

Chief Executive Officer  
Ryan Harris



Board of Directors  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Board of Directors  
**Regular Meeting Agenda**  
May 27, 2026 @ 1:00 PM  
Mayers Memorial Healthcare District  
FR Boardroom  
43579 Highway 299 East  
Fall River Mills, CA 96028

**Mission Statement**

Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

					<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>		Chair: Jeanne Utterback		
	This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District.				
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present to the Board of Directors for review, please provide a minimum of 9 copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>				
	3.1	Regular Board Meeting – April 29, 2026		<b>Attachment A</b>	<b>Action Item</b> 1 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>				
	4.1	Resolution 2026-11 April Employee of the Month		<b>Attachment B</b>	<b>Action Item</b> 1 min.
	4.2	Acute- Written reports provided. Questions pertaining to the written and verbal reports of any new items.	Moriah Padilla	<b>Attachment C</b>	Report 2 min.
	4.3	Emergency Department -Written reports provided. Questions pertaining to the written and verbal reports of any new items.	Bridget Bernier	<b>Attachment D</b>	Report 2 min.
	4.4	Outpatient Medical – Written reports provided. Questions pertaining to the written and verbal reports of any new items.	Michelle Peterson	<b>Attachment E</b>	Report 2 min.
	4.5	Purchasing - Written reports provided. Questions pertaining to the written and verbal reports of any new items.	Hollie Lappin	<b>Attachment F</b>	Report 2 min.
	4.6	Hospice Quarterly Report - Written reports provided. Questions pertaining to the written and verbal reports of any new items.	Keith Earnest	<b>Attachment G</b>	Report 2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>				

<b>5.1</b>	<b>Finance Committee</b>			
5.1.1	Committee Meeting Report: Chair Humphry		Report	5 min.
5.1.2	April 2026 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	2 min.
5.1.3	Quarterly Finance Review		<b>Action Item</b>	2 min.
5.1.4	Nutanix 3-Year Renewal	<b>Attachment H</b>	<b>Action Item</b>	2 min.
<b>5.2</b>	<b>Quality Committee</b>			
5.2.1	Committee Meeting Report: Chair Cufaude		Report	5 min.
<b>5.3</b>	<b>Strategic Planning Committee</b>			
5.3.1	Committee Meeting Report: Chair Hathaway		Report	5 min.
5.3.2	Strategic Plan FY2025-FY2029	<b>Attachment I</b>	Discussion / <b>Action Item</b>	5 min.
<b>5.4</b>	<b>Governance Committee</b>			
5.4.1	Committee Meeting Report: Chair Hathaway		Report	5 min.
5.4.2	CEO Evaluation Framework		Discussion / <b>Action Item</b>	5 min.
<b>6</b>	<b>OLD BUSINESS</b>			
	ACHD Accreditation		Discussion	2 min
<b>7</b>	<b>NEW BUSINESS</b>			
7.1	Resolution 2026-12 Election Order	<b>Attachment J</b>	<b>Action Item</b>	2 min.
7.2	Resolution 2026-13 Authorizing Application for Day Care License	<b>Attachment K</b>	<b>Action Item</b>	2 min.
7.3	Hazard Vulnerability Assessment (HVA)			
7.3.1	Hazard Vulnerability Assessment – Fall River	<b>Attachment L</b>	<b>Action Item</b>	2 min.
7.3.2	Hazard Vulnerability Assessment – Burney	<b>Attachment M</b>	<b>Action Item</b>	2 min.
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>			
8.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.			
8.1.1	Chief Operations Officer- Jessica DeCoito	<b>Attachment N</b>	Report	5 min.
8.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
8.1.3	Chief People Officer – Libby Mee		Report	5 min.
8.1.4	Chief Public Relations Officer – Valerie Lakey		Report	5 min.
8.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.7	Chief Executive Officer – Ryan Harris		Verbal Report	5 min.
<b>9</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
9.1	Board Member Message: Points to highlight communications to staff and on social media		Discussion	2 min.
<b>12</b>	<b>ADJOURNMENT: Next Regular Board Meeting June 24, 2026</b>			

Posted: 05.21.26

Chief Executive Officer  
Ryan Harris



**Board of Directors**  
 Jeanne Utterback, President  
 Abe Hathaway, Vice President  
 Tami Humphry, Treasurer  
 Lester Cufaude, Secretary  
 James Ferguson, Director

Board of Directors  
**Regular Meeting Minutes**  
 April 29, 2026 @ 1:00 PM  
 Burney  
 Boardroom  
 20647 Commerce Way  
 Burney, CA 96013

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations, and action taken.*

- CALL MEETING TO ORDER:** Jeanne Utterback called the regular Board of Directors meeting to order at 1:00 p.m. on April 29, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.

**BOARD MEMBERS PRESENT:**  
 Jeanne Utterback, President  
 Abe Hathaway, Vice President  
 Tami Humphry, Treasurer  
 Lester Cufaude, Secretary  
 Jim Ferguson, Director

**ABSENT:**  
 Keith Earnest, CCO

**STAFF PRESENT:**  
 Ryan Harris, CEO  
 Jessica DeCoito, COO  
 Theresa Overton, CNO  
 Travis Lakey, CFO  
 Val Lakey, CPRO  
 Libby Mee, CPO  
 Dana Hauge, Director of Safety & Security  
 Jack Hathaway, Director of Quality  
 Tiffani McKain, Director of Clinical Services  
 Kevin Davie, Director of Ancillary Services  
 Lisa Neal, Board Clerk

- 2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** No public comments.

**3 APPROVAL OF MINUTES**

- |     |  |                              |                            |
|-----|--|------------------------------|----------------------------|
| 3.1 | A motion to accept the Regular Board Meeting minutes of March 25, 2026, as presented, was made, seconded, and carried. | <b>Cufaude/<br/>Ferguson</b> | <b>Approved<br/>by All</b> |
|-----|--|------------------------------|----------------------------|

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

- |     |   |                               |                            |
|-----|---|-------------------------------|----------------------------|
| 4.1 | Resolution 2026-07 March Employee of the Month: Nichole Strahorn - for consistently demonstrating exceptional dedication and initiative. She goes above and beyond to provide quality, patient-centered care and maintains a strong work ethic throughout her shifts. She is always willing to step up when needed and takes ownership of tasks she identifies—regardless of whether they fall within her assigned duties. Her mindset reflects, “If you see it, do it,” which greatly contributes to the overall success and efficiency of the facility. Her positive attitude, reliability, and commitment to excellence make her a valuable asset to our team and truly deserving of this recognition. | <b>Hathaway/<br/>Ferguson</b> | <b>Approved<br/>by All</b> |
|-----|---|-------------------------------|----------------------------|

A motion to accept the March Employee of the Month was moved, seconded, and carried.

- |     |  |
|-----|--|
| 4.2 | Lab – written report submitted by Sophia Rosal, Lab Manager. |
|-----|--|

4.3	Radiology & Imaging – written report submitted by Harold Swartz, Radiology & Imaging Manager.		
4.4	Food & Nutrition Services – written report submitted by Susan Garcia, FR Food & Nutrition Services Manager.		
4.5	Food & Nutrition Services – written report submitted by Jennifer Taylor, Burney Food & Nutrition Services Manager.		
4.6	Safety Quarterly Update – written report submitted by Dana Hauge, Director of Safety & Security.		
<b>5</b>	<b>BOARD COMMITTEES</b>		
5.1	<b>Finance Committee</b>		
5.1.1	Meeting Report: Chair Humphry AR days down to 64.2! Cash on Hand is 322 days! Pharmacy is doing well.		
5.1.2	March 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept the March 2026 Financials was moved, seconded, and carried.	Humphry/ Cufaude	Approved by All
5.2	<b>Quality Committee</b>		
5.2.1	Meeting Report: Chair Cufaude The Quality Committee requested a breakdown of the Falls/Slips to include the total number of residents.  QIP – we have met the Well Child Visits measurement, and the data is due to by June 15, 2026.  The Service Excellence Council (SEC) has selected 3 areas of focus: 1) Doctors Explanation to Patient 2) Rate the Hospital 3) Recommending the Hospital  The SEC will review and analyze the comments to identify the underlying factors and determine opportunities to improve the Top Box rating for “Recommend the Hospital.”		
5.3	<b>Strategic Planning Committee Report</b>		
5.3.1	Committee Meeting Report: Chair Hathaway No meeting in March		
<b>6</b>	<b>OLD BUSINESS</b>		
6.1	Bylaws Review - 2 <sup>nd</sup> reading. A motion to accept the changes was moved, seconded, and carried.	Humphry/ Hathaway	Approved by All
6.2	Creation of Governance Committee – 2 <sup>nd</sup> reading. A motion to create a Governance Committee was moved, seconded, and carried.  A second motion made that the members of the Strategic Planning Board Committee would also serve as the members of the Governance Committee	Cufaude / Hathaway	Approved by All
		Humphry/ Cufaude	Approved by All
<b>7</b>	<b>NEW BUSINESS</b>		
7.1	PIN 74 – Alternate Power Source for HVAC at the Burney Annex SNF Building. The project was approved in 2023; however, effective January 1, 2026, the regulatory requirements have changed, and the project is now classified as voluntary. The estimated project cost is \$878,336. Compliance will be required at a future date that has not yet been determined.  A motion to include the PIN 74 project for Alternate Source of Power for Skilled Nursing Facilities in the general contractor service contract was moved, seconded, and carried.	Hathaway / /Cufaude	Approved by All

7.2	Resolution 2026-09 Awarding Contract for General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects.	<b>Cufaude / Hathaway</b>	<b>Approved by All</b>
	A motion to accept Awarding Contract for General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects was moved, seconded, and carried.		
7.3	Approval of Budget for Fall River Rural Health Clinic Remodel and Ancillary Projects (Exhibit A)	<b>Humphry / Hathaway</b>	<b>Approved by All</b>
	A motion to duly pass and adopt the budget with corrections to the cost was moved, seconded, and carried.		
7.4	Resolution 2026-08 Awarding Contract for MMHD Project Management Services for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects	<b>Cufaude / Ferguson</b>	<b>Approved by All</b>
	A motion to duly pass and adopt Resolution 2026-08, with correction to the cost, was moved, seconded, and carried.		
7.5	Resolution 2026-10 Voting Member Appointment of CEO to All Sub-Committees of the Board	<b>Cufaude / Hathaway</b>	<b>Approved by All</b>
	A motion to duly pass and adopt Resolution 2026-10 was moved, seconded, and carried.		

## **8 ADMINISTRATIVE REPORTS**

8.1	<b>Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items.</i></b>		
8.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito.		
8.1.2	Chief Financial Officer: Written report submitted by Travis Lakey. Verbally reported that there will be a \$1.2m payback to Medicare due to increased Acute census in 2025.		
8.1.3	Chief People Officer: Written report submitted by Libby Mee.		
8.1.4	Chief Public Relations Officer: Written report submitted by Valerie Lakey.		
8.1.5	Chief Clinical Officer: Written report submitted by Keith Earnest. Tiffani McKain and Kevin Davie were available to address questions.		
8.1.6	Chief Nursing Officer: Written report submitted by Theresa Overton. Theresa provided an update in the SNF census of 71		
8.1.7	Chief Executive Officer: Written report submitted by Ryan Harris. Verbally reported that Marrisona Martin has accepted the Director of Public Relations position taking on responsibilities with Val Lakey's upcoming retirement. Upcoming changes to the 340B program require a "carve in" to the hospital for ED/Outpatients. Successfully negotiated a physician employment agreement with Dr. Delaney, who will join the organization as Emergency Department Medical Director while also providing clinical coverage in the Emergency Department. In addition, there were successful renegotiations on ED provider agreements with Drs. Leach, Edholm, and Winter, eliminating the need to engage an external outsourcing agency.		

## **9 OTHER INFORMATION/ANNOUNCEMENTS:**

- |     |   |
|-----|---|
| 9.1 | Board Member Messaging: <ul style="list-style-type: none"> <li>• Employee of the Month</li> <li>• Thank you to our Mayers Employee Giving (MEG) donors for their support</li> <li>• Health Fair</li> <li>• Golf Tournament</li> </ul> |
|-----|---|

- TCCN events
- Lucky Finds Update on location and hours open
- Hospital Week

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9.2 ACHD Accreditation

- Val Lakey is working on the requirements for reaccreditation by July 1.

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**10 MOVE INTO CLOSED SESSION:**

A motion to move into Closed Session to discuss Medical Staff Credentials, a Pending Litigation Case, and a Personnel Matter was made, seconded, and carried. The Board moved into Closed Session at 3:54 p.m.

**Cufaude /  
Ferguson**

**Approved  
by All**

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10.1 Update on Existing Litigation (Gov. Code § 54956.9)

- Case name withheld pursuant to Government Code § 54956.9

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10.2 Personnel Matters (Gov. Code § 54957)

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The Board adjourned the closed session with no reportable action taken at 4:34 p.m.

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**11 RECONVENE OPEN SESSION:** at 4:34 p.m.

A motion to move into Open Session was made, seconded, and carried.

**Ferguson /  
Cufaude**

**Approved  
by All**

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**12 ADJOURNMENT:** At 4:36 p.m.

Next meeting is May 27, 2026.

*I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District*

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Board Member

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Board Clerk

**FR RHC Remodel & Ancillary Projects  
Budget**

Exhibit A

<b>Classification</b>	<b>Original Budget</b>	<b>FR RHC &amp; Gas Line</b>	<b>Fire Smoke Dampers</b>	<b>TCCN Day Care</b>	<b>PIN 74</b>	<b>To Date Actual</b>	<b>Notes</b>
Administrative & Legal Expenses	\$ 14,698.00	\$ 8,400.00	\$ 2,550.00	\$ 1,998.00	\$ 1,750.00		
Building Permit & Fees (OSHDP & Co.)	\$ 58,792.00	\$ 33,600.00	\$ 10,200.00	\$ 7,992.00	\$ 7,000.00		
Consultants - Project Management	\$ 246,136.00	\$ 75,906.50	\$ 37,161.50	\$ 95,906.50	\$ 37,161.50		Includes reimbursable estimate spread to all 4 projects of \$8102.50 (\$32410.00 total)
Special Inspection & IOR	\$ 15,925.00	\$ -	\$ 8,925.00	\$ -	\$ 7,000.00		
Equipment	\$ 95,000.00	\$ 95,000.00	\$ -				
Misc.							
<b>Total Soft Costs</b>	\$ 430,551.00	\$ 212,906.50	\$ 58,836.50	\$ 105,896.50	\$ 52,911.50		
	<b>Budget</b>						
Design	\$ 146,980.00	\$ 84,000.00	\$ 25,500.00	\$ 19,980.00	\$ 17,500.00		
Construction	\$ 2,406,000.00	\$ 1,076,000.00	\$ 167,000.00	\$ 399,000.00	\$ 764,000.00		
Deferred Submittals	\$ 75,000.00	\$ 50,000.00		\$ 25,000.00			*Fire Alarm Panel in Burney and PG&E Work
Contingency	\$ 523,720.00	\$ 304,050.00	\$ 89,314.00	\$ 68,931.00	\$ 61,425.00		
<b>Total Construction Costs</b>	\$ 3,004,720.00	\$ 1,430,050.00	\$ 256,314.00	\$ 492,931.00	\$ 825,425.00		
<b>Total Cumulative Costs</b>	\$ 3,435,271.00	\$ 1,642,956.50	\$ 315,150.50	\$ 598,827.50	\$ 878,336.50		

**DRAFT**



**RESOLUTION NO. 2026-11**

**A RESOLUTION OF THE BOARD OF TRUSTEES  
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

**Shelby Sheppard**

**As April 2026 EMPLOYEE OF THE MONTH**

**WHEREAS**, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contributions to MMHD; and

**WHEREAS**, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

**WHEREAS**, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

**NOW, THEREFORE, BE IT RESOLVED** that Shelby Sheppard is hereby named Mayers Memorial Healthcare District Employee of the Month for April 2026; and

**DULY PASSED AND ADOPTED** this 27<sup>th</sup> day of May 2026 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

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Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

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Lisa Neal  
Clerk of the Board of Directors



## **Department Reporting Managers' Meeting and Regular Board Meeting**

**Manager & Department:** Moriah Padilla, Acute Care

**Reporting Month & Year:** May, 2026

### **Summary:**

Mayers Memorial Healthcare District's Acute Care unit has continued to place strong focus on creating a supportive, compassionate, and patient-centered environment for both patients and staff. This year's efforts emphasized improving the patient experience through initiatives centered around comfort, healing, and meaningful human connection. Simultaneously, the department has worked to strengthen leadership presence, improve onboarding and staff support systems, and navigate ongoing workflow and documentation changes associated with Cerner optimization and regulatory expectations.

### **Top Projects (1-3):**

#### **Quiet Hours Campaign**

Implementation of designated Quiet Hours on Acute Care focused on improving patient rest, healing, and HCAHPS quietness scores. Interventions included staff education, reduced overnight noise/light stimulation, use of task lighting, patient communication signage, and implementation planning for a visual noise meter "noise stoplight" system.

#### **White Rose Program**

Development and rollout of the White Rose comfort care initiative to support hospice and end-of-life patients and families. The program utilizes a white rose symbol outside patient rooms as a visual cue to encourage quieter, more intentional interactions and to promote compassionate, respectful care practices among staff and visitors.

#### **Patient Thank You Card Initiative**

Implementation of a patient thank you card process designed to enhance patient connection and reinforce compassionate care practices. Pre-printed thank you cards are placed at the front of each patient chart with the message, *"Thank you for entrusting us with your care."* Staff are encouraged to sign cards during downtime throughout the patient's stay, and Ward Clerks mail the completed cards following discharge to create a more personal and meaningful patient experience.

### **Wins (1-2):**

Successfully implemented 7-day/week charge nurse leadership structure to improve operational oversight, staffing support, and patient flow.

Achieved full departmental staffing across RN, CNA, and Ward Clerk positions after prolonged vacancies throughout the past year. Filling these roles has significantly improved staffing stability, onboarding consistency, operational support, and overall team morale.



**Challenge (1):**

Balancing ongoing workflow and process changes related to Cerner optimization, staffing transitions, and increased regulatory/documentation expectations while maintaining frontline staff satisfaction and consistency in patient care delivery.



## **Department Reporting Managers' Meeting and Regular Board Meeting**

**Manager & Department:** Bridget Bernier BSN, RN / Emergency Department

**Reporting Month & Year:** May, 2026

### **Summary:**

Mayers Memorial Healthcare District Emergency Department provides emergency medical care to our community 24 hours a day, 7 days a week, 365 days a year, ensuring patients have access to immediate, high-quality treatment whenever emergencies arise. As a vital rural healthcare resource, the department remains committed to delivering compassionate, timely, and skilled care for every patient. From 2024 to 2025, the Emergency Department experienced a 6.95% increase in patient visits, reflecting continued trust in our services. Current trends indicate that this steady rise in patient volume is expected to continue through 2026, demonstrating the department's expanding impact and essential role in regional healthcare.

### **Top Projects (1-3):**

#### **1. ENPC Pediatric Certification**

Mayers Memorial ED achieved 100% ENPC certification for all eligible nursing staff, including 100% of full-time RNs, per diem RNs, and acute care float RNs supporting the department. With pediatric patients accounting for approximately 18% of monthly ED visits, this training is vital to ensure safe, high-quality pediatric emergency care in our rural setting.

#### **2. MICN Certification for Nursing Supervisors**

All full-time Nursing Supervisors are scheduled to complete MICN training and certification on June 24th through SSV EMS. This program will strengthen triage accuracy, improve transfer coordination, and enhance the safety and efficiency of patient movement within and beyond our critical access Emergency Department.

#### **3. Standardized New Hire Orientation Program**

Mayers Memorial ED is implementing a structured orientation program for all new hires, including online Relias and Lippincott modules, in-person equipment and HALO signoffs, and defined milestones for both 3-month experienced RN and 6-month new graduate tracks. This program supports consistent onboarding, competency, and long-term staff success.



### **Wins (1-2):**

One of the greatest successes within our department is our staff. Their enthusiasm for educational opportunities, willingness to support one another, and commitment to continuous improvement create a strong foundation for our team's success. They consistently offer valuable suggestions, assist fellow coworkers, and maintain positive attitudes while facing the unique challenges of working in a rural Emergency Department. Their dedication, teamwork, and resilience truly set them apart and are key drivers in providing high-quality care to our community.

### **Challenge (1):**

As a small rural hospital with limited staffing resources, one of our greatest ongoing challenges is balancing daily operational demands while ensuring staff have access to essential educational opportunities. Staffing constraints can make it difficult to remove team members from bedside care for training, yet continued education remains critical to maintaining a highly skilled workforce. As the Emergency Department Manager, I strongly believe that education is the foundation of high-quality staff who deliver exceptional care to our community. I remain committed to prioritizing educational access, creating opportunities, and providing the support necessary to ensure all staff members can continue to grow professionally while advancing the quality and safety of patient care.



## **Department Reporting Managers' Meeting and Regular Board Meeting**

**Manager & Department:** Michelle Peterson Outpatient Medical Department

**Reporting Month & Year:** May, 2026

### **Summary:**

At MMHD, our OPM department team provides expert wound care and infusion services to support healing. Treating chronic wounds, administering IV medications, and providing infusion services. Our specialty-trained team offers advanced wound care techniques and proven treatment protocols.

#### **Our Wound Care services:**

- Diabetic wounds
- Leg ulcers
- Bone infections (osteomyelitis)
- Radiation tissue damage
- Slow healing wounds
- Compromised or failed flaps
- Wounds caused by poor circulation
- Seating and bed surface evaluation
- Ostomy evaluation/education
- Wound VAC placement and maintenance

- Skin substitute application and management

#### **Our Infusion Therapy services:**

- PICC line/Central line/IV care and maintenance
- Implanted port/VAD maintenance
- Blood and blood products
- Therapeutic transfusions
- Phlebotomy services
- IV medication administration
- IV hydration
- IM/SQ medication administration
- Urinary catheter care/change

*The physician directed Wound Care Clinics are scheduled **every week** by appointment.*

### **Top Projects (1-3):**

- 1) Wound education/orientation for LTC and new Acute clinical staff on wound clinic in OPM.
- 2) Marketing to the community of Outpatient Medical Services and driving current patients to our website to conduct our OPM survey for quality/process improvement.
- 3) OPM staff continued education for obtaining wound certification, higher education, and leadership course.



**Wins (1-2):**

- 1) Weekly provider wound clinics with continued stable census providing advanced wound care and debridement to the community.
- 2) Cerner Optimization findings, discovery phase of department challenges and interactions.

**Challenge (1):**

- 1) Cerner Optimization to make OPM process flow improvements.



## **Department Reporting Managers' Meeting and Regular Board Meeting**

**Manager & Department:** Hollie Lappin, Purchasing Department

**Reporting Month & Year:** April, 2026

### **Summary:**

**Departmental efficiency has improved through faster ordering turnaround times and the implementation of an electronic requisition ticketing system. The establishment of a Supply Committee has also reduced supply costs and General Supply VOH while maintaining ACHC compliance.**

### **Top Projects (1-3):**

1. Implementation of a ticketing system, alongside standardized workflows, to improve departmental efficiency, reduce errors, track quotes/contracts, and provide operational redundancy for the Purchasing Department; in the event the EMR is unavailable, the ticketing system serves as a backup platform to continue processing departmental and order requests, as well as to document and track issues that can be resolved once the EMR is fully operational.
2. Establish a Supply Committee to review supplies to find opportunities to reduce supply costs and lower Value on Hand inventory.
3. Determining PAR levels for stock items in General Supply to meet ACHC's 96-Hours of Supplies requirement.

### **Wins (1-2):**

1. Over a 12-month period, the value on hand (VOH) for General Supply was reduced from approximately \$245,000 to \$178,000. This reduction was achieved through unit-of-measure (UOM) corrections, removal of obsolete items from General Supply stock, establishment of PAR levels to reduce excess ordering, and leveraging our GPO to identify cost-effective substitute items. Additionally, the formation of a Supply Committee has enabled ongoing review and optimization of General Supply inventory.
2. All stock supply items have minimum and maximum PAR levels set to meet ACHC compliance, and a policy has been created to support this requirement.



**Challenge (1):**

Ongoing supply chain disruptions continue to create challenges, including increased item and freight costs, intermittent backorders, and delivery delays. The tensions in the Middle East have further intensified pressure on the global supply chain. As a result, several high-use supplies have been placed on vendor allocation, limiting availability. To mitigate supply shortages, the Purchasing Department is proactively ordering high-use items on allocation when they become available, resulting in a temporary increase in supply costs.

## Hospice Quarterly Report May 2026 Prepared by Keith Earnest, CCO

### General

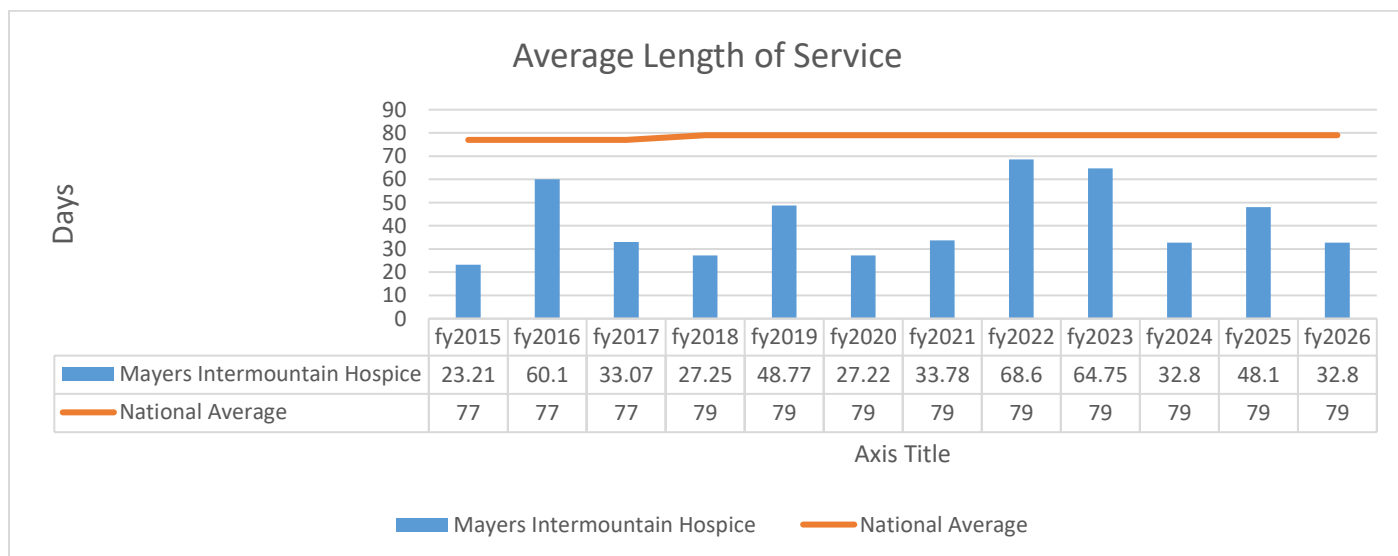
- Hospice welcomed Sheri Newhouse, RN, to the team.
- Staff are looking forward to moving into the new office space. Big shoutout to the facilities staff for all their hard work on the remodel.
- Hospice will be participating in the Mayers Healthcare Foundation Health Fair in McArthur on June 13.
- Fall River High School student, Ulisses Alvarez, organized a fishing tournament on Shasta Lake for his Senior Project to raise money for Hospice.

### Quality Project

- On the medicare.gov/care-compare, Intermountain Hospice’s score for the measure of *Patients who got an assessment of all 7 care process quality measures at the beginning of hospice care to meet the Hospice Comprehensive Assessment Measure requirements* increased from 61% to 68%, with the state average of 90%.
- To increase our score, we have reviewed internal processes and plan to monitor monthly. MatrixCare, the Cerner hospice software, does not have a report addressing this measure. A ticket with MatrixCare has been opened to help us self-check.

### Length of Service

- Our Length of Service data indicates that patients would benefit from earlier referrals.

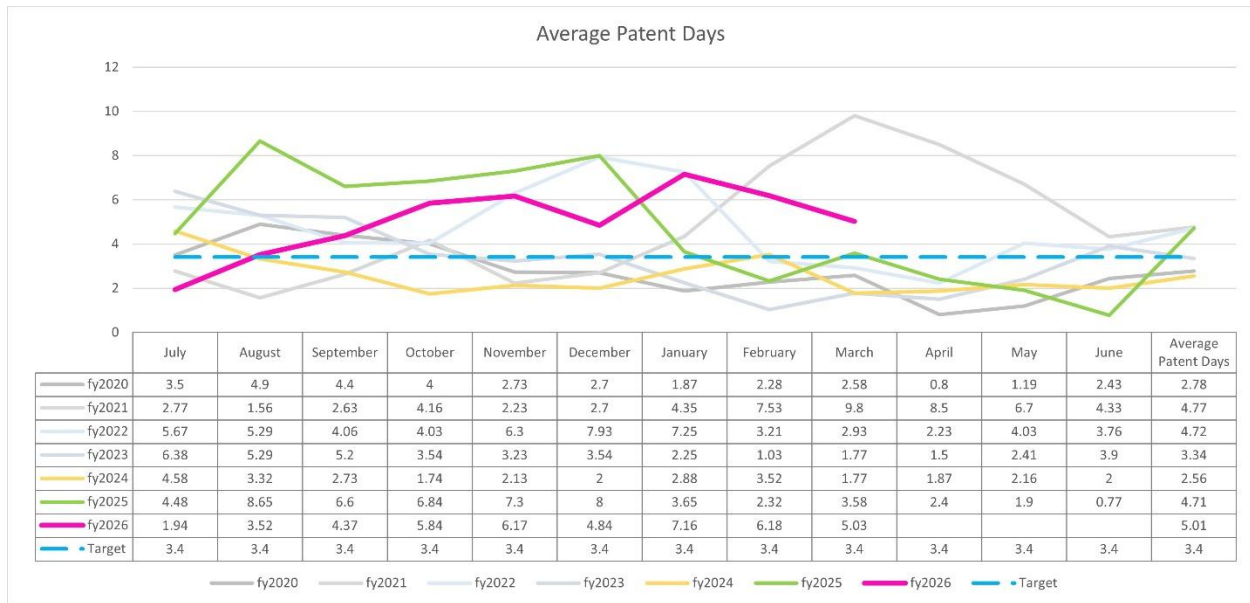


## Live Discharges

- For calendar year 2025 our live discharge rate was 2.9%. The benchmark is less than 30%.

## Average Patient Days

- Through Q3 FY26 the Average Patient Days is the highest compared to historical.



## Collaboration with SNF

- For calendar year 2025, 37% of deaths in SNF were on hospice. The national benchmark is at least 40% of SNF deaths on hospice.
- Hospice patients in SNF have a shorter length of service, 10.9 days, versus 52.2 days in the home. We are working with SNF providers for earlier referrals and have seen early improvements.



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### Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PTVZ893	3/4/2026	NUTANIX 3 YR RENEWAL	0673037	<b>\$157,693.00</b>

### QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<a href="#">NUTANIX CLD INFRA NCI PRO 1-CPU RNW</a> Mfg. Part#: RSW-NCI-PRO-PR SN#:25SW000398906, LIC-02511041, Term: 07-29-2026 4:00:00 PM to 07-31-2029 4:00:00 PM Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	144	7325182	\$529.00	\$76,176.00
<a href="#">NUTANIX CLD INFRA NCI PRO 1-CPU RNW</a> Mfg. Part#: RSW-NCI-PRO-PR SN#:25SW000398907, LIC-02511042, Term: 06-21-2026 4:00:00 PM to 03-31-2027 4:00:00 PM Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	24	7325182	\$257.00	\$6,168.00
<a href="#">NUTANIX CLD INFRA NCI PRO 1-CPU RNW</a> Mfg. Part#: RSW-NCI-PRO-PR SN#:25SW000398908, LIC-02511043, Term: 08-02-2026 4:00:00 PM to 07-31-2029 4:00:00 PM Electronic distribution - NO MEDIA	72	7325182	\$981.00	\$70,632.00

**QUOTE DETAILS (CONT.)**

Contract: HealthTrust Pricing-Software (HPG-2500)

<b><u>NUTANIX HARDWARE RENEWAL SUPPORT</u></b>	1	6072643	\$465.00	\$465.00
Mfg. Part#: RS-HW-PRD-ST SN#:21FM3F240136, Term: 06-21-2026 4:00:00 PM to 03-31-2027 4:00:00 PM Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Catalog (HPG-2500)				

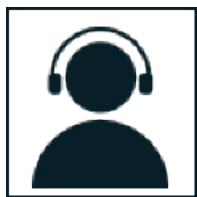
<b><u>NUTANIX PROD HW SUP RNW</u></b>	1	6149547	\$4,252.00	\$4,252.00
Mfg. Part#: RS-HW-PRD-MY SN#:23SG3G290011, Term: 08-02-2026 4:00:00 PM to 07-31-2029 4:00:00 PM Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Catalog (HPG-2500)				

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<b>SUBTOTAL</b>	\$157,693.00
<b>SHIPPING</b>	\$0.00
<b>SALES TAX</b>	\$0.00
<b>GRAND TOTAL</b>	<b>\$157,693.00</b>

<b>PURCHASER BILLING INFO</b>	<b>DELIVER TO</b>
<b>Billing Address:</b> MAYERS MEMORIAL HOSPITAL ACCOUNTS PAYABL PO BOX 459 FALL RIVER MILLS, CA 96028-0459 <b>Phone:</b> (530) 336-5511 <b>Payment Terms:</b> NET 30-VERBAL	<b>Shipping Address:</b> MAYERS MEMORIAL HOSPITAL DISTR 43563 STATE HIGHWAY 299 E FALL RIVER MILLS, CA 96028-9787 <b>Shipping Method:</b> ELECTRONIC DISTRIBUTION
	<b>Please remit payments to:</b> CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



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# Mayers Memorial Healthcare District

## Strategic Plan FY2025 – FY2029 (updated xx-xx-2026)

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### Message from the Board of Directors

The Mayers Memorial Hospital District Board of Directors is pleased to present this refreshed strategic plan for 2025-2029, building upon the success of our original plan developed in 2016. Since its inception, we have made significant strides in enhancing our facilities and services, including the addition of a new wing featuring a state-of-the-art emergency room, a retail pharmacy, a rural health clinic, and a mobile clinic. We have also implemented a new electronic medical record system to improve patient care.

As we look to the future, our commitment to delivering exceptional patient care, fostering a safe and motivated work environment for our employees, and being fiscally responsible remains unwavering. This updated plan serves as a guiding framework for the District Board and administration for a period of five years. It outlines our goals, objectives, and strategies to ensure that we continue to meet the evolving needs of our community while maintaining our reputation for excellence in patient care.

## Introduction

The purpose of this Strategic Plan is to define the critical objectives that the Board of Directors aims to achieve by FYE 2029. This comprehensive plan serves as a bridge, connecting Mayers Memorial Healthcare District's Mission, Vision, and Values to the daily work of our talented and dedicated staff, providing a clear direction and focus for their efforts.

### **Mission**

Leading rural healthcare for a lifetime of wellbeing.

### **Vision**

Build the healthiest rural community through exceptional and accessible care.

### **Values**

I-RESPECT: Integrity, Reliability, Excellence, Stewardship, Partnership, Equity, Compassion, Teamwork

This Plan will outline the strategic pillars, and the priorities needed to achieve our mission, vision, and values to ensure success toward those objectives, the risks to the objectives, implementation, monitoring, and evaluation.

## Strategic Pillars

To progress toward the achievement of our Mission, Vision, and Values over the next five years, we will work toward the following five (5) strategic pillars:

1. **Quality/Service**: At Mayers Memorial Healthcare District, we are committed to delivering exceptional patient-centered care, exceeding expectations, and driving continuous improvement. We will achieve this by:
  - a. Providing high-quality, safe, and efficient care that is personalized to the unique needs of each patient.
  - b. Fostering a culture of quality and safety through ongoing education, training, and accountability.
  - c. Collecting and acting on patient feedback to improve the overall patient experience.
  - d. Implementing evidence-based practices and guidelines through ACHC to ensure best-in-class care.
  - e. Leveraging technology and innovation to streamline processes and enhance outcomes.

Our goal is to be a trusted and respected healthcare partner in our community, known for delivering care that exceeds patient expectations and improves health outcomes.

2. **People**: At Mayers Memorial Healthcare District, we are committed to fostering a culture of compassion, inclusivity, and growth, where every employee is valued, empowered, and supported to deliver exceptional patient care and achieve their full potential. We will achieve this by:
  - a. Recruiting and retaining top talent through competitive compensation, comprehensive benefits, and opportunities for professional development.

- b. Providing ongoing training and education to enhance skills and knowledge.
- c. Encouraging open communication, diversity, and inclusion across all levels of the organization.
- d. Fostering a sense of community and teamwork through recognition and rewards programs.
- e. Embracing innovation and creativity in our work environment.

Our goal is to create a culture that empowers employees to deliver exceptional patient care and achieve their full potential.

3. Growth: At Mayers Memorial Healthcare District, we are committed to driving strategic growth and innovation, expanding our reach and impact, and building a sustainable future for our organization. We will achieve this by:
- a. Developing and executing strategic plans that align with our mission, vision, and values.
  - b. Fostering a culture of innovation.
  - c. Investing in cutting-edge technology and infrastructure to drive efficiency and effectiveness.
  - d. Building strong partnerships with community stakeholders, payers, and vendors to advance our goals.
  - e. Attracting and retaining top talent and providing opportunities for professional growth and development.
  - f. Drive consistent departmental growth to achieve a sustainable future.

Our goal is to position Mayers Memorial Healthcare District as a leader in the rural healthcare industry, known for its forward-thinking approach, strategic partnerships, and commitment to driving positive change.

4. Communication: At Mayers Memorial Healthcare District, we are dedicated to fostering a culture of transparency, collaboration, and open communication. We believe that effective communication is essential to building trust, driving understanding, and achieving our goals. We will achieve this by:
- a. Providing timely and clear information to patients, families, and staff about our services, the patient's care, our policies, and initiatives.
  - b. Fostering open and respectful dialogue among team members, leadership, and stakeholders.
  - c. Utilizing multiple channels to communicate with diverse audiences, including digital media, print materials, and in-person interactions.
  - d. Encouraging active listening and feedback from all stakeholders to inform our decisions and actions.
  - e. Celebrating successes and learning from setbacks through regular recognition and continuous improvement.

Our goal is to be a model for transparent and effective communication in the healthcare industry, where information flows freely, concerns are heard and addressed, and everyone feels valued and informed.

5. Finance: At Mayers Memorial Healthcare District, we are committed to maintaining a strong financial foundation that supports our mission and enables us to deliver high-quality patient care. We will achieve this by:
- a. Developing and managing budgets that align with our strategic priorities and goals.
  - b. Analyzing financial performance regularly to identify areas for improvement and make data-driven decisions.

- c. Maintaining a culture of fiscal responsibility and accountability among all staff members.
- d. Investing in financial systems and processes that support transparency, accuracy, and efficiency.
- e. Building strong relationships with donors, philanthropic organizations, and other funding partners to secure necessary resources.

Our goal is to be a financially sustainable organization that can invest in the future of healthcare, drive innovation, and provide exceptional care to our patients.

## Success Indicators

### Fiscal Year 2025 Priorities

To ensure we achieve our strategic pillars by FYE 2029, we will focus on the following priorities in FY 2025, marking key milestones on our journey toward success. Our annual priorities for FY2026-2029 will be reviewed and approved by the Board of Directors annually to ensure alignment with our long-term goals and continued progress toward achieving our strategic vision.

#### Priority 1. Quality Service

##### Specific:

- By June 30, 2025, implement and refine the infection prevention program to achieve a minimum hand hygiene adherence rate of 60% among healthcare workers.

##### Measurable:

- The success of the goal will be measured by tracking and monitoring hand hygiene adherence rates, with a target of at least a 60% compliance rate among healthcare workers.

##### Achievable:

- This goal is achievable through the implementation of staff education and training programs, promoting a culture of hand hygiene, and regular feedback on adherence rates to encourage improvement.

##### Relevant:

- The goal is relevant to the Quality Service pillar by fostering a culture of quality and safety through ongoing education, training, and accountability in infection prevention practices.

##### Time-bound:

- The goal must be achieved by June 30, 2025, to ensure that the enhanced infection prevention program is fully implemented and effective in improving hand hygiene adherence rates.

##### Summary:

In May 2025, the MMHD team successfully reached this goal with a compliance rate of 63% in April. In May the team exceeded the goal achieving 73.5% compliance. This achievement was driven by a combination of campaigns, incentives, education, observations, real-time coaching, and continuous monitoring. One of the key challenges the team encountered was the need to shift from relying on technology to monitor staff, due to the high costs associated with the necessary equipment for our

facility. Moving forward, we remain committed to ongoing efforts to improve our scores, aiming to maintain them above 60% to prevent the spread of illness within our facilities.

## Priority 2. People

### Specific:

- By June 30, 2025, a minimum of 13 leadership team members from the Mayers Memorial Healthcare District, comprising a mix of managers and directors, will complete the Healthcare Leadership Institute Management Training program.

### Measurable:

- The success of the goal will be measured by the number of leadership team members who complete the program, specifically at least 13 participants.

### Achievable:

- This goal is achievable based on the availability of the program and the interest expressed by the leadership team members.

### Relevant:

- The goal is relevant to the People pillar by providing ongoing training and education to enhance skills and knowledge.

### Time-bound:

- The goal must be completed by June 30, 2025, to ensure timely completion and evaluation of the program's effectiveness.

### Summary:

In May 2025, the MMHD team successfully achieved this goal, with 14 out of 15 managers and directors enrolling in and completing the Healthcare Leadership Institute Management Training program. MMHD leadership was notified that these 14 managers and directors would receive their certificates. Despite challenges related to turnover and participation, the team remained engaged and valued the opportunity to develop into stronger, better-trained leaders.

## Priority 3. Growth

### Specific:

- By June 30, 2025, each department within outpatient services (Rural Health Clinic, Laboratory, Radiology, Outpatient Medical, Physical Therapy, Cardiac Rehab, Outpatient Surgery, and Respiratory Therapy) will individually achieve a 5% increase in outpatient visits, charges, or procedures year-over-year, contributing equally (12.5%) to the overall target of 100%.

### Measurable:

- Success will be determined by tracking and monitoring outpatient visits, charges, or procedure numbers for each department monthly. Each department's ability to achieve a 5% increase compared to the previous year's figures will be assessed individually.

### Achievable:

- This goal is achievable through the implementation of targeted strategies such as marketing campaigns, community outreach initiatives, patient engagement programs, care coordination, and staff training to improve patient flow and wait times.

Relevant:

- The goal is relevant to the Growth pillar by driving consistent departmental growth to achieve a sustainable future.

Time-bound:

- The goal must be achieved by June 30, 2025, to ensure that the strategies are fully implemented and effective in driving growth and increasing outpatient visits.

Summary:

This year, we achieved significant progress toward our growth objectives. Strengthening relationships with local providers and implementing targeted marketing strategies contributed to growth across many outpatient departments. By the end of April 2025, the RHC, Outpatient Medical, Surgery, and Physical Therapy departments are all projected to surpass their 5% growth targets. Radiology is close to reaching its 5% goal. However, Lab, Cardiac Rehab, and Respiratory Services are projected to fall short of their 5% growth targets. The Lab has faced challenges in recovering post-COVID volumes, as referral patterns continue to shift to out-of-area competitors due to cost concerns, despite the district maintaining the same rates for several years. Delays in onboarding a cardiologist temporarily impacted Cardiac Rehab's ability to increase numbers, and staff changes in Respiratory Therapy made it difficult to increase volumes in that department. Final numbers will be calculated in July of 2025 to determine the exact amount of growth each department obtained.

Priority 4. Communication

Specific:

- By June 30, 2025, Mayers Memorial Healthcare District (MMHD) plans to launch an extensive patient satisfaction program with the following objectives:
  1. Establish a baseline for patient experience scores in clinics and the emergency room through surveys conducted by June 30, 2024.
  2. Choose a patient satisfaction program and partner by June 30, 2025.
  3. Develop and implement new clinic workflows, covering scheduling through to referrals, by June 30, 2025.
  4. Establish a dedicated care coordination department by June 30, 2025.
  5. Select and implement a new communication platform.

Measurable:

- We will evaluate progress by collecting patient experience surveys, monitoring the rollout of new workflows, selecting a patient experience vendor, choosing a communication platform, and establishing the care coordination department.

Achievable:

- These objectives are realistic, given thorough strategic planning, effective resource allocation, and collaboration among all stakeholders.

Relevant:

- This initiative supports MMHD's commitment to enhancing patient care and satisfaction, ultimately improving health outcomes in the community.

Time-bound:

- The completion of this goal is targeted for June 30, 2025, with key milestones set for achievement by June 30, 2024.

Summary:

In June 2025, the team successfully completed this goal. We received our initial patient experience scores for the clinic and emergency room based on patient surveys, establishing a baseline for future improvement. We have selected the Custom Learning Systems Services Experience Initiative as our patient satisfaction program, and work has already begun on this project. Additionally, new referral and clinic workflows have been implemented, resulting in a significant reduction in our referral queue, improved referral timeliness, and enhanced patient experience. We have hired a Director of Clinical Services and Care Coordinator establishing a new Department of Health Navigation Services. We also partnered with Luma Health as our new outpatient communication vendor, making it easier for patients to connect with staff regarding upcoming appointments and their needs.

Priority 5. Finance

Specific:

- By June 30, 2025, MMHD will achieve 50% compliance by meeting one of the California Department of Health Care Services (DHCS) Quality Improvement Program (QIP) measures or 100% compliance by meeting two QIP measures and submitting accurate and complete data for audit.

Measurable:

- The success of the goal will be measured by achieving the specified compliance rates with the DHCS QIP measures and submitting accurate and complete data for audit.

Achievable:

- This goal is achievable through a focused effort to review and improve processes, train staff on quality improvement strategies, and implement corrective actions to address any deficiencies or gaps in compliance.

Relevant:

- The goal is relevant to the Finance pillar to analyze financial performance regularly to identify areas for improvement and make data-driven decisions.

Time-bound:

- The goal must be achieved by June 30, 2025, to ensure that the necessary improvements are made and that data is submitted in a timely manner for audit.

Summary:

In December 2024, the team successfully completed the PY7 QIP measures. Following internal audits from January – June of 2025, we determined that the team fully met two of the QIP measures, well-child visits and flu shots, achieving complete compliance with this priority. This marked a significant

milestone, as it was the first non-COVID year in which we saw such success. The team focused on increasing awareness of the measures, educating providers on our target goals, and expanding technology through I2I to support achievement. This accomplishment reflects success both financially and in terms of quality.

## **Fiscal Year 2026 Priorities**

### Priority 1. Quality Service

#### Specific:

- By June 30, 2026, Mayers Memorial Healthcare District will complete Year 1 of the Service Excellence Initiative according to our established roadmap.

#### Measurable:

- Successful completion of Year 1 as outlined in our roadmap.

#### Achievable:

- It will involve organized training sessions and workshops throughout the year, following a roadmap of milestones.

#### Relevant:

- This priority is relevant to our Quality Service pillar to foster a culture of quality and safety through ongoing education, training, and accountability.

#### Time-bound:

- The goal must be achieved by June 30, 2026.

### Priority 2. People

#### Specific:

- By June 30, 2026, an additional 13 leadership team members from the Mayers Memorial Healthcare District, comprising a mix of managers and directors, will complete the Healthcare Leadership Institute Management Training program.

#### Measurable:

- The success of the goal will be measured by the number of leadership team members who complete the program, specifically at least 13 participants.

#### Achievable:

- This goal is achievable based on the availability of the program and the interest expressed by the leadership team members.

#### Relevant:

- The goal is relevant to the People pillar by providing ongoing training and education to enhance skills and knowledge.

Time-bound:

- The goal must be completed by June 30, 2026, to ensure timely completion and evaluation of the program's effectiveness.

### Priority 3. Growth

Specific:

- By June 30, 2026, Mayers Memorial Healthcare District will strategically enhance or introduce, at a minimum, three (3) new services, such as Cardiac Stress Testing, DOT Drug Testing, Calcium Scoring, DEXA Scans, Home Health PT, Occupational Therapy, Diabetic Eye Exams, Podiatry, MRI services, visiting nurse services, substance abuse treatment programs, behavioral health services, or a Burney Retail Pharmacy.

Measurable:

- At least one patient will receive services for each of the three (3) services by the end of FY26.

Achievable:

- Viability studies will be conducted prior to implementation to ensure resources and demand align.

Relevant:

- This priority is relevant to our Growth pillar by driving consistent departmental growth to achieve a sustainable future.

Time-bound:

- The goal must be achieved by June 30, 2026.

### Priority 4. Communication

Specific:

- By June 30, 2026, we will revamp our social media program and website to increase service visibility.

Measurable:

- Success will be assessed by completing both the social media and website revamp projects and through increased web traffic analytics and engagement metrics on social media.

Achievable:

- A dedicated team, including marketing and management, will be established to oversee the website redesign and social media strategy implementation.

Relevant:

- This priority is relevant to our communication pillar by utilizing multiple channels to communicate with diverse audiences, including digital media, print materials, and in-person interactions.

Time-bound:

- All improvements will be finalized by June 30, 2026.

## Priority 5. Finance

### Specific:

- By June 30, 2026, we will reduce our overall accounts receivable (AR) days to 65 or fewer to improve financial performance.

### Measurable:

- This will be tracked through monthly financial reports and AR aging analysis.

### Achievable:

- Strategies will be implemented to streamline billing processes and follow-ups on receivables.

### Relevant:

- This priority is relevant to our Finance pillar by regularly analyzing financial performance to identify improvement areas and make data-driven decisions.

### Time-bound:

- The goal is set to be achieved by June 30, 2026.

## Fiscal Year 2027 Priorities

### Priority 1. Quality Service

#### Specific:

- By June 30, 2027, Mayers Memorial Healthcare District will complete Year 2 of the Service Excellence Initiative in accordance with our established roadmap.

#### Measurable:

- Successful completion of Year 2 as outlined in our roadmap.

#### Achievable:

- It will involve organized training sessions and workshops throughout the year, following a roadmap of milestones.

#### Relevant:

- This priority is relevant to our Quality Service pillar to foster a culture of quality and safety through ongoing education, training, and accountability.

#### Timebound:

- This goal must be achieved by June 30, 2027.

### Priority 2. People

#### Specific:

- Implement a burnout reduction program that includes resilience training, peer support, and workload assessments.

Measurable:

- Reduce the percentage of staff experiencing burnout by at least 5% or to a level 5% below the national average of 49%, as reported by HRSA.

Achievable:

- The program components are feasible within the district's resources and will be evaluated through quarterly staff surveys.

Relevant:

- This goal is relevant to our People pillar by addressing the critical issue of healthcare worker burnout, aiming to improve staff well-being and retention.

Time-bound:

- Achieve this reduction by July 31, 2027, with progress measured through quarterly staff surveys.

### Priority 3. Growth

Specific:

- Develop, launch, or expand 3 revenue-generating clinical service lines, such as but not limited to Visiting Nurse Program, Retail Pharmacy, ECHO, Occupational Therapy, Speech Therapy, or Podiatry.

Measurable:

- Successfully develop, launch, or expand at a minimum 3 service lines with one patient being seen for each service line.

Achievable:

- Allocate resources and establish timelines to develop and implement these services, ensuring they are operational by the deadline.

Relevant:

- This goal aligns with the organization's objectives to diversify offerings, increase access to care, and drive revenue growth.

Time-bound:

- Complete the development, launch, or expansion of the 3 service lines by June 30, 2027.

### Priority 4. Communication

Specific:

- Develop and implement a Community Rounding strategy by creating a comprehensive calendar of a minimum of 20 local community events, ensuring active participation by at least 2 Operations Management Team (OMT) members at each event, coordinating sponsor table presence, and preparing standardized communication points to engage attendees effectively.

Measurable:

- Create a calendar with a minimum of 20 events, confirm participation of at least 2 OMT members at each event, and develop standardized communication materials.

Achievable:

- Collaborate with team members to identify events, assign participation, coordinate logistics, and prepare communication points within the project timeline.

Relevant:

- This strategy aims to enhance community engagement and awareness of our services.

Time-bound:

- Develop and execute a community rounding strategy and ensure 2 OMT members attend each identified community event by June 30, 2027.

Priority 5. Finance

Specific:

- Complete a comprehensive audit of the hospital/clinic chargemaster to verify pricing accuracy, ensure regulatory compliance, and align with payer contracts.

Measurable:

- The audit will cover 90% of the items in the chargemaster, with identified discrepancies documented and addressed.

Achievable:

- Allocate necessary resources and establish a detailed audit plan to review all chargemaster items within the timeframe.

Relevant:

- Ensuring chargemaster accuracy supports regulatory compliance, financial integrity, and payer contract alignment.

Time-bound:

- Complete the full audit by June 30, 2027.

## **Risk Management Plan for Mayers Memorial Healthcare District (MMHD) Strategic Priorities**

### **Scope:**

This risk management plan addresses the five strategic priorities of MMHD, covering People, Quality Service, Growth, Communication, and Finance. The plan aims to identify, assess, and mitigate potential risks that may impact the achievement of these priorities.

### **Fiscal Year 2025 Risk Identification:**

#### 1. Quality Service:

- Risk: Technical issues with the technology used to track hand hygiene adherence may compromise data accuracy.
- Risk: Cost of hand hygiene tracking solutions may compromise the use of technology.

- Risk: Inadequate staff training on infection prevention practices may lead to decreased adherence rates.
2. People:
    - Risk: Insufficient training or lack of buy-in from leadership team members may impact the success of the Healthcare Leadership Institute management training program.
    - Risk: Inadequate employee engagement and motivation may hinder the achievement of program goals.
  3. Growth:
    - Risk: Competition from other healthcare providers in the region may impact MMHD's ability to increase outpatient visits.
    - Risk: Insufficient capacity or resources to accommodate increased patient volume, leading to decreased quality of care and patient satisfaction.
    - Risk: Legislative changes at both state and federal levels may impact reimbursement rates, potentially making it challenging to add or expand services.
  4. Communication:
    - Risk: Poor communication between care coordination team members may lead to misaligned goals and ineffective care delivery.
    - Risk: Resistance to change from staff or providers may hinder the implementation of new communication protocols.
  5. Finance:
    - Risk: Failure to meet the minimum patient volume requirements for the DHCS QIP measures, resulting in non-compliance and financial loss.

#### **Fiscal Year 2025 Risk Assessment and Mitigation Strategies:**

1. Quality Service:
  - Conduct regular compliance system checks to ensure data accuracy and integrity.
  - Provide ongoing staff training in infection prevention practices and technology use.
  - Establish regular reporting to quality committee to monitor hand hygiene adherence rates and identify areas for improvement.
2. People:
  - Implement a comprehensive onboarding program for leadership team members participating in the Healthcare Leadership Institute management training program.
  - Establish a mentorship program to provide ongoing support and guidance for participants.
  - Conduct regular feedback sessions to ensure employee engagement and motivation.
3. Growth:
  - Conduct market research to identify competitor strengths and weaknesses.

- Conduct market research on the outmigration of services.
  - Develop targeted marketing campaigns to attract new patients.
  - Establish partnerships with local organizations to promote MMHD's services.
4. Communication:
- Develop clear communication protocols, job descriptions, and guidelines for care coordination team members.
  - Provide ongoing training and coaching for care coordination team members.
  - Establish a feedback mechanism for patients and staff to provide input on communication effectiveness.
5. Finance:
- Regularly monitor patient volume and adjust strategies, as needed, to ensure compliance with QIP measures.

**Fiscal Year 2026 Risk Identification:**

1. Quality Services:
- Risk: Staff resistance or change fatigue affecting participation in training and compliance.
  - Risk: Insufficient monitoring of milestones leading to delayed implementation of project, which will delay the identification of service quality issues.
2. People:
- Risk: Insufficient training or lack of buy-in from leadership team members may impact the success of the Healthcare Leadership Institute management training program.
  - Risk: Inadequate employee engagement and motivation may hinder the achievement of program goals.
3. Growth:
- Risk: Regulatory hurdles or delays in licensing and accreditation processes.
  - Risk: Resource constraints (staffing, infrastructure) impeding new service implementation.
  - Risk: Legislative changes to payment models impact the district's ability to start new services.
4. Communication:
- Cost of website upgrades makes the project cost prohibitive.
  - Staff resistance to change, leading to low engagement in our website and social media upgrades.
5. Finance:
- Risk: Failure to meet financial performance milestones affecting cash flow.
  - Risk: Electronic health record partners are unable to perform or make corrections to their systems to improve AR days.

### **Fiscal Year 2026 Risk Assessment and Mitigation Strategies:**

1. Quality Service:
  - Leverage proven strategies from Initiative partners to maintain staff engagement.
  - Create real-time monitoring dashboards to showcase results.
2. People:
  - Implement a comprehensive onboarding program for leadership team members participating in the Healthcare Leadership Institute management training program.
  - Establish a mentorship program to provide ongoing support and guidance for participants.
  - Conduct regular feedback sessions to ensure employee engagement and motivation.
3. Growth:
  - Conduct thorough resource planning and capacity analysis prior to launching new services.
  - Develop competitive market analysis and community outreach strategies.
  - Engage regulatory experts early in the process for licensing and compliance.
  - Build strong relationship with policymakers to gain early insights into policy changes.
  - Engage in advocacy efforts to minimize impact of policy changes.
4. Communication:
  - Secure cost estimates early to provide sufficient time to pivot to alternative vendors or strategies.
  - Foster a culture of openness to reduce resistance, with leadership modeling change acceptance.
5. Finance
  - Strengthen revenue cycle management and accounts receivable processes.
  - Hold stakeholder meetings to ensure adherence to our clinically driven revenue cycle.
  - Outsource where appropriate and hold vendors responsible for delivering results.

### **Fiscal Year 2027 Risk Identification:**

1. Quality Service:
  - Risk: Staff resistance or change fatigue affecting participation in training and compliance.
  - Risk: Insufficient monitoring of milestones leading to delayed implementation of the project, which will delay the identification of service quality issues.
2. People:
  - Risk: Resistance to change or burnout from staff during implementation of new programs or survey fatigue.
  - Risk: Insufficient engagement or buy-in from leadership or staff may impede program success.
3. Growth:
  - Risk: Regulatory hurdles or delays in licensing and accreditation processes.

- Risk: Resource constraints (staffing, infrastructure) impeding new service implementation.
  - Risk: Legislative changes to payment models impact the district's ability to start new services.
4. Communication:
    - Risk: Budget constraints or unforeseen costs could delay or limit community outreach initiatives.
  5. Finance:
    - Risk: Financial or EMR (Electronic Medical Record) limitations may prohibit resolution to some issues, hindering process improvements or data accuracy efforts.

### **Fiscal Year 2027 Risk Assessment and Mitigation Strategies:**

1. Quality Service:
  - Leverage proven strategies from Initiative partners to maintain staff engagement.
  - Continue to use real-time monitoring dashboards to showcase results.
2. People:
  - Collect regular feedback via surveys and focus groups, adjusting programs as needed to maintain engagement and address concerns promptly.
  - Schedule ongoing coaching and peer support to sustain resilience and prevent burnout.
3. Growth:
  - Conduct thorough resource planning and capacity analysis prior to launching new services.
  - Develop competitive market analysis and community outreach strategies.
  - Engage regulatory experts early in the process for licensing and compliance.
  - Build strong relationships with policymakers to gain early insights into policy changes.
  - Engage in advocacy efforts to minimize the impact of policy changes.
4. Communication:
  - Establish feedback mechanisms to continually improve outreach efforts and address barriers.
  - Schedule early and create budgets for projected costs associated with the program.
5. Finance
  - Work with IT/EMR vendors early to identify system limits and find feasible solutions.
  - Conduct phased audits focusing on high-impact items first to manage system constraints effectively.

## **Responsibility and Accountability**

The MMHD Strategic Plan is a five-year roadmap set by the Board of Directors, representing the collective vision of the public's elected representatives. As such, the Board is accountable to its constituents and responsible for ensuring the success of this plan. This accountability is reflected in two key layers:

## Layer 1: Board of Directors to the Public

The Board of Directors, elected by the public, is accountable to its constituents for the success of the Strategic Plan. The public can measure the Board's performance by assessing the progress towards achieving the objectives outlined in this Plan. The Board's accountability to the public serves as a fundamental mechanism to ensure transparency and effective governance.

## Layer 2: Chief Executive Officer (CEO) to the Board of Directors

The CEO is accountable to the Board of Directors for implementing the Strategic Plan successfully. The Board has entrusted the CEO with the responsibility to manage and execute each objective outlined in this Plan, as well as identify and mitigate risks associated with these objectives. The CEO is responsible for:

- Assigning management tasks to other managers and teams as needed.
- Reporting progress to the Board on a regular basis.
- Ensuring that management reporting accurately reflects the implementation status of the plan.

While the CEO may delegate tasks further down the organizational structure, they remain ultimately accountable to the Board for the successful execution of this Plan. This dual-layer accountability structure ensures that both the Board and CEO are committed to delivering on the promises outlined in this Strategic Plan, ultimately benefiting the community served by MMHD.

## Ensuring Successful Implementation

For the MMHD Strategic Plan to be successful, it is essential that all layers of management and staff are aware of the Plan and work together to achieve its objectives. To achieve this, we will implement the following key strategies:

### Alignment and Communication

- Align departmental annual priorities with the strategic pillars to ensure a unified focus on achieving the plan's objectives.
- Regular management/departmental meetings will emphasize the critical role each staff member plays in contributing to the success of the strategic pillars.
- Foster an open-door policy, encouraging top-down and bottom-up communication throughout the organization.

### Risk Management and Transparency

- Regularly review and update risk management plans to identify potential obstacles and develop mitigation strategies.
- Encourage a culture of reporting risks, ensuring that concerns are addressed promptly and effectively.

### CEO Communication and Oversight

- The CEO will regularly communicate with all staff regarding the progress of the Strategic Plan, keeping everyone informed of our progress towards achieving our objectives.

## Effective Monitoring

- Establish a robust monitoring system to track progress against key performance indicators (KPIs) and make data-driven decisions to adjust our approach as needed.

## Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting yearly by each department manager. At the operational level, monthly reporting will take place to discuss progress and monitor issues on the strategic pillars and priorities. These mechanisms are the responsibility of the CEO and/or other management and staff, as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.

### *Reporting to the Strategic Planning Committee*

The CEO will report to the Strategic Planning Committee at least every other month.

The CEO will provide the Committee with a written report on the progress of each Strategic Pillar. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk, and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

### *Reporting to the Board of Directors*

In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report every other month to the full Board following the Committee meeting regarding the progress of the Plan. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not. The Board may request additional reporting on any aspect of the Plan as deemed necessary.

## Evaluation

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such, the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan annually to determine whether it still meets the needs of the Board.

At the end of the Plan, at the beginning of FY2030, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the next iteration of the Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:

- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future, which will ultimately lead to better services for those in the Mayers Memorial Healthcare District.

DRAFT



**RESOLUTION NO. 2026-12**

**A RESOLUTION OF THE BOARD OF TRUSTEES  
OF MAYERS MEMORIAL HOSPITAL DISTRICT**

**Resolution Ordering Board of Directors Election; Consideration of Elections; and  
Specifications of the Election Order**

**WHEREAS**, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire in December (December 9, 2026) following the election to be held on Tuesday, November 3, 2026; and

**WHEREAS**, other elections may be held in whole or in part of the territory of the district and it is to the advantage of the district to consolidate pursuant to Elections Code section 10400; and

**WHEREAS**, Elections Code section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

**WHEREAS**, Elections Code section 13307(e) requires that before the nominating period opens the district board must determine whether a charge shall be levied against each candidate submitting a candidate’s statement to be sent to the voters and,

**WHEREAS**, Elections Code section 12112 requires the election official of the principal county to publish a notice of the election once in a newspaper of general circulation in the District;

**NOW, THEREFORE, IT IS ORDERED** that an election be held within the territory included in this district on the **3<sup>rd</sup> day of November 2026**, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

**Specifications of the Election Order**

1. The Election shall be held on Tuesday, the 3<sup>rd</sup> day of November 2026. The purpose of the election is to choose members of the board for the following seats:

<u>Current Members of Vacant Seats:</u>	<u>Term Length:</u>
Jeanne Utterback	4 years
Lester Cufaude	4 years

2. The District has determined that the estimated cost for the optional Candidate Statement will be paid for by the:  
Circle One:            District            Candidate

The Candidate's Statement will be limited to 200 words. The estimated cost shall be paid at the time of filing the Declaration of Candidacy.

3. The District directs that the County Registrar of Voters of the principal county publish the Notice of Election in a newspaper of general circulation that is regularly circulated in the territory.
4. This Board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, pursuant to Elections Code section 10400.
5. The District will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.
6. The Clerk of this Board is ordered to deliver copies of this Resolution to the Registrar of Voters.
7. THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director ?.  
Seconded by Director ?, at a regular meeting on this day of May 27, 2026, by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

\_\_\_\_\_  
Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

\_\_\_\_\_  
Lisa Neal  
Clerk of the Board of Directors



**RESOLUTION NO. 2026-13**

**A RESOLUTION OF THE BOARD OF TRUSTEES  
OF MAYERS MEMORIAL HEALTHCARE DISTRICT**

**AUTHORIZING APPLICATION FOR DAY CARE LICENSE**

**WHEREAS**, the Board has determined that it is in the best interest of the organization to obtain and maintain all necessary licenses and permits required to operate a day care facility; and

**WHEREAS**, the Board desires to authorize an officer of the organization to act on behalf of Mayers Memorial Healthcare District in connection with the application process for such licensing.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

**1. Authorization of CEO**

Ryan Harris, Chief Executive Officer of Mayers Memorial Healthcare District, is hereby authorized and directed to prepare, execute, submit, and file any and all applications, forms, supporting documents, agreements, and other materials necessary to apply for and obtain a Day Care License on behalf of Mayers Memorial Healthcare District.

**2. Authority to Act**

The CEO is further authorized to communicate with licensing authorities, respond to requests for information, sign related documents, and take any additional actions deemed necessary or appropriate to complete the licensing process.

**3. Ratification**

Any prior actions taken by the CEO or representatives of Mayers Memorial Healthcare District in connection with the Day Care License application are hereby ratified and approved.

**4. Effective Date**

This Resolution shall become effective immediately upon adoption.

**PASSED AND ADOPTED** on May 27, 2026, by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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Jeanne Utterback, President  
Board of Directors, Mayers Memorial Healthcare District

ATTEST:

---

Lisa Neal  
Clerk of the Board of Directors

DRAFT

# Mayers Memorial Hospital

## Emergency Management

Hazards - 43563 Highway 299E, Fall River Mills CA. 96028

Hazard Vulnerability Assessment Tool

Alert Type	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = ( MAGNITUDE - MITGATION )						RISK * Relative threat 0 - 100%
				HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	
				0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	
Active Shooter	2	0	0	3	1	2	3	2	2	29%
Act of Terrorism	2	0	0	2	2	2	2	2	2	27%
Air Quality Issue	2	0	0	3	1	2	3	2	2	29%
Bomb Threat	1	0	0	3	3	3	3	3	3	20%
Building Move	0	0	0	0	0	0	0	0	0	0%
Chemical Exposure, External	2	0	0	2	1	2	2	2	2	24%
Chemical Exposure, Internal	1	0	0	2	1	2	2	2	2	12%
Chemical Spill	2	0	0	2	2	2	2	2	2	27%
Child Abduction	1	0	0	2	0	2	3	2	3	13%
Civil Unrest / Protesting	2	0	0	2	2	3	2	2	2	29%
Communication / Telephony Failure	3	0	0	2	2	3	1	1	1	33%
Dam Failure	1	0	0	2	2	2	3	3	3	17%
Drought	2	0	0	1	2	1	3	2	3	27%
Earthquake	2	0	0	2	2	2	2	2	2	27%
Epidemic	1	0	0	2	0	2	2	2	2	11%
Evacuation	3	0	0	2	1	2	1	1	1	27%
Explosion	1	0	0	3	2	2	3	3	3	18%
Fire, External	3	0	0	2	2	2	1	1	1	30%
Fire, Internal	2	0	0	2	2	2	1	1	1	20%
Flood, External	1	0	0	1	2	1	2	2	2	11%
Flood, Internal	1	0	0	2	2	2	2	2	2	13%
Forensic Admission	1	0	0	1	1	2	3	3	3	14%
Gas / Emmissions Leak	1	0	0	2	2	2	3	3	3	17%
Generator Failure	2	0	0	3	1	1	1	1	1	18%
Hostage Situation	1	0	0	2	1	2	3	3	3	16%
Hurricane	0	0	0	0	0	0	0	0	0	0%
HVAC Failure	2	0	0	2	2	1	2	2	2	24%
Inclement Weather	2	0	0	2	2	1	1	2	2	22%
Infectious Disease Outbreak	2	0	0	3	0	2	2	2	2	24%
IT System Outage	2	0	0	1	1	3	1	1	2	20%

Landslide	1	0	0	1	2	1	0	0	0	4%
Mass Casualty Incident - Hazmat	1	0	0	2	1	2	2	2	2	12%
Mass Casualty Incident - Medical	2	0	0	2	1	2	1	2	2	22%
Mass Casualty Incident - Trauma	2	0	0	2	1	2	1	2	2	22%
Medical Gas Disruption	1	0	0	2	1	2	3	2	2	13%
Natural Gas Disruption	1	0	0	2	1	2	3	2	2	13%
Pandemic	1	0	0	2	1	2	2	2	2	12%
Patient Elopement	2	0	0	2	1	1	2	2	2	22%
Patient Surge	2	0	0	2	1	2	2	2	2	24%
Picketing	1	0	0	1	2	2	3	2	2	13%
Planned Power Outage	2	0	0	2	2	2	1	2	2	24%
Power Outage	2	0	0	2	1	2	1	1	2	20%
Radiation Exposure	1	0	0	2	1	2	2	2	2	12%
Seasonal Influenza	2	0	0	2	1	1	1	2	2	20%
Sewage Failure	2	0	0	2	2	1	2	1	2	22%
Shelter in Place	2	0	0	2	1	2	1	1	1	18%
Strikes / Labor Action / Work Stoppage	1	0	0	1	1	2	0	0	0	4%
Suicide	2	0	0	2	1	1	2	2	2	22%
Supply Chain Shortage / Failure	2	0	0	2	2	2	2	1	2	24%
Suspicious Package / Substance	1	0	0	2	2	2	2	2	2	13%
Temperature Extremes	1	0	0	2	1	1	2	2	2	11%
Tornado	0	0	0	0	0	0	0	0	0	0%
Transportation Failure	2	0	0	2	0	1	0	2	2	16%
Trauma	2	0	0	2	2	1	1	1	1	18%
Tsunami	0	0	0	0	0	0	0	0	0	0%
Utility Failure	2	0	0	2	2	2	2	2	2	27%
VIP Situation	1	0	0	1	1	1	0	0	0	3%
Water Contamination	2	0	0	2	1	2	2	2	2	24%
Water Disruption	2	0	0	2	1	2	2	2	2	24%
Weapon	2	0	0	3	2	2	2	2	2	29%
Workplace Violence / Threat	2	0	0	3	3	2	3	3	2	36%

# Burney Annex- Mayers Memorial

Emergency Management

Attachment M

Alert Type	PROBABILITY Likelihood this will occur	ALERTS	ACTIVATIONS	SEVERITY = ( MAGNITUDE - MITIGATION )						RISK * Relative threat
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	1	0	0	3	1	3	2	3	2	16%
Act of Terrorism	0	0	0	3	2	3	3	3	2	0%
Air Quality Issue	0	0	0	2	0	0	3	1	1	0%
Bomb Threat	1	0	0	3	3	3	2	3	3	19%
Building Move										
Chemical Exposure, External	0	0	0	1	0	0	1	1	1	0%
Chemical Exposure, Internal	1	0	0	3	2	2	1	2	1	12%
Chemical Spill	1	0	0	1	1	1	1	1	1	7%
Child Abduction	0	0	0	3	0	3	2	3	2	0%
Civil Unrest / Protesting	0	0	0	1	1	2	0	1	3	0%
Communication / Telephony Failure	3	0	0	0	0	3	2	1	1	23%
Dam Failure	0	0	0	3	3	3	3	3	3	0%
Drought	0	0	0	1	0	1	1	1	3	0%
Earthquake	1	0	0	1	2	2	2	2	3	13%
Epidemic	1	0	0	2	0	2	1	2	3	11%
Evacuation	1	0	0	1	0	3	1	3	3	12%
Explosion	1	0	0	3	3	3	2	3	3	19%
Fire, External	3	0	0	2	3	1	2	2	3	43%
Fire, Internal	1	0	0	3	3	3	2	3	2	18%
Flood, External	0	0	0	1	2	2	3	3	3	0%
Flood, Internal	0	0	0	0	2	2	3	2	2	0%
Forensic Admission	1	0	0	0	0	1	1	1	2	6%
Gas / Emmissions Leak	1	0	0	1	1	1	2	2	2	10%
Generator Failure	1	0	0	0	1	1	2	2	2	9%
Hostage Situation	1	0	0	3	0	3	2	2	3	14%
Hurricane	0	0	0	3	3	3	3	3	3	0%
HVAC Failure	2	0	0	1	1	1	2	1	1	16%
Incllement Weather	3	0	0	1	1	1	1	1	2	23%
Infectious Disease Outbreak	2	0	0	2	0	1	1	1	3	18%
IT System Outage	3	0	0	0	0	3	2	1	1	23%

Landslide	0	0	0	1	2	2	2	3	3	0%
Mass Casualty Incident - Hazmat	0	0	0	1	0	1	1	1	1	0%
Mass Casualty Incident - Medical	0	0	0	1	0	1	1	1	1	0%
Mass Casualty Incident - Trauma	0	0	0	3	0	1	1	1	1	0%
Medical Gas Disruption	1	0	0	1	1	1	2	2	1	9%
Natural Gas Disruption	1	0	0	1	1	1	2	2	1	9%
Pandemic	1	0	0	2	0	1	1	1	2	8%
Patient Elopement	2	0	0	1	0	1	1	1	1	11%
Patient Surge	1	0	0	1	0	1	1	1	1	6%
Picketing	0	0	0	0	0	1	0	0	2	0%
Planned Power Outage	3	0	0	0	0	0	1	1	0	7%
Power Outage	1	0	0	0	1	3	1	2	1	9%
Radiation Exposure	1	0	0	2	0	0	3	3	2	11%
Seasonal Influenza	3	0	0	1	0	0	1	1	1	13%
Sewage Failure	2	0	0	0	1	0	1	1	1	9%
Shelter in Place	1	0	0	1	0	2	1	1	0	6%
Strikes / Labor Action / Work Stoppage	0	0	0	0	0	0	0	0	3	0%
Suicide	2	0	0	3	0	1	1	1	0	13%
Supply Chain Shortage / Failure	2	0	0	0	0	0	2	1	1	9%
Suspicious Package / Substance	2	0	0	1	0	2	2	1	0	13%
Temperature Extremes	3	0	0	1	0	1	1	1	1	17%
Tornado	0	0	0	3	3	3	3	3	3	0%
Transportation Failure	0	0	0	1	0	0	2	1	1	0%
Trauma	0	0	0	1	0	0	1	0	0	0%
Tsunami	0	0	0	0	0	0	0	0	0	0%
Utility Failure	3	0	0	1	1	2	2	1	1	27%
VIP Situation	0	0	0	0	0	0	0	0	0	0%
Water Contamination	1	0	0	2	0	1	2	1	2	9%
Water Disruption	1	0	0	1	0	2	2	1	2	9%
Weapon	1	0	0	3	0	1	2	2	2	11%
Workplace Violence / Threat	1	0	0	3	0	2	2	3	3	14%



## **Administrative Reporting Regular Board Meeting**

**Division:** Chief Operations Officer

**Submitted By:** Jessica DeCoito

**Reporting Month & Year:** May, 2026

### **Summary:**

#### **FR Rural Health Clinic Remodel & Ancillary Projects**

The Project Management team, Mack Construction, and the Architects will hold a kickoff call on Tuesday, May 26th. We will also establish standing weekly Owner, Architect, and Contractor (OAC) meetings that will continue throughout the duration of the project. Many project details are currently being finalized, and we are hopeful that physical work on the projects will begin soon.

#### **Business and Hospice Office Remodel**

The Maintenance team did an outstanding job preparing the new space for our Business Office and Hospice team members. The Business Office began moving into their new location on Wednesday, May 20th, and the Hospice team has already selected and marked their desk locations as they prepare to transition into the new space soon.

#### **Master Plan Update**

Updates to the Master Plan concept continue to progress. The most recent revisions focused on security requirements at the entrances to our facility. We are also collaborating with the engineers to evaluate generator capacity needs for the proposed updates, as well as exploring potential battery backup solutions.

#### **Visiting Nurse Services**

The team continued working on Policy and Procedure updates. Once the revisions are finalized and the policies receive approval, we will move into the next phase of the process, which includes hiring an RN to begin the steps necessary to launch this new service. We are shooting for July 1<sup>st</sup> date.

#### **Safety & Emergency Preparedness**

On May 19th, the Chief of Operations and the Director of Safety and Security attended the 2026 Regional Disaster Tabletop hosted by Tehama and Shasta County Healthcare Coalition. Our region includes thirteen counties. The event was attended by disaster leaders, public health emergency program managers, mutual aid partners, partner facilities and first responders. The fifty plus people discussed the direct response to a major hazmat mass casualty incident on I-5 near Red Bluff. This event would stress the region's resources. Direct implications on our District relate to excessive traffic, loss of support from air and ground resources, and the possible acceptance of patients being moved from Mercy to make room for incident victims instigating a mass casualty incident for us as well.



Participating in drills like this is crucial for our partnerships with the region and for our preparedness in learning and seeing exactly what resources we will have available to us in a major disaster.

## Solar

### Monthly Statistics

Incorrectly installing or defining the CT orientation may result in statistical errors.

The system can adjust the direction of electrical energy data. [ [Detailed instructions](#) ]

**May ( Inverter )**

**54.294** MWh

**0.0** USD

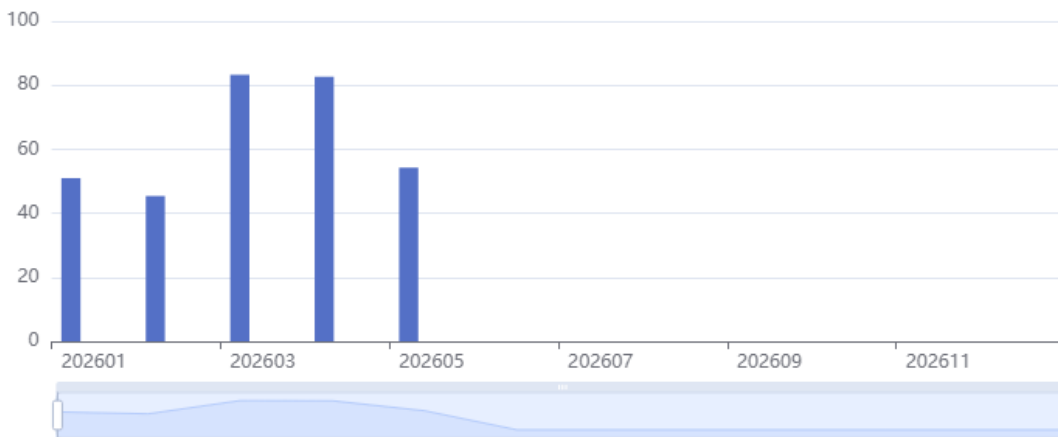
**May (Export To Grid)**

**0.211** kWh

**May (Import From Grid)**

**0.000** kWh

Energy (MWh)



## Finance Notes April FY 26

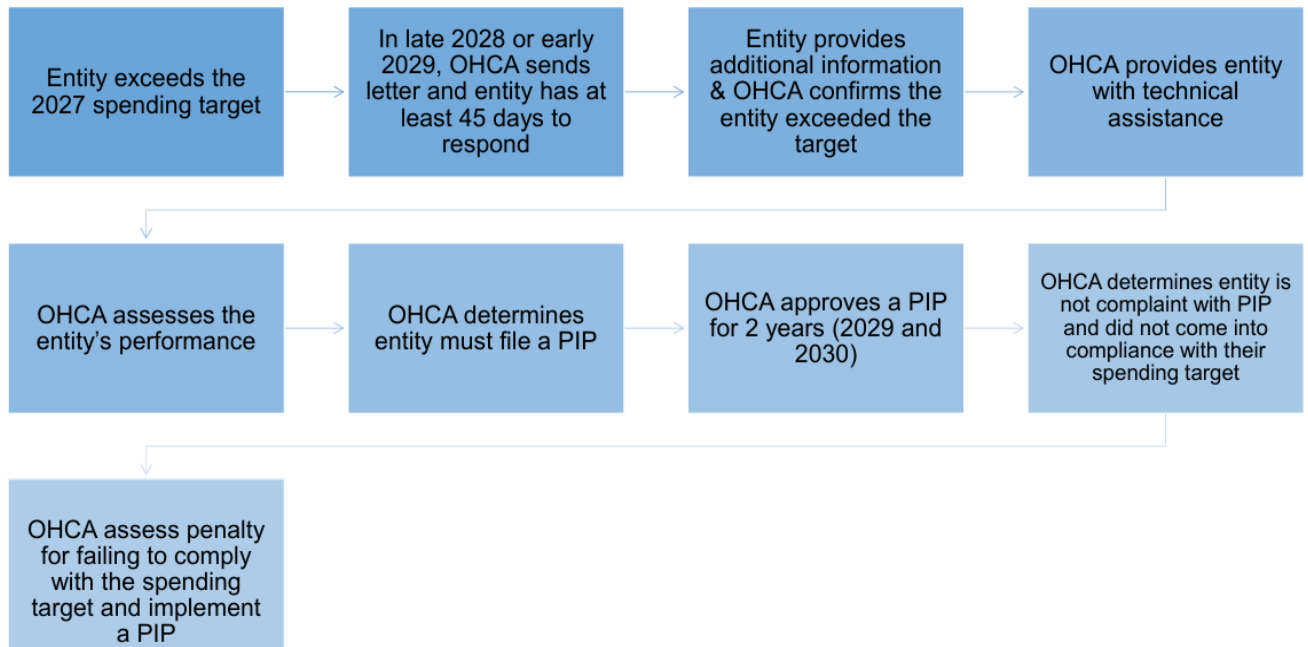
Ratios	FY 26	FY 25 Average	
Cash on Hand	328	268	Avg PY
Net Income	-408,759	366,667	Avg PY
Current Ratio	13		
AR Days	62.9	86	Avg PY
Accounts Payable	859,767	830,660	Avg PY
Daily Gross Revenue	193,193	173,009	Avg PY
YE% of Gross Revenue Collected	63% YTD	61%	Avg PY

- 1) Currently working on next year's budget. Worked with all the managers to forecast for their individual departments. Presenting it in June, so I have insurance renewal costs and have a better model for next year's supplemental payments.
- 2) AR days are headed in the right direction, and the collection percentage is higher than our historical average.
- 3) Retail Pharmacy is having a great year with a 36% increase in revenue.
- 4) The RHC's overall visits YTD are up 30% and have a positive bottom line, which is impressive given the use of Locum Docs.
- 5) Working with Wipfli to update our Debt Capacity Study to see how much we can borrow in the post-HR1 environment.
- 6) Had a great visit from the Director of HCAI and her staff. They commented that our deep commitment to our community is clear, and rural hospitals have unique challenges. Hopefully, this will help future policy development by allowing them to factor in how new requirements affect us compared to our large urban counterparts.
- 7) Our accounting software got a major update on the 18<sup>th</sup> with lots of changes. I had put this off as long as I could, as my counterparts in Plumas and Eastern Plumas have had issues with the new version, and hopefully, most of the bugs have been worked out over the last year.
- 8) Maintenance did a great job in remodeling the old thrift store space into a Billing and Hospice office.
- 9) Still waiting on HCAI to release the RHTP application, which is supposed to be here in "late Spring". Once it's released, we will have a month to turn it back in.
- 10) I was invited to the Northern and Central California Hospital Council Directors Board Meeting to discuss OHCA (Office of Healthcare Affordability), along with Ben Johnson from CHA (California Hospital Association). It was a productive interactive discussion with CEOs and Area Managers

from hospital systems such as Kaiser, Sutter, Adventist, and CommonSpirit. They also had a guest panel of the CEOs of Medical Managed Care Providers from Northern and Central California discussing their challenges with HR1.

11) OHCA’s last board meeting discussed penalties and the scenario for assessing penalties. When the director of HCAI was here, we discussed having a call about Critical Access Hospitals, as the cost-based methodology from Medicare makes it all but impossible to meet inpatient metrics, since we can’t operate at a loss.

## Context for Today’s Discussion – Scenario



## Recommended Spending Target Penalty Structure

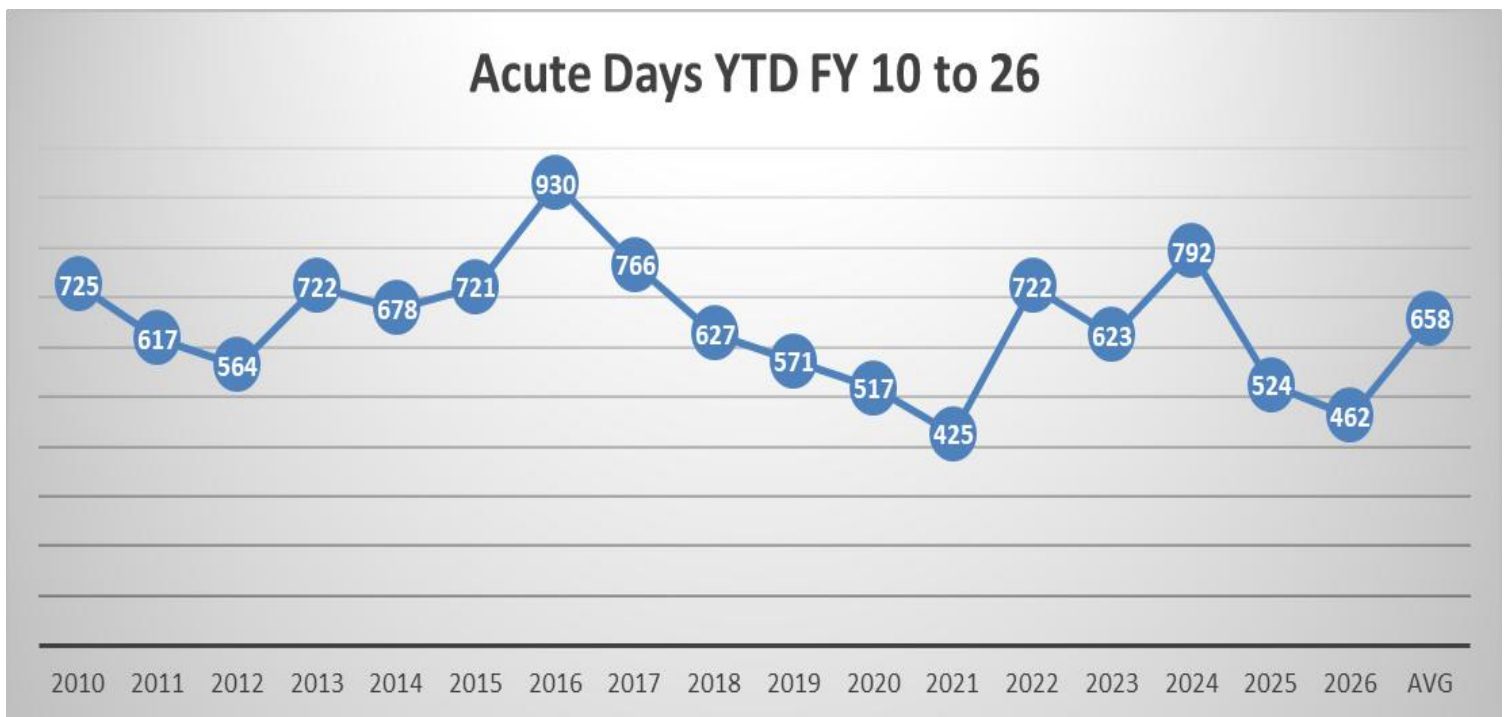
OHCA recommends a penalty structure that is initially commensurate with an entity’s failure to meet a spending target with adjustments.

### Step 1: Initially Commensurate

- OHCA would first calculate penalties that are initially commensurate with the degree to which the entity exceeded the spending target.
- “Initially commensurate” is the difference between an entity’s actual spending growth and what the growth would have been had the entity met the target.
- If we applied this to an unidentified sample of 2023 spending growth data, “initially commensurate” penalties may have included:
  - Lower range: \$4M
  - Middle range: \$40M
  - Upper range: \$350M

- 12) I attended the DHLF quarterly meeting, where we went over a wide-ranging agenda (Congrats to Ryan being named to the Executive Committee), with the biggest impact on us being the future of our directed payment programs. Come 2028, they will be more risk-based, with us making monthly IGTs and Partnership Healthplan paying us supplemental payments as add-ons for patient visits or a monthly payment based on our inpatient, SNF, ER, and outpatient visits. The risk comes from the IGT being determined from the prior year's volume, which will dictate our IGT amount. If our visits are fewer, we will pay more IGT for a smaller return. On the flip side, if our volume is higher, Partnership is paying more out than the IGT and federal match they would have received. Also, QIP, we would be paying our IGT in advance, with the risk of not meeting the metrics and not receiving the payment. Also, all payment programs will be reduced by 10% per year until we reach the average Medicare fee-for-service rates.
- 13) At the monthly Partnership Finance meeting, they discussed the current and future drop in enrollment with UIS (Unsatisfactory Immigration Status) members transitioning to traditional Medi-Cal, a modified asset test for Seniors and Persons with Disabilities, and the expanded Medi-Cal population members' work requirements and having to do six-month eligibility checks. This drop in membership translates into less revenue for Partnership and, on our side, more uninsured ER visits and smaller Rate Range payments in the future.
- 14) While many of the upcoming HR1-related developments present challenges, I want to provide some broader context to balance the outlook. FY27 is projected to be a strong year, supported by approximately eighteen months of DHDP payments and a solid Rate Range payment. We also remain in a strong reserve position and continue to have a seat at the table in discussions shaping supplemental payment models, which helps us make informed, strategic decisions about future planning.

Stats



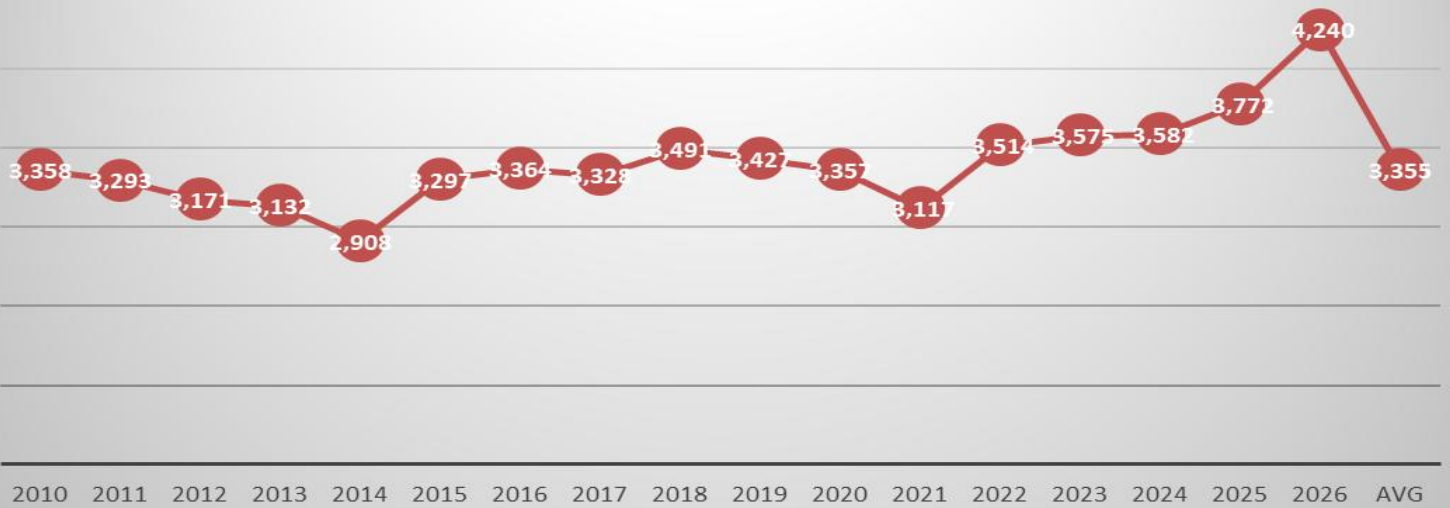
### Swing Days YTD FY 10 to 26



### SNF Days YTD FY 11 to 26



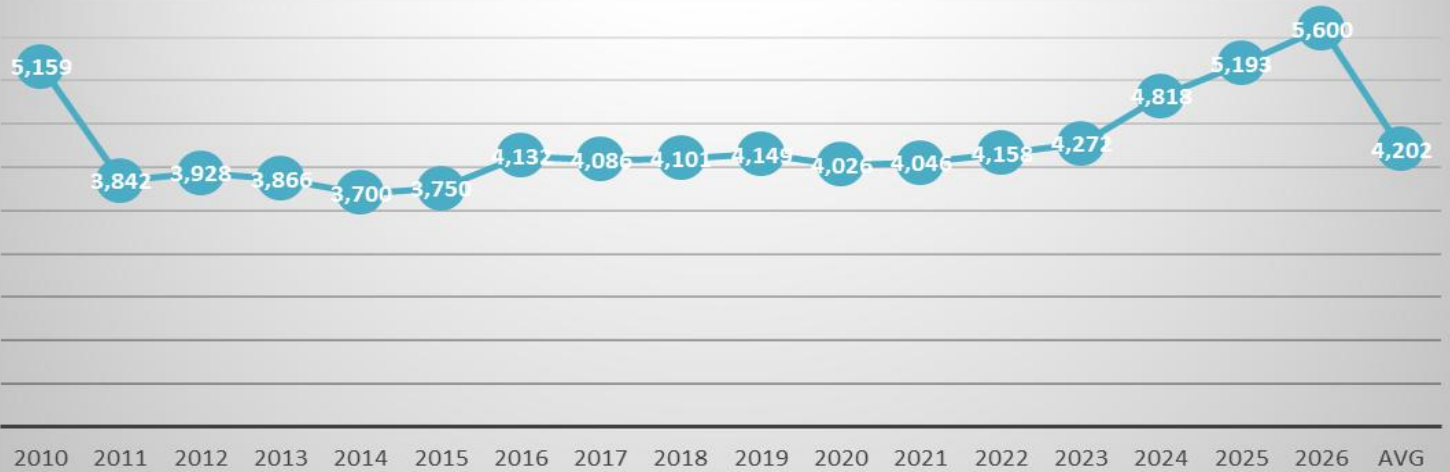
### ED Visits YTD FY 10 to 26



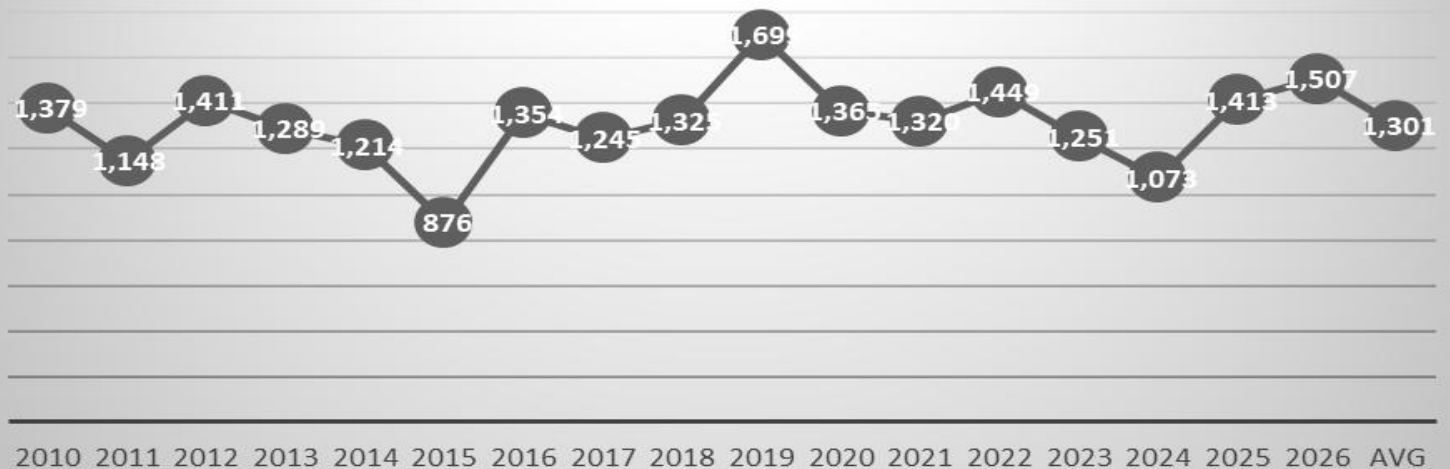
### Labs YTD FY 10 to 26



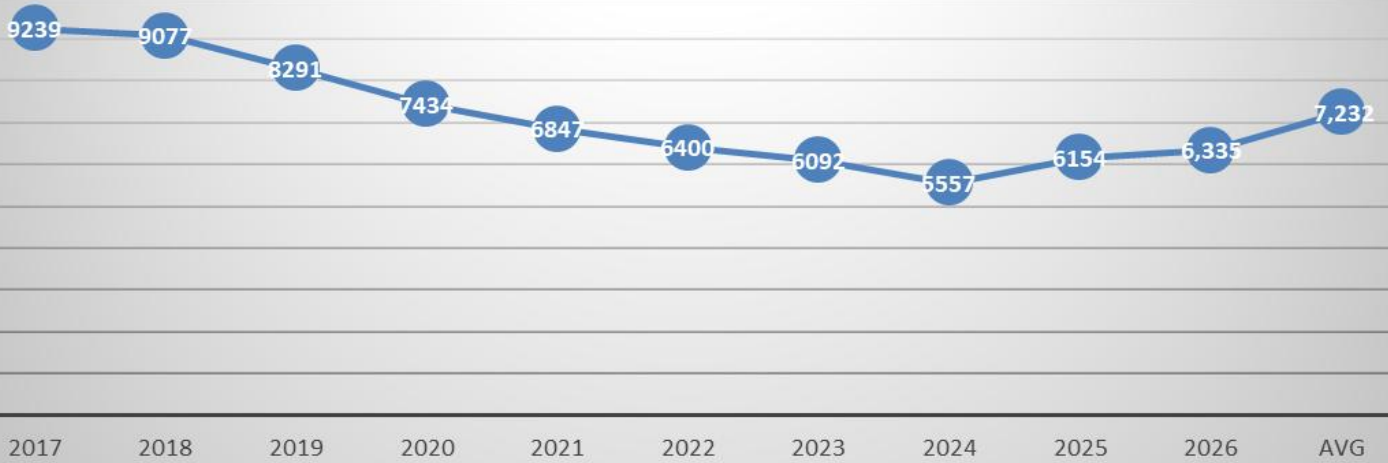
### Rad Procedures YTD FY 10 to 26



### OPM Procedures YTD FY 10 to 26



### PT Procedures YTD FY 17 to 26



### Ambulance Runs YTD FY 10-17,24-26



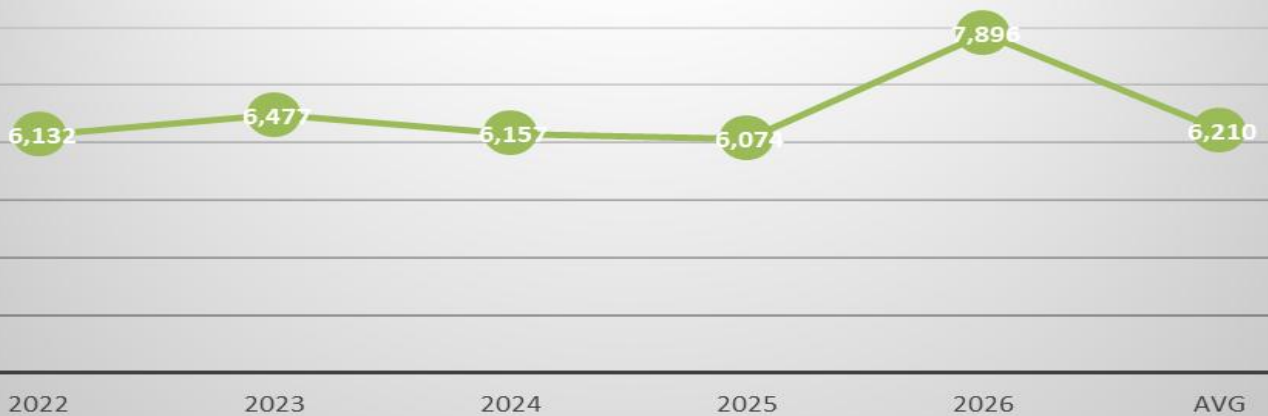
### Hospice Days YTD FY 10 to 26



## CARD REHAB Patients YTD FY 10 to 26



## Clinic Visits YTD FY 22 to 26



### Income Statement

- 1) Acute Revenue is up due to the increase in Swing days.
- 2) SNF Revenue is down due to the large decrease in census.
- 3) Outpatient Revenue is up as every outpatient department, excluding Hospice, has an increase in visits or procedures.
- 4) With Swing and Outpatient, our revenue is up 8% over the prior year.
- 5) Salaries and Wages are up 5% with the state-required wage increases and 13 more FTEs than the prior year.
- 6) Employee Benefits are up as we have had some large claims over the last few months.
- 7) Pro Fees are up due to ER provider wage increases and legal fees.
- 8) Travelers are up overall. Acute has had a 104% increase from the prior year.
- 9) Other Purchased Services are up due to locum docs in the clinic, the radiology group that charges us to read studies, and the company that provides our MRI trailer.

- 10) Utilities are down 10%, and the gap should widen as longer days increase output from our solar array.
- 11) Insurance is up with increases in liability and property insurance. Property is projected to decrease next year as we have that laundry fire claim rolling off.
- 12) Interest Income is up 148K with the Mortgage-Backed Securities (MBS).
- 13) Non-Operating Revenue is up with Retail Pharmacy having 36% increase and achieving our QIP goals, which netted over 1 million that we didn't receive in the prior year.
- 14) Non-Operating Expenses are up mostly due to drug costs as we are filling more prescriptions.
- 15) Net Income YTD is 7.6 million and should decrease over the next couple of months as we have received all our larger supplemental payments, and our contractals will increase.

#### Balance Sheet

- 1) Cash is up as we have received all our larger supplemental payments for the year. Last fiscal year ended with 38 million in cash, so we should end well ahead of that, even with our 1.3 million Medicare repayment on the interim cost report.
- 2) Patient AR is trending in the right direction.
- 3) Inventories are up from last year due to retail pharmacy filling more prescriptions.
- 4) Medicare/Medical Settlements are down due to receiving most of them for the fiscal year.
- 5) Accounts Payable is down due to the AP run hitting the last day of the month.
- 6) Payroll and Related Liabilities are up due to the pay period ending on May 2nd, so we had 12 out of 14 days of the period sitting as liabilities.
- 7) The current liability portion of the Medicare/Medi-Cal Settlement is us splitting the payable on the interim cost report over the last few months of the year.
- 8) Total fund balance is \$64 million. For comparison, in April 2010, it was negative \$472,000, meaning liabilities exceeded assets.
- 9) Our current ratio is 13, which is well ahead of the California CAH average of 2.77.

# Chief People Officer Board Report

**Reporting Period:** May 2026

**Prepared by:** Libby Mee, Chief People Office

## Overview

During the reporting period, the Human Resources, Payroll, and Benefits Department continued to serve as a strategic partner in supporting the organization’s growing and evolving workforce. Department initiatives remained focused on recruitment, retention, employee engagement, and workforce stability, all aligned with the organization’s broader operational and strategic goals.

In addition to workforce development, the department maintained a strong emphasis on quality, continuous improvement, and professional growth. Through targeted recruitment efforts, employee support initiatives, and enhanced onboarding practices, the department continues to strengthen both individual and organizational performance while reinforcing a culture of excellence.

## Workforce Overview & Recruitment

The Human Resources Department currently supports a workforce of 326 employees across all departments. Recruitment remains active, with 15 open requisitions representing 17 vacant positions across clinical, administrative, and support service areas.

While recruitment demand continues across multiple departments, priority hiring efforts remain focused on critical clinical leadership and specialized care positions.

## Current Open Positions

<i>Department</i>	<i>Position</i>	<i>Status</i>	<i>Openings</i>
Dietary	Dietitian	Full Time	1
Emergency Room	Registered Nurse (RN)	Full Time	2
Emergency Room	Registered Nurse (RN)	Per Diem	1
Nurse Administration	Nursing House Supervisor	Full Time	1
Nursing	Scheduler	Full Time	1
Quality Assurance	Clinical Informatics Analyst	Full Time	1
Radiology	Cardiac Sonographer	Full Time	1
Respiratory Therapy	Manager	Full Time	1
Respiratory Therapy	Respiratory Therapist	Full Time	1
Retail Pharmacy	Pharmacist	Full Time	1
Rural Health Clinic	Provider	Full Time	1
Skilled Nursing	LVN	Full Time	2
Skilled Nursing	Ward Clerk	Full Time	1
Skilled Nursing Annex	MDS Coordinator	Full Time	1
Tri County Community Network	Bright Futures Family Advocate	Full Time	1

## **Provider Relations**

Recruitment and provider engagement activities continued to advance during the reporting period.

- The organization's new Chief Medical Officer has completed all pre-employment requirements and is currently awaiting California licensure approval. A start date is anticipated in early July.
- An interview has been scheduled later this month with a provider candidate for the Rural Health Clinic. The candidate applied directly through the organization's Paycom recruitment platform.
- 

## **Rural Health Clinic (RHC) Scorecards**

Development of the new Rural Health Clinic provider scorecards is nearing completion. These scorecards are designed to monitor six provider-selected quality and performance metrics, supporting accountability, engagement, and continuous improvement across the clinic network.

Key Metrics Include:

- Cervical Cancer Screening
- Chlamydia Screening
- A1C Control
- Breast Cancer Screening
- Colorectal Cancer Screening
- Hypertension Control
- Well-Child Visits

The dashboard will include:

- Baseline performance data
- 2025 performance metrics
- Quarterly 2026 performance tracking (Q1–Q4)
- Annual 2026 performance outcomes
- Clinic-wide comparative performance
- Metric descriptions and definitions

The Provider Relations Coordinator will present these scorecards during provider meetings held on the third Monday of each month. This initiative is expected to strengthen provider engagement while supporting ongoing monitoring and improvement of network performance.

## **Provider Onboarding Enhancements**

A standardized provider onboarding guide has also been developed to support the successful integration of new providers into the organization. The guide is intended to:

- Streamline onboarding processes
- Improve the new provider experience
- Enhance early engagement and support
- Promote long-term provider retention

### **Education & Professional Development**

Members of the Human Resources team attended the annual conference hosted by the American Society for Health Care Human Resources Administration (ASHHRA).

Key insights, industry updates, and best practices gathered during the conference will be shared during the upcoming Board meeting. Topics included healthcare workforce trends, retention strategies, leadership development, and emerging HR compliance considerations.

### **Summary**

The Human Resources, Payroll, and Benefits Department continues to prioritize workforce stability, provider engagement, and organizational quality initiatives. Ongoing recruitment efforts, enhanced provider support systems, and investments in professional development position the organization to better meet operational demands while supporting long-term strategic objectives.



## Administrative Reporting Regular Board Meeting

**Division:** Public Relations

**Submitted By:** Valerie Lakey, Chief Public Relations Officer

**Reporting Month & Year:** May, 2026

**Summary:**

### Legislation/Advocacy

Healthcare advocacy efforts remain highly active at both the state and federal levels, with several key developments that could significantly impact rural hospitals.

- **Hospital funding remains a top priority**, with continued advocacy around California's Hospital Fee Program, which could provide significant financial benefit to hospitals statewide pending federal approval.
- **Governor Newsom's May budget revision** includes Medi-Cal changes, spending reductions, and a proposed distress grant program for financially challenged hospitals.
- **Office of Health Care Affordability (OHCA)** implementation continues, with ongoing concerns regarding spending cap enforcement and potential penalties for hospitals.
- **Key legislation impacting hospitals** continues to move through the legislative process, including measures related to distressed hospital funding, workforce development, healthcare affordability, artificial intelligence, labor regulations, and insurance oversight.
- **State ballot initiatives** affecting healthcare workforce compensation and hospital operations are advancing and will require close monitoring.
- MMHD will continue tracking developments and participating in advocacy efforts to protect rural healthcare sustainability and access.

### Grant/Scholarship Update

- **Mayers Healthcare Foundation** was awarded a **\$32,500 grant from the McConnell Foundation** to support important upgrades to the Lucky Finds Thrift & Gift store, including water hookup, installation of a wash station, heating improvements, and interior/exterior painting enhancements.
- **Spring scholarship recipients were announced**, with **\$11,750 awarded to four community members and seven MMHD employees** in support of education and workforce development.
- MMHD continues to monitor **Rural Health Transformation Program (RHTP)** state funding opportunities, with grant application announcements expected soon.
- Staff are actively working to finalize and compile departmental award reporting requirements, with submissions due **May 29**.



## **Public Relations/Marketing**

The Public Relations and Marketing Department continues to support organizational communications, patient engagement, and community awareness through a variety of strategic initiatives. Ongoing efforts include the development of **department-focused YouTube videos and promotional campaigns** to highlight MMHD services and increase community awareness. The team continues creating **patient education materials** for multiple departments to support informed care decisions and enhance the patient experience. Additional communications efforts include **Board and Management Spotlight features**, helping recognize leadership, improve transparency, and strengthen internal and external engagement.

## **Mayers Healthcare Foundation**

**Mayers Healthcare Foundation (MHF)** continues to navigate a season of transition, with staffing changes creating both challenges and opportunities for growth. Despite these changes, the Foundation remains focused on advancing its mission and supporting the evolving needs of the district and community.

## **Top Projects**

### **1. 2026 Community Health Fair – June 13**

This year's Health Fair returns to its own dedicated weekend, allowing for a stronger focus on community health and wellness. The event will once again feature community lab services, MMHD department booths, and participation from community partners showcasing programs, resources, and services available to local residents.

### **2. 26th Annual "On the Green" Golf Tournament – August 7**

This year's tournament will be held on a Friday, marking the first schedule change in 26 years. The adjustment was made to encourage increased corporate participation and expand team involvement, while continuing this long-standing fundraising tradition in support of rural healthcare.

## **Recent Highlights**

- MHF recently hosted both the annual **Mayers Employee Giving (MEG) Luncheon** and the **Volunteer Appreciation Luncheon**, celebrating the generosity, service, and ongoing support of employees, volunteers, and community members who help strengthen the Foundation's mission.

## **Challenges**

- Foundation staffing transitions continue to present operational challenges, with the retirement of valued team members and leadership transitions requiring thoughtful succession planning to maintain continuity, organizational knowledge, and ongoing program momentum.



## **Tri County Community Network (TCCN) Update**

TCCN continued to expand programs and partnerships supporting children, families, and vulnerable community members throughout the Intermountain region.

### **Children & Family Programs**

- Licensing review continued for the preschool/after-school ownership transition, with final documentation still in progress.
- **Bright Futures** served **152 children and 84 parents** during the quarter, including participation through community outreach events.
- The **Safe Seats Program** successfully distributed nearly all available car seats through partnership with Pit River Health; booster seat installations also continued.
- Summer programming planning included:
  - **Kid Fit 2026**, led by six local high school seniors as senior projects
  - Expanded services in Montgomery Creek
  - Baby Bonding, Tiny Tunes, Story Time, and a new Kid Fit event

### **Grant & Program Development**

- TCCN applied for playground improvement funding to enhance privacy, reduce noise, and replace unsafe equipment through volunteer support.
- Planning continued for the final round of the **Backpacks to Home Food Pantry** program scheduled for August.
- **BOTVIN Life Skills** programming was scheduled to resume in local schools this fall.
- TCCN was not awarded expanded anti-smoking education grant funding, though outreach efforts continued.

### **Enhanced Care Management (ECM)**

- A new ECM Case Manager was hired with a May 1 start date.
- ECM services continued without interruption, with new client onboarding underway.
- FY 2025-26 ECM billable services totaled **\$22,065** through April, reflecting steady program growth.
- Back-billing opportunities were identified for completion following staff onboarding.

### **Fundraising & Partnerships**

- TCCN continued collaboration with **PG&E** on a peer-to-peer fundraising campaign to support playground relocation and upgrades, including employee volunteer cleanup efforts.
- The **2nd Annual Brewfest** was scheduled for **September 26** in conjunction with the Sasquatch Carving Weekend.
- SMART Employment Services continued monthly support aligned with Care Closet operations.



## **Community Resources & Outreach**

- Website enhancements were planned to improve access to:
  - Care Closet resources
  - Substance use disorder services
  - AA/NA meeting information
- Peer Mentoring with Shasta County Chemical People concluded for the school year and was expected to resume this fall.
- TCCN continued hosting regular wellness, recovery, senior, and community social programs.

## **Facilities**

- Construction on the **Intermountain Community Center** was anticipated to begin this fall.

## ***Board Report***

### ***Clinical Division***

***5/20/2026***

#### ***Laboratory—Submitted by Sophia Rosal, CLS, Laboratory Manager***

##### **FormFox**

- The Laboratory is working with IT to implement FormFox a workplace screening platform that includes ordering, scheduling, and real-time results. Facility documentation was submitted last week, and introduction to the implementation specialist is expected the week of May 18. IT will then help establish a project timeline. Initial use will focus on urine drug screening, including DOT testing.

##### **Health Fair**

- Preparation is underway for the upcoming health fair at the fairgrounds to support community outreach. Staffing plans are being finalized with the team, and coordination is ongoing to confirm event setup, testing scope, and equipment availability.

##### **ABN (Advance Beneficiary Notice) Workflow Enhancement-**

- ABNs are required when a lab diagnosis is missing or does not support coverage for Medicare beneficiaries. The goal is to reduce ABNs and obtain them electronically when needed. The Cerner enhancement is entering testing, with a June 2026 target start. Final alignment is underway with Quality, IT, and the Rural Health Clinic team.

#### ***Retail Pharmacy—Submitted by Kristi Shultz, Associate Retail Pharmacy Manager and 340B Program Coordinator***

##### **Pharmacy System Downtime & Ongoing Performance Issues (03/24/2026 – Present)**

- Frontier successfully completed the infrastructure upgrade on 05/15/2026; however, the performance issues unfortunately remain unresolved. Our IT department is currently continuing to work closely with Liberty Software to further investigate and identify the root cause of the ongoing system performance issues and determine next steps toward resolution.

##### **Retail Pharmacy Staffing Update**

- Pharmacist Update: Teresa Nguyen, Pharm.D., has signed a 13-week contract to serve as the Retail Pharmacist.

##### **340B Medicaid Carve-In and Mixed-use implementation Update:**

- Mayers Memorial Hospital District continues to make progress toward implementation of Medicaid carve-in and mixed-use inventory within the 340B

Program. Still awaiting timeline from Cerner. On 04/28/2026, Kristi completed the requested Customer Readiness questionnaire from Oracle and submitted on 05/04/2026. Cerner plans to launch the project on June 8.

### Rural Hospital 340B Webinar Panel

- In May 2026, Kristi served as a panelist for the national Apexus webinar, “*Wearing Many Hats: How to Prioritize 340B Program Operations in a Rural Hospital.*” The discussion highlighted the unique operational and compliance challenges rural hospitals face within the 340B program and provided an opportunity to share Mayers Memorial Hospital District’s experiences, workflows, and implementation strategies with healthcare professionals nationwide.

#### What You’ll Learn:

- Explain the unique operational needs of rural hospitals.
- Discuss best practices for maintaining 340B Program compliance for entities subject to the orphan drug exclusion.
- Identify how to efficiently use available resources to operate a compliant 340B program at a rural hospital.

#### Meet Our Moderator:



Nick Huffon, BA, CPHT, 340B ACE  
340B Education Program Manager  
Apexus

#### Meet Our Panelists:



Emily Allen, BHA, CPHT  
340B Program Manager  
Tanner Health



Kristi Shultz, CPHT, 340B  
ACE  
Pharmacy Manager & 340B  
Coordinator  
Mayers Memorial Hospital  
District



Sherri D. Faber, RPH, MHA,  
340B ACE  
President & CEO  
340B Compliance Partners

### *Respiratory Therapy--Submitted by Kevin Davie, Director of Ancillary Services*

#### RT Manager Recruitment

- Working with Ashley Nelson, HR generalist, to schedule a June in-person visit with a new candidate as the previous candidate has accepted another role

#### Equipment Planning

- Transport ventilator procurement is being coordinated with invested departments, respiratory, Ambulance, and ED, and will proceed once an RT Manager is onboard to provide input.
- Continuing coordination with replacement of the end-of-life Pulmonary Function Testing machine, with a decision expected by August.

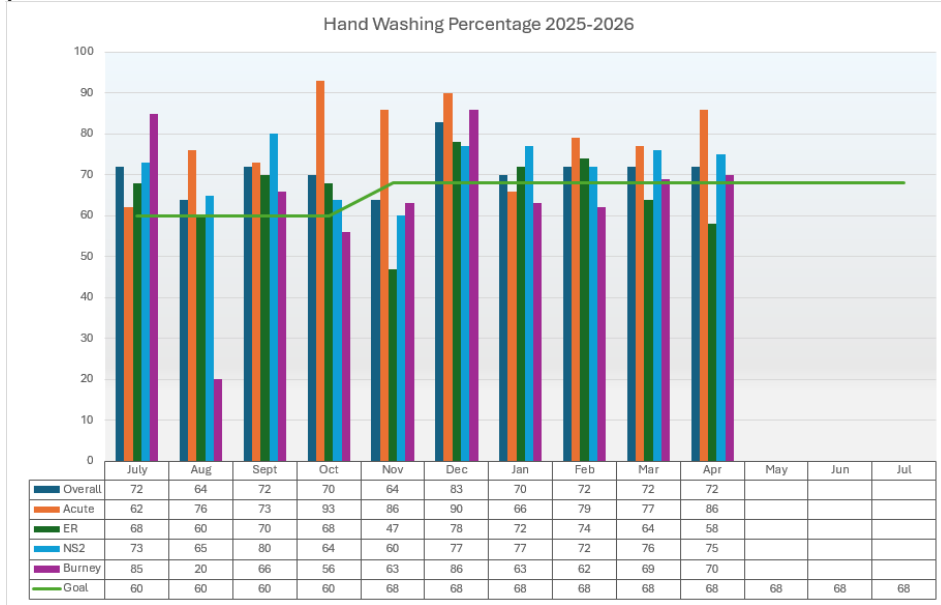
## **Service Excellence—Submitted by Tiffani McKain, Director of Clinical Services**

- Coordinated the Year II SEA *Advanced Excellence Workshop* and *Train-the-Facilitator* sessions with Richard Hadden (Implementation Specialist, CLS), a two-day program designed to build SEA confidence and facilitation skills.
- Facilitated Year II SEA skits, where SEAs showcased presentation skills by delivering abbreviated workshop sessions—high energy and creativity across all teams. Great audience engagement (attended by Management team).
- Co-hosted and organized the Year II SEA Graduation, recognizing achievements with emphasis on creativity, teamwork, and audience engagement.
- Led the SEA Materials Organization Meeting; supported SEAs in preparing and organizing training materials. The main focus of the meeting was to finalize all logistics and preparation for the Service Excellence Workshops. Assigned pilot workshops to be held on June 22<sup>nd</sup>.
  - **Announced SEA Teams (Teams came up with team name & selected their captain):**
    - ***Chaos Coordinators*** — Captain: Alysa Kennedy; Members: Brianna Toney, Shelby Vaughn, Jackson Perry
    - ***The M&Ms (Magic Makers)*** — Captain: Rowan Dietie; Members: James Harris, Jasmine Garza, Lori Carlson
    - ***Epic Battle Bunnies*** — Captain: Erin Glebe; Members: Alyson Jones, Jeffrey Campanale, Taylor Eiffert
    - ***Mission Possible*** — Captain: Richia Larsen; Members: Danny Fischer, Tanya Walters, Monica Lazur
- Developed the **September Year II Workshop Calendar**; ensured each team selected a minimum of five sessions, including one NOC shift and one Burney session—achieving full schedule coverage during the meeting. Finalized copy of the September Calendar of SE Workshops is forthcoming.
- Organized the Oasis Team Launch Meeting led by Richard Hadden with CLS. The kickoff meeting was successful, setting the teams up for a successful 9-12 month project. The two teams, The Onboarding Team lead by Hollie Lappin, and the Key Words & Service Standards Team led by Harold Swartz, are already meeting with their teams and making progress.

***Infection Prevention—Submitted by Kristen Stephenson, RN, Infection Preventionist***

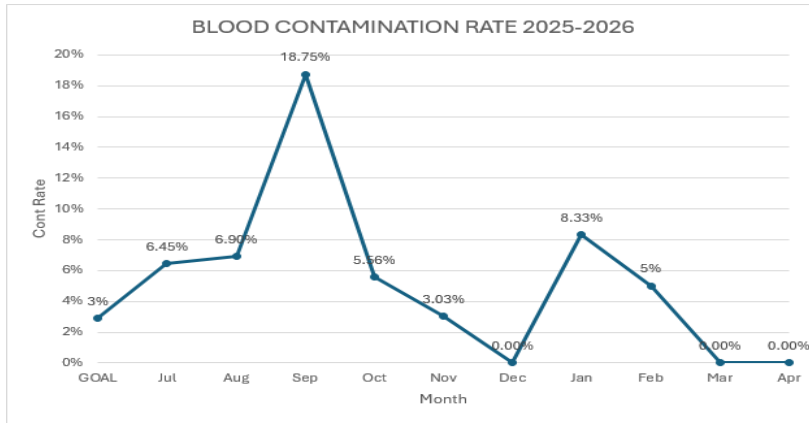
**Hand Hygiene**

- Facility overall 72% compliance for the month of April.
- IP will increase observations in ER for May and potentially do education to improve compliance.



**Blood Culture Contamination**

- Achieved a 0% blood culture contamination rate in April, with a total of 32 blood cultures collected.
- Acute care staff shared positive feedback regarding the new diversion device used for blood culture collection. Survey to be performed before the end of the 3-month trial period (beginning of June).



BLOOD CULTURE CONTAMINATION RATE										
	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
# Total Cultures	31	29	16	18	33	41	36	40	16	32
# Contaminated Cultures	2	2	3	1	1	0	3	2	0	0
# Positive Cultures	3	4	3	2	3	3	1	5	0	1

### PointClickCare (PCC) Upgrade

- IP and LTC staff are actively collaborating on the implementation of the newly purchased PCC modules.
- One key feature is the Infection Prevention module, which offers benefits including:
  - real-time alerts when opening resident charts i.e., visual badge on a resident’s chart, notifying staff of necessary isolation precautions and PPE requirements.
  - centralized dashboards that compile all infection data into an interactive, real-time analytics dashboard to spot trends and outbreaks before they spread
  - antibiotic stewardship using automated “antibiotic Timeout” prompts.
- Training is in process with a go Live date of August 1, 2026.

### Hospital Pharmacy

#### Stroke Treatment in the ED

- Gary Pinkley, Pharm.D. Hospital Pharmacist, has updated the policy for stroke treatment in the ER. The previous “clot buster” Mayers used was alteplase, which is no longer available from Mayers’ wholesaler. The new protocol uses Tenecteplase, the same medication used for heart attacks.

#### Pyxis

- Our contract with Pyxis (automated dispensing cabinets) is up for renewal and software update. Pharmacy is collaborating with IT and purchasing regarding next steps. The Pyxis representative was on site May 20 and will be presenting a proposal.

#### On-Mark

- On-Mark is a speciality contract through Mayers Group Purchasing Organization. Enrollment took longer than we had hoped. We are now ordering high-cost outpatient infusions through the On-Mark platform with projected savings of over 100K per year.

## ***Imaging—Submitted by Harold Swartz, Imaging Manager***

**Volume Summary:** April YTD for FY26 we are 7% over where we were this time in FY25.

- CT: 1442
- X-Ray: 3059
- Ultrasound: 717
- MRI: 121
  - Our next available appointment is 6/25
  - Current backlog of about ~55 patients not scheduled yet.

### **Growth – MRI Services**

- We continue to optimize the MRI schedule and are now averaging approximately 12 studies per MRI day, with some days reaching as many as 15 exams.
- We continue to pursue the addition of Saturday MRI availability to further improve patient access and scheduling capacity.

### **Echo Cardiology Updates**

- We have opened recruitment for a Cardiac Sonographer position and will move forward with purchasing an echo system once a technologist is identified.

### **Health Fair**

- Preparing for this year's Health Fairs at both Pit River and at the Fair grounds to support community outreach and education efforts.

## ***Cardiac Rehab—Submitted by Tiffani McKain, Director of Clinical Services***

### **Cardiac Rehab Cerner Billing & Coding Workflow**

#### **CPT Code Enhancements & System Optimization**

- New billing codes have been added to Cerner, improving coding accuracy.
- Two additional codes still need pricing and setup, and follow-up is on going.
- Zita Biehle, Cardiac Rehab Coordinator, and Karina Alvarez in the business office are monitoring implementation.

### **Ongoing Collaboration with Dr. Frye, Cardiologist, Cardiac Rehab Medical Director**

- Consistent check-in meetings with Dr. Frye provide a strong foundation for communication, ensuring alignment on patient care, referrals, and program updates.

***Physical Therapy—Submitted by Daryl Schnieder, DPT, Physical Therapy Manager.***

**Cerner Workflow**

- Stefanie Hawkins, PT Receptionist, and Daryl Schneider, PT, participated in the Cerner Improvement Initiative on 05/18/2026 to review outpatient physical therapy workflows. One workflow improvement currently being evaluated involves streamlining the printing process for internal referrals to reduce time spent manually transferring referral information into Word documents. Testing is expected to conclude by the end of May.

**Patient Satisfaction**

- Patient feedback letters to recently discharged outpatients began in April. The first written testimonial was positive and approved for publicity use. The department will continue partnering with Public Relations to support future social media and marketing efforts.

**Quality Improvement**

- The Physical Therapy Department has identified departmental no-show tracking as an ACHC Quality Measure initiative for 2026. No-show visit data has been retrospectively collected beginning January 1, 2026, with a six-month review planned in July to assess trends and identify opportunities to improve attendance and reduce missed visits.

***Rural Health Clinic***

**Way Finding**

- “Car Appointment” signage was installed guiding patients to the correct area. Patient feedback has been positive.

**Partnership Health**

- Partnership Health completed an OB medical records audit and the clinic scored a 91% with no corrective actions required. Kimberly Westlund is working with Cerner to follow-up on how to improve documentation to score even higher.

**Staffing**

- The clinic is fully staffed. We welcomed two new staff members who have adapted exceptionally well to their roles. Both individuals have integrated seamlessly into the team and are already making positive contributions to clinic operations and patient care.



## Administrative Reporting Regular Board Meeting

**Division:** CNO Nursing Division

**Submitted By:** Theresa Overton, RN BSN

**Reporting Month & Year:** May, 2026

**Summary:**

**CNO Highlights – April 2026**

### SNF

Census - 71

### **Incidents**

- SOC-341 – 1 Family/Res and 1 Res/Res
- Falls (BA & FR)
  - Witnessed – 4
  - Un-witnessed – 5
  - CDPH visit for complaint. Plan of Corrections completed.

### **Updates:**

- Continue to work with Richter on PCC implementation-PCC upgrade initial call for document manager, IP, and eligibility implementation

### **Activities Department**

- Seven-day activity programming was maintained across all SNF units with continued focus on group, sensory, and individualized resident engagement.
- Resident-centered and behavioral support programming expanded within Memory Care to support higher-acuity resident needs.
- Staff education and special resident engagement activities continued throughout the month, including sensory, music, and themed programming.
- Ongoing challenges include balancing programming needs across multiple units and increasing individualized support needs.

### **Acute-Moriah to report to board**

### **Performance Dashboard**

- Acute ADC: 1.47
- Acute ALOS: 3.21
- Swing Bed ADC: 1.53
- Swing Bed ALOS: 8
- OBS Census Days: 1

### **Staffing Overview**

New Hires: 2 newly graduated RNs currently participating in a 12-week orientation program



### **Quality / Risk / Compliance**

- Medication Errors: 1
- Falls: 0

### **Emergency Services-Bridget to report to board**

#### **Census for April 2026**

- Total patients treated: 374
- In-Patient Admits: 15
- Transferred to higher level of care: 20
- Pediatric patients: 48
- AMA: 4
- LWBS: 0
- Present to ED vis EMS: 48

#### **Updates:**

- Duress Badges are live and we have had several successful testing sessions
  - Versa Badge is working closely with Dana and I to fix glitches identified during testing.

### **Ambulance Services:**

#### **Volume:**

- 40-911 calls with 22-Interfacitliy Transfers= 62 calls for service
- 1-list assist, normal fire response, no volunteers available.

#### **Updates:**

- Awaiting follow-up from Advanced Auto regarding parts needed for repair of Mayers II.
- EMS skills training will be integrated into HALO (High Acuity, Low Occurrence) training scenarios to enhance staff preparedness and competency.

### **Surgery:**

#### **Volume**

- Incoming referrals: 28
- Monthly patient census: 16
- Monthly procedures performed: 18
  - 2 patients underwent more than 1 procedure, such as EGD and colonoscopy

#### **Update**

- We continue to perform procedures every 4 weeks for 3 consecutive days. Referral volume from local clinic providers has remained steady. We can typically schedule patients within 1 week of receiving their referral and provide a procedure appointment within 1 week to 2 months, depending on the level of urgency.
- We are seeing a slight decrease in short-notice cancellations, but this remains a challenge for the department despite practice and communication improvements. The team has also reduced outpatient wait times in the pre-op holding area.

### **Outpatient Medical-Michelle to Report to Board**

#### **Census**

- April-145 patients



### **Update**

- Working on setting up a call with Corro Health to review OPM lab orders
- Created cheat sheets for LTC nurses for snap vacs, working on new blood transfusion orders

### **Social Services**

- Three LTC admissions were completed in April, including two admissions at Fall River and one admission at Burney.

### **Clinical Education**

- Trainings completed this month:
  - BLS - 5 staff members attended
- Ongoing education initiatives:
  - Newly trained CNAs successfully transitioned into department roles following completion of the NATP program.
  - Bi-monthly Safe Patient Handling & Mobility orientation sessions continue for new, rehired, and return-to-work staff. The Activities Department has completed this training to support compliance and resident safety initiatives.
  - CNA in-service education and CEU opportunities remain ongoing in compliance with CDPH requirements, including continued support with CNA renewals.
  - SNF survey readiness education and rounding continue, with identified gaps addressed in real time and positive staff engagement observed.

Respectfully Submitted by Theresa Overton, CNO