

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**  
January 28, 2026 @ 1:00 PM  
Mayers Memorial Healthcare District  
Fall River Boardroom  
43563 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.

		Approx. Time	Allocated
<b>1</b>	<b>CALL MEETING TO ORDER</b>	Chair: Jeanne Utterback	
<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, 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.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>		
3.1	Regular Meeting – December 10, 2025	Attachment A	Action Item 1 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>		
4.1	Resolution 2026-01 November Employee of the Month	Attachment B	Action Item 1 min.
4.2	Resolution 2026-02 December Employee of the Month	Attachment C	Action Item
4.3	Safety Quarterly Report	Dana Hauge	Attachment D Report 2 min.
4.4	Information Technology	Jeff Miles	Attachment E Report 2 min.
4.5	Maintenance and Engineering	Alex Johnson	Attachment F Report 2 min.
4.6	Infection Prevention	Kristen Stephenson	Attachment G Report 2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>		
5.1	<b>Finance Committee</b>		
5.1.1	Committee Meeting Report: Chair Humphry	Report	5 min.
5.1.2	November 2025 Financial Review, AP, AR, and Acceptance of Financials	Action Item	5 min.
5.1.3	December 2025 Financial Review, AP, AR, and Acceptance of Financials	Action Item	2 min.
5.2	<b>Quality Committee</b>		
5.2.1	Committee Meeting Report: Chair Cufaude	Report	5 min.
5.3	<b>Strategic Planning Committee</b>		
5.3.1	Committee Meeting Report: Chair Hathaway	Report	5 min.

**6 NEW BUSINESS**

6.1	Capital Expenditure Plan Tracker		Action Item	2 min.
6.2	CEO & Board Rounding Schedule	Attachment H	Discussion/ Action Item	10 min.
6.3	Bylaws Review	Attachment I	Review, 1 <sup>st</sup> Reading, Discussion	

**7 ADMINISTRATIVE REPORTS**

7.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items			
7.1.1	Chief Operations Officer- Jessica DeCoito	Attachment J	Report	5 min.
7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.3	Chief People Officer – Libby Mee		Report	5 min.
7.1.4	Chief Public Relations Officer – Valerie Lakey		Report	5 min.
7.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.

**8 OTHER INFORMATION/ANNOUNCEMENTS**

8.2	Board Member Message: Points to highlight in the message		Discussion	2 min.
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**9 MOVE INTO CLOSED SESSION**

9.1	Existing Litigation (Gov. Code § 54956.9(a)) • (Case name withheld pursuant to Government Code § 54956.9)		Discussion/ Action Item	10 min.
9.2	Existing Litigation (Gov. Code § 54956.9(a)) • (Case name withheld pursuant to Government Code § 54956.9)		Discussion/ Action Item	10 min.
9.3	Real Estate Negotiation (Gov. Code §54956.8) • Property: Medical office building at 20623 Commerce Way, Burney, CA 96013, APN 028-340-016 • Real Estate Negotiator: Ryan Harris • Potential purchase of property for District expansion		Discussion/ Action Item	10 min.
9.4	Real Estate Negotiation (Gov. Code §54956.8) • Property: Vacant Lot, Burney, CA 96013, APN 028-340-015 • Real Estate Negotiator: Ryan Harris • Potential purchase of property for District expansion		Discussion/ Action Item	10 min.
9.5	Hearing (Health and Safety Code §32155) – Medical Staff Credentials		Action Item	10 min.

**MEDICAL STAFF REAPPOINTMENT**

1. Dennis Burton, MD (Vesta)
2. Batool Hussain, MD (UCD)

**MEDICAL STAFF APPOINTMENT**

1. J. Gabriel Zamora, MD (Vesta)
2. Mostafa Rahimi, MD
3. Sean Munroe, MD
4. Robert Cirillo, MD (Vesta)

**AHP APPOINTMENT**

1. Daniela Garcia-Cruz, PA
2. Emily Sizer, PA-C (T2U)

**10 RECONVENE OPEN SESSION:****11 ADJOURNMENT:** Next Meeting February 25, 2026

Posted: 01.22.26

Chief Executive Officer  
Ryan Harris



Attachment A

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**  
December 10, 2025 @ 1:00 PM  
Mayers Memorial Healthcare District  
Burney Annex 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.*

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

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

**ABSENT:**  
Abe Hathaway, Vice President

**STAFF PRESENT:**  
Ryan Harris, CEO  
Travis Lakey, CFO  
Valerie Lakey, CPRO  
Theresa Overton, CNO  
Keith Earnest, CCO  
Libby Mee, CHRO  
Jessica DeCoito, Director of Operations  
Jack Hathaway, Director of Quality  
Lisa Neal, Board Clerk

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

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**3 APPROVAL OF MINUTES**

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3.1 A motion to accept the Regular Board Meeting minutes of October 29, 2025, was made, seconded, and approved.

Cufaude/  
Humphry  
Approved  
by All

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

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4.1 Resolution 2025.18 October Employee of the Month: Stephanie DeHaan. Stephanie is an absolute delight and works in retail pharmacy. Customers share that she is the highlight of their day. Ray of sunshine!

Humphry/  
Ferguson  
Approved  
by All

4.2 Hospice Quarterly – The written report was submitted by Lindsey Crum. Keith Earnest shared a key concern for the first quarter of FY26 is the current average hospice length of stay of 15 days, which is significantly shorter than desired to ensure families receive the full benefits of hospice care. The team is discussing strategies to extend the length of stay in order to better support families. The majority of hospice-related expenses occur during the first seven days and the final seven days of a patient's stay; additional time between these periods is necessary to recoup expenses and would ultimately benefit families. The team is also reviewing skilled nursing intake processes to determine whether hospice eligibility decisions are made in a timely manner. Current skilled nursing referrals indicate that many residents are passing away the same day or the day following admission. Clinic physicians have requested brochures and additional information to assist with hospice-related conversations with patients and families. Nationally, the average indicates that approximately 40% of residents should pass away while receiving hospice services. Hospice remains focused on meeting the Conditions of Participation, which are CMS standards monitored through state surveys and required for continued program participation. Lindsey is conducting a meet-and-greet with a new hospice family. The Hospice Quality Committee meets quarterly, and its reports include both quality metrics and financial information. The PEPPER Report, a national annual hospice report, has not been published for the past several years but may be released in the first quarter of 2026.

4.3 **Mayers Healthcare Foundation Quarterly** – Written report submitted by Michele King. She provided an update on the registered program used for the thrift store. During Northstate Giving Tuesday, \$21,675 was raised, and the Foundation is eligible for additional funding through the Power Hours initiative. These funds will support the CNA Program. The Board expressed kudos and appreciation for the outstanding work Michele is doing. The relocation of the Thrift Store to the former Arts & Trophies building has been phenomenal, resulting in a noticeable increase in sales since the move. Additional volunteers are needed to extend store operations. Updates on donation acceptance are communicated via social media and posted on the thrift store's front door.

4.4 **Clinical Education:** Written report submitted by Emily Harper. The Board expressed appreciation for her ongoing work related to real-time medication error observations. A total of 20 errors were identified across 42 audits. For comparison, the state benchmark average for medication errors is 5%. Findings from these observations indicate improved patient care safety initiatives. Information is shared with the Directors of Nursing (DONs), who forward it to NPH and request staff education. NPH has been receptive and has implemented a sign-and-read process to ensure staff acknowledgment. Through collaboration with SNF DON and ADON, the November medication error numbers were the lowest reported to date. A high level of falls has been observed. Feedback is being gathered from caregivers to identify opportunities to reduce fall rates. Suggested interventions include checking alarms at the beginning and end of each shift. This information is shared during staff huddles, and caregiver ideas and solutions are being incorporated into fall-prevention strategies.

## 5 BOARD COMMITTEES

### 5.1 Finance Committee

5.1.1 December Committee Meeting Report: Chair Humphry  
Discussed ongoing efforts to reduce accounts receivable days and noted that cash on hand remains strong. There is research underway for a community health billable service opportunity, funded by Partnership, to hire a Community Health Worker (HCW), which is different from Enhanced Care Management (ECM).

5.1.2 October 2025 Financial Review, AP, AR, and Acceptance of Financials. The motion to accept the October 2025 Financials was moved, seconded, and approved. **Humphry/ Cufaude** **Approved by All**

5.1.3 Board Quarterly Finance Review. The motion to accept the Quarterly Finance Review was moved, seconded, and approved. **Humphry/ Cufaude** **Approved by All**

5.1.4 Proofpoint Email Security 3-Yr Renewal Quote: A multi-year renewal for cost savings. The IT manager compared Microsoft's solution, priced at \$273k. The motion to accept the Proofpoint Email Security 3-Year renewal quote was moved, seconded, and approved. **Humphry/ Ferguson** **Approved by All**

### 5.2 Quality Committee

5.2.1 December Quality Meeting Report: Chair Cufaude  
Reviewed quality and performance updates and noted exceptional progress in preventing medication errors. The team can now trace issues to specific causes and individuals, enabling real-time intervention. Kudos were extended to all involved for their significant efforts in achieving this milestone. Falls were discussed, and it was noted that abuse reports remain extremely low. The Quality Improvement Program (QIP) has evolved into a strong, partnership-based relationship, and Jack was congratulated for successfully meeting the QIP requirements.

The group discussed the i2i program, currently costing \$110,000 annually. While i2i has been a valuable resource, DHCS has transitioned data requirements to managed care data provided solely through Partnership, which is more robust. As a result, continuation of the i2i contract may not be necessary. Jack will conduct an analysis and engage i2i regarding potential improvements, including the possibility of serving as a beta-testing partner at no additional cost. Enrollment gaps were also discussed, particularly patients who lose Partnership coverage, which affects measure denominators. Potential collaboration with the county to obtain enrollment data and support continuous enrollment with Mayers was explored, though specifics around disenrollment remain undetermined. Enrollment tracking remains critical for determining eligible measures. Finally, recent state visits resulted in no deficiencies, and for the ACHC mid-cycle review, identified deficiencies have been corrected, with recertification planned for March.

### 5.3 Strategic Planning Committee Report

5.3.1 December Strategic Planning Committee Report: deferred to New Business 7.4 for Master Plan Revision Concept

## 6 OLD BUSINESS

### 6.1 Use of Rules for Regular Board Meetings

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Director's documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Lisa reported that at the CSDA meeting, attendees were asked which rules of order their districts follow, and the overwhelming majority indicated that they follow *Robert's Rules of Order*. The Board will continue following *Robert's Rules of Order* for conducting meetings.

<b>7 NEW BUSINESS</b>			
7.1	<b>Organizational Analysis – Review, 1<sup>st</sup> Reading, Discussion/Action Item</b> The Board expressed strong approval of the new format. Ryan shared his vision for future analyses, which includes incorporating additional charting and continuing to refine and improve the presentation over time. The motion to accept the Organizational Analysis as presented with no corrections was made, seconded, and approved.	Humphry/ Cufaude	Approved by All
7.2	<b>Annual Organizational Process</b>		
7.2.1	<b>2026 Board Calendar.</b> The motion to accept the Board Calendar with corrections was made, seconded, and approved.	Cufaude/ Ferguson	Approved by All
7.2.2	<b>Officers and Committees.</b> It remains the same for 2026.		
7.2.3	<b>Bylaws Review Discussion</b> The bylaws were last reviewed in September 2024 and updated to meet ACHC requirements. Jeanne proposed that each Board member review the bylaws and submit any proposed changes to Lisa. An Ad Hoc Committee will convene to ensure continued alignment with ACHC standards, and the revisions will be reviewed by the consultant prior to distribution. The updated bylaws will be presented for review at the February Regular Board Meeting. Lisa will distribute the materials accordingly.	Utterback/ Humphry	Approved by All
7.3	<b>Review of Capital Expenditure Plan Tracker.</b> The Mayers Healthcare Foundation (MHF) reviewed the submissions and awarded funding last month. The Board discussed adding deferred maintenance items for consideration at next month's meeting. This is an annual requirement under the Board's purview, with responsibility for approving the list of items rather than the funding amounts. The Board will take action on the Capital Expenditure Plan Tracker at next month's meeting.	Humphry/ Cufaude	Approved by All
7.4	<b>Master Plan Revision Concept</b> Jessica DeCoito, Director of Operations, presented the revised concept, noting that the goal is to obtain Board approval of the revised concept, as the original master request plan packet has been updated. The project is proposed in three phases.  <b>Phase 1</b> includes the construction of a non-OSHPD administrative building between the current administration building and the acute care area, and the relocation of non-code-required offices; this phase would be built under county code requirements only.  <b>Phase 2</b> includes conceptual plans to remodel Station 3 into a new Station 1, renovate the med-surg area, expand the pharmacy, and identify a small area for central storage. This phase would also be non-OSHPD, with the current receiving area converted into a sterilization room.  <b>Phase 3</b> involves remodeling the existing surgery space into dietary space, along with offices for administration/CEO, medical records, and a new water heater area. Surgery services would need to cease during this remodel, and an alternative space for Respiratory Therapy would be explored further with the architect to maximize available space.  Board approval was requested to accept the revised concept in order to meet the December 31, 2025, seismic compliance submission deadline. It was noted that the layout and wall configurations are conceptual and subject to change based on financial impact and further design development. Phase 3 is anticipated to occur within a two- to four-year timeframe.  The motion to accept the revised master plan concept to meet the December 31, 2025, seismic compliance submission deadline was made, seconded, and approved.	Humphry/ Cufaude	Approved by All

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## 8 ADMINISTRATIVE REPORTS

### 8.1 Chief Reports: *Written reports provided. Questions pertaining to the written and verbal reports of any new items*

8.1.1 Director of Operations: Written report submitted by Jessica DeCoito.  
The solar connection with PG&E is scheduled for today, marking the project's closeout. Sewer lines are complete and waiting cure time before flooring replacement. Snacks are being provided to residents three times daily, though some are being returned and cannot be reused. Managers are auditing the program and baseline data, with the Locum RD closely involved to ensure dietary requirements are met. Lassen Air completed a full assessment of the freezer and recommended continuing maintenance of the current equipment rather than replacement. Water heaters and the new HVAC system will be addressed in the master plan revision. Smoke dampers were identified as having the greatest impact on patient care. Masonic Hall work is progressing well, and the large pine trees entangled in power lines have been removed. New printer equipment is being installed today with Coastal Business Systems, whose five Redding-based technicians are expected to improve service and response times. In FR, 4-H will be Christmas caroling this evening.

8.1.2 Chief Financial Officer: Written report submitted by Travis Lakey.  
Rural Health Care Program funding is expected to be awarded to California this month, after which the state will determine the criteria for submitting funding requests. More information is anticipated by the end of January. Funding priorities ("buckets") include increasing access, education, and technology. The SNF rate is currently the 10th lowest in California, and the previously proposed 4% sequestration decrease has been eliminated.

8.1.3 Chief Human Resources Officer: Written report submitted by Libby Mee.  
Ashley Nelson is attending a career fair in Redding, generating strong traction in filling open positions, including provider roles. The 457(b) retirement option is now in place; a recent webinar was well attended, and sign-ups have already begun. A Provider Relations Coordinator has been hired and will begin working out of the clinic on Monday. This blended role, in collaboration with Libby and Jack, will support onboarding, Cerner, quality initiatives, and provide a "soft touch" with providers. With Pam's upcoming retirement, the coordinator will also assume responsibilities for medical credentialing, encompassing all provider-related functions. Additionally, Libby is working with a registry and has engaged a second registry company based in Cottonwood to support staffing needs.

8.1.4 Chief Public Relations Officer: Written report submitted by Valerie Lakey.  
Provided an overview of the soft launch of the newly redesigned website.

8.1.5 Chief Clinical Officer: Verbal report by Keith Earnest.  
Radiology/Imaging Department now has all 4 imaging technicians CT-certified; when Harold Swartz was hired, none were CT-certified. MRI services achieved a profit in the first quarter of operations. MRI appointment scheduling is currently 3 months out, and Ryan is negotiating additional service days to address demand. Additionally, the Retail Pharmacy set a record on November 17, filling 326 prescriptions in a single day.

8.1.6 Chief Nursing Officer: Written report submitted by Theresa Overton  
The SNF census is currently 68. Three meet-and-greets are scheduled for Friday, with plans to admit two additional residents after the holidays per family requests. Five individuals remain on the prospect list. The social worker, Marinda May, has developed strong relationships with facilities throughout the valley area. Effective January 1, 2026, new regulatory changes will impact LVN staffing in both SNF and Acute care. RNs have been hired for the Annex to cover all shifts, and backup plans are in place in FR to ensure coverage.

8.1.7 Chief Executive Officer: Written report submitted by Ryan Harris.  
Good progress continues in hiring providers. The ELT met and plans to revise the Employee of the Month process to allow staff nominations. Key organizational priorities remain on track, including HLI and SEI initiatives. MRI services have begun, residents are being seen for behavioral health through PRHS, and a calcium scoring contract has been signed. Additional focus is being placed on accounts receivable and clinical-driven cycles led by providers. A project led by Jack is underway to optimize Cerner workflows and implement process improvements. T. Abraham and Peggy Wheeler are retiring this month; both have been strong advocates for rural health.

## 9 OTHER INFORMATION/ANNOUNCEMENTS:

### 2026 BOD Meeting Department Reporting Calendar Alignment

- Annual Reporting for MHF and TCCN
- Organizational Analysis in October
- Annual Audit Summary in January
- BOD Assessment Process in August

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9.1 **Board Member Messaging:**

- Employee of the Month
- Thank you from the Board to Leadership and Staff for the continuing education opportunities provided, thank you to our community for the generosity during Giving Tuesday, recognize Jeanne Utterback as the newly elected Treasurer for ACHD, Gala Date, Thrift Store Remodel, TCCN Events & Activities, MRI article, website launch

**10 MOVE INTO CLOSED SESSION: 3:43 pm**

10.1	Pending Litigation (§54956.9)		No Action Taken
10.2	Hearing (Health and Safety Code §32155) – Medical Staff Credentials <b>MEDICAL STAFF REAPPOINTMENT</b> Jinno Magno, MD Robert Cirillo, MD (Vesta)	Cufaude/ Humphry	Approved by All
11	RECONVENE OPEN SESSION: at 4:09 p.m. The motion to accept medical staff credentials was made, seconded and approved.	Cufaude/ Humphry	Approved by All
12	Adjournment: The motion to adjourn at 4:09 p.m. was made, seconded, and approved. Next meeting is January 28, 2026.	Cufaude/ Ferguson	Approved by All

*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



**RESOLUTION NO. 2026-01**

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

**Choupa Valere**

**As November 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 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 Choupa Valere is hereby named Mayers Memorial Healthcare District Employee of the Month for November 2025; and

**DULY PASSED AND ADOPTED** this 28<sup>th</sup> day of January 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



**RESOLUTION NO. 2025-18**

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

**Katelyn Agee**

**As December 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 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 Katelyn Agee is hereby named Mayers Memorial Healthcare District Employee of the Month for December 2025; and

**DULY PASSED AND ADOPTED** this 28<sup>th</sup> day of January 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

## **Safety and Security Quarterly Report- January 2026**

*Submitted by: Dana Hauge, Director of Safety and Security, Safety Officer*

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### **Introduction**

The Safety, Security, and Emergency Preparedness programs continue to support a safe, well-coordinated, and resilient environment across the district. Teams are engaged, initiatives are moving forward as planned, and risks are being addressed early through consistent oversight and collaboration. This work contributes to stability, readiness, and confidence in daily operations.

### **Department Highlights**

#### **Security Enhancements**

Installation of bullet-resistant glass and additional security measures in the admitting area has been completed. These enhancements establish a designated safe zone for staff and provide an additional emergency egress option if needed.

Implementation of panic buttons on ER staff badges is progressing as planned. The anticipated go-live date is March.

#### **Security Investigations and Law Enforcement Coordination**

Significant time has been dedicated to security-related cases and investigations, with close coordination maintained among law enforcement, investigators, and other relevant entities to ensure appropriate handling and follow-through.

#### **OASIS Teams – District-Wide Initiatives**

OASIS Teams are leading multiple district-wide initiatives in various stages of implementation.

- The Awards and Recognition Team have honored its first group of recipients from the peer rewards program.
- The Onboarding Team has accepted referrals for the “Big Brother, Big Sister” support program for new hire orientees.
- The Service Standards Team has developed and implemented unified voicemail messaging and has begun implementation, with auditing beginning in February.

## **Safety, Emergency and Environment of Care Committee (SEECC)**

### **Cybersecurity Awareness & Preparedness**

Information Technology is leading the implementation of enhanced employee phishing simulations, which were brought forward to the SEECC for collaboration and oversight. The simulations will be increasingly sophisticated to strengthen staff awareness and ensure the organization's cybersecurity posture continues to evolve in response to emerging threats.

### **Disaster Preparedness / Supply Chain Readiness**

The Purchasing Department is leading the development of comprehensive par levels and inventory management strategies to ensure compliance with the 96-hour stand-alone requirement and to strengthen disaster preparedness capabilities.

### **IV Administration Set Shortage – Supply Chain Disruption**

SEECC reviewed a temporary shortage of IV administration sets caused by an unidentified distributor-level disruption affecting availability of specific IV pumps. Purchasing Manager Hollie Lapplin led mitigation efforts in collaboration with Acute DON Moriah Padilla and Dana Hauge. The issue was successfully managed with no adverse impact on patient care.

### **Laboratory Services – Annual Review & Regulatory Oversight**

The Laboratory Department presented its annual review, reported by Kevin Davies. Blood contamination and utilization data were reviewed under the leadership of Infection Control, demonstrating improvement. The Laboratory also submitted its 2025 CMS audit documentation to the committee for review and transparency.

### **Medical Equipment Governance**

SEECC approved the formation of a Medical Equipment Committee to oversee equipment approval and procurement processes, ensuring alignment with district needs and regulatory expectations. The committee will report findings to SEECC and support the annual ACHC review led by the Safety Officer.

### **Utilities & Fire Life Safety Systems**

Utilities and fire life safety systems were reviewed, with all required inspections, surveys, and generator testing completed successfully. Ongoing monitoring is conducted through certified and internal inspections, with reports submitted to SEECC, confirming a well-maintained and safe physical environment.

Oversight activities indicate systems are functioning as intended, with no significant deficiencies identified at this time.

## Security Incidents

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2024/2025	3	2	0	7	4	3	3	6	6	5	5	3
2025/2026	7	4	8	5	3	1	2					

### Total for District -Quarter 4, 2025:

- October – 5
- November -3
- December-1

## First Aide & Injuries

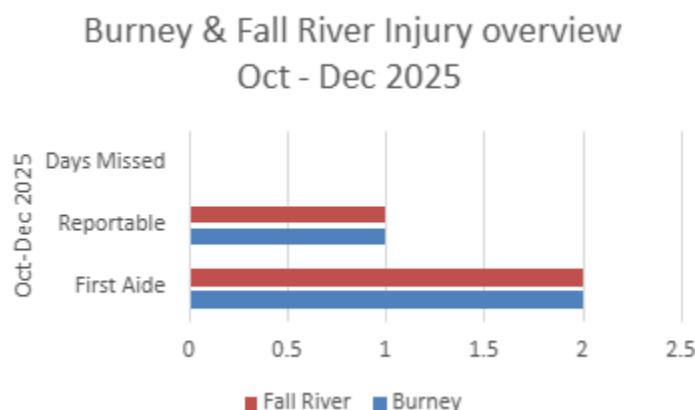
### Quarter 4 Data

#### Fall River Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.

#### Burney Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.



## **2023- 2025 First Aid & Injuries Annual Review & Comparison**

### **2023**

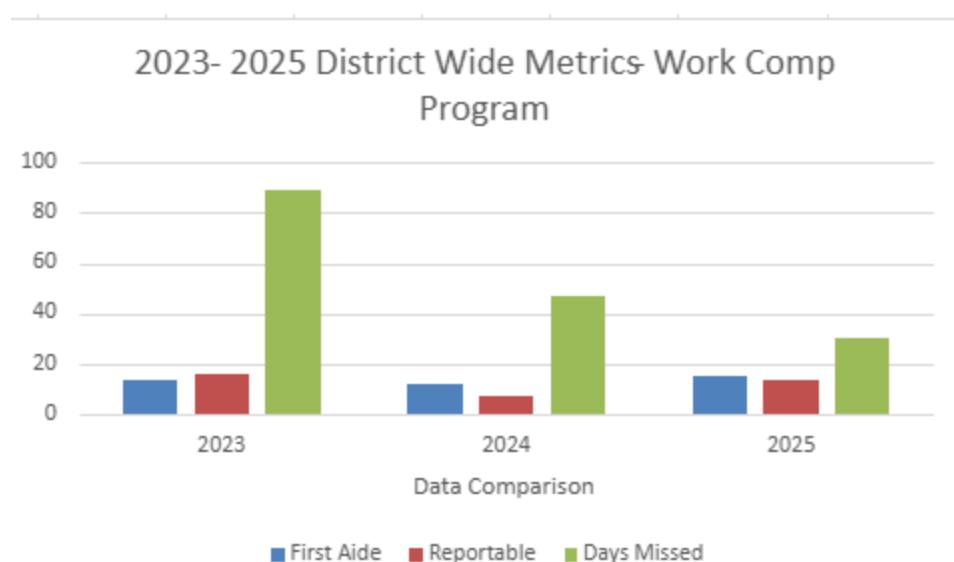
- 14 First Aid Claims
- 16 Reportable Claims
- 89 Days Missed

### **2024**

- 12 First Aid Claims,
- 7 Reportable Claims
- 47 Days Missed

### **2025**

- 15 First Aid Claims
- 14 reportable Claims
- 30 Days Missed





## Department Reporting Managers' Meeting and Regular Board Meeting

**Manager & Department:** Jeff Miles- Information Technology

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

### **Summary:**

As the IT Manager, I take pride in leading my team to effectively support the needs of the district. Our department plays a critical role in enabling the success of various projects and initiatives across multiple departments. It is incredibly rewarding to collaborate with my colleagues throughout the hospital district, ensuring seamless technology integration and providing the necessary support to help meet organizational goals.

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

- **Printer Refresh Project** –We have completed the migration to new Sharp printers with Coastal Business Systems.
- **Connecting Masonic Building to the FRM Network** – We are working with Comer Communications and our maintenance team to run a fiber optic cable to get network access to the building.
- **Firewall Replacement** – I am looking to replace our existing Palo Alto firewalls with an alternative that will save us some money and expand our Firewall protection to all our network sites.

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

We successfully upgraded approximately 240 systems to Windows 11.

We have returned to fully staffed after operating short staffed for an extended period.

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

Our biggest challenge is time management. We manage a full workload and end up accommodating a fair amount of unplanned work. I believe we do a good job of using our helpdesk tool to prioritize and make sure that we don't let things fall through the cracks, but I am always looking for ways to be more productive and efficient.



## Department Reporting Managers' Meeting and Regular Board Meeting

**Manager & Department:** Alex Johnson, Facilities and Engineering

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

### **Summary:**

This past year has been busy and productive. The maintenance crew worked hard to help the district meet its goal of ACHC accreditation. On top of that we have been updating our logs and log keeping practices to ensure that we remain in compliance with ACHC standards. We are using the same record keeping standards in the long-term care facilities as well. This will make our SNF surveys much easier to pass. The crew continues to perform well with all the daily tasks that can become repetitive, but they work as a team to make sure nothing falls through the cracks.

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

ACHC Accreditation.

New Nurse Call systems for the Annex and Fall River SNF.

Realignment of the Master Plan to meet our new budget.

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

Completion of the Solar Project.

Installation of hands-free faucets in all communal hand washing sinks throughout the facilities.

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

Making sure staff understands the proper use of the ticketing system.



## Department Reporting Managers Meeting and Regular Board Meeting

**Manager & Department:**

Kristen Stephenson- Infection Prevention

**Reporting Month & Year:**

January 2026

**Summary:**

The Infection Prevention (IP) Department has had a successful year implementing new initiatives to improve hand hygiene, providing one-on-one education to reduce blood culture contamination, surveilling environmental services cleaning compliance, improving vaccine compliance for employees and residents, implementing a new exposure control plan and much more. The IP team continues to participate in educational sessions and conferences to bring back actionable insights, tools, and resources that strengthen our facility's infection prevention outcomes (APIC Conferences, CDPH HAI Prevention Program A-IPC study program). Together, we can continue to strengthen our facility's infection prevention program—one step at a time.

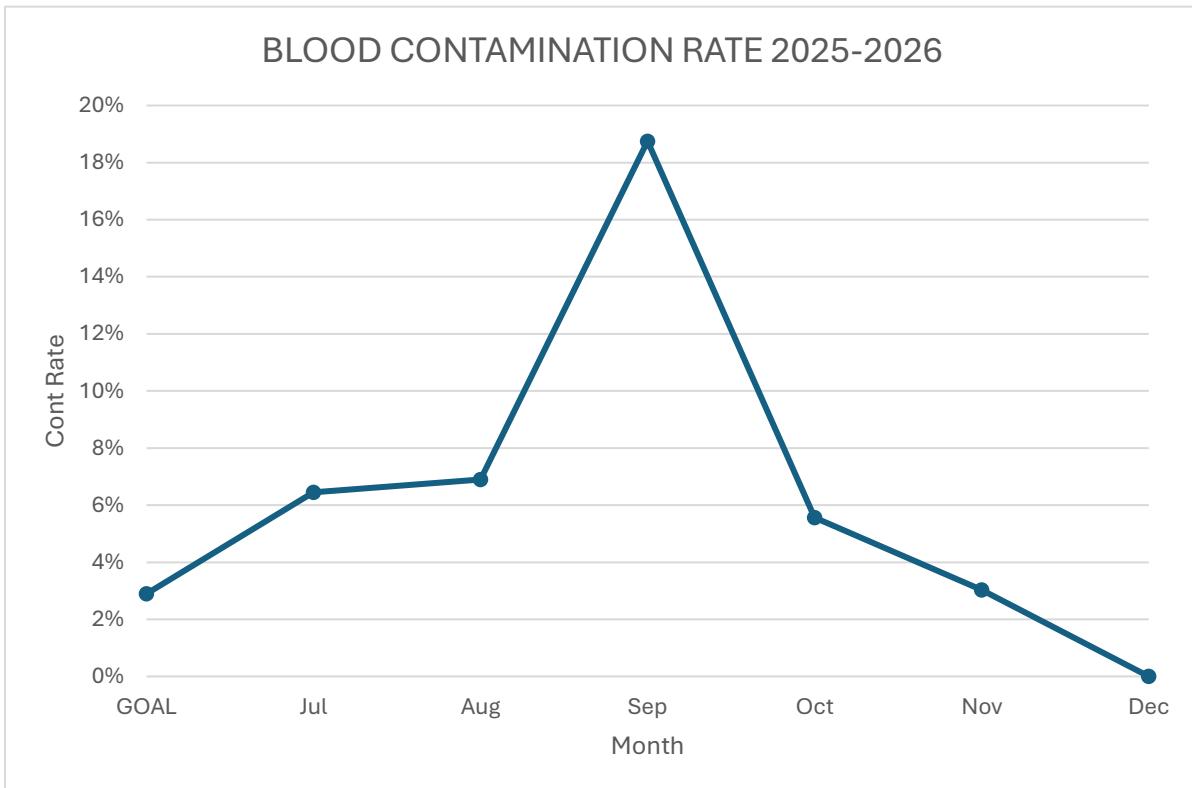
**Top Projects (1-3):**

1. EVS High Touch Cleaning Validation
  - In-services with EVS team and Burney and FRM- **Complete**
  - Increased surveillance of monthly room cleaning by staff- **Ongoing**
  - There has been a significant improvement with compliance since September.
2. A-IPC Certification
  - Program for foundational knowledge of Infection Control
  - Will take exam in Springtime to receive certification through Certification Board of Infection Control and Epidemiology (CBIC)
3. Antibiotic Stewardship in LTC- see below



## Wins (1-2):

### 1. Blood Culture Contamination = 0% in December

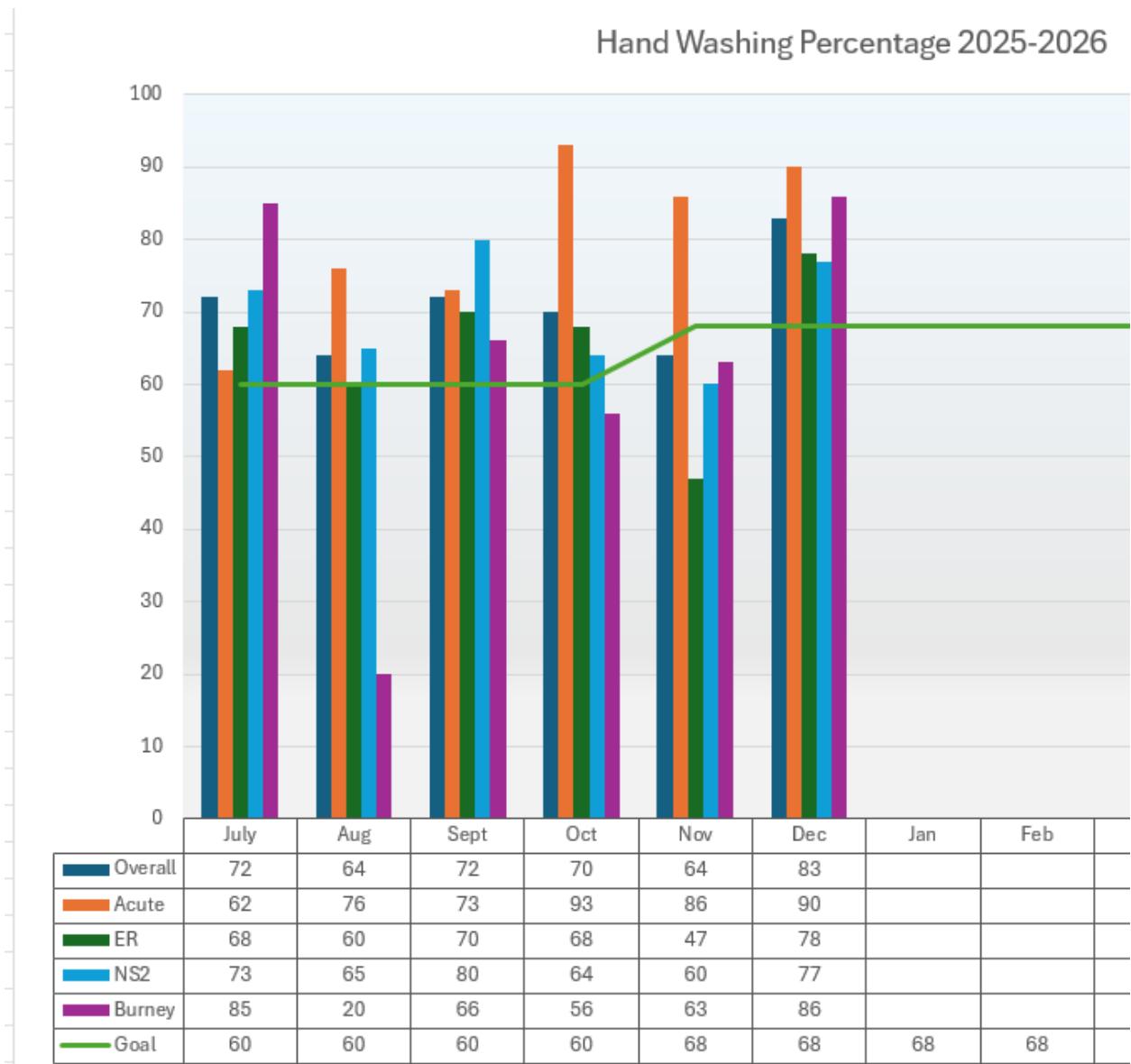


Blood Contamination Rate	
Month	Cont Rate
GOAL	3%
Jul	6.45%
Aug	6.90%
Sep	18.75%
Oct	5.56%
Nov	3.03%
Dec	0.00%

BLOOD CULTURE CONTAMINATION RATE						
	JULY	AUG	SEPT	OCT	NOV	DEC
# Total Cultures	31	29	16	18	33	41
# Contaminated Cultures	2	2	3	1	1	0
# Positive Cultures	3	4	3	2	3	3



## 2. HH Compliance Facility was 82% compliant in December (Goal= 68%)



### Challenge (1):

Antibiotic Stewardship in LTC



3. Need to Increase surveillance- implementation of IPC tools (PCC) **coming soon**
4. Provide in-services to nurses and providers- **planned for February**
5. Update policies – **in progress**

**2026 Department Rounding Schedule - Ryan Harris**

Week Number	Start Date	End Date	ELT Member	Notes
9	2/23/2026	3/1/2026	Ryan	
17	4/20/2026	4/26/2026	Ryan	
26	6/22/2026	6/28/2026	Ryan	
35	8/24/2026	8/30/2026	Ryan	
45	11/2/2026	11/8/2026	Ryan	



# BYLAWS OF THE MAYERS MEMORIAL HEALTHCARE DISTRICT

Revised September 2024

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## **ARTICLE I PREAMBLE**

These District Bylaws are adopted by the Mayers Memorial Healthcare District Board of Directors (the “Board”) pursuant to and consistent with Division 23 of the California Health and Safety Code, known as the Local Health Care District Law. These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. All provisions contained herein shall conform to and comply with all applicable federal, state, and local laws and regulations. Medical Staff Rules that have been approved by the Board shall be used to further assist in implementing the responsibilities of the Board.

- 1.1 Mission.** Leading rural healthcare for a lifetime of wellbeing.
- 1.2 Offices.** The principal office of the District is fixed and located within Mayers Memorial Hospital at 43563 Highway 299 East, Fall River Mills, California, 96028. Branch or subordinate offices may be established by the Board at any time or place.
- 1.3 Definitions.**
  - 1.3.1** “Allied Health Practitioner” or “AHP” means an individual, other than a practitioner, whose authority to perform specified patient care services is established by the Medical Staff based upon his / her qualifications and whose functions are delineated by members of the Medical Staff and approved by the Board.
  - 1.3.2** “Board” means the Board of Directors of the District.
  - 1.3.3** “Director” means a duly elected or appointed member of the Board of Directors of the District.
  - 1.3.4** “District” means the Mayers Memorial Healthcare District.
  - 1.3.5** “Facilities” means the Hospital as well as other health care facilities and services operated by the District.
  - 1.3.6** “Hospital” means Mayers Memorial Hospital.
  - 1.3.7** “Medical Staff” or “Staff” means the organized medical staff of Mayers Memorial Healthcare District.
  - 1.3.8** “Medical Staff Bylaws” means the Bylaws of the Medical Staff, as approved by the Board.
  - 1.3.9** “Medical Staff Rules” means the Medical Staff Bylaws, Rules and Regulations, and Policies.

**1.3.10** "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or another District Facility.

**1.3.11** "Telemedicine" means the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications.

## **ARTICLE II      POWERS AND PURPOSES**

The only actions of the Board are those agreed to by a majority of the Board of Directors in publicly noticed meetings that are consistent with all applicable laws and regulations. The Board shall have accountability and authority for those powers as set forth in the Local Health Care District Law Code Sections 32121 through 32138 inclusive, that are necessary for fulfilling the District's mission. These include but are not limited to the following:

- 2.1 General.** The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of the CEO and its own performance. The Board may do any and all things which an individual might do that are necessary or advantageous to the District or the Facilities for the benefit of the communities served by the District, or that are necessary to accomplish any purpose of the District.
- 2.2 Dissolution.** Any proposal for dissolution of the District shall be subject to confirmation by the voters of the District in accordance with Cortese-Knox Local Government Reorganization Act of 1985 (Gov. Code, § 56000 et seq.).
- 2.3 Authority of District Bylaws.**
  - 2.3.1 Amendment.** These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Directors at a regularly scheduled board meeting.
  - 2.3.2 Conflict.** If there is a conflict between the District Bylaws and any other bylaws, the District Bylaws shall be controlling.
- 2.4 Facility Operation.** The Board shall be responsible for the operation of all Facilities owned or leased by the District, according to the best interests of public health. The Board shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of Facilities and District property under their management. The Board may

prescribe the terms upon which patients may be admitted to the Facilities. Minimum standards of operation as prescribed by the Medical Staff Rules shall be established and enforced by the Board.

**2.5** **Trade Membership.** The District may maintain membership in any local, state, national, or global group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital and health care administration, and in connection therewith pay any necessary dues and fees.

**2.6** **Purpose.** The purposes, goals, and objectives of the Board of Directors of Mayers Memorial Healthcare District shall be to:

- 2.6.1** Support, manage and furnish facilities, personnel, and services; provide diagnosis, medical, surgical and hospital care, outpatient care and other hospital and medically related services to sick, injured or disabled persons; provide well-care programs as appropriate and feasible, without regard to race, color, sex, gender, gender identity, sexual orientation, national origin, or disability.
- 2.6.2** Provide appropriate facilities and services to best serve the needs of patients.
- 2.6.3** Improve the standards of health care in the community.
- 2.6.4** Establish and promote cost-effective health care delivery including timely adaptations to meet evolving Medicare and other regulations mandating data accumulation.
- 2.6.5** Encourage educational activities related to tendering care to the sick and injured or to the promotion of health, as may be justified by the facilities, personnel, funds, or other resources that are available.
- 2.6.6** Manage or participate in, so far as Healthcare District policy, circumstances and available funds may permit, activities designed to promote the general health of the community.
- 2.6.7** Guard against any activity in or on behalf of the Healthcare District having, or tending to have, an undesirable effect upon the Healthcare District or the services it renders.
- 2.6.8** Provide for overall institutional planning, with the participation of the Medical Staff, nursing department, and such other individuals as the Governing Body deems appropriate; and
- 2.6.9** Maintain a commitment to continued comprehensive quality assurance and quality improvement in all aspects of health care

provided by the Healthcare District in cooperation with the Medical Staff, CEO, and Healthcare District personnel.

## **ARTICLE III THE BOARD OF DIRECTORS**

The Board shall consist of five (5) Directors, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years. Terms shall be staggered such that three (3) Directors shall be elected in years evenly divisible by four, and two (2) Directors shall be elected in alternating even-numbered years. Elections of the Board Members shall be consolidated with the statewide general election as indicated by Health & Safety Code section 32499.3.

### **3.1 Responsibilities.** The responsibilities and obligations of the Board shall include:

- 3.1.1** Assuming responsibility for Medical Staff oversight and quality care evaluation as described in Section V of these bylaws. The Board ensures Healthcare District are provided according to acceptable standards of practice, irrespective of whether the services are provided directly by Healthcare District employees or indirectly by agreement or arrangement.
- 3.1.2** Requiring a process designed to assure that all individuals who provide patient care services, but who are not subject to the Medical Staff privilege delineation process, are competent to provide such services, and receiving reports of quality assurance information regarding competency of care providers not subject to the privilege delineation process.
- 3.1.3** Overseeing quality of professional services as described in these bylaws.
- 3.1.4** Establishing, maintaining, and supporting, through the CEO and the Medical Staff and its designated committees a comprehensive, healthcare district-wide program for quality assessment and improvement, receiving reports of performance improvement information on a regular basis from the Medical Staff, and assuring that all aspects of the program are performed appropriately, and that administrative assistance is available to the Medical Staff.
- 3.1.5** In consultation with the MEC and the CEO, formulating programs for efficient delivery of care, compliance with applicable law (including Medicare regulations and other applicable regulations) and development, review and revision of policies and procedures.
- 3.1.6** Subject to recommendations formulating programs for efficient delivery of care, compliance with applicable law (including Medicare regulations and other applicable regulations) and development, review and revision of policies and procedures.

- 3.1.7** Approving bylaws for Healthcare District auxiliary organizations or for any other similar organizations.
- 3.1.8** Making recommendations to the CEO regarding the kinds and quality of service to be made available at the Healthcare District when appropriate.
- 3.1.9** Reviewing and consulting with the CEO concerning the long-range plan for the Healthcare District.
- 3.1.10** Overseeing of programs for continued medical education for Medical Staff members, and appropriate in-service education programs for District employees, for the purpose of improving clinical and employee performance.
- 3.1.11** Directly consult with the Chief of Staff or his/her designee, or through a subcommittee appointed by the Board to include the Chief of Staff, on no less than two occasions per year, on matters including but not limited to: the scope and complexity of Healthcare District services offered, specific patient populations served by the Healthcare District, and any issues of patient safety and quality of care. Any urgent request for consultation presented by the Chief of Staff or his/her designee shall be promptly addressed. Appropriate documentation of each consultation shall be maintained accordingly.
- 3.1.12** Assisting in the accreditation process, including participation in the summation conference. Assisting in maintaining compliance with current accreditation standards set by ACHC, in conjunction with the CEO and the Medical Staff.
- 3.1.13** Assisting the CEO in establishing medical record policies respecting composition, retention, confidentiality, and other aspects of record keeping. Maintaining confidentiality with respect to the records and affairs of the District, except as disclosure is required by law.
- 3.1.14** Protecting the economic viability of the District, while ensuring that ethical principles guide the District's business practices.
- 3.1.15** In cooperation with the CEO and other District employees, approving an annual operating budget; developing a long-term capital expenditure plan for at least a three (3) year period, including the year of the operating budget, and implementation of that plan.
- 3.1.16** Conducting an annual evaluation of its own activities and performance. And an annual evaluation of the CEO and communicating same to the appropriate corporate officer.

- 3.1.17** Establishing mechanisms to assure that all patients with the same health care problem are receiving the same level of care in the Healthcare District.
- 3.1.18** Designating particular individuals or departments responsible for evaluating and monitoring quality of care in particular patient services and fostering communication between such individuals or departments through establishing timeframes for discussion of these issues. When the Healthcare District provides a patient care service for which there is no designated department, establishing an appropriate monitoring and evaluation process.
- 3.1.19** Performing any other functions designated in these bylaws but not specifically referred to in this section.
- 3.1.20** Subject to recommendation from the Hospice Agency Medical Director and review, approving regulations of the Hospice Agency on an annual basis to ensure compliance with the standards set forth in 42 C.F.R 418 and all other applicable provisions of law (where applicable).
- 3.1.21** Establishing a process for making decisions when leadership group fails to fulfill its accountabilities.
- 3.1.22** Ensuring that new or modified processes are well defined and that clinical practice guidelines are considered when such processes are promulgated.
- 3.1.23** The governing body must be responsible for providing a physical environment that is constructed, arranged, maintained, equipped, and staffed to meet the needs and services required for patients.

## **3.2 Directors.**

- 3.2.1 Fiduciary Responsibilities.** Directors have fiduciary responsibilities to the District, and those living in the District trust the Board to act on their behalf.
  - (a) The duty of care requires that Directors act toward the District with the same watchfulness, attention, caution, and prudence as would a reasonable person in the same circumstances.
  - (b) The duty of loyalty requires that Directors not place their personal interests above those of the District.
  - (c) The Board shall respect the privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Directors respect confidentiality by not revealing information to others who

are not legally authorized to have it or which may be prejudicial to the good of the District. Directors respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

**3.2.2 Orientation.** The Board shall ensure an orientation process that familiarizes each new Director with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Directors.

**3.2.3 Resignation and Removal.**

- (a) Any Director may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specifies a later time for the effectiveness of such resignation.
- (b) The term of any Director shall expire if the Director is absent from three consecutive regular meetings or from three of any five consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board, except when prevented by sickness, or when absent with permission required by law.
- (c) All or any of the Directors may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Elections Code.
- (d) A Director shall cease to hold Committee membership upon ceasing to be a Board member.

**3.2.4 Vacancies.** When a vacancy occurs on the Board of Directors, the remaining Board Members may fill it by appointment as outlined in Government Code Section 1780.

### **3.3 Officers.**

**3.3.1 President.** The President shall be the principal officer of the District and the Board, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board including but not limited to:

- (a) Serve as the Board's primary liaison with the Chief Executive Officer, the press, and the public;
- (b) Prepare the Board agenda and request necessary support materials for meetings;

- (c) Conduct meetings of the Board;
- (d) Sign documents as authorized by the Board;
- (e) Appoint Directors to Committees subject to approval by a majority of the Board;

**3.3.2 Vice President.** The Vice President shall serve in the capacity of the President when necessary or as delegated.

**3.3.3 Secretary.** In coordination with the Board Clerk, the Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give, or cause to be given, appropriate notices in accordance with these Bylaws or as required by law and shall act as custodian of District records, reports, and the District's seal.

**3.3.4 Treasurer.** The Treasurer shall be charged with the safekeeping and disbursal of the funds in the treasury of the District.

**3.4 Committees.** All Committees, whether Standing or Special (ad hoc) shall be appointed by the President. The chairman of each Committee shall be appointed by the President. All Committees shall only be advisory to the Board unless otherwise specifically authorized to act by the Board. Authorized action requires Committee quorum and a majority vote of appointed members unless such action is approved in writing by the absent members. A Committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the Committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any Committee session.

**3.4.1 Standing Committees.** When it is deemed necessary by the Board, Standing Committees may be appointed by the President with the concurrence of the Board. Standing Committees shall limit their activities to the accomplishment of the task for which they are created and appointed. Members of Standing Committees will serve one-year terms. Standing Committees shall continue in existence until discharged by the Board.

- (a) Standing Committees shall be:
  - (1) Finance Committee
  - (2) Quality Committee
  - (3) Strategic Planning Committee
- (b) Standing Committee Participation. Other Directors may attend standing Committee Meetings as members of the public but may not participate in the discussions. The President may remove any member at any time or designate other Directors to serve in the

capacity of any absent Committee members. All appointed members of Committees, including ex officio appointments and recognized alternates, shall be voting members and shall count toward establishing a quorum. Additional members from within the district, including appointed members, may be recommended to serve on the committee as a voting member with board approval.

**3.4.2 Special (Ad Hoc) Committees.** A Special Committee is an advisory committee composed solely of Directors that represent less than a quorum of the Board, does not have continuing authority, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special Committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed, such Special Committee shall stand discharged. Special Committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.

**3.5 Meetings.** All meetings of the Board and its Standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). Public comments will be invited and considered at all open meetings and meeting agendas, support materials, and minutes will be available to the public.

**3.5.1 Quorum.** A majority of the Directors of the Board or Committee members shall constitute a quorum.

**3.5.2 Types of Meetings.**

- (a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.
- (b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney and the Fall River Mills campuses, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.
- (c) Special Meetings. The Chairman of the Board may call a special meeting on his/her own initiative and shall call a special meeting

at the written request of three (3) members of the Board. The Chairman shall give written notice, delivered either personally, by mail or telefax, to each member of the Board at least three (3) days before the date of the meeting, giving the time and place of the meeting. This notice shall state the business for which the special meeting has been called, and no business other than that stated in the notice shall be transacted. Meetings may be held at any time upon waiver of notice signed by all Board members. Attendance at any meeting without protest of lack of notice shall be deemed a waiver of notice.

**3.6 Compensation.** The Board shall serve without compensation except that by resolution of a majority vote, the Directors may authorize the payment of up to one-hundred dollars (\$100) per meeting for a maximum of six (6) meetings per month as compensation to each Director as authorized by the Local Health District Law (Health & Saf. Code, § 32103). Each Director shall be allowed the Director's actual necessary traveling and incidental expenses incurred by the performance of official business of the District as approved by the Board.

**3.7 Conflict of Interest.** The best interest of the community and the Healthcare District are served by Board members who are objective in the pursuit of their duties as Board members, and who exhibit that objectivity at all times. The decision-making process of the Board may be altered by interests or relationships which might in any instance, either intentionally or coincidentally, bear on that member's opinion or decision. Therefore, it is considered to be in the best interest of the District for relationships of any Board member which may influence decisions related to the District to be disclosed to all other members of the Board on a regular and contemporaneous basis.

No Board member shall use his/her position to obtain or accrue any benefit. All Board members shall at all times avoid even the appearance of influencing the actions of any employee of the District, except through his/her vote, and the acknowledgment of that vote, as a Board member for or against opinions or actions to be stated or taken by or for the Board as a whole.

Annually, on or before March 1st, each Board member shall file with the Board Secretary a written statement describing each actual or proposed relationship of that member, whether economic or otherwise, other than the member's status as a Board member and/or a member of the community, which in any way and to any degree may impact on the finances or operations of the Healthcare District or its staff, or the Healthcare District's relationship to the community. A new Board member shall file the written statement immediately upon being appointed to the Board. This disclosure requirement is to be construed broadly, and a Board member should finally determine the need for all possible

disclosures of which he/she is uncertain on the side of disclosure, including ownership and control of any health care delivery organization that is related to the Healthcare District.

This disclosure procedure will not require any action which would be deemed a breach of any state or federal confidentiality law, but in such circumstances minimum allowable disclosures should be made.

Between annual disclosure dates, any new relationship of the type described, whether actual or proposed, shall be disclosed in writing to the Board Secretary by the next regularly scheduled Board meeting. The Board Secretary will provide each Board member with a copy of each member's written disclosure at the next Board meeting following filing by the member for review and discussion by the Board.

Board members shall abstain from voting on any issue in which the Trustee has an interest other than as a fiduciary of the District.

A breach of these provisions is deemed sufficient grounds for removal of a breaching member by the remaining members of the Board on a majority vote.

A willful breach of these provisions may result in loss of indemnification under Article III, 3.8.

**3.8 Indemnification.** All instances of indemnification shall adhere to the California Government Code beginning at Section 825. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with the practice of such person's profession.

**3.8.1 District Agent Indemnification.** The District shall, to the maximum extent permitted by law, indemnify each of its agents against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with any proceeding arising from any act or omission occurring within the agent's scope of authority, as determined by the District. A District agent includes any person who is or was a director, officer, employee, or other agent of the District.

**3.8.2 Scope of Indemnification.** The District may not provide unconditional indemnification to non-employee members of its medical staff involved in litigation arising out of peer review committee activities.

## **ARTICLE IV DELEGATION OF AUTHORITY**

The Board honors the distinction between governance and management and is authorized to make appropriate delegations of its powers and authority to officers and employees at its discretion. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

**4.1 Chief Executive Officer ("CEO").** The District shall employ or contract with a CEO for the Healthcare District who acts on behalf of the District within the constraints of all District bylaws and policies. The Board delegates to the CEO the authority to perform the following functions:

**4.1.1 Operation of the District and Its Facilities.** The CEO is responsible for coordination between the Facilities to control costs and to avoid unnecessary duplication in services, facilities and personnel. The CEO is responsible for ensuring the soundness of financial, accounting and statistical information practices including budgets, forecasts, special studies and reports, and proper maintenance of statistical records. The CEO is responsible for data collection as required by governmental, licensing, and accrediting agencies. The CEO shall maintain adequate insurance or self-insurance covering the physical property and activities of the District and the Board. The CEO is responsible for the negotiation and administration of contracts necessary for District operations. The CEO shall maintain all District records including the minutes of Board and Committee meetings.

- (a) Negotiating and finalizing professional, consultant and service contracts in accordance with policy.
- (b) Developing a plan of organization of the personnel and others concerned with the operation of the Healthcare District, including establishing and managing such non-Medical Staff departments, as necessary.
- (c) Selecting, employing, controlling, and discharging employees, and developing and maintaining personnel policies and practices for the Healthcare District.
- (d) Maintaining physical properties in a good state of repair and operating condition.

- (e) Supervising business affairs to ensure that funds are collected and expended to the best possible advantage.
- (f) Preparing capital budgets for review with the Board.
- (g) Cooperating with the Medical Staff and others concerned with the rendering of professional services, to the end that optimal achievable care may be rendered to patients and identifying the proper mix of programs and services of the Healthcare District.
- (h) Presenting to the Board periodic reports reflecting the activities of the Healthcare District and the impact of new medical, legal, regulatory and community developments.
- (i) Attending all meetings of the Board, and providing orientation for new Board members, senior managers, and leaders of the Medical Staff.
- (j) Serving as liaison officer and conveying all communications among the Board, the Medical Staff, the AHP Staff and Healthcare District personnel.
- (k) Being responsible for assuring that the Healthcare District is in conformity with the requirements of planning, regulatory and inspecting agencies, reviewing, advising, and acting promptly upon the reports of such agencies.
- (l) Assisting the auxiliary organizations of the Healthcare District in their policies, management, and services.
- (m) With the assistance of the Board as appropriate, promoting Healthcare District functions and programs in the community.
- (n) Querying the National Practitioner Data Bank and reporting adverse actions to the Data Bank as required by law.
- (o) Identifying a nurse leader at the executive level who participates in decision-making; and
- (p) Performing other duties as may be necessary in the best interest of the Healthcare District.

- 4.1.2 Communication.** The CEO shall be liaison between the Board, the Medical Staff, and District personnel.
- 4.1.3 Compliance.** The CEO shall assist the Board in planning services and facilities and informing the Board of governmental legislation, regulations and requirements of official agencies and accrediting bodies, which affect the planning and operation of the Facilities. The CEO is to perform as liaison with governmental, licensing, and accrediting agencies, and shall implement actions necessary for compliance.
- 4.1.4 Delegation.** The CEO shall designate other individuals by name and position who are authorized to act for the CEO during any period of absence. To the extent the CEO deems appropriate, the CEO shall delegate to management personnel in the Facilities the authority to manage the day-to-day operations of the Facilities, hire and terminate Facility personnel, and administer professional contracts between the District and Practitioners.
- 4.1.5 Human Resources.** The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.
- 4.1.6 Policy Implementation.** By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.
- 4.1.7 Public Relations.** The CEO shall coordinate community relations activities, including public appearances and communications with the media.
- 4.1.8 Reporting.** The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.
- 4.1.9** Any other duties the Board may direct from time to time.

**4.2 Medical Staff.** There shall be a Medical Staff for the District established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, which is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill

1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.

- 4.2.1** The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the District. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, which will allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).
- 4.2.2** The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation standards. The Medical Staff Rules and all amendments shall become effective only upon approval by the Medical Staff and the Board.
- 4.2.3** Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, podiatrists, and mid-levels who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Healthcare District. Membership shall be a prerequisite to the exercise of clinical privileges in the District, except as otherwise specifically provided in the Medical Staff Rules.

## **ARTICLE V CREDENTIALED PRACTITIONERS**

### **5.1 Medical Staff Appointment & Clinical Privileges**

**5.1.1** The Board shall appoint a Medical Staff and see that they are organized into a responsible administrative unit and adopt such bylaws and rules and regulations for government of their practice in the Healthcare District as the Board deems to be the greatest benefit of patients within the Healthcare District. In the case of the individual patients, those appointed to the Medical Staff shall have full authority and responsibility for the care of patients, subject only to such limitations as the Board may formally impose and to the bylaws and rules and regulations for the Medical Staff as adopted by the Board. The Medical Staff shall adhere to the highest ethical principles of the medical profession.

**5.1.2** All applications for appointment to the Medical Staff shall be in writing and addressed to the CEO in such format as determined by the Healthcare District and more specifically described in the Medical Staff Bylaws. The application shall be complete and with required information relating to education, licensure, practice, previous hospital experience, professional liability coverage, sanction check, and any history relative to licensure, malpractice experience and/or hospital privileges.

#### **5.1.2.1 Telemedicine**

The governing body ensures that, when telemedicine services are furnished to the Healthcare District's patients through an agreement with a distant-site hospital or distant site entity, the agreement is written and specifies that it is the responsibility of the governing body of the distant-site hospital to meet its physicians or practitioners providing telemedicine services:

- (i) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff.
- (ii) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff.
- (iii) Assure that the medical staff has bylaws.
- (iv) Approve medical staff bylaws and other medical staff rules and regulations.
- (v) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients.
- (vi) Ensure the criteria for selection are individual character, competence, training, experience, and judgement.

- (vii) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the Healthcare District dependent solely upon certification, fellowship or membership in a specialty body or society.

**5.1.2.2** When telemedicine services are furnished to the Healthcare District's patients through an agreement with a distant site hospital, the governing body may choose to rely upon the credentialing and privileging decisions made by the governing body of the distant-site hospital regarding individual distant-site physicians or practitioners. The governing body must ensure, through its written agreement with the distant-site hospital, that the following provisions are met:

- (i) The distant-site hospital providing telemedicine services is a Medicare-participating hospital.
- (ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the distant-site physician's or practitioner's privileges at the distant site hospital.
- (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State of California; and
- (iv) With respect to a distant-site physician or practitioner, who holds current privileges at the Healthcare District whose patients are receiving the telemedicine services, the Hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site hospital such information for use in the periodic appraisal of the individual distant site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant site physician or practitioner to the Healthcare District's patients and all complaints the Hospital has received about the distant-site physician or practitioner.

**5.1.2.3** When telemedicine services are furnished to the CAH's patients through an agreement with a distant-site telemedicine entity, the Board may choose to rely upon the credentialing and privileging decisions made by the governing body of the distant-site telemedicine entity regarding individual distant-site physicians or practitioners.

**5.1.2.4** The Board must ensure, through its written agreement with the distant-site telemedicine entity, that the following provisions are met:

- (i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii).
- (ii) The individual distant-site physician or practitioner is privileged to at the distant-site telemedicine entity providing the telemedicine services, which provides a current list to the Healthcare District of the distant-site telemedicine entity.
- (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State of California.
- (iv) With respect to a distant-site physician or practitioner, who holds current privileges at the Healthcare District whose patients are receiving the telemedicine services, the Healthcare District has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant site telemedicine entity such information for use in periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant site physician or practitioner to the Healthcare District's patients and all complaints the CAH has received about the distant-site physician or practitioner.

**5.1.3** At its next regular meeting after receipt of a completed application and a recommendation from the Medical Staff concerning an applicant for Medical Staff appointment, the Board shall act in the matter unless further investigation requires that action be postponed to a later meeting, as provided in the following paragraph.

OPTIONAL: In order to expedite the credentialing process, the Board may appoint a committee consisting of at least two (2) Board members to review the recommendations received from the Medical Staff. If the committee returns a positive decision concerning the practitioner's clinical privileges, the privileges shall be granted, and the full Board shall ratify that decision at its next regular meeting. If the committee returns a negative decision concerning the practitioner's clinical privileges, the matter shall be returned to the MEC for further recommendation prior to final action by the Board.

The expedited process may not be used in the following circumstances:

- (1) The applicant submits an incomplete application; or

- (2) The MEC makes a recommendation that is adverse or with limitation; or
- (3) There is a current challenge or a previously successful challenge to licensure or registration; or
- (4) The applicant has received an involuntary termination of Medical Staff membership at another organization; or
- (5) The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- (6) There has been a final judgement adverse to the applicant in a professional liability action.

The above circumstances shall require action by the full Board.

- 5.1.4** At any time in its consideration of such recommendation, the Board may, in its absolute direction, defer final determination by referring the matter to a committee of its choice for further consideration. Any such referral shall state the reasons, therefore, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional meeting be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation, the Board shall act in the matter.
- 5.1.5** Appointments to the Medical Staff shall not exceed two (2) years, renewable by the Board before the end of the appointment upon formal application.
- 5.1.6** The Board shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff and AHP membership status, clinical privileges, and corrective action, and shall require that the Medical Staff adopt and forward to it specific written recommendations with appropriate supporting documentation that will allow the Board to take informed action. Such delegation, however, does not relieve the Board of its responsibilities in appointing members of the Medical Staff and overseeing the MEC in the appointment and delineation of functions, responsibilities, and prerogatives of AHPs.
- 5.1.7** Final action on all Medical Staff matters shall be taken by the Board after considering the Medical Staff recommendation, except that the Board shall act on its own initiative if the Medical Staff fails to adopt and submit recommendations within the time periods required by the Medical Staff Bylaws. Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgement, and character as is required for Medical Staff recommendations.

**5.1.8** The CEO shall make available to each applicant for staff membership a copy of the Medical Staff Bylaws, including the Medical Staff Rules and Fair Hearing Plan. The applicant shall sign a statement on the application form declaring that he/she has received and reviewed those documents and that he/she specifically agrees:

- (i) to obligate himself/herself, as an appointee to the Medical Staff, to provide continuous care and supervision as needed to all Healthcare District patients for whom he/she has responsibility.
- (ii) to abide by all such bylaws, policies and directives of the Healthcare District and its Medical Staff as shall be in force during the time he/she is appointed to the Medical Staff of the Healthcare District; and
- (iii) to accept committee assignments and such other duties and responsibilities as shall be assigned to him/her by the Board and the Medical Staff.

No appointment or reappointment shall take effect until such a statement has been signed by the individual concerned.

**5.1.9** The terms and conditions of membership status and clinical privileges and the procedure to be followed in acting on the same shall be as specified in the Medical Staff Bylaws or as more specifically defined in the notice of individual appointment.

**5.1.10** The Board shall make final decisions on all requests for corrective action and shall otherwise participate in the corrective action process as described in the Medical Staff Bylaws.

**5.1.11** No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of race, color, sex, gender identity, sexual orientation, national origin, or disability, or on the basis of any other criterion unrelated to quality patient care at the Healthcare District, to professional qualifications, to the District's purposes, needs and capabilities, or to community needs. Members of the Medical Staff who also have Healthcare District administrative responsibilities shall be required to meet the same requirements and qualifications for membership on the Medical Staff as do practitioners who do not have an administrative relationship to the Healthcare District.

All administrative relationships with members of the Medical Staff and others who are not members of the Medical Staff shall be reduced to a written agreement between the individual practitioner and the Healthcare District. These administrative relationships may be terminated by the CEO following the same procedures utilized for other Healthcare

District employees unless the written agreement provides another method of termination. Should the written agreement provision for termination conflict with the general procedures utilized for other employees, the written agreement shall control.

### **5.2 Medical Staff Governance**

The Board shall adopt bylaws, rules, and regulations establishing the organization and government of the Medical Staff. The bylaws, rules, and regulations shall be developed by the Medical Staff but shall be effective only upon approval by the Board. The power of the Board to adopt or amend Medical Staff Bylaws and Rules and Regulations shall be conditioned upon the Medical Staff's failure to keep current, update or make necessary modifications to its bylaws in a manner that will allow for the maximum possible achievement of the purposes and objectives of the Medical Staff.

The Healthcare District retains the right to rescind any authority or procedures delegated to the Medical Staff, and to recommend amendment or replacement of the Medical Staff Bylaws as necessary for the operation of the Healthcare District.

The Medical Staff shall review all Medical Staff Rules and Regulations, and, as applicable, departmental policies and procedures, when warranted, provided that such review shall occur at least every two (2) years. The Medical Staff shall recommend changes in such policies and procedures for approval by the Board.

### **5.3 Categories of Staff Membership**

The Medical Staff shall be organized into categories as outlined in the Medical Staff Bylaws. The prerogatives and responsibilities of each staff category shall be outlined in the Medical Staff Bylaws.

### **5.4 Allied Health Professionals (AHP)**

The Board may approve specific clinical privileges for individuals who are not part of the Medical Staff, but who may render patient care services within the Healthcare District setting.

Each member of the AHP shall be assigned and made accountable to the appropriate clinical section of the Medical Staff, although such assignment will not constitute membership on the Medical Staff.

All applications for appointment to AHP status shall be in writing and addressed to the CEO of the Healthcare District on such forms as determined by the Healthcare District. The application shall be processed in the same manner as Medical Staff applications.

The terms and conditions of AHP status, and of the exercise of clinical privileges, shall be as specified in the appropriate section of Medical Staff Bylaws or as more specifically defined in the notice of individual appointment. AHPs shall not be entitled to the procedures set forth in the Fair Hearing Plan. They shall, however, be entitled to an appearance before a Medical Staff committee designated within the Medical Staff Bylaws, as well as a written appeal to the Board in the event of an adverse action.

## **ARTICLE VI MEDICAL CARE EVALUATIONS**

### **6.1     *Board Responsibility For The Quality Of Professional Services***

After considering the recommendations of the Medical Staff and the other health care professionals providing patient care services, the Board shall implement specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care in the Healthcare District. The Board, through the CEO, shall provide whatever administrative assistance is reasonably necessary to support and facilitate activities contributing to continuous quality assessment and improvement.

### **6.2     *Medical Records***

In order to facilitate the Medical Staff's review and appraisal of the quality and efficiency of the medical care rendered in the Healthcare District, the Board will assure that the Medical Staff will have access to the services of the Medical Records Department and to any other administrative or technical assistance deemed appropriate.

### **6.3     *Professional Accountability To The Board***

The Medical Staff and the other health care professional staff providing patient care services shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the Healthcare District. These activities shall include these functions:

- 6.3.1** Providing effective Ongoing and Focused Professional Practice Evaluation mechanisms to monitor and evaluate the quality of patient care and the clinical performance of individuals with delineated clinical privileges within the Healthcare District.
- 6.3.2** Ongoing review, evaluation, and monitoring of patient care practices through a systematic process of overall quality assessment and improvement, Ongoing and Focused Professional Practice Evaluations.
- 6.3.3** Delineation of clinical privileges for Medical Staff members, commensurate with individual credentials and demonstrated ability

and judgment, and assignment of patient care responsibilities to other health care professionals consistent with individual qualification and demonstrated ability.

- 6.3.4** Establishing a process designed to assure that all individuals responsible for the assessment, treatment, or care of patients are competent in the following, as appropriate to the ages of the patients served:
  - (i) the ability to obtain information and interpret information in terms of the patients' needs.
  - (ii) a knowledge of cognitive, physical, and emotional growth and development in the particular age group treated; and
  - (iii) an understanding of the range of treatment needed by the patients.
- 6.3.5** Providing continuing professional education, shaped primarily by the needs identified through the review and evaluation activities.
- 6.3.6** Reviewing utilization of the Healthcare District's resources to provide for their allocation to patients in need of them.
- 6.3.7** Reviewing the competency of care providers who are not subject to the Medical Staff privilege delineation process; and reporting to the governing body of findings with regard to such care providers.
- 6.3.8** Establishing a process to support the efficient flow of patients, such as a plan concerning the care of admitted patients who are in temporary bed locations; and
- 6.3.9** Such other measures as the Board may, after receiving and considering the advice of the Medical Staff, the other professional services, and the CEO, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

#### **6.4 Documentation**

The Board shall consider and act upon the findings and recommendations from the required review, evaluation, and monitoring activities. All findings and recommendations shall be in writing, signed by the person(s) responsible for conducting the review activities, and supported and accompanied by documentation upon which the Board can take informed action.

### **ARTICLE VII REVIEW, AMENDMENT & REPLACEMENT**

These bylaws shall be reviewed by the Board as needed, but at least every two (2) years, and shall be dated to indicate the time of the last review.

These bylaws may be amended by affirmative vote of two-thirds majority of the members of the Board, providing a full presentation of such proposed amendment shall have been published in the notice of meeting.

#### **ARTICLE VIII Certification, Adoption & Execution**

These Bylaws shall not be effective until they have been approved by the Board. The signatures set forth below signify that the foregoing Bylaws are the duly adopted Board of Director Bylaws of the Healthcare District.

It is hereby certified that attached hereto is a true, complete and correct copy of the current Bylaws of the Mayers Memorial Healthcare District, duly adopted by the Board of Directors on September 23, 2024.

  
Abe Hathaway, President



## Administrative Reporting Regular Board Meeting

**Division:** Chief Operations Officer

**Submitted By:** Jessica DeCoito

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

### **Summary:**

**Solar:** On Tuesday, January 20<sup>th</sup>, Alex conducted the final site walk and training with Veregy Solar to provide an executed final commissioning on the project. Travis and I sat on a working call with Wipfli to get our project registered with the IRS to get our federal tax credit application completed. We now await the assignment of our registration ID to complete the process.

**PG&E Energy Audit:** We received a proposal for energy efficiencies at the Burney Annex. I will review the report with the team. We are collecting additional information for the Fall River campus HVAC units before that proposal can be completed.

**Projects Bid Package:** The bid package was released on January 13<sup>th</sup>. We have already received interest in the project.

**Masonic Hall:** We had Comer onsite running fiber to connect network to the hall. We will need to pull electrical down to the boardroom side. We also set up a demo on a TV set up called OneScreen. It will provide features beyond what we use now in our boardroom and education center. It sits on a cart, providing us with the option to move it around the room rather than a stationery set up. We will engage with contractors on quotes for installing windows and finish the floor in the community center side of the hall.

**Printer Refresh:** Jeff and the IT team successfully implemented the new printers throughout the district. Jeff continues to work on returning a few printers back from the previous vendor.

**Seamless Health Exchange:** We are live with Seamless Health Exchange and have encountered no issues thus far. A more in-depth training will take place for our providers on February 16<sup>th</sup> and how our medical assistants can help with the new feature.

**FR Freezer:** Our Maintenance team and Lassen Heating & Air were able to seal up the freezer and replace the thermostat. We are back to using the unit.

**Hue & Cry Door Work:** Hue & Cry will be onsite to complete the door relay work on the doors in the radiology corridor on January 26<sup>th</sup>. This has been a long process working between the manufacturer of the door and our fire alarm company, and we are thankful we can see the end to this work.



**Security work in Lobby:** The work in the lobby to provide additional security for our admitting staff and secure the main lobby at night was completed on January 13<sup>th</sup>.

**Dietary Snack Work:** The Dietary team was able to meet with SNF staff to share how we can work together on proper snack documentation in PCC. During the meeting, additional situations came about that our dietary team, RD and nursing will work together to find a solution. It was a great opportunity for the teams to collaborate.

**Nurse Call SNF:** We are working with the team to set up a kickoff call soon to get the project rolling.

## Finance Notes November and December FY 26

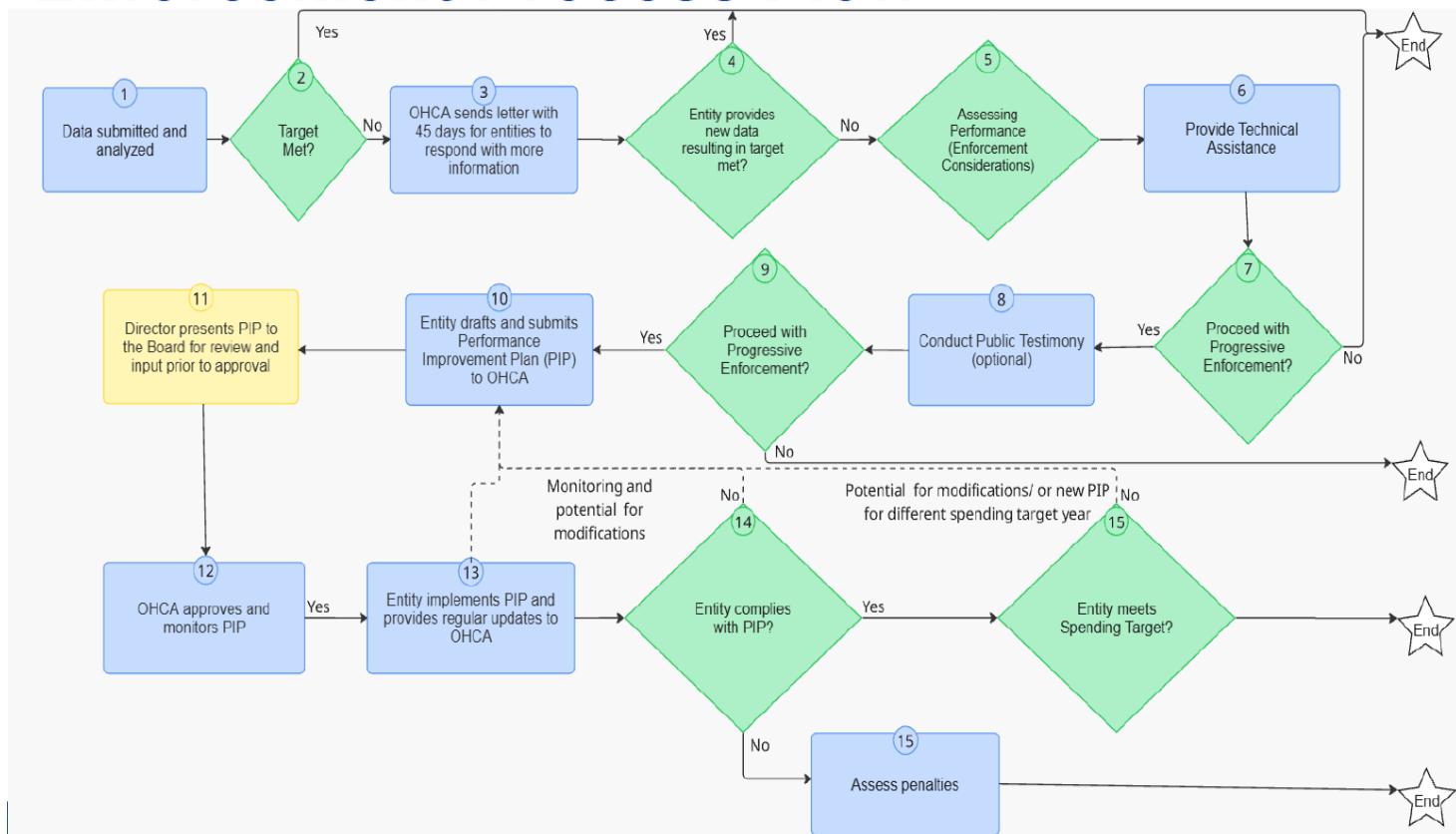
Ratios	FY 26	FY 25 Average	
Cash on Hand	170	268	Avg PY
Net Income	1,676,291	366,667	Avg PY
Current Ratio	16.59		
AR Days	77	86	Avg PY
Accounts Payable	1,013,609	830,660	Avg PY
Daily Gross Revenue	197,732	173,009	Avg PY
YE % of Gross Revenue Collected	67%	61%	Avg PY

1. My notes are based on the December finance packet as it's the halfway point of the year and the more recent of the two packets. I'll gladly answer questions from either.
2. Rate Range should be rolling in the first week of February for a large increase in cash.
3. The AR metrics have been very positive from October to December as we dropped 5 AR days and our collection percentage of gross revenue is at 67%. The outsource billing company that has underperformed is done at the end of this month (90 day notice) and we have new billers in place.
4. We have IGTs to pay in February for the DHDP (District Hospital Directed Payments) and QIP (Quality Improvement Program) totaling 1.45 million. These programs are scheduled to pay by the end of May.
5. I'm working with Wipfli to update HPSA (Health Professional Shortage Area) which is due to expire this year. To open a new rural health clinic or have providers have their loans forgiven you need an active HPSA score. The score calculation consists of your population, number of primary care providers, low income and migrant farm worker factors.
6. Assisting Kristi on her 340B audit which we haven't had since 2016.
7. The RHC had a positive month in December and visits went up overall this year. Other Purchased Services with locum physicians is what's contributing to a negative YTD bottom line.
8. Retail Pharmacy revenue is up 40% to have a robust 618K bottom line so far this year.
9. Excited about future pharmacy savings through our GPO with some work that Keith and his team are doing. Starting in April we should see some noticeable decreases in pharmacy spending which shows up as supplies on the income statement.
10. Working on the 24 Medi-Cal audit to hopefully be wrapped in February.
11. The district annual audit will be presented at the February Board Meeting. The senior manager on the audit took a job at another firm which slowed down the review process.
12. I'm now on the SacValley MedShare Board which is the HIE (health information exchange) for Butte, Colusa, Del Norte, Glenn, Lake, Lassen, Mendocino, Modoc, Napa, Nevada, Placer,

Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba counties. Mayers was an early adopter of the HIE when it initially formed.

13. The OHCA (Office of Healthcare Affordability) met to discuss Behavioral Health, Primary Care reporting and what affects hospitals the most is the Spending Target Enforcement, Waiver of Enforcement, Technical Assistance, Public Testimony and Performance Improvement Plans. There's a proposed Enforcement Process Flow (see below) that was discussed and compared to models in Oregon and Massachusetts. 2026 is the first year we will be held accountable for meeting cost targets and we won't know until 2028 whether we met the targets or not. They will be reporting on 2025 in 2027 so we will have a better understanding of how many hospitals will be out of compliance. Given the amount of public testimony and Performance Improvement Plans the office will be working with it may look to make some adjustments on the process as many of us think most hospitals will miss the target given state mandated healthcare minimum wage and high-cost drugs to name just a couple of factors.

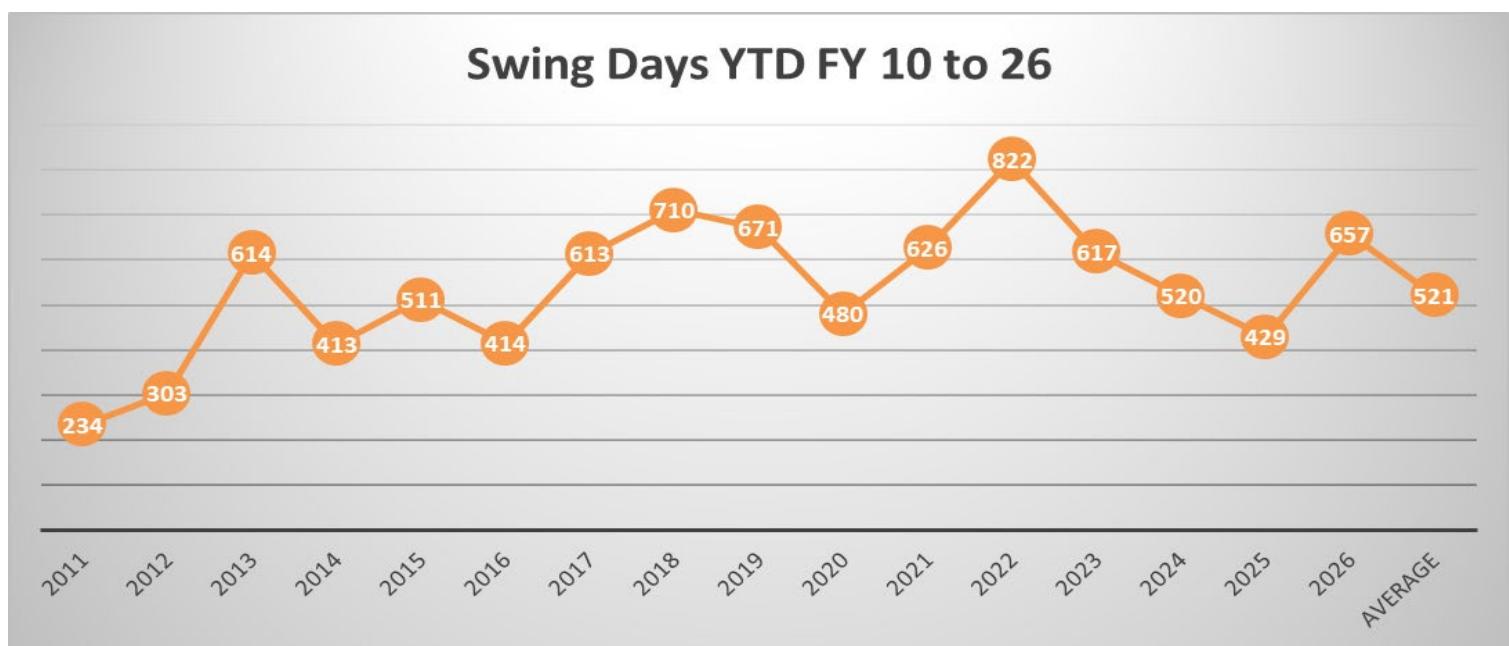
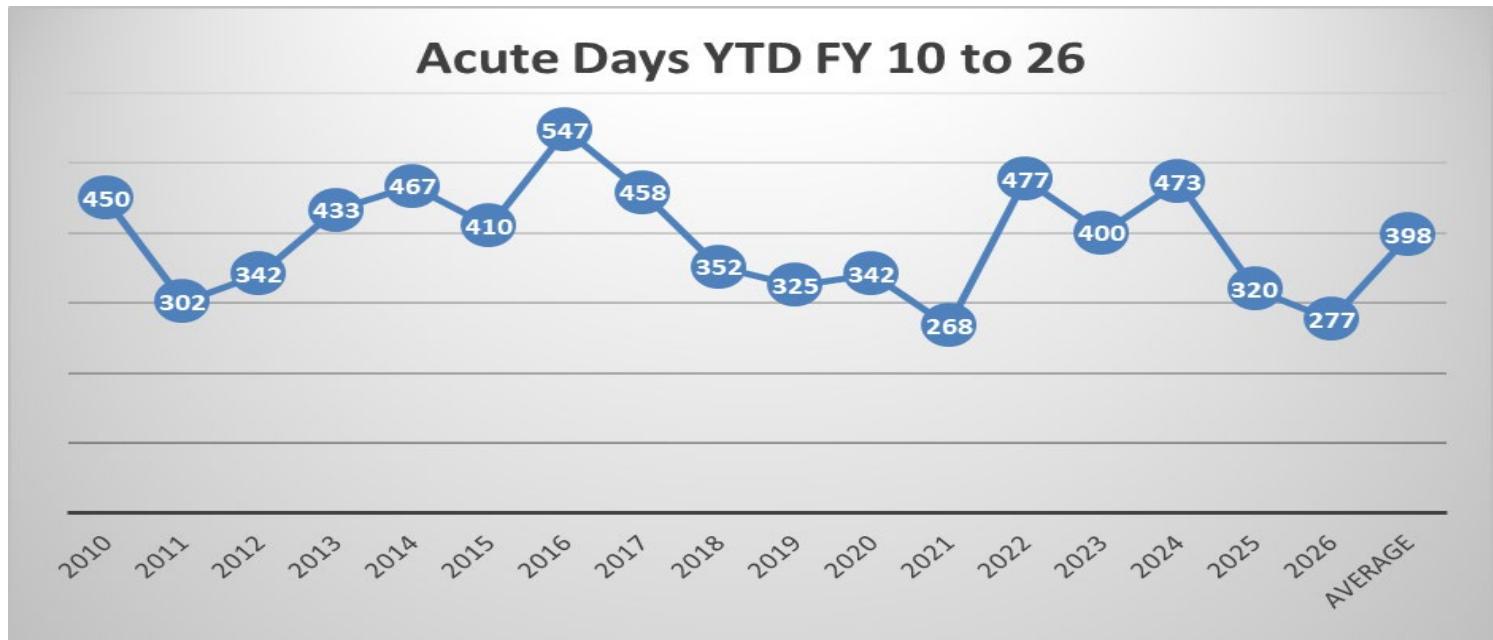
## Enforcement Process Flow



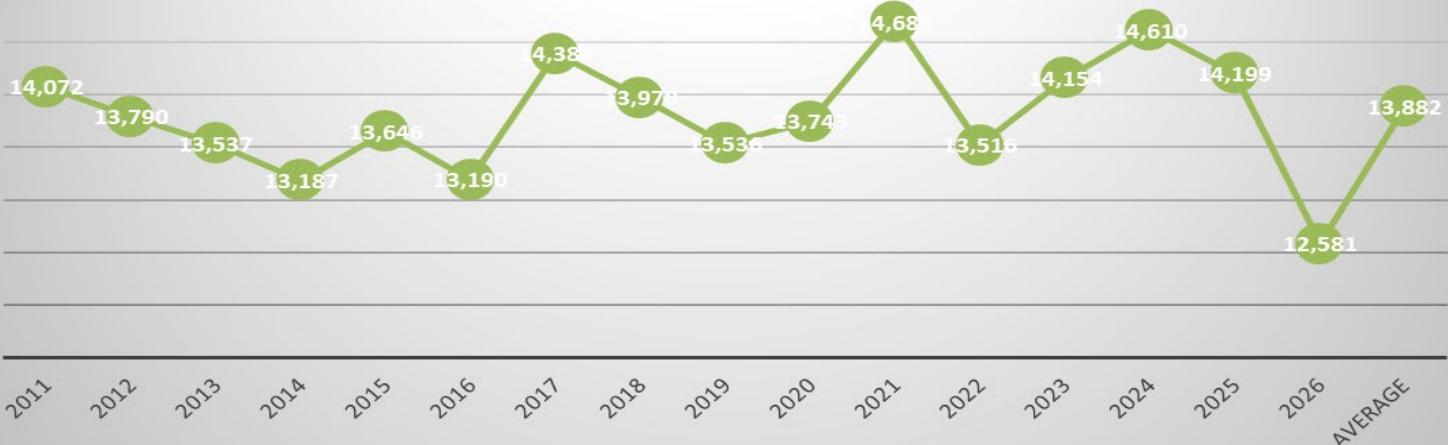
14. On a positive note, California was awarded \$233,639,308 in Rural Health Transformation funds focused on three key initiatives of Transformative Care Models, Workforce Development, and Technology & Tools. HCAI is revising its budget as it originally was expecting 200 million and turning that into CMS by Jan. 30<sup>th</sup>. CMS has 30 days to review and approve the revised budget. There will be quite a bit of information released from the state on their stakeholder mailing list and website. CHA and DHLF will also review and give advice on how to apply for the funds when the applications open. There will be quarterly/annual reports, monitoring/site visits and single audits tied to these additional funds.

15. I attended the Partnership Health Finance meeting where they discussed a decline in enrollment over the last couple of months and state discussions on options to decrease their overall Medi-Cal spending due to large budget deficits. These include denying inpatient stays under 48 hours, denying unnecessary ER visits and lowering rates in general. Most of these probably wouldn't be put in place until 2027.

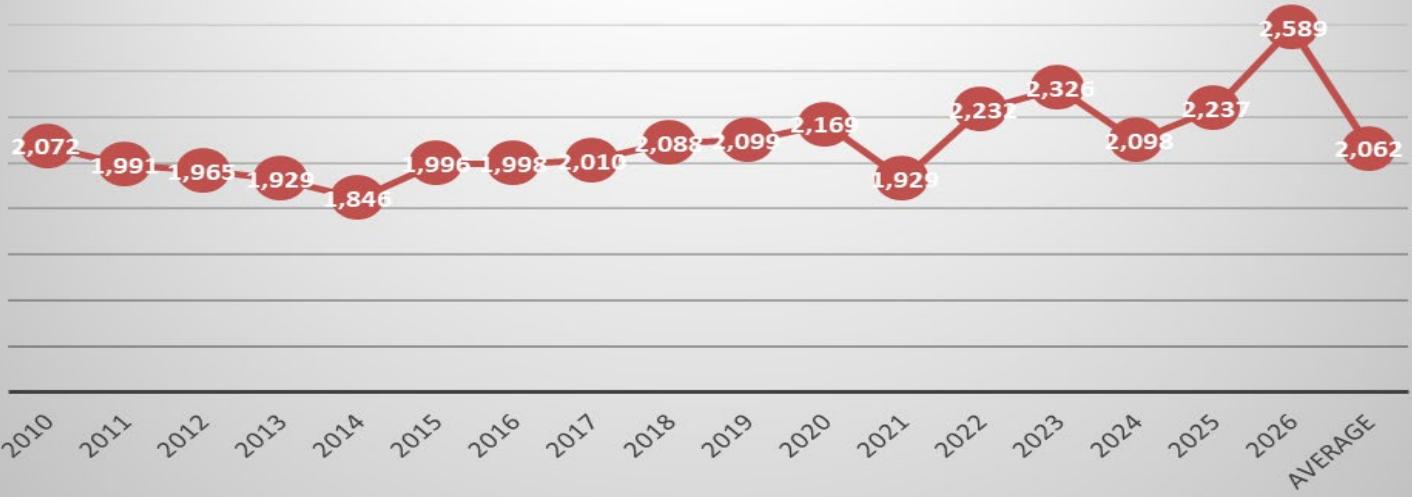
Stats



## SNF Days YTD FY 11 to 26



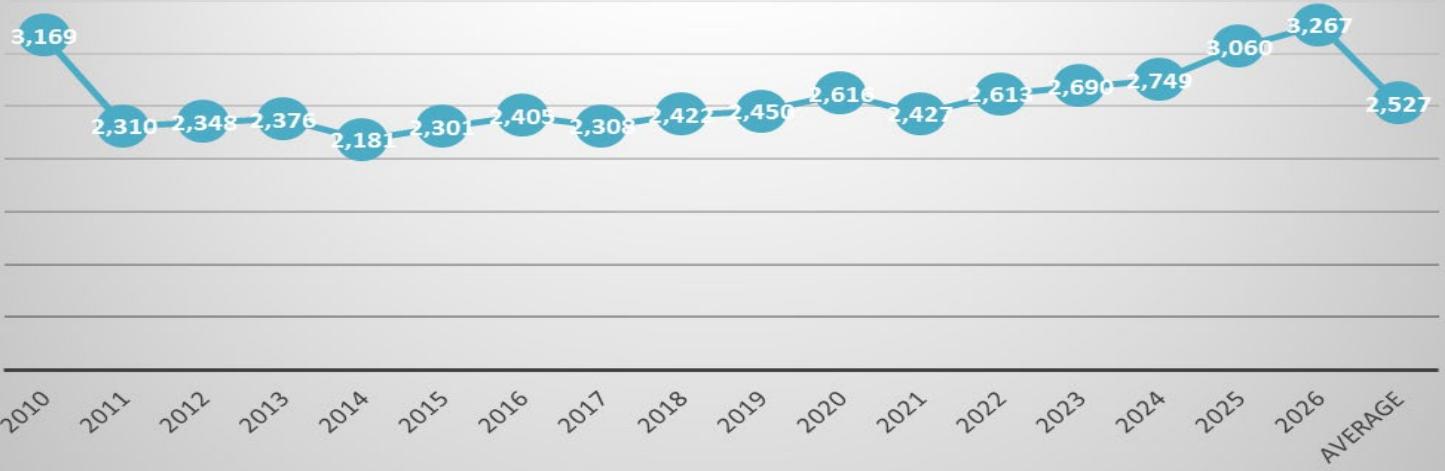
## ED Visits YTD FY 10 to FY 26



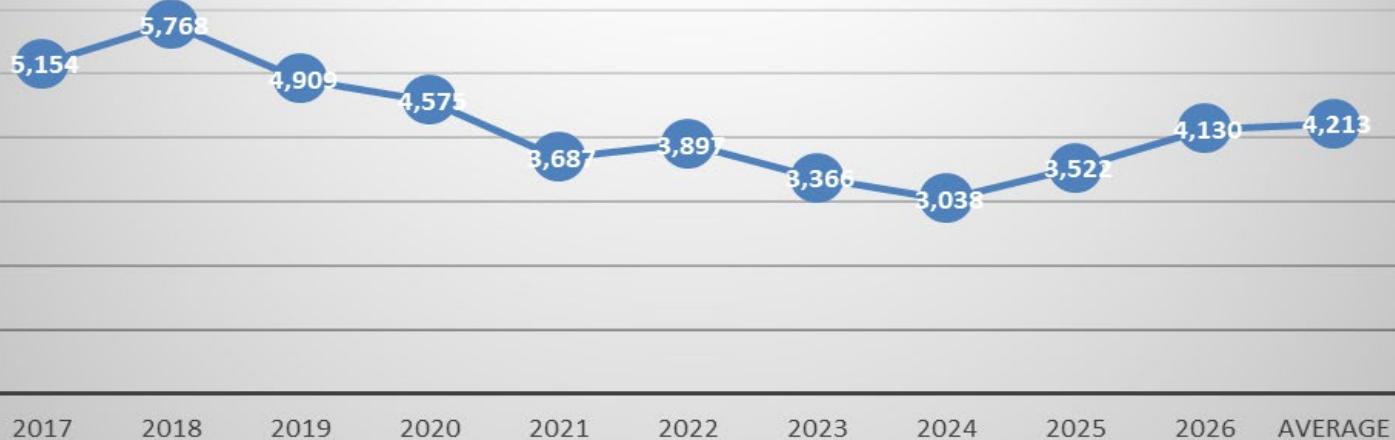
## Total Labs YTD FY 10 to 26



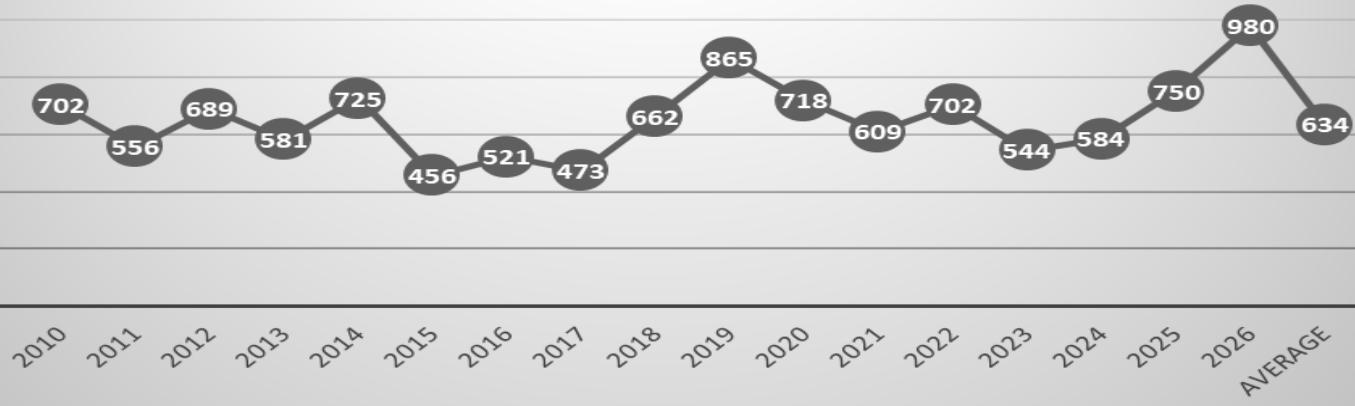
## RAD Exams YTD FY 10 to 26



## PT Procedures YTD FY 17 to 26



## OPM Visits YTD FY 10 to 26



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



## Hospice Days 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 this year.
- 2) SNF Revenue is down due to historically low SNF days.
- 3) Outpatient Revenue is up about 15% as almost every outpatient department has increased visits or procedures compared to the prior year.
- 4) Contractuals are up compared to the previous year but a lot of that is based on estimates and timing of supplemental payments.
- 5) Salaries are up 2.25%, which is well below the 8% budgeted.
- 6) Benefits are right in line with my budget as I'd put 7 million for the year and we are at 3.5 halfway through.
- 7) Supplies are up, which is in line with the increase in outpatient visits/procedures.
- 8) Travelers are up 44K overall due to the large increase in Acute.
- 9) Other Purchased Services are up due to locum docs in the clinic and the radiology group that charges us to read studies.
- 10) Utilities are down and should have much larger decreases going forward as the solar field went online in December.
- 11) Insurance is up with some increases in Beta Liability and Alliant. Alliant looks like we will have some decreases moving forward from early meetings with our broker as the market looks good on the commercial side and the laundry fire claim will be falling off our claims rating.
- 12) Other Expenses are mostly up due to software subscriptions and some minor increases in outside training and advertising.
- 13) Interest Income is up almost 43K with our investments in the mortgage-backed securities.
- 14) Non-Operating Revenue is up due to increased revenue from Retail Pharmacy and a receivable for QIP from Jack's work on that program.
- 15) Non-Operating Expenses are mostly up from increased drug spend corresponding to more fills in the Retail pharmacy.
- 16) With the sun setting of the HQAF (Hospital Quality Assurance Fee) program and having the DHDP (District Hospital Directed Payment) program not to the higher funding amounts yet I'm happy with a 2.5 million dollar bottom line halfway through the year.

## Balance Sheet

- 1) Cash is slightly ahead of where we were last year. In February with Rate Range, I'm projecting us to bump up into the 300 days cash on hand.
- 2) Patient AR is down which is positive.
- 3) Inventories are up with a larger drug inventory.
- 4) The Medicare/Medi-Cal Settlement will decrease significantly in February as the other side of the Rate Range entry.
- 5) Payroll and related liabilities will fluctuate depending on where the month ended in relation to our payday.
- 6) Our Fund Balance is 60 million compared to December FY 10 when it was 242K.

# **Human Resources Board Report**

**Reporting Period:** January 2026

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

## **Overview**

During the reporting period, the Human Resources, Payroll, and Benefits Department continued to support a dynamic and growing workforce while advancing key recruitment, retention, and engagement initiatives. Overall workforce metrics remain aligned with healthcare industry benchmarks, with particular focus on strengthening onboarding and early-tenure employee support.

## **Employee Support and Recruitment**

As of January 2026, Human Resources is providing comprehensive support to 320 employees across all departments.

Recruitment activity remains robust. The organization currently has 16 active requisitions representing 31 open positions across clinical, administrative, and support services.

## **Current Open Positions**

- Administration: Chief Medical Officer (1)
- Dietary: Registered Dietitian (1)
- Emergency Room: Emergency Department Medical Director & Physician (1)
- Laboratory: Phlebotomist (1)
- Medical/Surgical:
  - Med/Surg Acute CNA (1)
  - Med/Surg Acute RN (2)
  - Med/Surg Acute Ward Clerk (1)
- Radiology: Ultrasound Technician (1)
- Respiratory Therapy: Respiratory Therapist (2)
- Retail Pharmacy: Pharmacy Technician I (1)
- Rural Health Clinic: Physician (1)
- Skilled Nursing Facility:
  - CNA (5)
  - LVN (4)
  - RN (3)
  - Unit Assistant (5)
- Skilled Nursing Annex: SNF Burney RN (1)

## Workforce Trends and Key Metrics

### *Annual Employee Statistics*

<u>Metric</u>	<u>2024</u>	<u>2025</u>
Total Employees	370	386
Employees Hired	76	83
New Hire Retention Rate	88%	82%
Terminated Employees	65	73
Total Turnover Rate	17%	19%
Adjusted Turnover Rate*	13%	14%
Average Years of Service	5.6	4.9
Employees Over Age 65	18	24
Rookie Ratio (< 2 Years of Service)	36%	38%

\*Adjusted turnover excludes temporary assignments, retirements, and other non-voluntary separations.

- Turnover increased year-over-year but remains within healthcare industry norms.
- New hire retention, while still strong relative to industry benchmarks, declined in 2025, indicating an opportunity to further strengthen onboarding and early engagement.
- Average tenure decreased slightly, consistent with increased hiring and a growing early-career workforce.
- The rookie ratio and growing number of employees nearing retirement reinforce the importance of both retention and succession planning.

MMHD continues to perform favorably compared to industry standards. In response to emerging trends, the organization has proactively launched the Service Excellence Initiative, with a strong emphasis on onboarding, employee engagement, and support during the first two years of employment.

## Conferences and Continuing Education

MMHD staff will attend the California Hospital Association 2026 HR Conference in Sacramento in February. Key focus areas include:

- Regulatory compliance (wage, hour, meal, and leave management)
- Discipline and investigation best practices
- Staffing and workflow optimization
- Emerging applications of artificial intelligence in human resources

Attendance will support compliance readiness, workforce strategy, and operational effectiveness.

## **Leadership Update**

I am pleased to formally assume expanded responsibilities in my new role as Chief People Officer. This role allows for greater integration across Human Resources, Quality, and Provider divisions, supporting a more unified approach to workforce development, patient care, and organizational excellence. I look forward to continuing to collaborate with leadership and to supporting our teams, patients, and residents.



## Administrative Reporting Regular Board Meeting

**Division:** Public Relations

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

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

**Summary:**

### Legislation/Advocacy

#### **Legislative & Budget Update**

The California Legislature has returned to Sacramento for the final year of the 2024–2026 legislative session. The session began with the Governor’s 2026 State of the State address and the release of the Administration’s proposed 2026–27 January Budget.

Several leadership changes are shaping the legislative landscape. Senator Monique Limón has been sworn in as Senate President pro Tempore, resulting in new committee assignments and leadership. Of note for healthcare, Senator Akilah Weber Pierson has been appointed Chair of the Senate Health Committee. Additionally, the Senate has established a new Senate Privacy Committee, aligning with a similar Assembly committee.

Key legislative deadlines are approaching. February 20 is the final day to introduce new bills, though many two-year bills from the prior session remain active. The Legislature will continue policy and budget subcommittee work through March 20, when it adjourns for spring recess.

#### **2026–27 State Budget Overview**

The Governor’s proposed 2026–27 balanced budget totals \$348.9 billion, including \$248.3 billion from the General Fund. The Administration projects a modest \$2.9 billion shortfall in 2026–27, with significantly larger projected deficits in future years. The Legislative Analyst’s Office (LAO) has raised concerns, estimating the deficit could be closer to \$18 billion and cautioning that the proposal does not yet address the state’s longer-term structural budget challenges.

The proposed budget is characterized as a “workload budget,” with no major new initiatives. Health and Human Services funding is largely held flat in real terms, with



the state relying on one-time and special funds—such as Medi-Cal provider taxes and Proposition 1 behavioral health revenues—to maintain existing programs.

Medi-Cal remains the largest budget driver, with projected 2026–27 spending of approximately \$222.4 billion total funds, including \$48.8 billion General Fund. The budget prioritizes maintaining current eligibility and benefits, absorbs anticipated federal-level changes, and continues CalAIM as a foundational delivery-system strategy, rather than expanding benefits or launching new health programs.

**Here is a great educational piece that CHA provided to Legislators**  
[2026 Hospital 101](#)

### **Grant/Scholarship Update**

The final Northern Shasta Giving Tree (NSGT) distributions have been received, with **\$22,599.19 awarded to the Mayers Healthcare Foundation (MHF) and \$5,201.38 awarded to Tri County Community Network (TCCN)**. These funds will directly support ongoing community and patient-focused programs. TCCN also received some cash donations increasing their total.

The **Community Foundation of the North State spring grant round is now open**, and staff are actively reviewing opportunities for alignment with MMHD priorities. As new grant cycles typically become available early in the year, we will be conducting expanded research and outreach to identify funding sources that support rural healthcare, patient education, and quality improvement initiatives.

In addition, we are closely monitoring opportunities through the **Rural Health Transformation Program**, following California's award of **\$233 million in first-year funding**, as future rounds may present strong alignment with MMHD's long-term strategic and quality goals.

### **SHIP Grant Submission – Quality Improvement Focus**

The **SHIP Grant has been submitted** and centers on a proposed **Quarterly Quality Care Education Initiative (QQCEI)** designed to strengthen MMHD's Quality Improvement Program (QIP) outcomes through structured, patient-focused education.

This initiative recognizes that in a rural setting, patient understanding, access to preventive information, and engagement are critical drivers of quality outcomes. The program would provide consistent, targeted education tied directly to QIP measures, while also supporting data collection and evaluation to guide continuous improvement.



The proposed model focuses on one priority area each quarter to allow for clarity, depth, and measurable impact:

- Well Child Visits
- Influenza Vaccination
- Diabetes Management and A1C Awareness
- Cervical Cancer Awareness and Screening

By aligning patient education with QIP priorities, this initiative aims to improve preventive care participation, support healthier behaviors, and strengthen MMHD's overall quality performance.

### **Public Relations/Marketing**

The Public Relations and Marketing Division continues to advance strategic priorities focused on patient education, staff recognition, service excellence, and public-facing communication.

### **Website Redesign**

The MMHD website redesign has been **completed** and is now live. Minor refinements and adjustments are ongoing as opportunities for improvement are identified through use and feedback. The new site strengthens accessibility, improves navigation, and better supports patient education and service awareness. We have received a lot of interaction on the new site.

<b>Monthly Statistics for December 2025</b>		
Total Hits		<b>43748</b>
Total Files		<b>41775</b>
Total Health Pages Presented		<b>40012</b>
Total Patient Visits		<b>18211</b>

### **Department Recognition & Marketing (Strategic Priority)**

Department recognition and marketing efforts are now **fully underway** as part of MMHD's strategic priorities. Planning and content development are aligned with patient education, service awareness, and internal recognition. Here are a couple of the videos published so far (click to view)

[Nursing](#)

[Cardiac Rehab](#)



For the last month, analytics show a 63.9% increase in Social Media interaction; 10.7% increase in viewers; 113.5% increase in link clicks and 30.7% increase in visits to social media page.

The **2026 Featured Departments by Month** schedule is as follows:

## **January**

- Cardiac Rehabilitation
- Respiratory Therapy
- Nursing
- Staff Education

## **February**

- Medical Staff
- Administration
- Public Relations
- Quality & Risk Management

## **March**

- Human Resources
- Medical Records / HIM

## **April**

- Patient Access
- Safety & Security
- Volunteers
- Laboratory

## **May**

- Skilled Nursing
- Acute Care / Med-Surg
- Ambulance / EMS / Emergency Department

## **June**

- Activities – Skilled Nursing
- Maintenance / Plant Operations / Facilities



- Staff Housing

## July

- Infection Prevention & Control
- Environmental Services

## August

- Tri County Community Network (TCCN)
- Rural Health Clinic
- Outpatient Medical Services
- Mayers Healthcare Foundation

## September

- Hospice
- Imaging & Radiology
- Food & Nutrition Services

## October

- Physical Therapy
- Retail Pharmacy
- Surgery

## November

- Finance & General Accounting
- Revenue Cycle
- Purchasing
- Information Technology

## December

- Entire Organization / All Departments  
*(Year-in-Review)*

## Service Excellence Initiative (SEI) Support

Video content and supporting materials are being developed to reinforce the Service Excellence Initiative (SEI). These tools are designed to support consistent staff messaging, patient communication, and service recovery efforts across departments.



### **Mayers Healthcare Foundation**

We are excited to look ahead to another strong year of fundraising events and continued growth for the Lucky Finds Thrift & Gift Store. I would also like to take a moment to sincerely thank each of you for your ongoing support of the Mayers Healthcare Foundation. Your time, dedication, advocacy, and generosity play a vital role in the Foundation's success, and we are truly grateful.

### **Lucky Finds Thrift & Gift Store**

The first quarter following the reopening of the Thrift & Gift Store at its new location has been very successful. We came just shy of our quarterly sales goal of \$25,000, achieving \$24,782 in total sales. This strong start is encouraging, and our goal is to maintain and build upon this momentum in the months ahead.

To support our volunteers and better manage the volume of donations, we have implemented several operational adjustments. Most notably, donation intake has shifted from open drop-off to a scheduled donation window on Thursdays from 10:00 a.m. to 3:00 p.m. This change is intended to create a more sustainable workflow and, we hope, allow us to keep donation intake consistently open moving forward.

### **Denim & Diamonds Gala**

The Denim & Diamonds Gala will take place this Saturday, January 24, and we are very much looking forward to a meaningful evening dedicated to celebrating and expressing gratitude to the donors who have supported the Foundation throughout the years. We have sold multiple tables as well as individual dinner tickets, and enthusiasm for the event continues to build.

The evening will feature an exciting live auction, an outstanding raffle, great food, music, and heartfelt moments of appreciation. We believe this will be a memorable and successful fundraising event, and we look forward to welcoming all board members and guests who are able to attend.

### **MEG 2025 – Mayers Employee Giving**

MEG (Mayers Employee Giving) is a recurring donation program that provides employees with an opportunity to give back to the community in a meaningful and impactful way. Through automatic payroll deductions, employees contribute directly to the Foundation in support of Mayers Hospital departments.

For 2025, the program has raised just under \$10,000. Participating employees are actively involved in determining how the funds will be allocated, reinforcing engagement, ownership, and alignment with departmental needs.



## Tri-County Community Network

### **Children's Programs – Bright Futures**

Bright Futures continues to provide impactful early-childhood and family support across the Intermountain area. Recent activities included **family film nights at Burney and Fall River Elementary Schools**, serving more than 50 parents and children and strengthening family engagement.

The **Dolly Parton Imagination Library** outreach expanded significantly, with informational goodie bags distributed to multiple preschools, TK classrooms, Head Start, and community partners, helping connect families with free monthly books for children ages 0–5.

During **October–December 2025**, Bright Futures directly served **128 children and 31 parents** across Montgomery Creek, Burney, Fall River Mills, McArthur, and Big Valley. Upcoming activities include a **Parent Café in February** and a **Touch-A-Truck event in April** as part of Week of the Young Child, expanding community engagement with free access for families with young children.

A new **Car Seat Safety Program** has been approved through grant funding. **Car seats have been purchased, applications are in development, and the program will launch in February 2026** in partnership with Pit River Health, ensuring proper installation and education for families.

### **Grants & Program Funding Highlights**

- **Backpacks to Home Food Pantry:** A \$2,588 grant was approved in collaboration with FRJUSD. Food distributions began in October, with early delivery of the second round due to SNAP delays. **Burney Elementary is currently serving up to 300 to-go meals weekly**, providing critical support to students and families.
- **BOTVIN Life Skills (SNTIF Grant):** Life skills and anti-smoking education is underway for **approximately 200 students** in 4th–6th grades and will continue through May 2026.
- **Shasta Substance Use Coalition:** TCCN joined the newly formed countywide coalition and signed an MOU to ensure Intermountain youth benefit equitably from opioid settlement funding. Program details are still pending at the county level.

### **Enhanced Care Management (ECM) – Most Recent Activity & Focus**



TCCN, MMHD, HANC, and Partnership HealthPlan of California continue advancing ECM services to support high-risk patients. A **\$102,000 contract** supports staffing, training, and billing infrastructure.

- **ECM case management services are active**, with workflows being finalized between the Rural Clinic, Emergency Department, and TCCN.
- **As of January 20, 2026, the ECM case manager has received four referrals from MRHC**, marking early progress in internal referral pathways.
- **Billing and Cerner workflows continue to improve**, with IT actively resolving remaining system issues to ensure compliant billing.
- **Grant funding has been extended through March 30, 2026**, providing continued operational stability.
- The weekly **“Wellness and Resource Hour” is being reimagined** to include a **Community Care Closet**, offering essential items to individuals in need. **Launch is planned for February 2026.**

#### **Mindful Connections Program**

TCCN continues to expand peer-based mental health and substance-use recovery supports. **NA meetings are now held weekly**, supported by trained volunteers. Volunteer recruitment and training remain a priority, with peer support services continuing to grow.

#### **Fundraising & Organizational Capacity**

Executive Director **Marissa Martin** continues participating in professional fundraising coaching through the Community Foundation of the North State. Efforts focused on donor appeals and North State Giving Tuesday resulted in **over \$7,500 raised**, supporting playground repairs for the Children’s Program in anticipation of a **summer 2026 reopening**.

#### **Partnerships & Community Collaboration**

TCCN maintains active partnerships with SMART Employment Services, IMAGE (Intermountain Action Growth and Education), and Shasta County Chemical People. Highlights include:

- **Peer Mentoring expansion at Fall River High School**, now serving 7th-grade students with trained teen mentors and strong school support.
- **Ongoing community needs assessments through IMAGE**, with over **260 surveys collected** to guide future substance-use and mental-health education initiatives.



### Communications & Community Engagement

The TCCN website continues to expand with **weekly community calendar updates**, program information, and event promotion through social media. Regular community events—including Bright Futures activities, senior socials, wellness hours, and recovery meetings—remain consistent points of connection for the region.

## ***Board Report***

### ***Clinical Division***

**1/20/2025**

#### ***Imaging***

**Volume Summary:** December imaging volumes reflect a 26% increase compared to December of last year.

CT: 148

X-Ray: 294

Ultrasound: 94

MRI: 45

**Service Excellence:** In alignment with the Service Excellence Initiative (SEI), the December department meeting focused on *Knowledge* in building patient loyalty. The team discussed practical strategies to enhance patient engagement and improve the overall imaging experience, reinforcing our commitment to high-quality, patient-centered care.

**Growth – MRI Services:** We are actively optimizing MRI scheduling to increase patient throughput during each trailer visit. In collaboration with Seneca Hospital, we secured an additional MRI day in both February and March to support growing demand. Additionally, we are moving forward with Subtle AI, which will reduce scan times and enhance image quality, allowing for increased daily volume while maintaining high diagnostic standards.

**Service Expansion:** CT Calcium Scoring: Staff training is scheduled to begin Tuesday, January 20. The coronary calcium score is a measure of calcified plaque in the coronary arteries, which is an indicator of coronary artery disease.

**Equipment Updates:** The new portable X-ray unit has been delivered. Training is scheduled to begin January 27, and we are coordinating with the physicist to complete on-site testing and approval. Once the new unit is fully operational, we will initiate the process to sell the existing portable unit and maximize resale value.

**Teleradiology:** Vesta continues to implement workflow improvements, including the use of AI assisted preliminary reads to support faster turnaround times. However, challenges remain related to timely provider-to-radiologist communication, particularly during nights and weekends. We are currently evaluating an additional radiology group to assess alternative coverage options. After hours and weekend coverage remains a shared challenge across all teleradiology providers.

## ***Infection Prevention***

See full annual report

## ***Retail Pharmacy***

### **Record Prescription Volume Achieved**

- 12/01/25 – 328 prescriptions processed
- 12/15/25 – 332 prescriptions processed
- 01/12/26 – 335 prescriptions processed

*Record counts reflect fully processed prescriptions only and exclude pending prescriptions in the queue.*

**Credit Card Compliance:** All pharmacy credit card machines have been updated to meet current compliance and security requirements.

**Contract Pharmacy Partnership:** Mayers Pharmacy has entered into a contract pharmacy partnership with Pit River Health Services to expand 340B program services and patient access.

**Staffing:** A new staff pharmacist is scheduled to start on 01/23/25! We look forward to having R'Kia ElMoudden, Pharm.D. on our team. She comes with extensive experience at high volume pharmacies and is skilled in vaccinations.

**340B:** Kristi Shultz, CPhT, 340B coordinator is preparing for HRSA program audit in February. We are working with our third-party processor (TPA) or Medicaid carve in and setting up accounts for hospital outpatient additions to our program.

## ***Hospital Pharmacy***

**Onmark Contract:** All the documentation needed for the Onmark agreement has been submitted. This contract through Mayers buying group has potential savings of more than \$100,000 per year. Specific manufacturer contracts will be updated and then prices will be loaded to our wholesaler's platform.

**Maximum Fair Price (MFP) Program:** The hospital pharmacy and the retail pharmacy are enrolled in the MFP program which took effect January 1, 2026. We will receive reimbursement for negotiated drugs via direct deposit from the manufacturer. We are set up to electronically receive post-dispense refunds.

**Malignant Hyperthermia:** Malignant hyperthermia (MH) is a type of severe reaction that occurs in response to specific medications used during general anesthesia. Symptoms include muscle rigidity, fever and elevated heart rate. It can be fatal if not treated. As surgeries requiring general anesthesia are not being performed at Mayers, the malignant hyperthermia cart will be converted to a box for use in the emergency department.

## ***Respiratory Therapy***

**Staffing:** We were able to extend Noa, our current RT traveler, through July. Kevin Davie, Director of Ancillary Services, is interviewing a permanent RT candidate at the end of January. As filling this position has been difficult, we are also in the process of bringing on a new staffing company. Ashley and Libby are currently reviewing the contract.

**Pulmonary Rehab:** Respiratory is collaborating with Zita from Cardiac Rehab to update the Pulmonary Rehab program and the associated policies.

## ***Director of Clinical Services***

**AI Scribe:** After a six-month evaluation of six AI scribe vendors, demos, and pricing, we have selected Oracle AI Scribe for all clinic providers. Oracle's AI Scribe is a great fit for the clinic because we already use Cerner and it's built right into the system. Providers get smoother workflows, fewer clicks, and more accurate notes since everything happens inside the EHR already. Liz Steffen, CIO, Plumas District Hospital, shared that providers absolutely love the Oracle AI Scribe product. One provider in particular—who used to struggle with staying caught up with charting—has completely turned things around. They are now consistently up to date. Oracle AI Scribe Implementation for all clinic providers starts February 2<sup>nd</sup>, 2026.

**Service Excellence:** Tiffani McKain is collaborating with the Service Excellence Advisors on several upcoming initiatives.

- Our current focus is “Goat Madness,” a campaign designed to reenergize staff and empower them to identify performance improvements and workflow efficiencies through the Do It process. Using a March Madness-style tournament bracket, departments will compete head-to-head in a series of Do It challenges. A planning session for this project is scheduled for January 21, 2026.
- “Momentum Made Simple” – Kevin Robbins with CLS, presented a virtual 1-hour training for all employees on January 13<sup>th</sup>.

## ***Rural Health Clinic***

**Mobile Clinic:** Mobile clinic is back open and going well.

**Service Excellence:** We have completed multiple Do-Its and have multiple in process! One of which involved removing a countertop in the reception area to allow for more space and easier access to the printer.

**Growth:** Despite the provider changes in the clinic, we have continued to increase our patient encounters. 2025 saw an increase of 23.35% from 2024

**Care Coordination:** We are continuing to develop the care coordinator position, focusing on maximizing workflows to increase patient satisfaction. As of this week she has now picked up a second provider to incorporate into her daily workflow.

**HPSA (Health Professional Shortage Area) Renewal:** We are working with Wipfli to complete our HPSA renewal due mid-February. Our designation and score will also be needed when Mayers opens the Rural Health Clinic on our Fall River campus.

## ***Telemedicine***

Please see attached December summary.

**Providers:** Added an additional Neurologist, Erik Kuecher, PA-C, in December who can see Medicare patients. We can now provide this service to patients with all insurances. An additional Rheumatologist, Sandy Lee, DO, added to meet patient volume in January. Credentialing completed for Emily Sizer, PA-C specializing in Gastroenterology/Hepatology. Waiting on final go ahead to start scheduling. Behavior Health provider is on maternity leave until approximately April. We are in the process of credentialing Holly Duffy, LCSW, to provide services while she is out.

## ***Physical Therapy***

**Staffing:** A physical therapy team member has submitted a notice of resignation and will be departing next month. Limited PRN availability may remain an option for intermittent future coverage.

**Education:** Daryl Schnieder, PT Manager, DPT, is participating in a national professional development conference in February put on by the American Physical Therapy Association. Her attendance is expected to support ongoing education, strengthen clinical competencies, and bring contemporary practice insights back to the department.

**Maintenance:** Facilities staff continue to address ongoing electrical reliability issues in the therapy area. Installation of an upgraded breaker box is planned to reduce frequent service disruptions.

Telemedicine Program Update as of December 24th, 2025

Respectfully submitted by Samantha Weidner for Kelsey Sloat, M.D., FACOG, Kimberly Westlund, CRHCP, Clinic Manager, Keith Earnest Pharm.D., Chief Clinical Officer and Tiffani McKain, MBA, Director of Clinical Services

We have completed a total of 4,407 live video consults since August 2017 (start of program).

#### Endocrinology:

- Dr. Bhaduri saw 23 patients in December. She continues to be our most productive, consistent provider.
- We've had 1,615 consults since the start of this specialty in August 2017.

#### Nutrition:

- Jessica saw three patients in December. We have extended our monthly block by one hour to meet patient volume.
- We've had 285 consults so far since we started this specialty in November 2017.

#### Psychiatry:

- Stephaine saw 12 patients in December. We have two monthly blocks set with her as she requires more time than our previous provider.
- We've had 886 consults since the beginning of the program in August 2017.

#### Infectious Disease:

- Dr. Siddiqui had no patients for December.
- We've had 154 consults since the start of this specialty in September 2017.

#### Neurology:

- Dr. Nalla saw two patients in December. Erik Kuecher saw two patients in December.
- We've had 508 consults since the start of the program in November 2018.

#### Rheumatology:

- Dr. Tang saw 14 patients in December. We have added an additional provider, Dr. Sandy Lee, to meet patient volume. I have monthly block set with her starting in January.
- We've had 357 consults since the start of the program in May 2020.

#### Nephrology:

- Dr. Bassila saw seven patients in December. I have extended our monthly block with him starting in January to meet patient volume.
- We've had 181 consults since the start of the program in April 2023.

### Talk Therapy:

- Breeanne's last day was December 23<sup>rd</sup>. She will be returning from maternity leave sometime in April. We are in the process of credentialing a new provider, Holly Duffy, LMFT.

### Referral Update:

We received 26 New Patient referrals in December. Below is a breakdown of where we received them from:

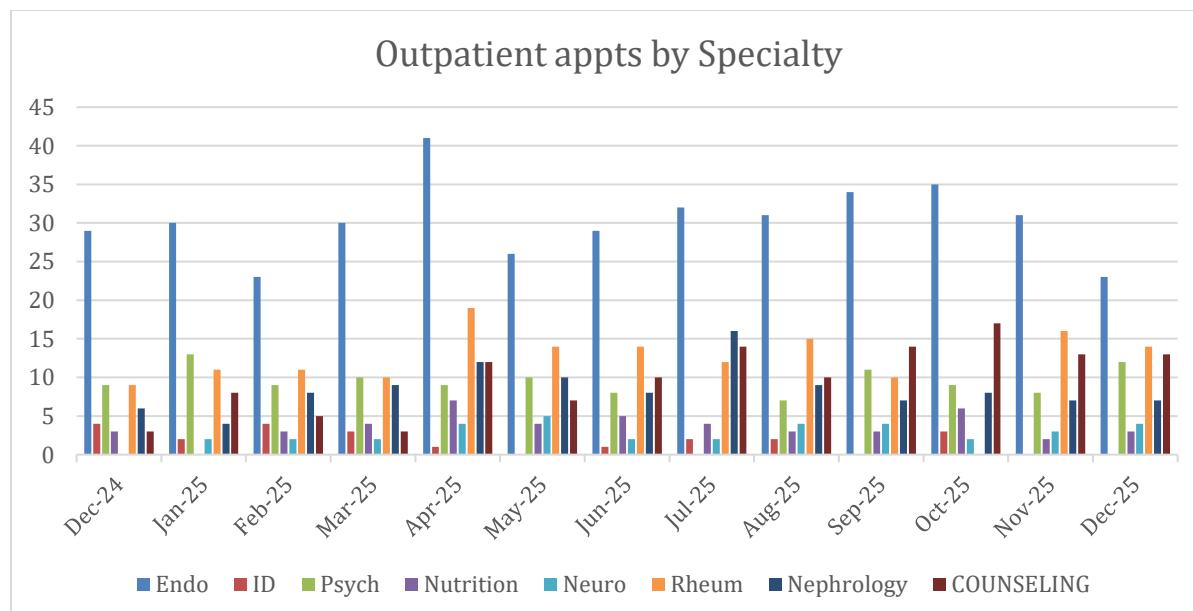
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 3
- Pit River Health Center – 0
- Canby Family Practice – 0
- Mayers RHC – 22
- Mayers SNF – 1

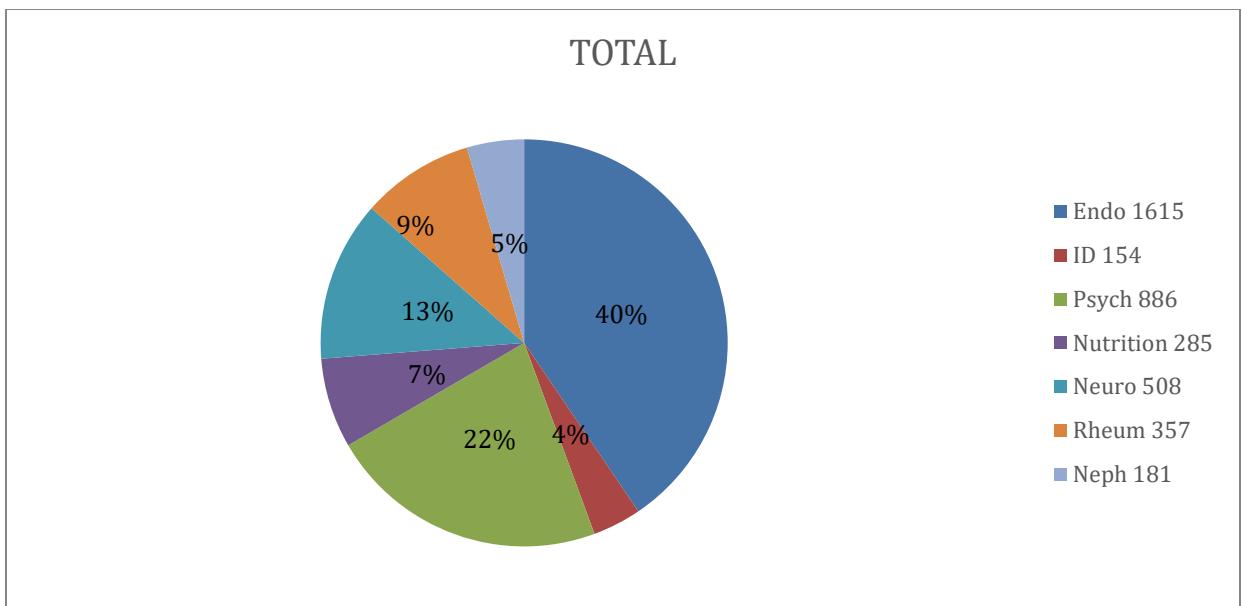
### ConferMED –

We had one ConferMED consultations sent in the month of December. We have had 12 total sent since implementation.

### Remote Patient Monitoring –

We have had 20 patients referred to our RPM program since implementation. We have one patient currently monitoring.







## Administrative Reporting Regular Board Meeting

**Division:** CNO Nursing Division

**Submitted By:** Theresa Overton

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

### **Summary:**

#### **CNO Highlights – December 2025**

- Census & Admissions: SNF census 70; Acute and Swingbed stable; Outpatient Medical at record-high 201.
- Staffing & Recruitment: RN coverage addressed with contract/travel nurses; key new hires onboarding; recruitment ongoing for CNA, LVN, and supervisory roles.
- Quality & Safety: Zero contaminated blood cultures in ED; medication and infection control initiatives ongoing; SEI projects enhanced workflow, safety, and efficiency across units.
- Patient Experience & Outreach: Holiday/resident-centered programming; active Family Council; Talk Therapy supporting residents; community partnerships advancing Swing/LTC services.

#### **SNF**

- SNF Census as of 1/21/26: 70

#### **Capacity**

- Resident Census = 67
- Fall River = 27
- Burney = 20 general resident population
- Burney Memory Care = 20 residents

#### **Staffing**

- We have met regulatory staffing requirements for the month.
- A primary challenge is staffing an RN for both shifts due to new Respiratory regulation. We continue to interview for RN and LVN positions. We have contracted one RN for coverage for 13 weeks.
- We have had discussions with NPH regarding staffing issues and medication errors with good response.

#### **Staff Development**

- We are collaborating with Outpatient Services to provide nursing staff with a structured 8hr wound care shadowing rotation.
- Infection Prevention also provides an in-service to the nursing staff regarding UTIs and proper McGeer criteria follow through.
- Director of Staff Education continues to do random medication pass checks with on-the-spot training/correction as needed. This has proven to be an effective tool in the medication error reduction.
- Departmental Education: Realignment will continue with all new hires.



- NATP is scheduled to start in January with 4 students.

### **Infection Control**

- 5 UTIs in December between both campuses.

### **Family engagement**

- Family Council has been doing great; we have had a guest speaker to each meeting to discuss or ask any questions from the previous month. Great speakers included EVS Manager, Safety Officer, FNS Manager, Patient Financial Counselor, and Social Services.

### **PCC**

- Richter has completed their audit of our system. Follow up meeting in January to review and establish a plan for training.

### **Regulatory**

- Two SOC-341 self-reports pending CDPH visit for review.

## **Activities Department Update**

### **Resident-Centered Holiday Programming**

- Focused on seasonal fun, emotional well-being, social connection, and spiritual support.
- Emphasized resident choice, dignity, and quality of life.

### **Seasonal Celebrations**

- Christmas-themed group activities, crafts, decorating, and festive music programs.
- Holiday movie viewings, sing-alongs, and social gatherings.
- Residents received gifts, cookies, and a visit from Santa.
- Activities promoted laughter, emotional comfort, and meaningful connections.

### **Spiritual Support & Faith-Based Programming**

- Weekly Bible study sessions with increased participation.
- Scripture readings, prayer, and faith-based discussions offered.
- Activities supported hope, reflection, and emotional well-being.
- Non-spiritual and cultural activities are provided to honor diverse beliefs.

### **Cognitive & Creative Engagement**

- Holiday crafts encouraged fine motor skills and self-expression.
- Reminiscence groups focused on past traditions and life experiences.
- Daily access to puzzles, games, and tabletop activities.

### **Individualized Support & Connection**

- In-room activities and one-on-one visits: reading, music, conversation, TV, companionship.
- Family participation in holiday events was supported.
- Staff participated in "Secret Santa" program, spreading personal gestures of care.
- Community involvement enhanced meaningful holiday experiences.

### **Overall Impact**

- Programming supported physical, emotional, cognitive, social, and spiritual well-being.
- Maintained regulatory compliance (Title 22, OBRA) and person-centered care.
- Activities Department expressed gratitude and commitment to continued compassionate care.



## **Acute**

### **November 2025 Statistics**

#### **Dashboard**

- Acute ADC: 2.07
- Acute ALOS: 4.47
- Swingbed ADC: 3.57
- Swingbed ALOS: 15.92
- OBS Census Days: 3

### **December 2025 Statistics**

#### **Dashboard**

- Acute ADC: 1.1
- Acute ALOS: 3.15
- Swingbed ADC: 2.90
- Swingbed ALOS: 11.23
- OBS Census Days: 4

## **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 who are currently on orientation. 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 part-time coverage needs and to allow core staff the flexibility to float to OPS, OPM, and the ED as needed.

## **Updates**

- SEI Do-It" Projects: December was a highly productive month for our team, with several staff-led improvements completed to enhance efficiency, safety, and unit standardization. These initiatives included developing badge buddy reference cards with critical extension phone numbers, ordering hooks for key supplies in patient rooms, lowering cardiac monitors that were mounted too high, creating and distributing an MMHD Café poster with a QR code and ordering information for new hires and traveling staff, organizing the Ivenix pump failure process through development of a log book and staff education, ordering a privacy screen for the lactation room, adding a supply cabinet to the shower room, and developing a checklist to ensure proper documentation is completed for expired patients. These projects were completed at the staff level and reflect a culture of accountability and empowerment, with the team identifying issues and implementing solutions quickly.

## **Emergency Services**

### **November 2025**

- Total patients treated: 391
- In-Patient Admits: 18
- Transferred to higher level of care: 22
- Pediatric patients: 91



- AMA: 8
- LWBS: 3
- Present to ED vis EMS: 48
- AMA: 5
- LWBS: 3
- Present to ED vis EMS: 57

### **December 2025**

- Total patients treated: 440
- In-Patient Admits: 15
- Transferred to higher level of care: 21
- Pediatric patients: 89
- AMA: 2
- LWBS: 3
- Present to ED vis EMS: 37

### **Staffing:**

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 2 FTE Noc shift contract nurses
- FTE NOC Nurse and FTE ED Tech accepted positions and will start in January.

### **Updates:**

#### **Do-It Project Update – Provider Documentation Area**

- Lilli has begun cleaning and organizing the provider documentation area.
- Work includes updating and streamlining resource binders.
- Organizing and standardizing equipment storage.
- Removing clutter and identifying unused or obsolete items for removal.
- Inventorying equipment to identify current needs and gaps.
- Improving overall visibility and accessibility of supplies and resources for providers.

#### **Do-It Project Update-Pediatric Code Cart**

- Reviewing and removing redundant equipment from the pediatric code cart.
- Streamlining cart layout and contents to support more efficient pediatric emergency response.
- Eliminating pre-packaged kits to reduce supply costs while maintaining readiness and safety.
- Standardizing equipment placement to improve ease of use during high-stress situations.
- Education on the transition and updated cart setup will be completed during annual training for all nursing staff.

ZERO contaminated blood cultures this month with a 12+% increase in patients from the previous month.

### **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



- 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**

#### **November 2025**

- 54 ambulance calls, 12 of those were for transfers.

#### **December 2025**

- 44 ambulance calls, 17 of those were for transfers.

2025-Total ambulance calls: 653

- We hired 2 paramedics, one full-time and a second per diem, as well as a per diem EMT. All have started orientation.
- We received 2 new video laryngoscopes through the Mayers Foundation grants. We are beginning training and will soon have them on our ambulances for the paramedics to use.
- 

### **Surgery:**

#### **Referrals:**

#### **November 2025**

30- Referrals received

- 16 - Total patients underwent procedures
- 19- Total procedures performed (3 patients had both upper and lower endoscope, 2 patients had colonoscopy and hemorrhoid banding).

#### **Cancellations:**

- 22 patients were scheduled. 3 canceled with short notice (No show or sick)

#### **December 2025**

20 Referrals Received:

- Change from Prior Month: - 33%
- Referral volume decreased modestly, likely related to end of the year holidays.
- Average time from referral to scheduled procedure: 12 days (goal  $\leq$ 14 days).

#### **Cancellations:**

- 18 patients were scheduled. 3 canceled with short notice (No show or sick)



## **Outpatient Medical**

November 2025

- Census: 164

December 2025

- Census: 201 (all time high since 2014)
- The OPM team has moved to weekly wound clinics. Our census has increased. We were closed for two wound clinics due to holidays and getting back on schedule
- 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. Our current challenge is that the Infectious Disease (ID) provider is out on maternity leave. The other ID doctor doesn't have privileges and is overwhelmed with his own census. This is important for bone infections (osteomyelitis) and PICC line placement. MMHD would greatly benefit if one of our providers had privileges at Mercy to order PICC placements through IR at Mercy. We could use our Tele-Med ID provider for antibiotics.
- OPM staff member is working towards testing for WCC (wound care certification).
- Cerner IT came in November to work with OPM regarding the EMR system and its capabilities. We have not seen improvements or any reports at this time from Cerner.
- Cost capture for wound clinic days has improved significantly. We hope to stay on this positive pathway.
- Starting to make education plans for a clinical skills fair in the Spring.
- OPM is going to have a crash cart training in person next week.

## **Social Services**

November 2025:

- 5 LTC admissions
  - 3-Fall River
  - 2-Burney (1-memory care)

December 2025:

- 4-LTC admissions:
  - 2 to Fall River
  - 2 to Burney

## **Updates:**

- We currently have 7 residents enrolled in Talk Therapy through Pit River Health. Amanda Harris is facilitating these visits. It has been very beneficial to the residents on both campuses.



- We have one admission scheduled for 1/6/26 in Burney. The other potential admission will need memory care. We do not currently have any open female beds in memory care. She has been approved by finance, nursing, and Dr. Watson.
- I do anticipate more prospects for placement in LTC as I generally have 4-5 conversations a day with community members that call regarding process for admission to LTC. Most of them are for Memory Care.
- One of my Pillar Goals for FY26 is to visit with our partnering hospitals to discuss our SWING services and LTC. DON, Moriah and I have our first one scheduled with Shasta Regional Medical Center on 1/28/26. We will be meeting with 8 RN case managers and social workers.

## **Clinical Education**

### **Certifications & Licenses**

- BLS Class: Renewal class held on 12/9/25.

### **Safe Patient Handling & Mobility (SPHM) Program**

- The bi-monthly SPHM DHW Initial Orientation continues for newly hired/re-hired staff.
- Ongoing training for Devyn Berlt as a SPHM instructor to assist with classes while the DSD and Clinical Educator focus on the NATP class.
- Maintain close communication with relevant staff to ensure SPHM compliance.
- The annual SPHM Refresher Course for all DHW staff, except CNAs, was offered from 12/15/25 to 1/12/26. This supports ongoing compliance.
- Currently in communication with Dana Hauge (Scheduler), department managers, and other relevant staff to roll out and schedule employees for the refresher course (per Regina DSD).

### **Ongoing Projects & Initiatives**

#### **In-Service / CEUs:**

- CNA In-Service Training for 2025/2026:
  - Completed Dementia and Abuse sessions on December 3, 2025, with 6 CNA staff members attending.
  - The 2025/2026 calendar was posted in facility breakrooms and monitors, with topics including:
    - Abuse
    - Dementia
    - Infection Prevention
    - Resident-Centered Care
    - Professionalism
    - Resident Safety
- The 2026 Training Calendar is finalized.
- On-the-floor Training during shift huddles:
  - Focused on CNA responsibilities for CEUs and BLS.
  - Falls prevention education in SNF units received positive feedback from nurses and nurse assistants.
  - The next CEU sessions, including Infection Control, Patient and Staff Safety, and CNA Professionalism, are scheduled for January 8, 2026.
- Geriatric Nutrition and Hydration Class:
  - Scheduled for March and April 2026, to be offered by Heather, our traveling dietitian.



### **NATP Program Update/Continuation**

- The new NATP class starts on January 26, 2026, with the final day on March 9, 2026. Two students are confirmed out of the initial six.
- The focus for 2026 will continue to include:
  - Medication error prevention
  - Fall prevention
  - Skills fair

**Focus:** Maintaining a culture of safety and clear communication within the team to provide the best patient care is the staff Educator goals!

Respectfully Submitted by Theresa Overton, CNO

## **Chief Executive Officer Report**

Prepared by: Ryan Harris, CEO

### **Cerner**

Our Director of Quality has concentrated his efforts on the Emergency Department to improve our Cerner experience. He is currently evaluating workflows and addressing outstanding issues within the department, implementing necessary improvements. His next focus will be on Acute and Outpatient Medical, with the goal of reaching all departments that use Cerner by the end of the year.

### **Provider Update**

I have a meeting scheduled with Dr. Munroe, our current clinic locum, to gauge his interest in staying long-term. We also have site visits arranged with two CMO candidates and an ED Director. We have onboarded our Provider Relations Coordinator and are bringing him up to speed. We have begun working on our provider recruitment, retention, and alignment strategies. Our Provider Relations Coordinator is attending future webinars on these topics, evaluating wage studies conducted by Stroudwater, and helping us develop strategies around provider compensation and various models for provider pay.

### **Executive Positions Update**

Since my last report, the decision has been made to divide the responsibilities for the Chief Operations Officer position that was internally posted between our Director of Operations and our Chief Human Resources officer. Throughout the interview process and the various interview panels, it was evident that both candidates were highly deserving of the role. To maintain the momentum of our executive team and hospital operations, and to work effectively with both individuals, Jessica DeCoito, then Director of Operations has been officially promoted to Chief Operations Officer, while Libby has been promoted to Chief People Officer. Jessica will now assume the traditional COO responsibilities, including overseeing Safety and Security, which will report directly to her. Libby's role as Chief People Officer will expand to include areas such as Quality, Provider Relations, Medical Staff Coordination, and Utilization Review, all of which will now fall under her division. Her scope will extend beyond staff to encompass our providers and patients, representing most of the individuals with whom the organization interacts. This restructuring aims to leverage the strengths of both leaders, ensuring continued progress across operational, clinical, and organizational goals.

### **Board Member Rounding**

I am excited to present to the board a proposed board member rounding schedule at this month's meeting. Based on the recommendations from our last meeting, I believe this rounding schedule will provide an effective way for board members to engage with staff and the organization on an annual basis. It allows each of you the opportunity to meet directly with me, while also enabling board members to round on

staff, become more familiar with the staff and facilities, and foster stronger relationships across the organization. The schedule is designed to be respectful of your time and to align with the organizational structure, ensuring meaningful interactions that promote transparency, understanding, and collaboration without disrupting daily operations. Overall, this approach aims to strengthen the connection between the board and staff, enhancing our collective efforts to support the organization's mission and goals.

### **MRI Schedule**

Our radiology manager successfully arranged for a Saturday to assist with the extended backlog, which was exacerbated by downtime experienced by the MRI during our scheduled day. This additional day of coverage helped alleviate some of the delays and improved turnaround times for patient imaging. I have also requested that Mayers receive three days every two weeks instead of two, to better meet the demand and ensure more consistent coverage as a discussion item at our next CEO meeting. We have also moved forward with AI imaging for the MRI as it will improve study times allowing us to conduct additional studies per day.

### **Regional CEO Meeting:**

Mayers will be hosting the upcoming regional CEO meeting in either February or March, with the final date currently being finalized. In addition to discussing the MRI schedule, the agenda will cover several important topics, including the collective hiring of specialists, the formation of a physicians' group, the possibility of hiring an in-house counsel for the group, and advocating for a model similar to the Georgia Heart Model in California. We will also consider the possibility of sharing a 340B consultant or auditor, as well as exploring the rural hospital transformation program and various staffing models. As the meeting approaches, it's likely that additional topics will be added to the agenda to ensure all relevant issues are addressed.

### **Upcoming 340B Audit**

Kristi, Keith, Travis, and I are preparing for the upcoming 340B Audit with HRSA, with Kristi and I having already completed our pre-audit. The audit is scheduled for February 19 and 20<sup>th</sup>.

**Strategic Plan Priorities:** A written report will be provided to the Board Strategic Committee during the January meeting.