

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
December 10, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

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.

1	CALL MEETING TO ORDER	Chair: Jeanne Utterback	Approx. Time Allotted
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2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	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, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine 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.		

3	APPROVAL OF MINUTES		
	3.1 Regular Meeting – October 29, 2025	<i>Attachment A</i>	Action Item 1 min.

4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:		
	4.1 Resolution 2025.18 October Employee of the Month	<i>Attachment B</i>	Action Item 1 min.
	4.2 Hospice Quarterly	Lindsey Crum	<i>Attachment C</i> Report 2 min.
	4.3 Mayers Healthcare Foundation Quarterly	Michele King	<i>Attachment D</i> Report 2 min.
	4.4 Clinical Education	Emily Harper	<i>Attachment E</i> Report 2 min.

5	BOARD COMMITTEES		
	5.1 Finance Committee		
	5.1.1 Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2 October 2025 Financial Review, AP, AR, and Acceptance of Financials		Action Item 5 min.
	5.1.3 Board Quarterly Finance Review		Action Item 2 min.
	5.1.4 Proofpoint Email Security 3-Yr Renewal Quote	<i>Attachment F</i>	Action Item 5 min.
	5.2 Quality Committee		
	5.2.1 Committee Meeting Report: Chair Cufaude		Report 5 min.

5.3	Strategic Planning Committee				
5.3.1	Committee Meeting Report: Chair Hathaway		Report	5 min.	
6	OLD BUSINESS				
6.1	Use of Rules for Regular Board Meetings		Discussion	5 min.	
7	NEW BUSINESS				
7.1	Organizational Analysis		<i>FY 2025 Org Analysis</i>	Review, 1 st Reading, Discussion/ Action Item	10 min.
7.2	Annual Organizational Process				
7.2.1	2026 Board Calendar		Attachment G	Action Item	5 min.
7.2.2	Officers & Committees – Remains the same for 2026		Attachment H	Information	2 min.
7.2.3	Bylaws Review Discussion			Discussion	10 min.
	7.2.3.1 Ad Hoc Committee Assignment			Action Item	5 min.
7.3	Review of Capital Expenditure Plan Tracker	Valerie Lakey	Attachment I	Report	5 min.
7.4	Master Plan Revision Concept	Ryan Harris Jessica DeCoito		Discussion/ Action Item	15 min.
8	ADMINISTRATIVE REPORTS				
8.1	Chief's Reports – <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items</i>				
8.1.1	Director of Operations- Jessica DeCoito		Attachment J	Report	5 min.
8.1.2	Chief Financial Officer – Travis Lakey			Report	5 min.
8.1.3	Chief Human Resources Officer – Libby Mee			Report	5 min.
8.1.4	Chief Public Relations Officer – Val 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			Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS				
9.1	Board Member Message: Points to highlight in the message			Discussion	2 min.
10	MOVE INTO CLOSED SESSION				
10.1	Pending Litigation (Gov. Code § 54956.9)			Discussion Action Item	10 min.
10.2	Hearing (Health and Safety Code §32155) – Medical Staff Credentials MEDICAL STAFF REAPPOINTMENT Jinno Magno, MD Robert Cirillo, MD (Vesta)			Action Item	10 min.
11	RECONVENE OPEN SESSION:				
12	ADJOURNMENT: Next Meeting January 28, 2026				

Posted: December 4, 2025

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
October 29, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 Highway 299 East
Fall River Mills, CA 96028

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.

1 CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:

Jeanne Utterback, President
Abe Hathaway, Vice President
Lester Cufaude, Director
Tami Humphry, Treasurer

ABSENT:

Lisa Neal, Board Clerk
Valerie Lakey, CPRO
Jim Ferguson, Director

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Keith Earnest, CCO
Libby Mee, CHRO
Jessica DeCoito, Director of Operations
Tiffani McKain, Director of Clinical Services
Jack Hathaway, Director of Quality
Kevin Davie, Director of Ancillary Services
Joey Marchy, Employee Housing Manager

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.

3 APPROVAL OF MINUTES

3.1	A motion was made and carried; the Board of Directors accepted the Regular Board Meeting minutes of September 17, 2025.	<i>Cufaude, Hathaway</i>	<i>Approved by All</i>
3.1	A motion was made and carried; the Board of Directors accepted the Special Board Meeting minutes of August 4, 2025.	<i>Cufaude, Humphry</i>	<i>Approved by All</i>

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	Resolution 2025.15 August Employee of the Month: Kayton Davies – she is an amazing MA and dedicated to Erica Bauer, PA. She’s great with patients and coworkers. Just an amazing gal and happy to have her on our team.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
4.2	Resolution 2025.17 September Employee of the Month: Kayla Ramlow – Kayla has been with us for 4.5 years and has already moved into leadership roles within the nursing departments. She is always smiling, comforting and welcoming, and always willing to help.	<i>Humphry, Hathaway</i>	<i>Approved by All</i>
4.3	Safety Quarterly: report submitted. Discussion and review of specifics was conducted. ICRA is a required form through ACHC and ASHE to proactively account for any issues or hazards presented to patients and employees in terms of construction related maintenance and projects.		
4.4	Respiratory Therapy: Written report submitted. We have successfully hired a Respiratory Manager that will start mid-December.		

4.5	Employee Housing: Written report submitted. Shout out to the housekeepers at the lodge. Through all the challenges, we continue to persevere and make adjustments when necessary.		
4.6	Service Excellence Initiative Update: Written report submitted. September was a super busy month for our Service Excellence Advisors and they deserve a lot of praise for their dedication and hard work. We're right on schedule. Do It's have been launched. And Oasis teams are getting approvals on their projects.		
5	BOARD COMMITTEES		
5.1	Finance Committee		
5.1.1	October Committee Meeting Report: Chair Humphry		
5.1.2	August 2025 Financial Review, AP, AR, and Acceptance of Financials Motion moved, seconded and approved.	<i>Humphry, Hathaway</i>	Approved by All
5.1.3	September 2025 Financial Review, AP, AR, and Acceptance of Financials Corrections made on a credit balance in the AR system tab. Motion moved, seconded and approved.	<i>Humphry, Hathaway</i>	Approved by All
5.1.4	New Portable X-ray Equipment Proposal: Discussion and additional information on details for the proposal were discussed and shared. Motion moved, seconded and approved to purchase the United Imaging Portable X-ray	<i>Humphry, Cufaude</i>	Approved by All
5.2	Quality Committee		
5.2.1	October Quality Meeting Report: Takeaways from today's meeting: survey results were down between Q2 and Q3 and it was the same pattern from last year at the same Q2 and Q3 period. Med errors are decreasing, hand washing compliance is holding steady above our goal of 60%. We are preparing and amping up for our ACHC Review in February.		
5.3	Strategic Planning Committee Report		
5.3.1	No Strategic Planning Committee Meeting in October		
6	OLD BUSINESS		
6.1	BOD Assessment Process: Continue to look at different resources and work toward a process we can move forward with.		
7	NEW BUSINESS		
7.1	Policy and Procedure Quarter Ending September 30, 2025 Report: Motion moved, seconded and approved.	<i>Humphry, Cufaude</i>	Approved by All
7.2	Conferences NRHA – Ryan Harris, Travis Lakey, and Keith Earnest Best part of NRHA is it's all Rural focused. We are surrounded with rural providers and organizations. Provider track was all encompassing for the opportunities where we can bolster our provider program. One thing coming out of this track is our new position for Provider Relations Coordinator. Finance track was informative and interesting things that we will look into bringing into our finance departments. Clinic Management track was very informative and a lot of notes came back to be shared with the clinic team members. ACHD – Jeanne Utterback Many District Board Trustees are on the same page regarding getting on everything organized for board members coming onto the board and making a proper transition into their role. Good conversations and discussions about the midwife pilot program. Jeanne has been elected to the Treasurer role on the ACHD Board. CSDA Special District Leadership Academy – Les Cufaude Les represented the only healthcare entity in the room. Lots of finance and the regulations that California puts on entities that are hard to follow.		
7.3	Nominating Committee: the agreement is to keep the same officer positions as the previous year. Motion moved, seconded and approved.	<i>Humphry, Cufaude</i>	Approved by All
8	ADMINISTRATIVE REPORTS		
8.1	Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items</i>		

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- 8.1.1 Director of Operations: Written report submitted.
Solar connection with PG&E is scheduled for November 5th.

- 8.1.2 Chief Financial Officer: Written report submitted.
Historical data provided. Nice to see how far we have come. Thank you for your notes.

- 8.1.3 Chief Human Resources Officer: Written report submitted.
Updating the list for Customer Support Specialist in IT, FR Dietary, Med Surge RN, and Respiratory Therapy Manager have been filled. 5 students have started their new CNA program and 5 in the Unit Aide position getting ready for the next class. Leadership Assessment Survey results are in and we are looking at what our direction should be from this report.

- 8.1.4 Chief Public Relations Officer: Written report submitted.
Discussions around the Service Recovery program through the Service Excellence Initiative. We have opportunities to develop programs that will include Thank you cards, apologies, etc when there is a mistake made by MMHD to the patients.

- 8.1.5 Chief Clinical Officer: Written report submitted.
We have hired a PA in the clinic. Kudos to Kristi Shultz for her work with Modoc Indian Health Project to work out prescriptions for their patients. Need to work on education for blood culture collection and real time education during the draws. We did sign on for calcium testing which is a service we can provide through our CT.

- 8.1.6 Chief Nursing Officer: Written report submitted.
ER numbers were large for September. CNA Skills Fair is coming up – great opportunity for our team members to learn.

- 8.1.7 Chief Executive Officer: Written report submitted.
Successful QIP year and we will receive some funds – great job Jack. CEO Regional Meeting on Thursday, October 30th, had a great attendance. Every facility is interested in looking into what 5 specialists we would like to bring in and collaborate with. Each facility will create a list of square footage vs staffing numbers to see what each organization has for staffing models. CEOs aligned with legislative efforts, and we will work together to create a unified voice for rural healthcare. We would like to institute a day into the Wellness Bank to incentivize the employees to see their medical and dental professionals to be proactive in their health care needs.

9 OTHER INFORMATION/ANNOUNCEMENTS:

Director Les Cufuade made a motion to amend the names for approval of Med Staff Credentials in Closed Session. Motion was seconded by Tami Humphry. A 2/3 vote was received in the affirmative.

Motion moved, seconded and approved to amend the names listed under Med Staff Credentials to be:

Medical Staff Reappointment:

William Dykes, MD, Emergency Medicine

Edward Richert, MD, Family Medicine

Baowei Tang, MD, Rheumatology

Medical Staff Appointment:

Ping Chu, MD, Oncology

Philip Sardar, MD, Oncology

Ahresh Saha, DO, Pathology

Staff Status Change:

Bina Mustafa, MD to Inactive

Sampath Alapati, MD to Inactive

Board Member Messaging:

- 9.1 Employees of the Month, Thank you from the Board to Leadership and Staff for the continuing education opportunities provided, recognizing the Treasurer for ACHD Jeanne Utterback, Gala Date, Thrift Store remodel, Giving Tuesday, TCCN Events & Activities, schedule your MRI appt.

Board Education: Chapters 42-52 assigned

- 9.2 Need to adjust our agenda and minutes to include what parliamentary procedure rules we follow for meeting order. We will be reviewing the bylaws in January 2026. Setting up an orientation plan for Presidents of the Board. In the Board of Directors Orientation packet, please include the “52 Ways to be a Better Board” book.

Building a healthy rural community through exceptional and accessible care – update Vision statement

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Set up a meeting to look at revising our mission, vision and values.

9.3	Annual Holiday Bonuses Continue to develop the program based on your recommendations. A message created by CEO and Board of Directors will be sent along with the bonus.	<i>Approved by All</i>
10	MOVE INTO CLOSED SESSION: 4:53 pm	
10.1	Pending Litigation (\$54956.9)	No Action Taken
10.2	Hearing (Health and Safety Code §32155) – Medical Staff Credentials MEDICAL STAFF REAPPOINTMENT Richard Leach, MD Thomas Edholm, MD Sean Pitman, MD Aaron Babb, MD Kevin Keenan, MD (UCD) Elizabeth Ekpo, MD (UCD) Sheela Toprani, MD (UCD) Orwa Aboud, MD (UCD) William Dykes, MD, Emergency Medicine Edward Richert, MD, Family Medicine Baowei Tang, MD, Rheumatology MEDICAL STAFF APPOINTMENT Kendra Grether Jones, MD (UCD) Emily Andrada Brown, MD (UCD) Nathan Kupperman, MD (UCD) Leah Tzimenatos, MD (UCD) Alejandra Marquez Loza, MD (UCD) Erik Kuecher, PA-C (T2U) Ping Chu, MD, Oncology Philip Sardar, MD, Oncology Ahresh Saha, DO, Pathology AHP REAPPOINTMENT Heather Corr, PA-C George Winter, FNP Bina Mustafa, MD to Inactive Sampath Alapati, MD to Inactive Motion moved in Open Session to amend the names. Motion moved, seconded and credentials were approved.	<i>Cufaude, Hathaway</i> Approved by All
11	RECONVENE OPEN SESSION: 5:17 pm	
12	Adjournment: 5:18 pm. Next meeting is December 10, 2025	

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

Board Member

Board Clerk

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RESOLUTION NO. 2025-18

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

Stephanie DeHaan

As October 2025 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 contribution 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 Stephanie DeHaan is hereby named Mayers Memorial Healthcare District Employee of the Month for October 2025; and

DULY PASSED AND ADOPTED this 10th day of December by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Lisa Neal
Clerk of the Board of Directors



Department Reporting Regular Board Meeting

Manager & Department: Lindsey Crum, Hospice

Reporting Month & Year: November/December 2025

Summary: Hospice Quarterly Report

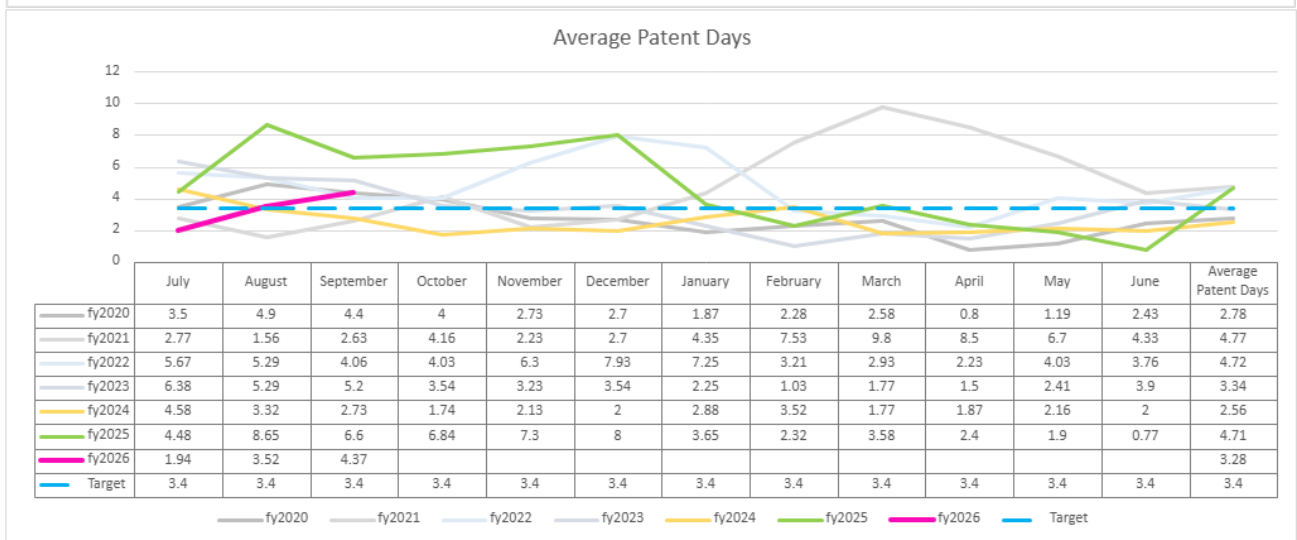
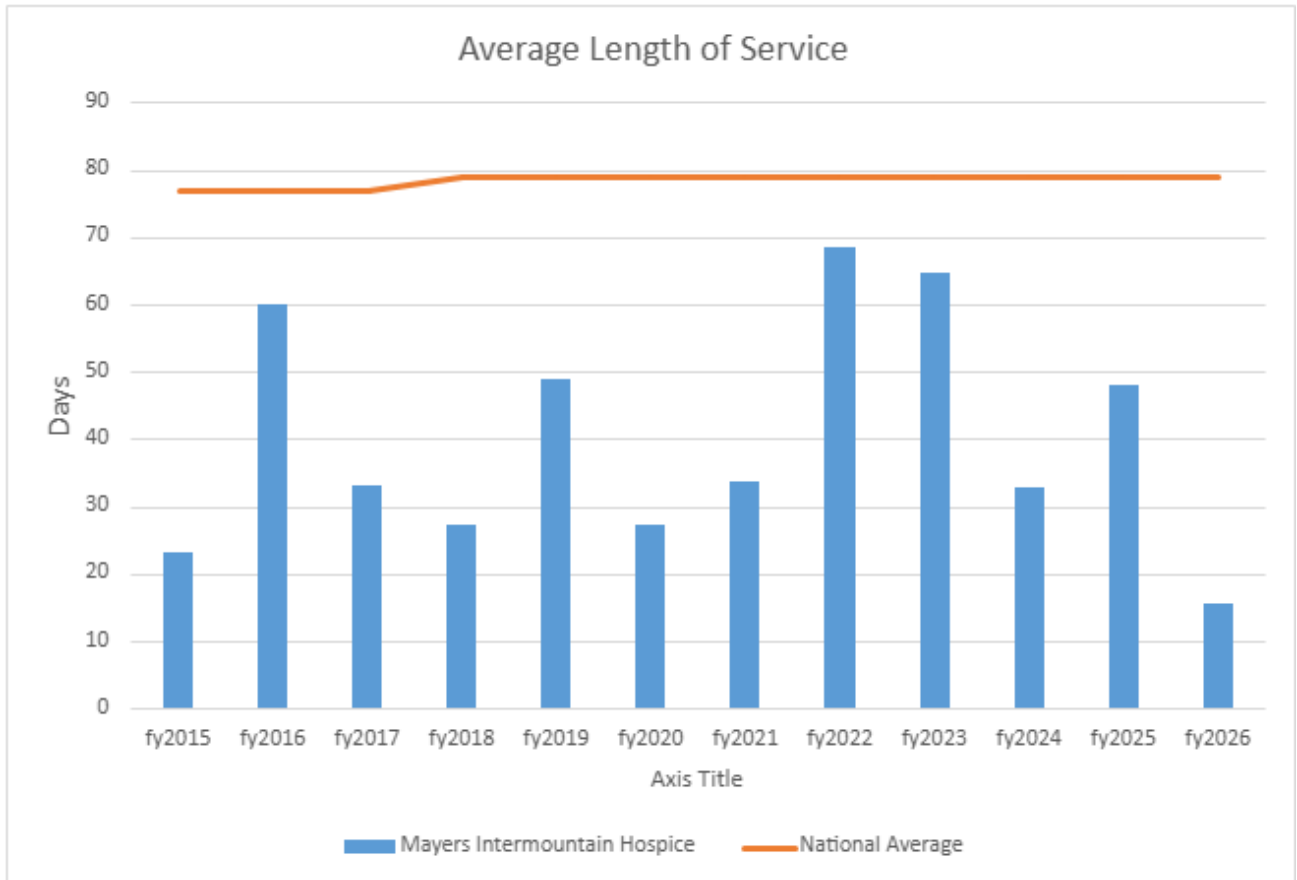
This month has been relatively quiet, but we’ve been busy with some important updates. We just returned from the Hospice Regulatory Bootcamp, where we delved into several new federal regulations that we’re currently reviewing. On a positive note, our census remains high, and we’re continuing our efforts to educate staff on strategies for extending the length of stay for our patients. We’ve discussed several ideas during our quality meetings and are working toward implementing them.

A highlight this month has been welcoming a new teenage volunteer, Hope, who’s been a tremendous help. She’s with us about four hours a week, and her presence has really made a difference.

We’re also preparing for our annual Candlelight Service, which will be held on December 10th at 6 PM at the Methodist Church. It’s always a special event, and we’re looking forward to gathering with our community to honor and remember our patients.

Regards,
Lindsey Crum, RN







Department Reporting Regular Board Meeting

Manager & Department: Michele King, Mayers Healthcare Foundation

Reporting Month & Year: December, 2025

Summary:

This time of year, consistently proves to be one of the busiest for everyone, and the Mayers Healthcare Foundation is no exception. We currently have several fundraising initiatives underway, along with ongoing operations at our nonprofit hospice thrift store, which continues to contribute meaningful proceeds to our mission.

We are looking forward with excitement to the opportunities and growth that 2026 will bring. Thank you for your continued support of the Foundation and its commitment to supporting MMHD.

Top Projects (1-3):

1. Lucky Finds Thrift & Gift Store – Reopening Success

The Lucky Finds Thrift & Gift Store held its soft reopening on October 14, 2025, after a five-week relocation closure and has since received strong community support, marked by generous donations and steadily rising sales. Its Grand Reopening on November 20, 2025, was highly successful, delivering impressive single-day sales. Comparisons with a strong earlier quarter in 2025 show that the five weeks leading up to the Grand Reopening demonstrated very promising performance.

2. North State Giving Tuesday – Goal Surpassed

The **December 2, 2025**, North State Giving Tuesday fundraiser exceeded expectations, surpassing the **\$20,000 goal**. These funds directly support the Mayers Healthcare Foundation Scholarship Program and CNA Education Programs, helping grow and sustain our future healthcare workforce.

3. 2026 Denim & Diamonds Hospice Gala – Planning Underway

Planning for the 2026 Denim & Diamonds Hospice Gala is progressing smoothly. We are pleased to confirm the return of **Ingram Hall**, **The Billies**, and **Grazers** for this special event. Tickets and table reservations are now available online and at the Lucky Finds Thrift & Gift Store.



Wins (1-2):

Recent Wins

- **Community Engagement & Support**

Before Thanksgiving, the Foundation Team designed, printed, and mailed over 5,000 Annual Appeals to neighbors across our local communities. We hope for a strong response—through donations, participation, and positive engagements showing just how deeply our community believes in and supports our mission.

- **Fundraising Success**

Meeting and exceeding the Giving Tuesday goal ensures continued investment in education and training for critical healthcare roles.

Challenge (1):

Current Challenge

- **Managing Growth & Capacity Following Thrift Store Relocation**

The surge in donations and increased sales following the store's reopening, while exciting, requires continued focus on staffing, sorting capacity, and operational efficiency to maintain service quality.

Respectfully submitted,

Michele King | MHF Program Director



Department Reporting Regular Board Meeting

Manager & Department: Emily Harper, MSN-Ed, PHN RN- Education

Reporting Month & Year: November 2025

Summary:

The Staff/Clinical Education Department remains committed to enhancing patient safety, optimizing staff training, and fostering collaboration across both acute care and skilled nursing facility (SNF) settings. Key initiatives since August 2025 have focused on fall prevention education, reducing medication errors, and preparing for the Nursing Skills Fair Initiative. These efforts are designed to boost clinical competencies, mitigate safety risks, and create a culture of continuous safe resident and patient care improvement.

Top Projects (1-3):

1. Medication Error Prevention and Expiration Tracking

1. **Audits Conducted:** 42 medication audits/observations were completed.
2. **Errors Identified:** 20 medication errors were found, including 1 near miss.
3. **Regulatory Benchmark:** Current error rates remain above the state threshold of 5%, indicating the need for further interventions.
4. **Corrective Actions:**
 1. Real-time education is provided after each error or near miss.
 2. A proposal is under consideration for a two-nurse verification process for pain medication administration in collaboration with the Director of Nursing (DON) and Assistant Director of Nursing (ADON).

2. Fall Prevention Education & Engagement

1. **Incident Data:** From June to November 2025, SNF units reported 41 falls, while acute care and ER units reported zero falls during the same period.
2. **Staff-Led Solutions:** Nurses and nurses assistants have been taking ownership by proposing intervention strategies, contributing to a collaborative culture in fall prevention.
3. **Education Focus:** Content is shaped based on frontline feedback to target specific risk factors in each unit, with a multidiscipline approach to education.



3. Skills Fair Initiative (Nursing Skills Refresh)

1. **Event Preparations:** Plans for the 2026 department-wide Skills Fair are in progress, featuring hands-on learning and scenario-based education.
2. **Core Skill Refresh:** The fair will focus on essential nursing competencies, ensuring safe and effective patient care.
3. **Confidence Building:** Practical stations will be included to build staff confidence in clinical decision-making.
4. **Professional Development:** The event will promote continuous professional growth and foster consistency in nursing practice across the organization.

Wins (1-2):

1. Fall Prevention Education:

- Nursing staff's engagement has been excellent, with staff proposing tailored interventions for their specific units. SNF units have demonstrated increased awareness and accountability.
- Educational modules on fall prevention have been distributed to travel nursing agencies to support consistency across all staff.
- Acute care and ER units have reported exceptionally low fall rates.

2. Medication Error Prevention:

- Real-time education continues to be highly effective, with nursing staff responding well to immediate feedback and corrective measures.
- Educational modules on medication error prevention have been distributed to travel nursing agencies to support consistency across all staff.
- Medication expiration tracking has improved, with zero expired medications reported in October and November.
- Acute care and ER units continue to report low medication error rates.

Challenge (1):

• Pain Medication Documentation:

- A consistent challenge across SNF units involves adherence to pain medication documentation and parameters. Re-education and continuous monitoring are ongoing to address compliance gaps.



- **Fall Prevention**

- Increased numbers of falls on SNF unit is staggering- education is in for both nurses and nurses' assistants and same sent to travel agency NPH to address ongoing fall dynamics.



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QUOTE CONFIRMATION

JEFF MILES,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

This quote is subject to CDW's Third Party Cloud Services Order Form Terms and Conditions set forth at

<https://www.cdwg.com/content/cdwg/en/terms-conditions/third-party-cloud-services-order-form-terms-and-conditions-.html>

[Convert Quote to Order](#)

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PPQT408	9/16/2025	3 YEAR ANNUAL PFPT DUE 12/19	0673037	\$106,332.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
PFPT ENT P1 F-SECURE SAAS Mfg. Part#: PFPT-B-P1VF-S-A year 3 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	400	7827854	\$74.32	\$29,728.00
PFPT LOG API FORWARDING Mfg. Part#: PPAO-M-LAPI-S-A year 2 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	1	7829289	\$0.00	\$0.00
PFPT DLP&ENCRYPT Mfg. Part#: PFPT-M-DLPE-S-A year 1 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	400	7826574	\$11.97	\$4,788.00
PFPT ENT P1 F-SECURE SAAS Mfg. Part#: PFPT-B-P1VF-S-A year 2 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	400	7827854	\$76.55	\$30,620.00
PFPT LOG API FORWARDING Mfg. Part#: PPAO-M-LAPI-S-A year 2 Electronic distribution - NO MEDIA Contract: HealthTrust Pricing-Software (HPG-2500)	1	7829289	\$0.00	\$0.00
PFPT DLP&ENCRYPT	400	7826574	\$12.32	\$4,928.00

QUOTE DETAILS (CONT.)

Mfg. Part#: PFPT-M-DLPE-S-A

year 2

Electronic distribution - NO MEDIA

Contract: HealthTrust Pricing-Software (HPG-2500)

PFPT ENT P1 F-SECURE SAAS

400

7827854

\$78.00

\$31,200.00

Mfg. Part#: PFPT-B-P1VF-S-A

year 3

Electronic distribution - NO MEDIA

Contract: HealthTrust Pricing-Software (HPG-2500)

PFPT LOG API FORWARDING

1

7829289

\$0.00

\$0.00

Mfg. Part#: PPAO-M-LAPI-S-A

year 3

Electronic distribution - NO MEDIA

Contract: HealthTrust Pricing-Software (HPG-2500)

PFPT DLP&ENCRYPT

400

7826574

\$12.67

\$5,068.00

Mfg. Part#: PFPT-M-DLPE-S-A

year 3

Electronic distribution - NO MEDIA

Contract: HealthTrust Pricing-Software (HPG-2500)

These services are considered Third Party Services, and this purchase is subject to CDW's [Third Party Cloud Services Terms and Conditions](#), unless you have a written agreement with CDW covering your purchase of products and services, in which case this purchase is subject to such other written agreement.

The third-party Service Provider will provide these services directly to you pursuant to the Service Provider's standard terms and conditions or such other terms as agreed upon directly between you and the Service Provider. The Service Provider, not CDW, will be responsible to you for delivery and performance of these services. Except as otherwise set forth in the Service Provider's agreement, these services are non-cancellable, and all fees are non-refundable.

SUBTOTAL \$106,332.00**SHIPPING** \$0.00**SALES TAX** \$0.00**GRAND TOTAL** **\$106,332.00****PURCHASER BILLING INFO****Billing Address:**

MAYERS MEMORIAL HOSPITAL
 ACCOUNTS PAYABL
 PO BOX 459
 FALL RIVER MILLS, CA 96028-0459
Phone: (530) 336-5511
Payment Terms: NET 30-VERBAL

DELIVER TO**Shipping Address:**

MAYERS MEMORIAL HOSPITAL DISTR
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DRAFT

January			
26	Mon	1pm	Strategic Planning (Fall River)
28	Wed	9:30am	Quality Committee (Fall River)
28	Wed	11am	Finance Committee (Fall River)
28	Wed	1pm	Board Meeting (Fall River)
Education/Conferences/Events			

February			
25	Wed	9:30am	Quality Committee (Burney)
25	Wed	11am	Finance Committee (Burney)
25	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

March			
23	Mon	1pm	Strategic Planning (Fall River)
25	Wed	9:30am	Quality Committee (Fall River)
25	Wed	11am	Finance Committee (Fall River)
25	Wed	1pm	Board Meeting (Fall River)
Education/Conferences/Events			

April			
29	Wed	9:30am	Quality Committee (Burney)
29	Wed	11am	Finance Committee (Burney)
29	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

May			
18	Mon	1 pm	Strategic Planning (Fall River)
27	Wed	9:30am	Quality Committee (Fall River)
27	Wed	11am	Finance Committee (Fall River)
27	Wed	1pm	Board Meeting (Fall River)
Education/Conferences/Events			

June			
24	Wed	9:30am	Quality Committee (Burney)
24	Wed	11am	Finance Committee (Burney)
24	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

July			
27	Mon	1pm	Strategic Planning (Fall River)
29	Wed	9:30am	Quality Committee (Fall River)
29	Wed	11am	Finance Committee (Fall River)
29	Wed	1pm	Board Meeting (Fall River)
Education/Conferences/Events			

August			
26	Wed	9:30am	Quality Committee (Burney)
26	Wed	11am	Finance Committee (Burney)
26	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

September			
28	Mon	1pm	Strategic Planning (Fall River)
30	Wed	9:30am	Quality Committee (Burney)
30	Wed	11am	Finance Committee (Burney)
30	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
Sep - Dates TBD - ACHD Annual Conference			

October			
28	Wed	9:30am	Quality Committee (Burney)
28	Wed	11am	Finance Committee (Burney)
28	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

November			
Education/Conferences/Events			
North State Giving Tuesday			

December			
7	Mon	1pm	Strategic Planning (Fall River)
9	Wed	9:30am	Quality Meeting (Fall River)
9	Wed	11 am	Finance Committee (Fall River)
9	Wed	1pm	Board Meeting (Fall River)
Education/Conferences/Events			

Chief Executive Officer
Ryan Harris



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

Nominations for the MMHD Board of Directors for 2026

Officers:

President: Jeanne Utterback

Vice President: Abe Hathaway

Treasurer: Tami Humphry

Secretary: Les Cufaude

Director: Jim Ferguson

Committee Assignments:

Finance: Tami Humphry, Chair & Abe Hathaway

Strategic Planning: Abe Hathaway, Chair & Jeanne Utterback

Quality: Les Cufaude, Chair & Jim Ferguson

MHF: Tami Humphry

Total Cost \$ 1,414,252.85

Department	Cost Center	Location	Item Description	Total Weight	A R U	Quantity	Cost
Outpatient Medical	7012	Fall River	Bariatric Wheelchair/Regular Wheelchair	10	0	0	\$ 5,000.00
SNF	6580	Burney	Patient Bed	15	Replace	6	\$ 50,000.00
SNF	6580	Burney	Low Air Loss Mattress System	37	0	4	\$ 8,000.00
SNF	6580	Burney	Bedside Dresser drawers	13	0	20	\$ 10,000.00
SNF	6580	Burney	Resident Room Decor: Privacy curtains, window blinds (preferred color greens, creams)	0	0	49	\$ -
Dietary	8340	B - FR	Emergency Food Supplies	30	0	0	\$ 40,000.00
Dietary	8340	Fall River	Cold Food Buffet Salad Bar	65	0	0	\$ 8,500.00
Surgery	7421	Fall River	Colonoscopes	50	0	2	\$ 55,000.00
Dietary	8340	Fall River	Base Pellet Warmer	50	0	1	\$ 10,000.00
Dietary	8340	Fall River	Reach in refridgerator	50	0	1	\$ 5,000.00
Surgery	7421	Fall River	Sure-Dry scope drying cabinet	27	0	1	\$ 19,731.00
Med/Surg	6170	Fall River	Patient Beds	28	Replace	15	\$ 225,000.00
Respiratory	7720	Fall River	Body Plethysmography	45	Replace	1	\$ 88,000.00
Respiratory	7720	Fall River	Ventilator	60	Replace	3	\$ 85,500.00
Laboratory	7500	Fall River	Integrated Chemistry & Immunoassay	62	Replace	1	\$ 325,000.00
Radiology	7630	Fall River	Portable X-Ray Unit	47	Replace	1	\$ 180,000.00
Radiology	7630	Fall River	DEXA - Bone Density	28	Add	1	\$ 70,000.00
Radiology	7630	Fall River	General Ultrasound	32	Replace	1	\$ 180,000.00
Cardiac Rehab	7770	Fall River	TeleRehab VersaCare- Telemetry Monitoring Service and GO/ iPad	40	0	1	\$ 32,406.00
Safety	8610	Fall River	3M RBE-L10 Breathe Easy Hood Powered Air Purifying Respirator System with Lithium battery, Coyote	65	Replace	5	\$ 10,869.60
Outpatient Medical	7012	Fall River	Patient Bed	72	Replace	1	\$ 6,246.25
0	0	0	0	0	0	0	\$ -
0	0	0	0	0	0	0	\$ -



Administrative Reporting Regular Board Meeting

Division: Director of Operations

Submitted By: Jessica DeCoito

Reporting Month & Year: December, 2026

Summary:

Solar: On Tuesday, December 2nd we received approval from PG&E and can turn the solar panels on. We received confirmation that our turn-on date is scheduled for Wednesday, December 10th. Additional training on proper operation of the solar panel system will take place in January for our Maintenance crew. Thank you to Alex for his dedication to this project. He played a key role in seeing this project through to the finish line.

Projects Bid Package: I continue to fine tune the details with our legal team for the bid package on our public works projects, which include Fall River Rural Health Clinic, Gas Line Relocation, Fall River Smoke Dampers, PIN 74 Emergency Power for HVACs, and TCCN Phase 3: Childcare Center.

Burney Annex Sewer Lines: Brown Plumbing got right to work after our approval at our September meeting. The grease line and sewer lines that ran through the kitchen were repaired. However, the team found that we continued to have issues with our clean out drain and sewer lines in the resident rooms at the corner of the affected area. Upon further inspection, they discovered a large section of clean out drainpipes and sewer lines that had massive holes in them. Proposals to repair the damaged pipe and clean out drain were quickly approved, and the team continues to work on repairs, including an additional clean out location. We are also taking this opportunity to strip floors, deep clean and paint the residents' rooms that are closed for plumbing repairs.

Nurse Call: Minor updates were requested at the Burney Annex location, otherwise, the plans have been reviewed and approved by our team. We await their response on the next steps to get this project rolling.

Burney Kitchen reach in fridge went down. We were able to replace it with a newer model and a small freezer for easier access to items needed. We took the time to do a deep clean and paint in this area which was much needed.

FR Freezer: we have a rented unit onsite from K&K to use as our temporary freezer while Maintenance works on sealing the joints and inspects for any other damage that we can repair.

PG&E Healthcare Energy Fitness Initiative: Alex walked both facilities with PG&E on Monday, December 1st to audit our LED and HVAC systems. There are some funding



opportunities that we may be able to tap into to help provide efficiencies in our LED and HVAC systems.

Masonic Hall: The work completed thus far has really changed the atmosphere in the hall. A fresh coat of paint, and removal of the carpet has occurred, with plans to paint the floors in the big ceremony room and update the location of the electrical outlets. We have reached out to contractors for quotes on what adding windows into the rooms would possibly cost. We have also worked with Carlton Christmas Trees, LLC to remove the two pine trees in between the Administration building and the Masonic Hall.

Burney Activities Space: We have collaborated with the Activities team in Burney to set up a cabinet and countertop space in their room to help organize the items they use with the residents. We have found success with the same project in the FR Activities space and wanted to provide the Activities team with consistency.

Construction Project Organization: We are implementing a construction project intake process. We will have an outline to assess what the projects are, the estimated cost, a timeline and how it will align with the current project list, as well as if the project falls outside of our scope and requires a formal bid process. We will also assemble a committee consisting of Finance, Facilities and Engineering, and members of the Executive Leadership Team to evaluate whether a project is necessary or simply desired, ensuring that we remain fiscally responsible.

Printer Refresh: A group consisting of IT Manager Jeff Miles, CFO Travis Lakey and myself, collectively decided to award the printer contract to Coastal Business Systems. They will begin moving the new printers on December 9th and finish implementation of the new machines by Friday, December 12th. Huge thanks to Jeff for managing this project efficiently.

Seamless Health Exchange: We are on track to be fully implemented with Seamless Health Exchange by the end of the year. This exchange allows any system belonging to the eHealth Exchange Network to share information with healthcare organizations nationwide. Our clinicians and clinical staff members will have access to outside records pertaining to visits outside of our organization.

Dietary Catered Menus: With the help of our locum RD, the Dietary managers and I are revisiting the items offered on catered menus for substitutions. The hope is to narrow down our list for cost savings, as well as providing more efficient documentation for nutritional intake for the substitutions.



Administrative Reporting Regular Board Meeting

Division: Human Resources

Submitted By: Libby Mee, Chief Human Resources Officer

Reporting Month & Year: November/December 2025

Summary:

Employee Support and Recruitment

As of the reporting period, the Human Resources, Payroll, and Benefits Department is providing ongoing support to 316 employees across all departments.

We currently have 20 active job requisitions, aiming to fill 29 open positions across various teams.

Department	Position	Status	# of Positions
ADMINISTRATION	Chief Medical Officer	Full-Time	1
	Chief Operations Officer	Full-Time	1
AMBULANCE	Rural Healthcare EMT	Per Diem	1
	Rural Healthcare Paramedic	Per Diem	1
CARDIAC REHAB	Cardiac Coordinator	Full-Time	1
DIETARY	Dietician	Full-Time	1
	F&NS Aide I – Fall River	Full-Time	1
EMERGENCY ROOM	Emergency Department Medical Director	Full-Time	1
	Emergency Room RN I	Full-Time	1
	Emergency Tech	Full-Time	1
GENERAL ACCOUNTING	Accounts Receivable Specialist	Full-Time	1
LABORATORY	Phlebotomist I	Full-Time	1
RESPIRATORY THERAPY	Respiratory Therapist	Full-Time	1
RETAIL PHARMACY	Retail Pharmacy Pharmacist	Full-Time	1
RURAL HEALTH CLINIC	RHC Provider	Full-Time	1
SKILLED NURSING	SNF FR CNA	Full-Time	5
	SNF FR LVN	Full-Time	2
	SNF FR RN	Full-Time	2
	SNF Unit Assistant	Full-Time	3
SKILLED NURSING ANNEX	SNF Burney RN	Full-Time	2



The department is collaborating with an external agency to fill the provider-specific positions. Currently, we are engaging with 11 potential applicants for these roles.

Additionally, we are pleased to announce the hiring of a new Provider Relations Coordinator, who will begin in December. This role is expected to significantly enhance support for our provider and quality teams moving forward.

Payroll and Employee Benefits

The HR, Payroll, and Employee Benefits team recently met with our Client Relations Representative from Paycom. During the meeting, we explored new features, asked questions, and reviewed analytics from the past year. Paycom has expressed continued satisfaction with MMHD's utilization of the system.

We are also pleased to report the successful completion of our employee open enrollment for benefits, effective January 1, 2026. Employee Benefits Coordinator, Karen Mayer, expertly managed the process in-house this year, resulting in significant cost savings by not utilizing Paycom's coordination team.

In addition to the standard annual tax forms, Total Rewards Statements will be issued to all employees. These statements provide a comprehensive overview of employee earnings, along with the value of company-paid benefits and accruals, ensuring that our team has a clear understanding of their total compensation package.

Pillar Goals

The Human Resources Department is responsible for managing the People Pillar. Currently, 18 members of the MMHD leadership team are participating in the final cohort of the Healthcare Leadership Institute. As part of their participation, cohort members have completed a 360-degree assessment. This feedback tool offers valuable insights into individual strengths, areas for improvement, and developmental opportunities, based on feedback from their professional network. Additionally, a DiSC personality analysis has been incorporated to further guide personal and professional development.

Following the assessment phase, each participant will have a one-on-one session with a program coach to review the results, set actionable goals, and implement strategies to enhance leadership effectiveness.

Conclusion

The HR department continues to make significant strides in supporting the organization's recruitment efforts, enhancing payroll systems, and fostering leadership development. We are confident that these ongoing initiatives will contribute to the long-term success of MMHD, both in terms of organizational growth and employee satisfaction.



Administrative Reporting Regular Board Meeting

Division: Public Relations

Submitted By: Valerie Lakey, Chief Public Relations Officer

Reporting Month & Year: December, 2025

Summary:

Legislation/Advocacy

Here is a recap of 2025 legislation. I will be attending two webinars reviewing key components to these bills.

[California Hospital Association 2025 Legislative Report](#)

Grant/Scholarship Update

North State Giving Tuesday was December 2. MHF was again raising funds for the scholarship program including the CNA program, community scholarships and employee development scholarships.

There were no applications for the employee development scholarship this round - in the future, it would be good if managers encouraged their staff to apply.

The Departmental Awards for 2025 have been announced with a total of \$50,000 being given.

Department	Item description	Award Amount
Education	Crash Cart Training Bundle	\$5,349.75
Activities	Therapeutic Environment Enhancement Project	\$2,100.00
Ambulance	GlideScope Go2	\$8,016.00
Dietary	Reach-in Refrigerator	\$5,000.00
Marketing	Patient Education Project	\$5,000.00
Surgery	Dri-Scope Aid	\$6,118.00
TCCN	Bright Futures car seats and booster seats	\$7,994.54
Cardiac	TeleRehab VersaCare	\$10,000.00
SNF	Patient Weighing equipment repairs	\$421.71

Grant season will pick up again come late winter/early spring with a goal to go much harder on grants in 2026. Awaiting word from the Community Foundation of the North State on a grant from Redding Rancheria for thrift store upgrades - we should hear mid-December.



Public Relations/Marketing

The Public Relations and Marketing Department continues to advance several strategic initiatives to strengthen community engagement, staff communication, and patient education.

Website Redesign:

The MMHD website redesign is nearing completion, with launch expected next week. The updated site will feature improved navigation, enhanced accessibility, AI, and expanded patient education resources integrated across all departments.

Department Recognitions & Patient Education:

The full 2026 Department Recognition video calendar has been developed, outlining monthly features for each department. These videos will highlight the vital work of our teams while strengthening community awareness of available services and patient education opportunities.

SEI Initiative Support:

Follow-up staff messaging and Service Recovery Toolkits are in the final stages of development to reinforce the Service Excellence Initiative (SEI). These tools will help ensure consistent communication, compassionate interactions, and a unified approach to patient-centered service recovery.

Social Media & Marketing Strategy:

A comprehensive social media and marketing strategy continues to take shape. Content planning is underway for coordinated messaging across all platforms, along with targeted campaigns to support department needs and priority services. The MMHD YouTube channel is also in development to support video storytelling, department features, and community engagement.

Organizational Analysis:

An organizational analysis is underway to evaluate MMHD's public-facing presence, ensuring alignment of branding, messaging, and community perception with the District's mission and values. [View Here](#) (Draft is up for approval on the Agenda)

Mayers Healthcare Foundation

Mayers Healthcare Foundation is pleased to announce the 2025 Departmental Awardee recipients. We are so grateful to our donors and community supporters that ensure we are able to support MMHD each year with this award program. This year, we are able to award a total of **\$50,000!!**

Please see MHF Quarterly report for more information.

Tri-County Community Network

Children's Programs

Bright Futures



- **Autumn Apple Bash (Nov 12, 2025):**
Successful 2nd annual event with **42 children** and **17 caregivers** from multiple early-learning programs. Activities included games, crafts, and take-home goodie bags.
- **Parent Café – “Raising with Thankfulness” (Nov 13, 2025):**
Co-hosted with Raising Shasta. Weather impacted attendance, but the single attendee received meaningful one-on-one support.
- **Dolly Parton Imagination Library:**
Goodie bags and sign-up information distributed to preschools and elementary contacts. Additional outreach planned at the **Dec 10 FRM/MCA community event**.
- **Winter Schedule:**
Programs operating in Montgomery Creek, Burney, Fall River Mills, McArthur, and Big Valley.
121 children and **33 parents** served in **Oct–Nov**.
- **Upcoming Family Film Nights:**
 - **Burney – Dec 19, 2025** (BES Cafeteria; popcorn donated by Les Schwab)
 - **Fall River – Tentative Jan 16, 2026**, pending partnerships with Project SHARE, Fall River Elementary, and Plumas Bank
- **Car Seat Safety Program (2026):**
 - Grant-funded purchase of car seats
 - Partnership with Pit River Health to implement a structured appointment-based distribution and installation process

Grants & Program Funding

1. Backpacks to Home Food Pantry

- **\$2,588 grant (approved)** to fund three food deliveries to FRJUSD (Aug 2025–May 2026)
- BES distributing up to **300 to-go meals weekly**
- First two rounds of food delivered (**Oct 20** and **Nov 24**)
- Round two expedited due to SNAP delays

2. SNTIF – BOTVIN Life Skills

- Anti-smoking & life-skills curriculum for all **4th–6th grade FRJUSD** classrooms
- Classes began **Oct 14**, continue through **May 2026**
- Approx. **200 students** served

3. Shasta Substance Use Coalition

- TCCN joined county coalition forming youth substance-use prevention strategies
- Funded through **opioid settlement funds** (allocation pending)
- MOU signed; awaiting program details from Raising Shasta

Enhanced Care Management (ECM) Partnership

- TCCN & MMHD collaborating with HANC and Partnership HealthPlan of California to implement ECM services



- **One-year \$102,000 contract** supports operations, training, and billing infrastructure
- Case Manager hired; undergoing 60-day training period
- Client services anticipated to begin by **April**, in collaboration with the Rural Clinic
- TCCN paperwork approved by Partnership (as of **March 12**)
- TCCN began providing case management services **July 1**
 - Case Manager **Shay Corder** developing caseload
 - Workflows established between Rural Clinic & ECM and ED & ECM
 - Internal referrals projected: **RHC by October, ED by New Year**
- **“Wellness and Resource Hour”** launched in May; early attendance low but expected to grow
- Slow but steady progress in Cerner billing and referral systems
- As of **Oct 13**, remaining Cerner issues include:
 1. Billing code accuracy
 2. Internal referral pathways
- Shay tracking billable services; 365-day window for billing
- **See billing table below**

Billing Structure Overview

Activity Type	Rate	Notes
Outreach Attempt	\$5 per attempt (max 5/member/30 days)	Up to \$25/month
Successful Engagement	\$150 one-time	Per engaged member
Ongoing Member Support	\$400 per month	Begins month of engagement

ECM Billable Services FY25–26

Month	Outreach Attempts	Successful Engagements	Ongoing Members	Monthly Total
July '25	\$100.00	\$150.00	\$400.00	\$650.00
August	\$105.00	\$0.00	\$400.00	\$505.00
September	\$125.00	\$150.00	\$800.00	\$1,075.00
October	\$105.00	\$150.00	\$1,200.00	\$1,455.00
November	\$100.00	\$0.00	\$1,200.00	\$1,300.00
December	—	—	—	\$0.00
January '26	—	—	—	\$0.00
February	—	—	—	\$0.00
March	—	—	—	\$0.00
April	—	—	—	\$0.00
May	—	—	—	\$0.00
June	—	—	—	\$0.00
FY Total				\$4,985.00



Average Monthly ECM Operating Costs

- Project Director (.2 FTE): **\$1,439.00**
- ECM Case Manager (1 FTE @ \$21.80): **\$3,137.31**
- Benefits @ 24%: **\$1,098.31**
- **TOTAL: \$5,674.62 (currently covered by grant)**

Additional Notes:

- ECM grant extended **Dec 31, 2025 → March 30, 2026**
- All Cerner issues resolved; billing is now current
- Internal referrals to begin **January 1**

Mindful Connections Program

- Mental health & substance use resources curated for TCCN website
- Two volunteers added to Mindful Connections team
- **First NA meeting:** Oct 17 at 6pm (community dinner at 5pm)
- **Volunteer meetings:**
 - Oct 28 – 5 prospective volunteers
 - Nov 18 – 5 attendees; 3 new possible volunteers
- Focus areas include peer support training, NA/AA meetings, sober events, and community service

Fundraising Coaching & NSGT

- Executive Director participating in CFNS fundraising coaching
- Early NSGT giving total: **\$650**
- **NSGT Goal for Dec 2:** \$10,000 for Summer 2026 Children's Playground refurbishing

Expanded Anti-Smoking Education (Proposed)

- Drafting proposal for approx. **\$50,000 SNTIF grant**
- Goal: Expand youth anti-smoking programs and hire additional staffing

Partnerships

SMART Employment Services

- Partnership ongoing
- Services paused until spring

IMAGE (Intermountain Action Growth & Education)

- Community needs survey underway
- **~260 surveys completed;** more rounds ongoing



- 2025 data review meetings held; December launch of final survey phase

Shasta County Chemical People – Peer Mentoring

- Peer mentoring program launched at FRHS
- **16 student mentors**
- First class: **Nov 25**
- Next mentor–protégé session: **Dec 1**

Website & Community Engagement

Website now features expanded weekly calendar updates and event promotions.
Ongoing programs include:

- Bright Futures early childhood events
- Senior Sip & Social – Thursdays
- Wellness Hour / Food Smart Series – Tuesdays
- NA Meetings – Fridays
- Pokeno – Fridays
- Bingo – Mondays
- Family Movie Night – **Dec 19 (BES Cafeteria)**

Intermountain Community Center Building Project

- Plans approved by Shasta County and the MMHD Board
- Final steps underway to release the project for bid



Administrative Reporting Regular Board Meeting

Division: Nursing Services

Submitted By: Theresa Overton, Chief Nursing Officer

Reporting Month & Year: November/December Reporting for October

Summary:

CNO Board Report

- SNF census remains strong at 65, with reduced registry use due to strategic admissions and recent CNA/UA hires.
- Continued focus on regulatory readiness, including adapting to new LVN respiratory restrictions and strengthening behavioral care and medication-pass oversight.
- Acute and ED maintaining stable staffing with support from travel/NPH RNs; onboarding materials improved to support consistency for new and temporary staff.
- ED managing high patient volumes and implementing efficiency improvements; ENPC training scheduled for January.
- Activities Department completed quarterly staff training and delivered strong resident engagement and holiday planning.
- OPM census is increasing due to outreach and provider engagement, expanding wound-care services.
- Social Services focused on LTC admissions and discharge support needs.
- Clinical Education continues SPHM, CNA, and certification programs with ongoing focus on fall-prevention and medication-error reduction.

SNF

Capacity

- Resident Census= 65
- Fall River= 25
- Burney= 20 general resident population
- Burney Memory Care= 20 residents

Staffing

- We have met regulatory staffing requirements for the month.
- We were able to decrease registry use (due to the low census) by accepting admits at station 2 first, where we utilized most of our own staff. With the lower census in Burney, we were able to decrease staffing needs, therefore decreasing registry use as well.



- In a continued effort to decrease these costs we have hired new team members: 1 CNA and 2 UA's.
- Continue discussions with Nurses in Professional Healthcare (NPH) to engage in aligning registry training and review role shift duties, medication errors and POC training to ensure consistency and effectiveness across the board.
- We will continue to aggressively screen, interview, and job-offer viable candidates.

Updates

- Staff Development
- Director of Staff Education has been doing random medication pass checks with on-the-spot training/correction as needed. This will be an ongoing process that will not only provide training but also bring to leadership any ambiguous orders that may need to be addressed by the Provider.
- Departmental Education: Glucometer Competencies were completed and next month will be a focus on fall prevention.

Regulatory

- New regulations as of October 1st limit the LVNs ability to perform certain respiratory duties that they were previously allowed to do. We are working diligently with Quality, and the Respiratory Director to ensure these areas are covered by a Respiratory Therapist or RNs. There will be education provided for all staff in the staff meetings and by the Staff Education Manager.
- With the guidance and recommendations that will come from our collaboration with the Reicter Group, we will be implementing improvements that strengthen both our operations and our compliance practices.
- Mayers Memorial Healthcare District collaborative with Shasta College C.N.A program was reinstated by CDPH. The first class was successfully completed with 3 Students who are all now CNAs on the floor. Next class is expected to start on January 26 with 6 students planning to attend.
- DON/ADON have Implemented Non-Pharmacological interventions to the residents' charts that are currently on psychotropic medications. We have also individualized all behaviors specific to the residents. We have discussed behavioral charting in the staff meetings and will continue to do so in the next staff meeting as well. For the month of October, we had a significant decrease in medication errors.
- Family Council was wonderful this month with an actual family member as a guest speaker. They appreciate all we do for their loved ones and are always engaged.

Activities Department Update

Training:

- The Activities Department successfully completed the first of four structured two-hour quarterly education sessions, with full staff participation. This training is part of the department's 2026 Priority Agreement initiative. The October session focused on the importance and implementation of resident biographies within long-term care (LTC).
 - Training topics included:
 - Key elements of effective resident biographies
 - Why biographies matter in LTC and their role in person-centered care
 - How biographies are utilized to enhance resident quality of life



- The benefits of biographies in avoiding potential survey tags and improving compliance
- The training concluded with a hands-on team-building exercise in which staff interviewed residents, family members, and interdisciplinary team members and reviewed resident charts to collect personalized information for the new biography program. A second make-up session was held for activity aides who were unable to attend the original training.
- The next two-hour staff training is scheduled for November 24, 2025, and will focus on redirection techniques. The goal of this session is to strengthen the department's ability to intervene and redirect residents in a positive manner, helping reduce the need for psychotropic medications related to behavioral expressions.
- Resident Engagement and Events:
 - The month of October featured a variety of Halloween-themed socials, parties, and pumpkin-carving activities. Residents enjoyed festive decorations, music, and sweet treats generously donated by staff. On Halloween night, residents gathered in the dining room and joyfully handed out candy to staff and visitors. The department received several positive comments, including one from a family member who complimented how wonderful the residents looked while participating in the event.

Staff Support and Holiday Planning:

- During the department's monthly meeting, plans were established to ensure staff support throughout the upcoming holiday season. Initiatives include the Secret Santa Program, purchasing craft materials so residents can make handmade gifts for staff, and organizing the Community Christmas Giving Trees to support resident needs and holiday joy.

Grants and Program Development:

- An application was submitted for a \$2,100 grant titled the Therapeutic Environment Enhancement Project. The purpose of this grant is to enhance memory care programming and purchase supplies to support SMART Goal #1—to develop and implement a non-pharmacological intervention program addressing resident behaviors through personalized, activity-based engagement strategies.

Acute

October 2025

Dashboard

- Acute ADC: 1.38
- Acute ALOS: 3.64
- Swingbed ADC: 3.78
- Swingbed ALOS: 16.00
- OBS Census Days: 10

Staffing

- Staffing Requirements: Our department's optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. Currently, all FTE RN and Ward Clerk positions are filled, with the addition of 2 new hires. We currently have 1 open CNA position.



- Utilization of Registry Staff: This month, we have two 13-week travel RNs supporting the unit while we complete orientation for our new hires. We continue to utilize one FTE NPH RN to support additional coverage needs and to allow core staff the flexibility to float to OPS, OPM, and the ED as needed.

Updates

- Onboarding & Training Resources: Acute Care staff RN independently identified a need for improved onboarding materials and took the initiative to create a comprehensive orientation training packet for traveling RNs. She also gathered and organized key training documents for CNA staff and compiled everything into reference binders for the unit. This resource has already strengthened consistency in onboarding and will support smoother transitions for new and temporary staff moving forward.

Emergency Services

October 2025

- Total patients treated: 400
- In-Patient Admits: 19
- Transferred to higher level of care: 31
- Pediatric patients: 75
- AMA: 5
- LWBS: 3
- Present to ED vis EMS: 57

Staffing:

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 2 FTE Noc shift contract nurses
- Interviews have begun for NOC shift supervisor positions

Updates:

- In accordance with the SEI Do-It's, the Emergency Department has implemented the following improvement:
 - **Centralized storage** of air ambulance call devices in one designated location.
 - **Ensured consistent charging** of all devices to maintain readiness.
 - **Eliminated time wasted searching** for devices when needed for patient care.
- The ENPC course is scheduled for January 21–22, with all educator and learner arrangements completed and educational materials expected to arrive and be distributed within the next two weeks.

Ambulance-Reporting

October 2025

- 55-ambulance calls, 19 of those were for transfers.



- One of our paramedics unexpectedly began maternity leave earlier than anticipated. As a result, we have had open shifts to cover. While some per diem paramedics have been able to assist, there have been occasions where we staffed with dual EMTs. We are currently onboarding an additional per diem paramedic to help support ongoing coverage needs.
- We have begun orienting a new per diem EMT and are nearing completion of his orientation process.

Surgery:

Referrals:

30- Referrals received

- All referred patients have been called. 3 unable to reach for scheduling. 1 is pending cardiac clearance. 3 do not want to schedule procedure.
 - *Appointment's scheduled 1-10 days after referrals received. Typically, able to offer procedures times within 1 to 2 months,*
- 12 - Total patients underwent procedures
- 17- Total procedures performed (3 patients had both upper and lower endoscope, 2 patients had colonoscopy and hemorrhoid banding).

Cancellations:

- 19 patients were scheduled. 4 canceled with short notice (No show or sick)

Staffing:

- Part-time endoscopy technician has completed her competency checks and 90 day probation period and is doing well with her training.
- Surgical tech has returned to her Full-time position in the Surgery/ central sterile department now that the retail pharmacy is fully staffed.

Outpatient Medical

October 2025

- Census OPM:, August 146, September 158, October 180
- The OPM team is moving to weekly wound clinics starting 11/06
- OPM staff member continues to help with Safe Patient Handling
- OPM has the pillar goals and administration approval completed
- OPM staff is awaiting appointments for employee wellness
- OPM staff has evaluated department spending contracts etc. At this time we run with just what we need for patient care. We continue to work on cost capture for the department
- OPM census is currently up. This could be due to the multifaceted approach, commercials, MMHD marketing, relationship building and networking with local privileged providers. Overall, an increase in privilege providers leads to more orders and care for patients
- OPM staff is awaiting for more De-Escalation classes to be added to enroll in



- OPM staff member has started higher education for wound care specialty

Social Services

October 2025

We had 1-LTC admission to our Burney Campus

Updates:

- We are really focused on filling beds in LTC. ADON and myself have been doing multiple Meet & Greets with families and potential residents.
- Acute has had a higher census in recent weeks.
- Continue to work on making sure Acute patients have access to services after discharge, including getting DME in a timely manner.

Clinical Education

Certifications & Licenses

- **NRP Class:**
 - The Neonatal Resuscitation Program (NRP) class was conducted on October 15, 2025, led by Maddy RN on behalf of Barbara Furry (CEE).

Programming Updates

- **Nurse Assistant Training Program (NATP)**
 - The NATP scheduled for October 27, 2025, was canceled due to incomplete applications.
 - The next session will be held on January 26, 2026, with 6 prospective students registered (capacity for up to 15 students per instructor).
 - An email was sent to potential students, with a step-by-step guide to ensure the correct completion of application forms.

Safe Patient Handling & Mobility (SPHM)

- Bi-monthly orientations for new and re-hired staff have continued, with October sessions on the 6th and 20th.
- CNA Skills Fair & Validation Class was held on October 1st, led by Instructor Regina.

Ongoing Projects & Initiatives

CNA In-Service / CEUs

- In-service training sessions completed in September 2025:
 - September 3 & 16, 2025:
 - Infection Control and Prevention
 - Resident and Staff Safety
 - CNA Professionalism

CDPH CNA Orientation Days

- Held bi-monthly following HR orientation.

Relias and Lippincott Platforms

- CEUs are available for nursing staff online through these platforms.

Certification Tracking

- HR (Ashley) is responsible for maintaining and updating certification renewals.



- BLS card renewal reminders are now being displayed on the facility's TV screens for timely updates.

Ongoing Efforts

- **Medication Error Prevention:**
 - Following the August 2025 evaluation, 24 medication observations were completed.
 - 1 near-miss error was identified and corrected immediately through on-the-spot education.
 - Medication error rate: 4.1%, under the required threshold of 5% by the state.

Fall Prevention Initiative:

- New fall prevention initiative launched in response to rising fall incidents (20 reported from July 25 – October 25, 2025).
- Strategies for addressing the issue:
 - Focused Education for High-Risk Residents: Targeted in-service education for staff working with high-risk residents (mobility issues, cognitive decline, or fall history).
 - Staff Empowerment and Engagement: Organizing regular huddles to discuss fall prevention strategies and ensure staff have the necessary tools and knowledge.

Future Nursing Skills Fair:

- Scheduled for January 2026; additional updates will follow.

Great News

- CE provider and DSD licenses have been approved!

Respectfully Submitted by Theresa Overton, CNO