COMMITTEE**  
[www.hospitalcoc.org](http://www.hospitalcoc.org)

**BEST OF TAHOE CHEFS**  
[www.bestoftahoechefs.org](http://www.bestoftahoechefs.org)

**MEASURE C**  
[www.measurecprojects.com](http://www.measurecprojects.com)

Get social with us!



## PUBLISHING INFO

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To add your name to our mailing list, change your address, or for questions on any topic, please call **(530) 582-6290**, or email us at **information@tfhd.com**.

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# TAHOE FOREST HEALTH SYSTEM NEW DOCTORS

**Peter Bretan, MD, FACS**  
**Urology**

Tahoe Forest MultiSpecialty Clinics  
10956 Donner Pass Road  
Suite 330  
Truckee, CA 96161  
**(530) 550-6770**

**Robert Mancuso, MD**  
**Otolaryngology**

*(Ear, Nose and Throat)*  
Tahoe Forest MultiSpecialty Clinics  
10956 Donner Pass Road  
Suite 340  
Truckee, CA 96161  
**(530) 582-8300**

**Andrew Ringnes, MD**  
**Orthopedics**

Tahoe Forest MultiSpecialty Clinics  
10051 Lake Avenue, #3  
Truckee, CA 96161  
**(530) 587-7461**

**Celia Sutton-Pado, MD**  
**Family Medicine**

Tahoe Forest Health Clinic  
10956 Donner Pass Road  
Suite 230  
Truckee, CA 96161  
**(530) 582-3277**

and

Incline Village Health Clinic  
880 Alder Avenue, Suite 226  
Incline Village, NV 89451  
**(775) 831-6200**

**Chelsea Wicks, MD**  
**Pediatrics**

Tahoe Forest MultiSpecialty Clinics  
10956 Donner Pass Road  
Suite 130  
Truckee, CA 96161  
**(530) 587-3523**

Hospital-based physicians providing inpatient and on-call care.

**Tahoe Forest Hospital**

10121 Pine Avenue  
Truckee, CA 96161  
**(530) 587-6011**

**Incline Village  
Community Hospital**

880 Alder Avenue  
Incline Village, NV 89451  
**(775) 833-4100**

For a complete list of physicians, go to [www.tfhd.com](http://www.tfhd.com).



## Exceptional 24-Hour Emergency Care

Identified by the local community as a vital service, the Emergency Department at Tahoe Forest Hospital was in need of renovation to improve basic services.

Open 24 hours a day to the public, the new state-of-the-art Emergency Department includes a dedicated triage area to evaluate each patient on arrival, a new entrance for better patient access, compliant patient registration area, and a new and comfortable waiting room for family and friends.

# A MESSAGE FROM THE CEO

## HARRY WEIS

One of my biggest priorities since joining Tahoe Forest Health System (TFHS) last December is to engage directly with community members like you. It's so important because healthcare issues affect all of us in the community.

This edition of the Tahoe Forest Health System Magazine focuses on the completion of the hospital Measure C general obligation bonds. We've got an interesting story to tell about the evolution of these projects and how they benefit all of us.

You may be aware that TFHS is a unique public/private partnership model, with 7.6% of our operating income coming from public tax sources— property taxes and general obligation bonds. It's an honor and privilege to serve this community, and our goal is to provide you and your family with high quality, sustainable health care with the least tax burden possible.

To help the community stay informed, we've created a place on our website, [www.tfhd.com/ceo](http://www.tfhd.com/ceo), where you can read my monthly reports to the District Board of Directors. You'll also find informative links to our videotaped board meetings, board agendas, meeting minutes and more.



We've also started a new TV show called "Mountain Health Today" focused on local health topics. You'll find a link to view these shows on [www.tfhd.com](http://www.tfhd.com), as well as local TTCTV's Channel 6.

If you ever have a question or concern about Tahoe Forest Health System, please send us an email at [information@tfhd.com](mailto:information@tfhd.com). We'll make sure your question is answered accurately, by a member of our team with knowledge and experience about your issue.

Respectfully,

Harry Weis  
CEO, Tahoe Forest Health System

*Announcing*

**TAHOE FOREST  
MULTISPECIALTY CLINICS  
ORTHOPEDICS**  
A Service of Tahoe Forest Health System

*[Formerly North Tahoe Orthopedics]*

**JEFFREY DODD, MD**  
*Board Certified Orthopedic Surgeon*

**ANDREW RINGNES, MD**  
*Board Eligible Orthopedic Surgeon*

- Sports & Industrial Medicine
- Total Anterior Hip Replacement

- Foot & Ankle Surgery
- Arthroscopy

- Knee & Shoulder Reconstruction
- Joint Replacement Surgery

10051 Lake Avenue, Suite 3, Truckee, CA 96161

**(530) 587-7461 • [tfhd.com](http://tfhd.com)**

# WHAT PEOPLE ARE SAYING

## Ambulatory Surgery

“My overall assessment of your facilities, staff, even my surgery, was perfect. Thanks for the follow up calls I received. The icing on the cake was the get well card. It was over the top! Thanks for acting like family and caring.”

## Hospice

“I can't overstate how great you are. You are the best. The quality of your people, the compassion, the caring is unmatched. We are so grateful that we could get your support/help. You guys are world class and so is the entire Tahoe Forest system. Thank you for everything you do.”

**Gene Upshaw Memorial Tahoe Forest Cancer Center**

“I had another good experience with excellent care, qualified nurses and doctors!”

## Incline Village Community Hospital Emergency Department

“Everyone was very nice. It was one of the best emergency room experiences I've ever had. They were quick and very kind. I would definitely recommend the ER.”

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## OUR PRIORITY is Top Quality Care

At Tahoe Forest Health System, our focus is to provide you and your family with the very best health care experience possible.

If you have any comments or feedback during your hospital visit, we encourage you to talk to any staff member from the department you are visiting, or call our Service Excellence Hotline at **(530) 582-6544**.

## Striving for the Perfect Care Experience for Every Patient

# Live the blue:life

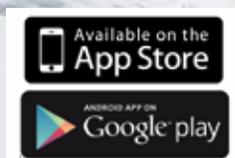
Find out why life's  
better when it's Blue.



blue:life

Rethink Healthy

[www.tfhd.com/bluelife](http://www.tfhd.com/bluelife)



## What is **Blue Life?**

Blue Life is the name for the umbrella program to manage your total health throughout Tahoe Forest Health System. More than just an app or a card, Blue Life is the easy, digital, secure way to help you achieve your best health.

## What is the **Blue Life card?**

It's simply a patient access card that links you directly to your Tahoe Forest Hospital or Incline Village Community Hospital electronic medical record for:

- *Easier registration*
- *Link to your medical information with added confidence*
- *Improved security and identification*

The card does not contain any of your personal health information – only an indexed number that links to your medical record when registering at Tahoe Forest Hospital, Incline Village Community Hospital, or any of our clinics.

## What is the **Blue Life app?**

The Blue Life web and mobile app is a portal to your Blue Life health and wellness program. It can empower you in all kinds of ways:

- *Helps you take ownership of your wellness goals*
- *Manages and allows you to track your nutrition, exercise, sleep and more*
- *Connects easily to your wearable or smartphone health tracking device*
- *Connects you with your Blue Life friends for support and encouragement*



Find community recreational activities



Track your diet and exercise



Get quick access to health care professionals

### **Ready to go Blue?**

Simply visit your mobile OS app store and install the Blue:life app today!



**EMERGENCY ENTRANCE**

# MEASURE C MEASURES UP

A decade ago, the Tahoe Forest Hospital was a mismatched collection of buildings that were built over a span of a half century, with the earliest building dating to the 1950s. It showed its age, and Tahoe-based patients were routinely sent to Sacramento or Reno to receive more advanced care.

Today, thanks to Measure C, a voter-approved initiative that allocated \$98.5 million to hospital improvements (the bond measure allocated \$3.5 million

to debt reduction and \$95 million plus interest to improvements), Tahoe Forest Hospital District (TFHD) is now a model of rural healthcare. It's been designated a UC Davis Rural Center of Excellence, is certified "Baby Friendly," received a Women's Choice Award for America's Best Hospital Obstetrics, and has been named one of the nation's top 100 critical access hospitals by the National Rural Health Association.



Ten years in the making, the Measure C projects are a collection of 15 major projects to include bringing the hospital up to modern seismic standards, new facilities and upgraded services. It's increased the hospital's patient capacity, brought in new life-saving technologies and put the rural Truckee hospital on par with its more metropolitan counterparts. Here's a look at how the Measure C projects measure up.

*“Completing 15 projects over really two years of planning and seven years of construction and coming within 1 percent of the original budget, I think is an astronomical accomplishment. I don't think you see that in any major hospital construction or any government construction today.”*

**Rick McConn**  
*Chief of Facilities Development, TFHS*

### **Measure C General Obligation Bond**

In 2006, Tahoe Forest Hospital District's Board of Directors conducted three separate surveys among the public to determine the hospital's most pressing needs and whether the community would support a tax to pay for the improvements.

In response, a June 2007 resolution proposed a \$98.5 million general obligation bond, a municipal bond issued by local government to raise funds for public works. General obligation bonds require at least two-thirds voter approval to pass.

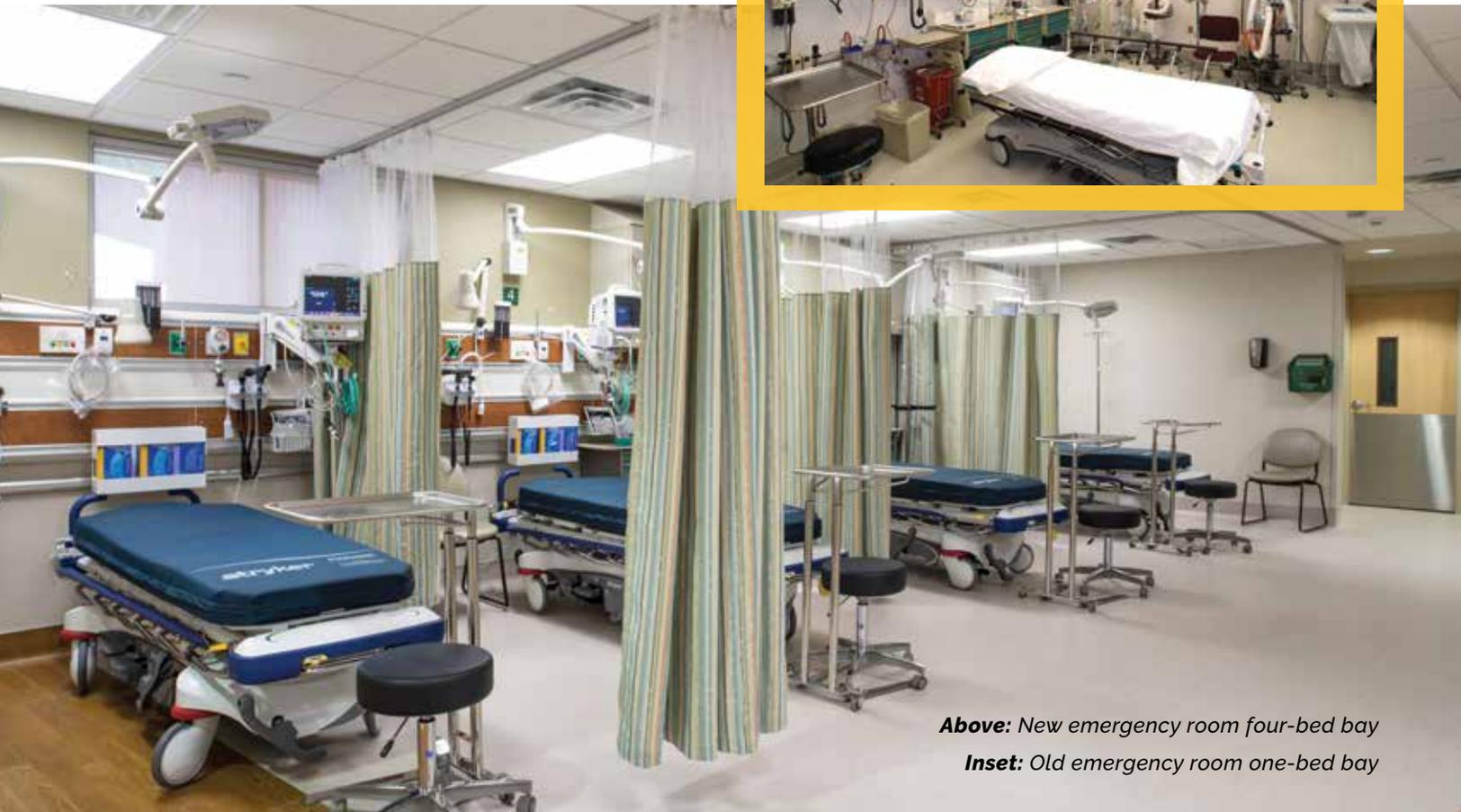
In September 2007, voters, in a 72 percent super-majority, passed the Measure C general obligation bond, demonstrating enormous community support for the Measure C projects and a willingness to invest in the improvement of the Tahoe Forest Hospital.

### **A Monumental Undertaking**

The measure identified 15 projects (the language of the bond measure specifically identified ER, OB/maternity, long-term care and cancer care as well as seismic upgrades), all deemed high-priority by the community, for improvement, to include construction of the state-of-the-art Gene Upshaw Memorial Tahoe Forest Cancer Center, a new Joseph Family Center for Women and Newborn Care, the Long Term Care Center and a remodeled and expanded emergency department.

For this massive undertaking, the hospital worked to create a facilities development plan to identify and phase the projects. The hospital's facilities team was comprised of TFHS staff as well as architects, engineers, field inspectors and many others.

*Continued on next page*



**Above:** New emergency room four-bed bay

**Inset:** Old emergency room one-bed bay

## MEASURE C MEASURES UP MAIN FEATURE STORY

*Continued from previous page*

In February 2008, Chief of Facilities Development Rick McConnell began working on the Measure C projects, “from master planning to ultimate construction and everything in between,” he says.

TFHS brought in Reno-based Geney/Gassiot, Inc. to manage construction. “We’ve been very honored to be selected by the district to complete the projects,” says company owner Mike Geney. “It’s a tremendous feeling for myself and my entire team.”

Over the course of the projects, Geney says his company has logged more than 450,000 construction man-hours, as well as issued 233 separate contracts for construction. “It’s been quite an endeavor,” he says.

Construction began in September 2009 and is scheduled to wrap up this October.

The projects were completed in three phases. Phase one, from 2009 to 2010, saw the replacement of underground utilities, construction of a new data center and the diagnostic imaging remodel and replacement of equipment, among other upgrades.

Phase two, from 2010 to 2012, saw projects such as the pharmacy relocation, construction of the cancer center and the central energy plant, and the remodel of the Long Term Care Center.

Phase three, from 2012 to 2016, included the addition and remodel of the Emergency Department, the Surgery Sterile Processing expansion, and the construction of the Joseph Family Center for Women and Newborn Care.

Because of how Measure C was phased, each project relied on the successful completion of the various steps of its predecessor (such as permitting and construction) before it could begin, adding

a high degree of interdependency to construction. Additional challenges included the amount of oversight by government agencies for hospital development, the difficulties of renovating decades-old spaces, and the fact that Tahoe Forest Hospital remained fully operational during construction. “It was extremely complex,” says Geney.

One major obstacle, according to McConnell, was maintaining a core construction management group. A key member of their group Marvin Baker, who had been a 25-year TFHS employee, passed away in 2015 after a year-long battle with cancer. Baker had been the chief engineer and Director of Measure C Construction. It was a blow to the team, personally and professionally.

Despite the challenges, overall construction went as planned.

“Completing 15 projects over really two years of planning and seven years of construction and coming within 1 percent of the original budget, is an astronomical accomplishment,” says McConnell. “I don’t think you see that in any major hospital construction or any government construction today.”

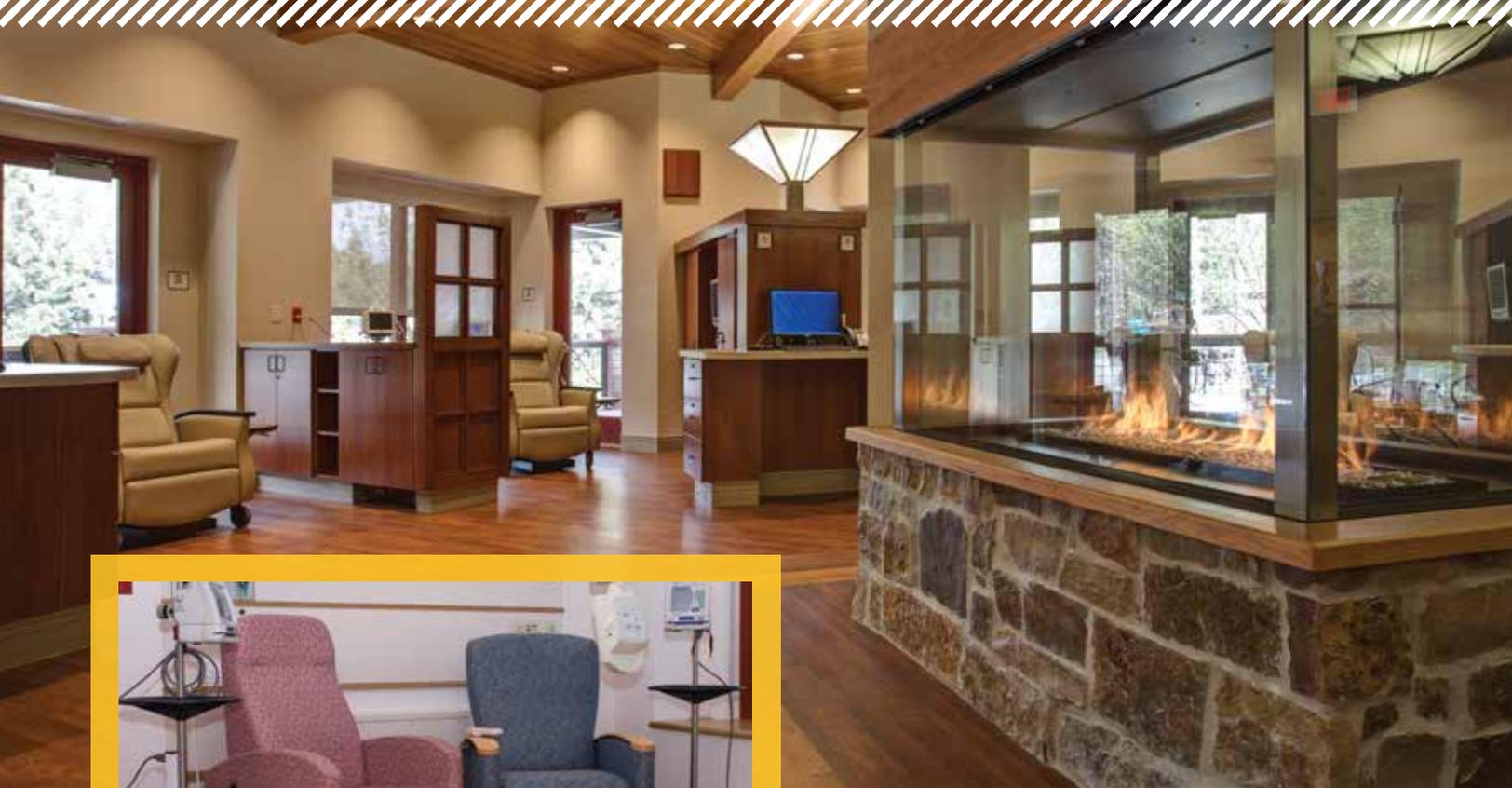
### ***Citizens Oversight Committee***

In order to make the construction process and budgeting transparent, TFHS oversaw the creation of the Citizens Oversight Committee (COC), a separate group comprised of individuals from the community that would monitor progress and ensure that the bond money was used solely for the projects authorized by the ballot measure.

Gerald Herrick, now COC chairman, was first recruited in 2009 to join the committee, which is made up of citizen members appointed by the TFHS board of directors. “The relationship between the COC and hospital staff has been professional,

**Below:** *Citizens Oversight Committee, L-R, Christy Curtis, Sherrin Fielder, Paul Leyton (Vice Chair), Gerald Herrick (Chair), Sarah Wolfe, and Gary Davis (not pictured: Gary Boxeth)*





**Above:** Gene Upshaw Memorial Tahoe Forest Cancer Center Infusion room

**Inset:** Old cancer center infusion room



effective and positive,” Herrick says. “Hospital staff have provided the committee with budget data on a regular basis and responded in a timely matter to any requests for additional back-up material.”

Despite the open relationship, the COC realized that, with the sheer wealth of information on the various budgets and expenditures, it needed to create a smaller group of members that could meet on a regular basis to allow for a more detailed and in-depth review of invoices and expenditures.

A subcommittee was formed under COC member Sherrin Fielder, a Truckee-based CPA, to review nearly 60 percent of all invoices and meet with the hospital staff on a monthly basis.

“Tahoe Forest Hospital staff have been very obliging in providing all invoices and follow-up material that the subcommittee requested. All matters of concern were dealt with expeditiously,” says Herrick.

The COC reviews and analyzes annual audit reports, as well as monthly balance sheets and select project invoices. The committee shares its findings with TFHS, while also posting its reports online for community review.

“The committee has taken this task very seriously and has represented the community responsibly,” says COC member Gary Boxeth. “Besides attending regular meetings, members have also taken onsite tours of the work being done. We have asked many

questions and probed to get satisfying answers.”

For Herrick, the goal of both the COC and the hospital is a mutual one: to serve the public. “I believe in community service,” he says. “The Tahoe Forest Hospital Measure C Oversight Committee provided me with an important way to serve the community. Likewise, the Measure C projects have enhanced the hospital’s ability to provide world-class medical service to the Truckee and North Tahoe area.”

### ***New and Improved Facilities***

One of Measure C’s most lauded projects is the creation of the Gene Upshaw Memorial Tahoe Forest Cancer Center. The \$33 million, 34,000 square-foot facility opened in 2012; it’s named for former Oakland Raider and NFL executive director Gene Upshaw, who died of pancreatic cancer at Tahoe Forest Hospital in 2008.

The center aims to provide Tahoe-area patients a place close to home for treatment. The center was designed to be as unintimidating as possible—for example, patients receive chemotherapy in the infusion room, where warm wood tones, rustic lighting and a glassed-in gas fireplace give the room a comforting, mountain-inspired feel, rather than the sterile white walls often associated with hospitals.

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Beyond the state-of-the-art technologies (such as the virtual tumor board, which allows doctors to consult with experts around the country and share medical information or discuss patient treatment plans), the center also includes inpatient therapy, nutritional counseling, even a wig and styling salon.

In the initial surveys, upgrades to the emergency department were noted as the community’s top priority. The technologies were lacking and the building was missing basic amenities, such as a dedicated triage area. In the renovation, the department was reconfigured to allow for two private triage areas, where patients can be evaluated in private, as well as increased patient capacity, easier patient access, and an improved lobby for the comfort of family and friends. New equipment, such as a nuclear medicine camera and a fluoroscope, allows for better diagnostic capabilities.

The Long Term Care Center was another project that had been identified as high priority by the community. Part of the original building needed to be demolished due to the seismic upgrades, but it was replaced with a 3,500-square-foot annex that included nurse stations and patient and public spaces. The facility now offers 24-hour care and 37 beds, as well as amenities like activity and recreational programs, nutritional services, laundry and onsite salon services.

The Joseph Family Center for Women and Newborn Care is the last of the Measure C projects to be completed. The original center was located in one of the hospital’s oldest buildings, which was constructed in 1966 and did not meet current California seismic or building codes. The center was moved to an interim location for about two years while construction commenced on the new building.

For a rural town (Truckee counted 16,211 residents as of 2015, according to Town of Truckee statistics), Tahoe Forest Hospital amenities are more on par with a metropolitan area.

“These projects allow Tahoe Forest to support our community with safe, high-quality care,” said TFHS CEO Harry Weis. “Our efforts are all directed toward providing the best care possible for families in this region.”

For community members and visitors to the Truckee and North Lake Tahoe region, the Measure C projects represent a monumental step forward in the field of health care.

“A remarkable thing about the Measure C projects is that they were chosen by the community,” says McConn. “The cancer center, the new OB department—those were all things the public identified as things the community wanted and we were able to provide.”

“The citizenry of the district approved a bond measure that has exponentially improved the health care within the mountain community,” says Geney.

The support of Measure C, as well as the care, commitment and labor that went into turning these 15 projects into a reality over the past decade, prove that the investment is not merely about Tahoe Forest Hospital, but a measure of the community, as well. ◆

## MEASURE C PROJECT DATES

### Office Relocations

9/30/2010 – 2/16/2011

### IT Data Center / Fiber Optic

11/17/2009 – 4/19/2010

### Utility Bypass Phase I & Phase II

9/9/2009 – 9/3/2010

### Central Plant Upgrades and Relocations (4 individual phased projects)

6/22/2010 – 2/23/2012

### Fluoroscopy / Nuclear Medicine / Diagnostic Imaging Upgrades

5/3/2010 – 8/23/2010

### Cancer Center; Building & LINAC

9/13/2010–5/25/2012

### Long Term Care Facility

3/7/2011 – 8/30/2012

### Infill Projects; Pharmacy Relocation

3/15/2011 – 9/2/2011

### Infill Projects; Phase I Dietary / Interim OB Department / RT / MR / Dietary Lockers

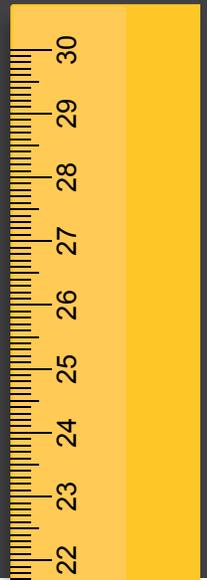
6/18/2012 – 7/10/2014

### Emergency Department / Sterile Processing Department

9/17/2012 – 6/8/2015

### South Building / Joseph Family Women & Newborn Care Unit / Dietary Phase II

11/10/2014 - Current





**Above:** New Long Term Care Center entrance.  
**Inset (left):** Old Long Term Care Center entrance.  
**Below:** Demolition of the old Long Term Care Center to make room for Measure C improvements.

**Inset (right):** Demolition of the 1966 building to provide for the final Measure C project, the Joseph Family Center for Women and Newborn Care. OB services were in an interim location for about two years. The new facility is slated to open in fall 2016.





# A FORUM FOR FEEDBACK

## *Patient and Family Advisory Council Makes a Difference*

With the creation of the Patient and Family Advisory Council (PFAC), Tahoe Forest Health System hopes to hear from its patients about hospital processes—what is working and, just as importantly, what is not.

“We want people to provide their experience,” says Trish Foley, Patient Advocate for the Department of Quality and Regulations. “Everyone’s voice is important.”

PFAC strives to promote patient advocacy and the collaboration between patients and staff. It allows patients and families the ability to offer constructive criticism in the hopes of improving the experience for future patients.

The concept grew from meetings of the Board Quality Committee, which wanted to solicit feedback from hospital patients in order to improve the patient experience. While researching various strategies, the committee discovered that, in lieu of focus groups, other hospitals were creating advisory councils that worked with patients and families.

After about a year and a half of conferences, data gathering and in-depth research (much gathered from joining groups such as “Patients on Board,” a collaborative program focused on developing ways to engage patients and families), PFAC was created in April of 2015. The group is currently made up of eight members, all of whom have either been a patient or had family

utilize TFHS’s services. The group meets either monthly or quarterly.

“What’s great is it’s an open forum to be pretty candid about your experience and offer insight, because it’s the patient or family experience,” says Foley, who acts as a facilitator for the PFAC meetings. “The perspective from family or patients is so different than when you are staff.”

Doug Wright has been a PFAC member since the committee was founded. “Having a strong healthcare provider in our community is really important to the viability of any community,” he says. “Without a really good hospital, we all suffer. It affects the economy, local business and, obviously, locals and visitors.”

Sherilyn Laughlin calls herself a “frequent flier” of services such as the hospital and the Tahoe Forest MultiSpecialty Clinics. She is one of the group’s newest members and says that she’s seen a definite enhancement in TFHS services since PFAC’s creation.

“It’s really making it a more user-friendly and patient-friendly family environment,” says Laughlin.

PFAC’s goal is to gain feedback on every aspect within the hospital that affects patients or families—from registration to diagnostic imaging to surgical services and dietary plans. The committee invites two to three department leaders to each

**Left:** Patient and Family Advisory Council members, front row, L to R, Kathy Avis; Trish Foley, TFHS Patient Advocate; Kathy Mosby; Anne Liston; Kerry Milligan, RN, Manager of Med/Surg and ICU, TFHS; and Peter Taylor, MD.

**Back row,** L to R, Harry Weis, TFHS CEO; Janet Van Gelder, Director of Quality and Regulations, TFHS; Tammy Melrose, RN; Jim Sturtevant, Administrative Director of Acute Care and Extended Care, TFHS; Judy Newland, Administrator, IVCH, and Chief Operating Officer, TFHS; and Doug Wright.

(Not pictured: Sherilyn Laughlin, Amelia Espinoza, Nancy Woolf and Karen Caton)

meeting to discuss their various services, then offers feedback about current operations, as well as suggestions for future improvements.

“They are our eyes on specific topics,” Foley says, listing items like the discharge process, the online patient portal, even the ease of navigating the hospital’s website. “People are really candid.”

Many improvements have come out of these PFAC meetings. In one example, the hospital started utilizing large, personalized whiteboards in each patient room. Staff updates the boards with relevant information, such as the names of doctors and nurses, the last medication given, and other helpful notes for patients and families.

## ***“From a patient’s perspective, it can make or break your stay,” says PFAC member Kathy Avis.***

Kathy Avis has been a member for about six months. In that time, she has also since started working as a nurse at Tahoe Forest Hospital.

“Typically, we don’t include staff,” says Trish Foley. “The idea is to have an outside perspective.” But, as she points out, it’s a small town; there’s going to be some overlap.

Avis was recommended to join the group following the birth of her son, who is now 14 months old. “Basically, what they ask is that we just share experiences,” she says. “It’s an open, honest forum where you can tell them anything you have to share about Tahoe Forest Hospital.”

Other outcomes from PFAC meetings include improved signage, reviewing the visitor policy by recognizing family and guest presence as essential to patient care and quality, and encouraging Emergency Department staff to offer noise-reducing headphones to patients.

“One of the things I’m really surprised by is the quality of the hospital staff and community members involved in the committee and how receptive they are to our thoughts and suggestions,” says Doug Wright. “The PFAC has made suggestions, and they have all been considered and most have been implemented. If they are not, it’s explained, and it never feels like a suggestion is foolish. I am completely convinced that our suggestions and this committee are making a difference in the patient experience.”

PFAC recruitment often comes from hospital or care provider recommendations, but anyone who utilizes hospital services is welcome to join. Foley says she would like to grow the group’s number at about 12 members.

“The ultimate goal is to hear their input on process improvements,” she says. Each new voice offers a different experience in relation to Tahoe Forest Hospital, and allows the committee to provide more feedback with the goal of improving the hospital’s services.

Avis encourages people in the community, who may not necessarily want to join PFAC, to still approach her and other members to share their experiences and anything they’d like to see addressed.

“Hearing from the public things they would like to see improved is very important for the committee,” Laughlin agrees. “Overall, it’s a betterment of the health care in our community.”

To learn more about PFAC or to volunteer, please contact Trish Foley at (530) 582-6567 or [pfoley@tfhd.com](mailto:pfoley@tfhd.com). ♦

## **Patient and Family Advisory Council Members and Staff:**

Kathy Avis	Kathy Mosby
Karen Caton	Judy Newland
Amelia Espinoza	Jim Sturtevant
Trish Foley	Peter Taylor, MD
Sherilyn Laughlin	Janet Van Gelder
Anne Liston	Harry Weis
Tammy Melrose, RN	Nancy Woolf
Kerry Milligan, RN	Doug Wright



“My goal is to keep people active and to keep them from spiraling down into inactivity.”

**David Condon, DPM**

# PROFESSIONAL TRAINING,

## Personalized Care

*Skilled Doctors,  
Self-Reliant and  
Passionate About  
Personalized Health Care*

Dr. David E. Condon knows how important healthy feet are to Truckee-Tahoe's active citizenry. The podiatrist has been learning about them in one sense or another for nearly 40 years.

A former UC Davis tennis player, Dr. Condon studied locomotion firsthand on the courts and in the classroom, where he majored in physical education with an emphasis in exercise physiology.

A competitive runner during the running boom of the late 1970s, Dr. Condon took his interest in structure/function relationships specifically related to the California College of Podiatric Medicine in San Francisco.

And, as someone who employs the motto "healthy feet for an active lifestyle," Dr. Condon sees local athletes all the time who can benefit from his unique view on health issues regarding the lower extremity.

"The thing about podiatry is it's a different degree. It's not an MD, so we look at things differently," says Dr. Condon. "We look at ground-reactive forces; we work from the ground up. We have a little different perspective from orthopedics and sports medicine doctors. It makes for a nice, well-rounded medical community up here with all of those perspectives."

As someone who prizes his own mobility and activities—from triathlons to running to tele-skiing over the years to something as simple as walking his own "selectively obedient" rescue mutt and "fiendishly smart" Goldendoodle, Dr. Condon knows what it takes to get patients back on their feet and into their favorite Tahoe-area activities.

Dr. Condon was led into the science and medical fields from a young age. His late father was a chemistry teacher, and a close family friend and the Condon family physician, Dr. Donald Harris, set an example as a doctor that Dr. Condon wanted to follow.

He came to Truckee in 1993 after a childhood spent visiting a family cabin in Carnelian Bay.

On a day-to-day basis, Dr. Condon cares for a number of regular patients with difficulties managing their foot health, from seniors with diabetes to people with sports and overuse injuries. Those

run the gamut from stress fractures to heel pain and knee pain stemming from improper mechanics and improper training techniques.

"My goal is to keep people active and to keep them from spiraling down into inactivity" and all the health problems that can stem from a sedentary lifestyle, he says.

His small practice on the third floor of the Tahoe Forest Medical Office Building assists patients with a wide array of treatments and health advice. For over 20 years, he has served patients in Truckee as well as at his satellite office in Incline Village. Some patients are prescribed physical therapy while others are treated for relatively minor ailments like ingrown toenails. Condon performs gait analyses and counsels patients about proper shoe gear for whatever their active lifestyle entails.

"In the same way that computer technology has advanced, shoes have advanced," says Dr. Condon. "If you looked at a running shoe from the 1970s or '80s it's totally different from today's models."

Then he adds, somewhat slyly, "We do butt up against people who are concerned with shoe fashion. There aren't so many social stigmas attached with wearing an athletic shoe around town in Truckee as opposed to say, San Francisco, though."

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**(530) 587-7790**

**Incline Village Office**  
88g Alder Avenue, #303  
Incline Village, NV 89451

**(775) 831-9322**

## Stephen Forner, MD Board Certified in Neurology

Dr. Stephen Forner wanted to become a doctor since he was a boy. When he was 10 years old, his father was in the U.S. Army and stationed in Korea. He sent his son a high-quality Japanese Olympus microscope. Thus began a life-long interest in biology, the human body and medicine. Dr. Forner still has that microscope.

Since Dr. Forner's father was in the military and diplomatic service, his family lived in various places in the U.S. and abroad. His father was a military attaché in the U.S. embassy in Tel Aviv, Israel, and Dr. Forner graduated from a U.S. Air Force boarding school in Ankara, Turkey.

Dr. Forner returned to the United States for college, earning his undergrad degree from George Washington University, in Washington D.C. He got his medical degree from Philadelphia's Perelman School of Medicine at the University of Pennsylvania. While in medical school, he spent a summer doing neurophysiology research at the University of Calgary in Alberta, Canada, where he spent every weekend hiking or backpacking in the Canadian Rockies. He remained at the University of Pennsylvania while he completed his internship in medicine at the Graduate Hospital.

From Pennsylvania, Dr. Forner moved to California to complete his residency in neurology at Stanford University School of Medicine, followed by his fellowship in clinical neurophysiology at Southwestern Medical School at the University of Texas in Dallas. In 1982, he and his wife, Linda, moved to Chico, California, where he ran a private practice for 31 years while also serving for 25 years as a professor of neurology at UC Davis School of Medicine. Linda worked as a speech pathologist until their son Geoffrey was born.

The entire Forner family loves outdoor activities, including hiking, biking, skiing, snowshoeing and all water sports. All

are SCUBA-certified and have taken many dive trips together. Dr. Forner has participated in numerous diving medicine and wilderness medicine courses. However, when Geoff was 5 years old and the family was on a hike in Lassen National Park, he commented, "It's hard having parents who like to do this kind of stuff." Now Geoff is 26 and works in Marin County, but he has a long association with the Tahoe area. The family has vacationed here in winter and summer for many years. Geoff has worked at Gar Woods, West Shore Café, Northstar California and Squaw Valley, and still works part time at Squaw in the winter as a mountain host.

After 31 years of running a private practice, Dr. Forner was looking for a change. He contacted Tahoe Forest Hospital and the MultiSpecialty Clinics because he noted that there was no neurologist in this area. He was excited about the opportunity to bring neurological services to an area that had been underserved. In December 2013, Dr. Forner began commuting to Truckee from his home in Chico. After about a year of back and forth, he and his wife moved to Tahoe fulltime in January 2015 and have their home in Tahoe Vista.

Today, Dr. Forner is the only neurologist between Auburn and Reno. The majority of his work is at the clinic, where he spends three days a week, though he also goes to the hospital to see patients, or consults with ER and other doctors. He has been able to provide nerve and muscle testing using an EMG machine, and the hospital now has an EEG machine to do brain wave testing.

In Tahoe, he says, a common neurological disorder is concussion, from auto accidents, slip and falls, and injuries resulting from the myriad sports and activities for which the region is famous. For example, during the ski season, the Tahoe Forest Hospital emergency room generally sees 10 to 15 children dealing with concussions each weekend. Dr. Forner works with the concussion team, including Dr. Nina Winans, a sports medicine physician, to coordinate care for the concussion patients.

Dr. Forner also treats a wide variety of neurological conditions in all age groups, including nerve and spine problems, traumatic brain injuries, seizures, strokes, Parkinson's Disease and dementia. The most common ailment, he says, is headache, which happens to be one of his specialties. While in Chico, he did extensive research on headaches and effective treatments, often for pharmaceutical companies or the National Health Institute. When asked for advice on how to avoid headaches, he said, "Get regular sleep, get regular exercise and eat regular meals with a balanced diet."

### FOR APPOINTMENTS OR MORE INFORMATION:

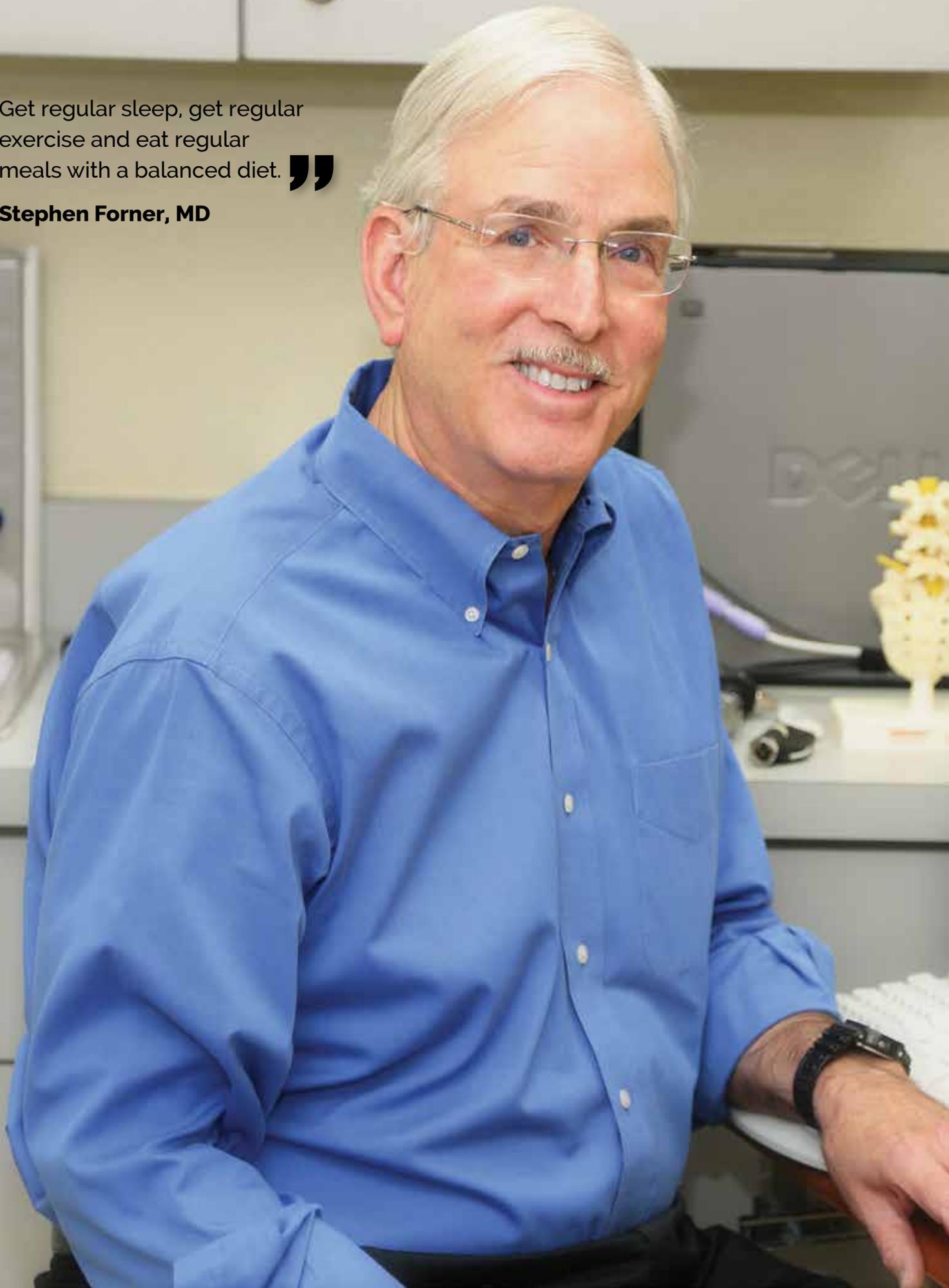
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**(530) 582-6368**

“ Get regular sleep, get regular exercise and eat regular meals with a balanced diet. ”

**Stephen Forner, MD**





“ For any practice to be sustainable and fair it must be patient-centric and physician led,” he says, “not corporate-centric or insurance-led or any other permutation. I am dedicated to our profession and our patients in preserving this most sacrosanct relationship. ”

**Peter Bretan, MD**

*Courtesy of Captured Memories Photography*

## Peter Bretan, MD Board Certified in Urology

Dr. Peter Bretan believes compassion creates a ripple effect.

Born in a naval hospital in California's Ventura County, Dr. Bretan grew up near San Luis Obispo. His father was a Filipino immigrant, as well as a retired U.S. Army sergeant and disabled World War II veteran. Their community was rural, and from the age of 6 until he started medical school, Dr. Bretan picked strawberries and beans as farm laborer. At age 8, a surgeon saved his father's life, an act of kindness that Dr. Bretan would never forget.

"Altruism is a basic and self-rewarding virtue," says Dr. Bretan. "It is what saved my father's life when I was 8 years old, and that is the reason I became a surgeon. I have a need to pay that forward—always."

Dr. Bretan graduated from UC Berkeley and earned his medical degree from UC San Francisco, where he completed his residency in urology. He completed a postgraduate fellowship at UC San Francisco in radiology and at the Cleveland Clinic Foundation in urology and renovascular surgery. He was chief of surgery at Novato Community Hospital and taught as an associate professor of surgery and urology at UC San Francisco where he also conducted research and wrote more than 200 peer-reviewed papers.

Perhaps Dr. Bretan's greatest accomplishment off the long list is LifePlant International, an organization he founded in 2003 that provides kidney transplants to needy patients in Northern California and the Philippines. Through LifePlant, Dr. Bretan has not only performed life-saving operations, but also trained local surgeons in the Philippines on procedures that are not normally performed locally and enabled them to teach other surgeons.

"After I performed the first successful living donor laparoscopic kidney removal and subsequent successful transplant in the Philippines, I became addicted to saving lives by teaching complicated surgery in developing countries," he says.

Beyond LifePlant, Dr. Bretan also serves in the U.S. Military Reserves—he cared for Cuban refugees in 1980 and was deployed to New Orleans following Hurricane Katrina in 2005, for which he and his team were awarded the Outstanding Disaster Response medal.

Dr. Bretan and his wife, Melanie, have been married for 35 years. The couple has four children (a physicist, a

registered nurse, a computer engineer and an artist), three grandchildren and two dogs, one of which is Dr. Bretan's daily six-mile running partner.

An avid trail runner, mountain biker and snow sport enthusiast, Dr. Bretan was excited to trade the sand and surf of California's coast for Lake Tahoe's mountains and slopes. He joined Tahoe Forest Health System in May 2016.

"The cancer center and MultiSpecialty Clinics of TFHS are of the highest caliber," Bretan says. "Tahoe speaks for itself and its beauty is similar to the opportunity the hospital has given me to form a preeminent Urology Department."

One of Dr. Bretan's hopes is to continue working on medical reform from a financial sustainability standpoint. He teaches a healthcare policy course and hopes to encourage other physicians to join the cause.

"For any practice to be sustainable and fair it must be patient-centric and physician led," he says, "not corporate-centric or insurance-led or any other permutation. I am dedicated to our profession and our patients in preserving this most sacrosanct relationship."

The dedication Dr. Bretan shows to his work and his patients is obvious in the way he approaches his work—not just as a job, but as a way to pay it forward. ♦

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## Tahoe Forest Hospital Recognized as a Top Performer in Patient Safety

CALNOC, the nation's first nurse quality indicators database, announced its annual CALNOC Performance Excellence Awards, recognizing distinguished hospitals for excellent performance in the reduction of hospital-acquired pressure ulcers, injuries from falls and infections. One hundred and forty nine hospitals were recognized for their commitment and dedication to quality improvement.

Tahoe Forest Hospital was recognized for Best Performance in the Reduction of Hospital-Acquired Pressure Ulcers, Reduction of Injury Falls, Reduction of Central Line-Associated Blood Stream Infections, Reduction of Catheter-Associated Urinary Tract Infections, and Reduction of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections.

This recognition represents the dedication and commitment Tahoe Forest Hospital has to quality patient care and safety. Tahoe Forest has not only been able to achieve excellence in preventing harm to patients but has also been able to sustain excellent performance over many quarters.

## Named One Of America's Best Hospitals For Obstetrics

Tahoe Forest Health System's Women and Family Center has been given the Women's Choice Award for America's Best Hospitals for Obstetrics. This award is presented to hospitals that demonstrate extraordinary service in meeting the needs of women and their families and set higher healthcare standards by appreciating the unique needs and preferences of female patients.

This is the second time Tahoe Forest Hospital has been named as the Women's Choice Award for America's Best Hospitals for Obstetrics.

"Our wonderful medical staff and hospital staff in the Joseph Family Center for Women and Newborn Care work hard to deliver excellent care—and to take exceptional care of moms, babies and families," said Harry Weis, Chief Executive Officer, Tahoe Forest Health System. "They truly care about their patients, and this award is a great recognition of their skill and effectiveness."

The Joseph Family Center for Women and Newborn Care at Tahoe Forest Hospital provides comprehensive obstetrical and gynecological care. With a family-centered focus, its comprehensive perinatal services program provides individualized

support services, teaching, referrals and consultations to expectant mothers and their families. These individualized care plans provide families with guidance for a healthy pregnancy and help prepare the entire family for labor and the arrival of a new baby.

## New Care Coordination Program Offered at Tahoe Forest Hospital

*Serving the Needs of People Living with Chronic Illness*

Care Coordination at Tahoe Forest Hospital is a new program that helps people living with chronic conditions better manage their illness. The Care Coordinator actively works one-on-one with patients with complex medical conditions, and their families, to teach self-management skills, improve communication between all healthcare providers, and connect with community resources. The goal of the Care Coordinator is to help address the needs of the whole patient.

Care Coordination has numerous benefits to people who live with chronic illness, including

- *Improved quality of life*
- *Improved coordination of care*
- *Improved self-management through shared decision-making*
- *Improved timing of appointments and tests*
- *Help in identifying and minimizing barriers to care*

Patients may be referred to Care Coordination through their primary care provider, hospital staff, specialist or public health clinic. Families and caregivers may also directly refer a patient for Care Coordination services.

Care Coordination is a Medicare benefit. Patients may be responsible for a 20% co-pay (approximately \$8) if they do not have secondary insurance. For more information on this program, please call (530) 550-6730.

## Becker's Hospital Review Names 100 Hospital and Health System CIOs to Know

*Jake Dorst, TFHS CIO, Recognized*

*Becker's Hospital Review* has published its list of "100 Hospital and Health System CIOs to Know," which features some of the most impressive health IT leaders from around the country dedicated to advancements and innovation in the industry.

For the second year in a row, the list includes Tahoe Forest Health System's Chief Information Officer, Jake Dorst.

Individuals included on the list are CIOs and other innovative and accomplished executive-level information technology leaders of hospitals or health systems. Becker's Hospital Review has published a version of this list twice before, and this is the third time the list has included 100 leaders.

The *Becker's Hospital Review* editorial team selected leaders through an editorial review process. Nominations were also considered.

## Tahoe Forest Health System Named in Becker's Hospital Review's "50 Critical Access Hospitals To Know"

*List Features Hospitals that Demonstrate Excellence in Caring for their Communities*

For the second year in a row, Tahoe Forest Hospital was named in Becker's Hospital Review's list of "50 Critical Access Hospitals to Know."

The list features critical access hospitals that have demonstrated excellence in caring for their communities and going the extra mile for their patients. "At Tahoe Forest, our focus is providing excellent and compassionate care to our community," said Harry Weis, Chief Executive Officer, Tahoe Forest Health System. "It's what we strive to do every day. This focus on excellence is a thank-you to the people we serve in our community."

Becker's Hospital Review conducted research and examined several reputable hospital ranking sources relevant to critical access hospitals, such as iVantage Health Analytics, the National Rural Health Association, Truven Health Analytics, Women's Choice Award and the Leapfrog Group, among other sources.

Critical access hospitals must have no more than 25 inpatient beds, have an annual length of stay of no more than 96 hours for acute care, offer 24/7 emergency care, and be located at least 35 miles from another hospital. There are more than 1,332 critical access hospitals in the United States.

## Tahoe Forest Health System Receives District Certification

The Association of California Healthcare Districts (ACHD) reports Tahoe Forest Health System has achieved designation as a Certified Healthcare District.

As public agencies, California's Healthcare Districts have well-defined legal obligations for conducting business in a transparent and responsible manner. To be designated as a Certified

Healthcare District, a District must demonstrate compliance with best practices in governance as defined by ACHD. Compliance areas include transparency, ethics, reporting, purchasing, conflict of interest, requesting public funds and executive compensation. These best practice criteria address the obligations that healthcare districts have with respect to conducting business in a manner that is transparent to the public being served.

California Healthcare Districts respond to the specialized health needs of California communities. Voters created 78 Healthcare Districts to fulfill local health care needs. Of these, 54 serve the state's rural areas. Healthcare Districts provide access to essential health services and are directly accountable at the community level. As a result, tens of millions of Californians have been able to access care that would otherwise be out of reach.



### Tahoe Forest Hospice Gift & Thrift

#### Store Shopping Hours:

Monday through Saturday 10 a.m.\* – 5 p.m.

*\*Store opens at 11 a.m. on the first day of every month.*

#### Donations Accepted:

Monday through Saturday 10 a.m. – 4 p.m.

*(space permitting)*

#### Truckee

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(530) 582-4947

#### Kings Beach

8611 North Lake Blvd  
(530) 546-5494

The Hospice Thrift Stores help support hospice at Tahoe Forest Hospital. Hospice programs receive only partial reimbursement from insurance carriers. The hospice program at Tahoe Forest is largely supported by sales from the Gift & Thrift stores. Tahoe Forest welcomes your donations for resale.

Donations such as clothing, books, DVDs, small working appliances, housewares and furniture in good condition are welcome. Merchants can help by donating excess inventory or items past their seasonal shelf life. The full retail value of each donation is tax-deductible.

# TFHS News Briefs & Short Stories

## Surgeon for a Day - Truckee and North Tahoe High School Students Participate in Cadaver Surgery at UNR Medical School

Approximately 30 Truckee and North Tahoe High School students experienced what it would be like to work as an orthopedic surgeon last week with the help of University of Nevada, Reno School of Medicine and Tahoe Forest Health System.

The students, who are enrolled in advanced placement biology and human body systems classes, were taken on a tour of the medical school's anatomy and physiology lab and then got to observe and participate in a total knee replacement surgery on a cadaver.

This is only the second time UNR has hosted a field trip like this for high school students in its advanced surgical training lab.

Olivia Yale, a senior at Truckee High School, was a member of the first field trip and helped coordinate this year's trip.

"It inspired me to pursue a career in medicine," Yale said of the field trip. "I wrote about the experience in my college application essays, and I believe it's what helped me get into University of

California, Berkeley. This trip truly immerses students in the world of medicine."

Dan Coll, Tahoe Forest Hospital Director of Orthopedic Services, worked with Yale to help organize the surgery with Truckee orthopedic surgeon Dr. Jay Foley and other Tahoe Forest Health System surgical support staff.

"The goal of the trip, beyond providing a unique learning experience, is for the students to learn more about career paths in medicine and jobs right here at Tahoe Forest Health System," Coll explained.

"There is a whole continuum of people that make a surgery happen, and the students got to make those connections today."

Paul Smith, advanced placement biology teacher at Truckee High School, said last year's trip inspired several students to consider careers in medicine, and he is hopeful this year will do the same thing.

"They were just blown away by it. For the kids to have an opportunity to see anatomy first-hand, where they are not



*Students learning about different facets of the medical field.*



*Dr. Foley and TFHD's Dan Coll demonstrate surgical technique*

dissecting an animal but seeing a human body, and meet medical students who are doing dissections and having those medical students lead them on a walk-through of the body is just a fascinating experience for them,” Smith said.

Margarita Ziegler, a senior at Truckee High School, is taking the school’s human body systems class and said the trip was “very cool.”

“This is an experience you can’t really get unless you’re a medical student. It’s not just a watching, listening thing. We got to touch and ask questions.”

## **Successful CAP Lab Survey**

The Tahoe Forest Hospital Laboratory successfully completed their biannual unannounced College of American Pathologists (CAP) survey.

The CAP surveyor stated that this was a “*Very Good to Excellent Survey*” based on identification of only eight minor deficiencies out of 1600 standards. In particular, he highlighted the superior leadership at all levels of the department and the high quality laboratory staff.

The surveyor also specifically complimented Dr. Powell, TFHS Laboratory Medical Director, the hospital’s information technology system, and Tahoe Forest’s point of care program compliance.

## **Billing Information/Pay Online**

For your convenience, Tahoe Forest Health System accepts online bill payments through our new secure payment system at **tfhd.com**.

The site also allows patients to get help understanding your bill, obtain financial assistance, go paperless, find answers to commonly asked questions, and contact the Tahoe Forest Health System billing department by phone or email.

Just visit **tfhd.com** and click on ***billing information and online bill pay***.

## Gene Upshaw Memorial Tahoe Forest Cancer Center Earns National Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has granted three-year accreditation to the cancer program at the Gene Upshaw Memorial Tahoe Forest Cancer Center. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.

Because it is a CoC-accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center takes a multidisciplinary approach to treating cancer as a complex group of diseases that require consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists. This multidisciplinary partnership results in improved patient care.

The inspector noted several areas worthy of commendation including the number and quality of clinical trials available to patients, the transparency of reporting outcomes to the public, the oncologic training and expertise of the cancer center nurses, the up to date education of the Tumor Registrars, the accuracy of the data reported to the National Cancer Data Base and the implementation of uploading patient data into a Rapid Quality Reporting System.



“We are very proud of our physicians and employees for receiving ACOS accreditation with commendation for the second time” said Harry Weis, Chief Executive Officer for Tahoe Forest Health System. “By connecting all of the important elements of the patient care experience, we are delivering a model of care that is truly next generation—highly compassionate care with amazing clinical tools and incredible patient outcomes.”

When patients receive care at a CoC facility, they also have access to information on clinical trials and new treatments, genetic counseling, and patient-centered services including psycho-social support, a patient navigation process and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors’ quality of life.

Like all CoC-accredited facilities, the Gene Upshaw Memorial Tahoe Forest Cancer Center maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society (ACS). This nationwide oncology outcomes database is the largest clinical disease registry in the world.

*“By connecting all of the important elements of the patient care experience, we are delivering a model of care that is truly next generation—highly compassionate care with amazing clinical tools and incredible patient outcomes.”*

**Harry Weis**  
**CEO, Tahoe Forest Health System**

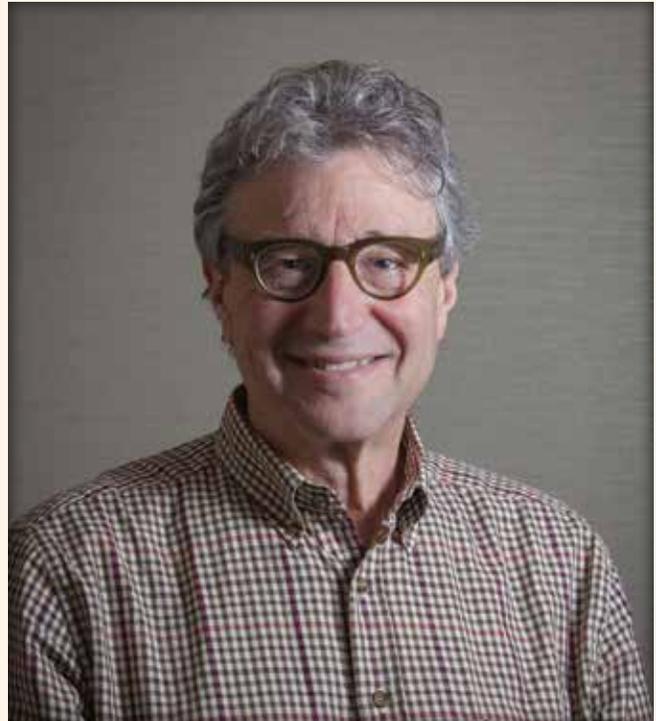
## Laurence J. Heifetz, MD, FACP, Speaks at Cancer Center Conference

Dr. Laurence J. Heifetz, Medical Director of the Gene Upshaw Memorial Tahoe Forest Cancer Center, spoke recently at the Association of Community Cancer Centers 32nd National Oncology Conference in Portland, Oregon.

His talk, titled *Putting Patients First: Leveraging Technology for Molecular Testing* was about the virtual tumor board technology available at the Cancer Center in Truckee. Dr. Heifetz was selected to speak because of the outstanding reputation of the program he leads at the Gene Upshaw Memorial Tahoe Forest Cancer Center and his experience in implementing and using this technology.

He explained how virtual tumor boards have a significant positive effect on providing patient-centered care. Oncology programs without a molecular testing expert on staff can leverage technology to collaborate on decision-making and best practices, improving wider access to more effective medicines for conditions that would otherwise go untreated in patients in remote areas.

Dr. Heifetz also provided attendees with history on how he and his colleagues at the UC Davis Comprehensive Cancer



Laurence J. Heifetz, MD, FACP, Medical Director

Center assembled the tumor board webinars, and gave attendees information on how they could replicate this practice at their facilities.

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## Free Patient and Family Programs at the Cancer Center

The Gene Upshaw Memorial Tahoe Forest Cancer Center offers a variety of supportive care programs at no cost to patients.

Study after study confirms that support programs play an important role in beating cancer, which is why the cancer center offers a variety of these important programs.

This approach addresses social, psychological, emotional, and functional needs before, during and after the course of treatment. The cancer center uses an integrated, whole-person approach that addresses the social, emotional, and functional aspects of a patient's cancer journey to improve the quality of life for the patient, the family and the caregiver.

Each of these programs is offered at no cost to patients through generous philanthropic support. For more information, visit [tahoecancercenter.com](http://tahoecancercenter.com), or call (530) 582-6450.



GENE UPSHAW MEMORIAL  
TAHOE FOREST CANCER CENTER

[www.tahoecancercenter.com](http://www.tahoecancercenter.com)

## The Gene Upshaw Memorial Tahoe Forest Cancer Center Welcomes New Physician

***Thomas J. Semrad, MD, MAS, FACP, Medical Oncologist and Hematologist***

The Gene Upshaw Memorial Tahoe Forest Cancer Center welcomes Thomas J. Semrad, MD, MAS, FACP, Board Certified in Internal Medicine and Medical Oncology.

Dr. Semrad joins Medical Director Laurence Heifetz, MD, FACP, Medical Oncologist and Hematologist Melissa Kaime, MD, FACP, Medical Oncologist and Hematologist Ahrin Koppel, MD, and Radiation Oncologist Daphne Palmer, MD, along with their team of oncology-certified nurses, radiation therapists, clinical researchers, psychosocial and support service professionals.

Dr. Semrad comes to the Gene Upshaw Memorial Tahoe Forest Cancer Center from UC Davis, where he was Associate Professor of Hematology and Oncology at the UC Davis Comprehensive Cancer Center. Dr. Semrad is a nationally recognized researcher in cancer treatment and a principle investigator on multiple leading-edge clinical trials. He also served as oncology staff physician at the VA Northern California Healthcare System. Dr. Semrad completed his medical education at UC Davis and Rush University Medical Center in Chicago.



*Thomas J Semrad, MD, MAS, FACP*

The Gene Upshaw Memorial Tahoe Forest Cancer Center, an affiliate of UC Davis Comprehensive Cancer Center and a Commission on Cancer Accredited Program, is located at 10121 Pine Avenue in Truckee. For more information, please call **(530) 582-6450** or go to **tahocancercenter.com**.

## CONTACT

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**Tahoe City Laboratory**  
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Suite C201, Tahoe City

**Incline Village Community  
Hospital Laboratory**  
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online today at **tfhd.com** or call  
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# To screen or not to screen?

Patient, professional perspectives on guidelines vary

Until recently, Karen Lindfors wrapped up most appointments with a common message to patients: “See you next year.”

The confusion stems in part from **updated mammogram screening guidelines** produced by **two organizations at the front lines** of America’s fight against cancer – and influenced by ongoing research at UC Davis.

As chief of breast imaging at the UC Davis Comprehensive Cancer Center, Lindfors knew that for the majority of women in her care, an annual mammogram made good medical sense.

But new guidelines have changed the mammography landscape, and advising women on how best to detect breast cancer is more complicated today.

“It was a lot easier when we could say, ‘ok, everybody begin screening at age 40 and get screened annually forever,’” recalls Lindfors, who is also a professor of radiology at the UC Davis School of Medicine. “But there is no one-size-fits-all answer anymore, so it’s a more individualized decision. That can be challenging, and I think it’s easy to see why some women are confused.”



The confusion stems in part from updated mammogram screening guidelines produced by two organizations at the front lines of America's fight against cancer — and influenced by ongoing research at UC Davis.

In October 2015, the American Cancer Society changed its position to recommend that women get annual screenings beginning at age 45, rather than 40, and then wait two years between mammograms starting at age 55. The organization also said women should be able to start getting mammograms at 40 if they so choose.

Soon after, the U.S. Preventive Services Task Force, a national panel of experts that makes recommendations on clinical

**“But there is **no one-size-fits-all answer anymore**, so it’s a more individualized decision. That can be challenging, and I think it’s easy to see why some women are confused.”**

— Karen Lindfors

preventive services, updated its guidelines, advising women to get screened every other year beginning at 50. Women under 50, the task force said, should make a personal choice about biennial screening based on their own preferences and in consultation with their doctor.

The guidelines are designed for women who are in good health and do not have a strong family history of breast cancer or other factors that put them at high risk. Both sets of guidelines reflect the medical community's move toward a less aggressive screening strategy

that seeks to better balance the proven benefits of mammography with its downsides. The changes also reemphasize that while mammography remains an essential diagnostic tool, it's not perfect.

Nearly 232,000 American women were diagnosed with breast cancer in 2015 and an estimated 40,000 were expected to die of it, according to the National Cancer Institute (NCI). About one in eight women will be diagnosed with the disease at some point in their lives, the NCI says.

Widespread mammographic screening began in the United States in the 1980s after multiple studies found it prevents breast cancer deaths by detecting breast tumors early, when they are smaller and more treatable. While its benefits remain indisputable — a mortality reduction of at least 25 percent for women aged 50 to 69 — the evidence for women 40 to 49 is less clear, and newer data high-

**What's tricky is that on mammography there is no way to differentiate DCIS that is life-threatening and that which is not.**

light potential harms triggered by mammography in women of all ages, including anxiety surrounding false positive tests and unnecessary biopsies.

Over-diagnosis, too, has sparked concern because some early tumors found by mammograms, ductal carcinoma in situ (DCIS), may never progress to life-threatening invasive cancer. Indeed, because some DCIS tumors are low-risk, some scientists have proposed renaming DCIS to exclude the word "carcinoma."

What's tricky is that on mammography there is no way to differentiate DCIS that is life-threatening and that which is not. As a result, doctors are inclined to treat them all as potentially progressive, an approach that can mean extensive follow-up, which may include biopsy, surgery, radiation and chemotherapy, an approach similar to standard therapy for invasive cancers.

"Mammography detects some cancers that would never have been diagnosed in a woman's life if she hadn't been screened, and we treat those the same way as other cancers," says Diana Miglioretti, a professor of biostatistics at the UC Davis School of Medicine.

Some women see that as a good reason to get mammograms less often.

During a routine physical in 2011, Therese Taylor's doctor felt a lump in her right breast. That led to a mammogram, which found nothing in the right breast but detected micro-calcifications in the milk



"Mammography detects some cancers that would **never have been diagnosed** in a woman's life if she hadn't been screened, and we treat those the same way as other cancers."

— Diana Miglioretti

ducts of her left breast. A biopsy produced a diagnosis — DCIS.

“That was a Wednesday, and by Friday I had a date for surgery,” the 56-year-old Taylor recalls, noting that the quick scheduling implied her situation was urgent. “What I wasn’t told was that there is considerable controversy over whether DCIS should even be called ‘cancer,’ and that even if it was, it would grow slowly, and I could have safely opted to get treated at a later time.”

Instead, Taylor had a mastectomy. And now she believes a lack of information from her doctors and decades of “brainwashing about how mammograms always save lives” drove her to make the wrong choice.

But others, Lindfors notes, are willing to accept the risk of potentially unnecessary procedures when the benefit may be a life-saving discovery.

“If I can’t definitively tell a patient that her lesion won’t become an invasive cancer, and if I say we could just watch it and see what happens, most women will still want to have it treated,” says Lindfors.

Pam Phelps supervises breast imaging at UC Davis. Nevertheless, in 2010 she skipped her annual mammogram. The following year she was diagnosed with invasive breast cancer, had a mastectomy and chemotherapy. She was 54.

“Some researchers say there is frustration, agony and anxiety about false positives, but I don’t buy it,” says Phelps, who now gets both a mammogram and a breast MRI annually to monitor for recurrence. “I would much rather have a false positive result than skip a year like I did, and then



*Christina Bachman, senior radiologic technologist, and patient Peggy Lynn Janzen*

## Widespread mammographic screening

began in the United States in the 1980s after multiple studies found it prevents breast cancer deaths by **detecting breast tumors early**, when they are smaller and more treatable.

find out I have breast cancer.”

At UC Davis, researchers are developing diagnostic equipment that may lead to more concise imaging. Others work in pathology laboratories and hope to unravel

the mystery of which early cancers will progress and which won’t.

“I think we are all converging on the fact that there is some over-diagnosis,” says Joy Melnikow, who directs the UC Davis Center for

Healthcare Policy and Research and has participated in multiple breast cancer studies. “But we still need to determine which cancers will become active in order to avoid overtreatment.”

Melnikow was a member of the U.S. Preventive Services Task Force when it first recommended making mammography before age 50 an individual choice, back in 2009. It was a controversial decision that not only sparked warnings from critics who said it would put lives at risk, but also became a hot topic in the nation’s partisan health care debate.

“It was a challenging experience,” Melnikow says. “But we base our recommendations on the best available evidence about the benefits and potential harms of screening. Beyond that it’s up to doctors to help each woman evaluate her history and

At UC Davis, researchers are **developing diagnostic equipment** that may lead to **more concise imaging**. Others work in pathology laboratories and **hope to unravel the mystery** of which early cancers will progress and which won’t.

preferences and make a decision that’s right for her.”

Miglioretti’s breast cancer research spans 16 years and includes serving as co-leader of the Breast Cancer Surveillance Consortium (BCSC). The nation’s largest collection of information

on mammography, BCSC consists of six breast imaging registries across the U.S. One of her studies, published in 2015 in the *Journal of the American Medical Association Oncology* and based on BCSC data, helped shape the latest American Cancer Society mammogram guidelines.



“...we base our recommendations on the **best available evidence** about the benefits and potential harms of screening. Beyond that **it’s up to doctors to help each woman evaluate** her history and preferences and make a decision that’s right for her. I think we are all converging on the fact that **there is some overdiagnosis**. But we still need **to determine which** cancers will become active in order **to avoid overtreatment**.”

— Joy Melnikow

Miglioretti was also first author on a comprehensive modeling study evaluating the risk of radiation-induced breast cancer. That study, published in the *Annals of Internal Medicine*, was one of several that guided revisions to the task force's mammography guidelines. Melnikow and Joshua Fenton, a professor of family and community medicine and an expert on cancer screening, also contributed.

Scientists hope that technological advances, both with mammography and other screening modalities, will reduce the incidence of false positives. At UC Davis, medical physicist John Boone has worked on breast cancer imaging research since the 1990s, and has developed CT scanners to improve the accuracy and sensitivity of screening.

Boone and his team, which includes Lindfors, have built four such scanners, each incorporating knowledge gained from the previous model. Equipped with a \$2.88 million NCI grant, Boone is working on a project he calls "Breast CT: Final Steps to Translation." The research involves 400 women with suspicious lesions that require breast biopsy.

The study will compare mammography with breast CT to determine which is better at detecting breast lesions ultimately proven to be cancerous. Boone also will compare contrast-enhanced breast CT with contrast-enhanced MRI. If shown to be equivalent to MRI, breast CT would be a "viable and far more cost-effective tool for imaging women with suspicious lesions,"



*John Boone and Ramsey Badawi, associate professor of Radiology*

Boone and his team, which includes Lindfors, have **built four (breast CT) scanners, each incorporating knowledge gained** from the previous model.

Boone says, likely reducing the negative biopsy rate and increasing the predictive value of breast imaging in general.

As Boone sees it, technology will play a key role in the debate

over how best to help women navigate the choppy waters of breast cancer screening and treatment. He hopes his breast CT will "outperform screening mammography so we can change the paradigm and better serve women."

*Incline Village Community Hospital -  
Exterior Siding Replacement Rendering*



## Improvements Underway at Incline Village Community Hospital *Laboratory, Health Center and Exterior Renovations Underway*

Incline Village Community Hospital (IVCH) is performing significant campus improvements over the next several months, aimed at enhancing patient services, making building improvements and ensuring fire safety. The project is funded through community philanthropy and hospital operations.

“We are committed to our role as the local community hospital and our partnership with the Incline Village, Crystal Bay, and North Tahoe communities,” according to Judy Newland Administrator, IVCH, and Chief Operating Officer, Tahoe Forest Health System. “As part of that commitment, we are expanding our primary care, specialty care, and access to services through a renovation of our second-floor health center to better serve our residents and visitors. Patients also will see improvements to the hospital’s laboratory.”

“The Incline Village Community Hospital Foundation is committed to supporting our local hospital and the communities of Incline Village and Crystal Bay. We are thankful to our community members for their generosity, and we will strive to do even more to support our hospital in the coming months.”

**Warren Kocmond, IVCH Foundation President**

Incline Village Community Hospital serves thousands of local residents and visitors each year. In 2015, the hospital accepted more than 3,800 emergency department visits and provided more than 33,000 outpatient procedures, including laboratory testing, X-rays, CT scans and ambulatory surgery procedures.

The hospital, a proud partner of Tahoe Forest Health System since 1996, also offers youth dental screenings, fluoride clinics and a variety of other important community health programs. The development of a new patient Care Team model was recently introduced at IVCH, with cardiology, internal medicine, pediatrics and family medicine care now available in the Health Clinic on the second floor.

The new improvement effort will receive \$690,000 in financial support from the IVCH Foundation, as well as an additional \$50,000 from the North Lake Tahoe Community Health Care Auxiliary. The balance of funds will come directly from IVCH operations.

“The Incline Village Community Hospital Foundation is committed to supporting our local hospital and the communities of Incline Village and Crystal Bay,” said Foundation President Warren Kocmond. “We are thankful to our community members for their generosity, and we will strive to do even more to support our hospital in the coming months.”



Construction on the exterior renovation project began in June 2016 and will continue until November. All exterior plywood will be replaced with nonflammable siding to improve fire safety. The work will include stone accents and new roofing of the hospital's lower section.

The second-floor health center project is also underway and the health center will undergo maintenance and improvements that will enhance operations and aesthetics. The laboratory upgrades will begin in November and be completed in April 2017.

“We are very grateful to our community partners, the Incline Village Community Hospital Foundation and the North Lake Tahoe Health Care Community Auxiliary, for working with us as we make improvements to enhance our patient experience,” Judy Newland said.

These projects are the latest in a long list to receive support from the IVCH Foundation, which, since launching in 2004, has raised more than \$3.5 million for the hospital. Past projects included a full emergency room renovation, addition of state-of-the-art diagnostic equipment, and physical plant improvements for public-serving spaces.

The North Lake Tahoe Community Health Care Auxiliary also has donated more than \$457,000 to the hospital and has supported IVCH with more than 100,830 hours of volunteer service over the past 20 years.

For more information about the IVCH project or to inquire about philanthropic opportunities, please contact Betsy Kinsley, at (775) 888-4204. ◆



**Top and Above:** Incline Village Community Hospital - Artist rendering of lab and waiting room



## Incline Village Community Hospital Appoints **New Director of IVCH Foundation**

*IVCH Proudly Welcomes Betsy Kinsley to the Team*

Incline Village Community Hospital (IVCH) has appointed a new Director of the IVCH Foundation. Betsy Kinsley, JD, will lead fund development with the IVCH Foundation Board and will be responsible for public affairs and community relations for the hospital.

“We are so pleased to have someone with Betsy’s knowledge and experience at Incline Village Community Hospital,” says Judy Newland, Administrator, IVCH, and Chief Operating Officer, Tahoe Forest Health System. “We know she will make a huge positive impact on the organization and the Incline Village community.”

Kinsley comes to Incline from San Luis Obispo, California, where she was chief of staff for the office of the President of Cal Poly State University. Her background also includes serving as chief of staff to the president of San Diego State University, chief of staff to the San Diego City Council president, a legislative aide and law clerk to the U.S. House of Representatives Committee



*Betsy Kinsley, Director of the IVCH Foundation*

on Energy and Commerce, and as a community volunteer for sustainable community initiatives.

Kinsley earned her BA at the University of Richmond in Virginia and her law degree at the University of San Diego School of Law. She is a member of the State Bar of California.

Kinsley’s husband, Cole, grew up in the Tahoe area. They have two children.

## Meet **your** new team.



**New patients are welcome.** *Most insurance accepted.*

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[www.tfhd.com/inclinecareteam](http://www.tfhd.com/inclinecareteam)

**Introducing Care Team** at Incline Village Community Hospital, a revolutionary new concept in consistent, quality family health care.

With your Care Team, you’ll always be in the hands of someone who knows you and your medical history, whether it’s a physician, nurse practitioner or physician assistant.

Whether you walk in or schedule an appointment we’re there for you. **After all, you and us...we make a pretty good team.**

.....  
**Celia Sutton-Pado, MD**  
*Board Certified Family Practice*

**Oleg Vayner, MD**  
*Board Certified Pediatrics*

**Joshua Scholnick, MD**  
*Board Certified Cardiology and Internal Medicine*



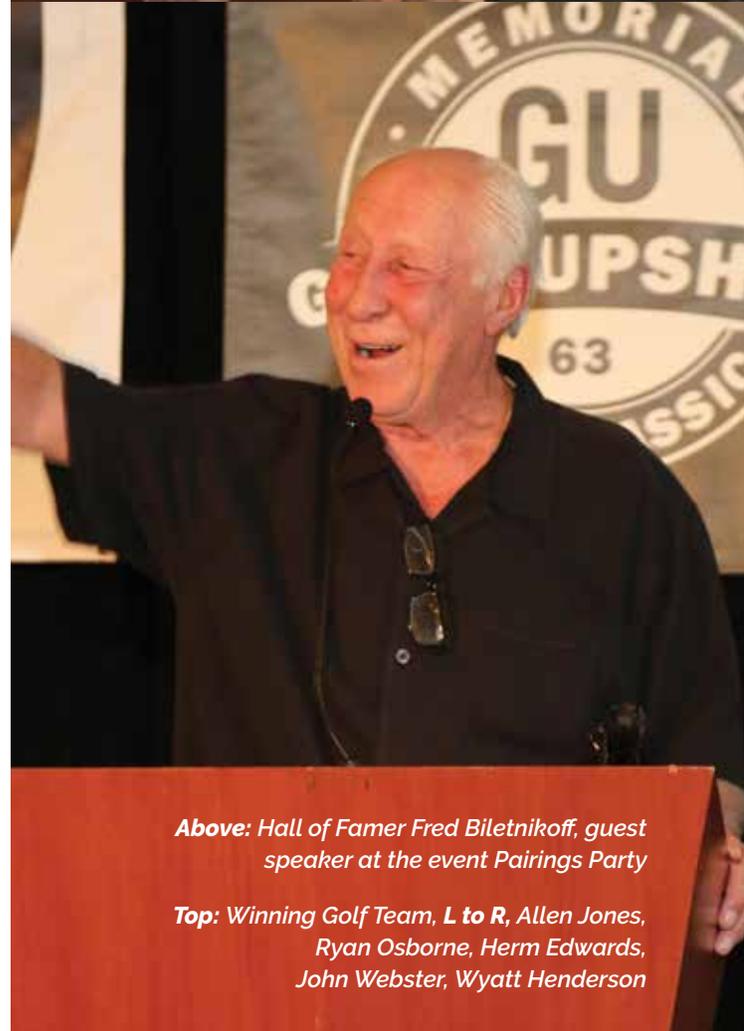


## Eighth Annual Gene Upshaw Memorial Golf Classic was a Huge Success

Twenty-five NFL Hall of Famers and other sports celebrities came together in July to pay tribute to former Oakland Raider Gene Upshaw and raise funds for cancer programs and traumatic brain injury research during the eighth annual Gene Upshaw Memorial Golf Classic at presenting sponsor's Schaffer's Mill Golf & Lake Club.

NFL Hall of Famers Marcus Allen, Marshall Faulk and Tim Brown, MLB star and Cy Young winner Vida Blue, along with Ron Rivera, head coach of the Carolina Panthers, and downhill ski racer Daron Rahlves participated in the celebrity tournament that is the signature fundraiser for the Gene Upshaw Memorial Fund at the Tahoe Forest Health System Foundation.

Major sponsors Schaffer's Mill, NFL Foundation, Professional Athletes Foundation, Ritz-Carlton, Lake Tahoe, Aon Hewitt, NEPC and Cigna played an instrumental role in raising a net total of \$238,500. The TFHS Foundation would like to extend a huge thank-you to sponsors, golfers, celebrities and volunteers, as well as Honorary Chair Terri Upshaw and the event advisory board for helping to raise more than \$1.2 million since the inaugural event in 2009.



*Above: Hall of Famer Fred Biletnikoff, guest speaker at the event Pairings Party*

*Top: Winning Golf Team, L to R, Allen Jones, Ryan Osborne, Herm Edwards, John Webster, Wyatt Henderson*



## Save the Date!

Best of Tahoe Chefs  
 May 21, 2017  
[www.bestoftahoechefs.org](http://www.bestoftahoechefs.org)

## Best of Tahoe Chefs Raises Funds for Cancer Patients and Families

When you combine twenty-five chefs and four hundred guests with an incredible cause at the Ritz-Carlton, Lake Tahoe, the result is pure magic!

In May, guests were treated to a culinary journey courtesy of the best chefs in the region in support of a cause near and dear to their hearts. This important fundraiser provides vital programs and services for cancer patients and their families. This year's fundraising event exceeded expectations and raised a net total of \$138,255. One hundred percent of these proceeds will fund Patient and Family Programs at the Gene Upshaw Memorial Tahoe Forest Cancer Center.

Joan Davis, local artist, Randy Sater, and Mike Isle, from Teichert Construction, and Alison Elder of Chase International, shared their experiences of the challenges of cancer through a video sponsored by Teichert. Randy's heartfelt statement, "A little is enough if enough people do it!" was the call to action and inspired guests to make donations during the Community Generosity portion of the event.

Since 2009, Best of Tahoe Chefs has raised over \$1,200,000. Be sure to save the date for Best of Tahoe Chefs 2017 on Sunday, May 21, 2017.



*Above: Staff and volunteers of the Gene Upshaw Memorial Tahoe Forest Cancer Center enjoy the evening*

*Below: Table set and ready for the evening*

## **SUICIDE PREVENTION:** **Know the Signs. Find the Words. REACH OUT.**

### **Pain Isn't Always Obvious**

Every day, friends, family and co-workers struggle with emotional pain. For some, it's too difficult to talk about pain, thoughts of suicide and the need for help. Though the warning signs can be subtle, they are there. By recognizing these signs, knowing how to start a conversation and where to turn for help, you have the power to make a difference—the power to save a life.

### **Know the Signs**

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. If you see even one warning sign, step in or speak up. Take the time to learn what to do now, so you're ready to be there for a friend or loved one when it matters most.

### **Find the Words**

*"Are you thinking of ending your life?"* Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important. Here are some ways to get the conversation started.

### **Start the Conversation**

Before starting a conversation with someone you are concerned about, be sure to have suicide crisis resources on hand.

### **Listen, Express Concern, Reassure**

*"I can imagine how tough this must be for you. I understand when*

*you say that you aren't sure if you want to live or die. But have you always wanted to die? Well, maybe there's a chance you won't feel this way forever. I can help!"*

### **Create a Safety Plan**

*"Do you have any weapons or prescription medications in the house?"*

Ask the person if they have access to any lethal means (weapons, medications, etc.) and help remove them from the vicinity. Extra help may be needed—another friend, family member or law enforcement agent can assist with this.

Do not put yourself in danger. If you are concerned about your own safety, call 911.

**“** *One of the things we do sometimes in the face of very difficult conversations, is we try to make things better...If I share something with you that's very difficult, I'd rather you say, 'I don't even know what to say right now, I'm just so glad you told me.' Because the truth is, rarely can a response make something better. What makes something better is connection.* **”**

**Brené Brown, PhD**

### **Get Help**

*"I understand if it feels awkward to go see a counselor. But there is a phone number we can call to talk to somebody. Maybe they can help."*

Provide the person with local resources like the Nevada County Crisis Line **(888) 801-1437**, Placer County Crisis Line **(888) 886-5401** (adults), **(866) 293-1940** (youth), State of Nevada **(800) 784-8090**, or the National Suicide Prevention Lifeline **(800) 273-8255**. If you feel the situation is critical, take the person to a nearby Emergency Room or call 911.

### **Reach Out**

You are not alone when helping someone in crisis. There are many resources available to assess, treat and intervene. Crisis lines, counselors, intervention programs and more are available to you, as well as to the person experiencing the emotional crisis.

If you would like additional information on suicide prevention, please call the Tahoe Truckee Suicide Prevention Coalition at **(530) 550-6733**.

### **What NOT to Say**

*"You're not thinking about suicide, are you?" or "You're not thinking about doing something stupid, are you?"*

Don't ask in a way that indicates you want "No" for an answer.

Don't tell the person to do it. You may want to shout in frustration or anger, but this is the most dangerous thing you can say.

Don't promise secrecy. The person may say that they don't want you to tell anyone that they are suicidal.

### **Say This Instead**

*"I care about you too much to keep a secret like this. You need help and I am here to help you get it."* You may be concerned that they will be upset with you, but when someone's life is at risk, it is more important to ensure their safety.

**NUTRITION TIPS FOR ATHLETES**

# Top 5 Sports Nutrition Tips to Make You Stronger and Fitter!

## 1. Eat a Good Breakfast

Focus on carbs for energy! Carbohydrates are the main energizing fuel for working muscles. Without enough carbohydrates, you may feel weak and tired, which will affect your performance. Choose plenty of good-quality carbohydrates with each meal—whole wheat bread or pasta, quinoa, oatmeal or brown rice.

Fruit and starchy vegetables, such as beans, peas, and sweet potatoes, are also good sources of healthy carbohydrates. Start the day with a breakfast containing carbs and a source of protein (such as eggs, yogurt or milk). Oatmeal made with milk, last night's dinner leftovers, an egg sandwich, or a smoothie made with fruit, yogurt, or protein powders are all great breakfast choices.

## 2. Spread Out Protein Foods

Muscles love protein. It helps them stay strong, recover from intense exercise and build muscle. High-quality protein will help your muscles rebuild and repair so you can be stronger and more powerful. Lean meats, eggs, nuts and nut butters, yogurt, low-fat milk or cheese, or soy milk are all great sources of quality protein. Athletes should spread protein foods throughout the day, having some protein at each meal and with most snacks.

## 3. Flow the Fluids

You perform better when you are well-hydrated. Drink 2-3 cups of fluid two hours before you plan to work out and 1-2 cups about 30 minutes before. Being well-hydrated will help you feel more energized and alert. Lack of fluid can leave you feeling tired, dizzy and clumsy, making you more likely to stumble and hurt yourself.

Plan to drink eight gulps of fluid about every 15 minutes during a hard workout, especially if you are outdoors. If you are training outdoors for more than an hour, a sports drink is recommended for replacing fluid and electrolytes lost through sweat. Sports drinks are designed for use during extended workouts, not at the lunch and dinner table. If you are active for an hour or less, plain water will do the trick.

## 4. Pair Protein & Carbohydrate For Recovery

Protein paired with carbohydrate helps your muscles recover after a tough workout. Aim for 7-10 grams of protein and 30-40 grams of carbohydrate.

Fresh fruit with trail mix or low-fat chocolate milk are good options for a recovery snack. Be sure to watch the portion size so you do not replace all the calories you just worked so hard to burn!

## 5. Aim For Food First

Nutrient-rich foods provide all the energy and nutrition your body needs for best performance and are cheaper than sports supplements. Be skeptical of the supplement promises! Some supplements have even caused athletes to test positive for banned substances. Choose bars with the least amount of ingredients, or explore making your own.

*Interested in getting a more specific plan for your sports nutrition regime getting a nutritional clean-up? Call (530) 587-3769 to schedule an appointment with Jill Whisler or Betsy Taylor, athletes and Registered Dietitian Nutritionists.*

## Recovery Ideas

### Chocolate Milk

16-oz serving

### Peanut Butter, Honey & Banana Toast

2 slices whole grain toast, 2 Tbsp natural peanut butter, 1 tsp honey and ½ banana

### Apples & Yogurt

1 apple, 1 ½ cups low-fat Greek yogurt

### English Muffin & Almond Butter

1 whole grain English muffin, 2 Tbsp natural almond butter





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There's new show with a **healthy interest** in you.

Introducing **Mountain Health Today**, the new TV show about health and health care in Truckee and Lake Tahoe.

Join us for lively discussions about important educational health topics, and the role of Tahoe Forest Health System in our community.

We'll cover topics like hospital pricing and cost, wellness, mental health, access to care, substance abuse and community partnerships. In short, anything that affects health in our local community.



**Watch it!**

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