

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
March 25, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43579 Hwy 299 E
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 Allotted |
|----------|---|-------------------------|---------------------|--------------------|--------------------------------------|
| 1 | CALL MEETING TO ORDER | Chair: Jeanne Utterback | | | |
| | This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District. | | | | |
| 2 | CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS | | | | |
| | Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present to the Board of Directors for review, please provide a minimum of 9 copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda. | | | | |
| 3 | APPROVAL OF MINUTES | | | | |
| | 3.1 Regular Board Meeting – February 25, 2026 | | Attachment A | Action Item | 1 min. |
| 4 | DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS | | | | |
| | 4.1 Resolution 2026-04 February Employee of the Month | | Attachment B | Action Item | 1 min. |
| | 4.2 Business Office | Danielle Olson | Attachment C | Report | 2 min. |
| | 4.3 Rural Health Clinic | Kimberly Westlund | Attachment D | Report | 2 min. |
| | 4.4 Telemedicine | Tiffani McKain | Attachment E | Report | 2 min. |
| | 4.5 Service Excellence Quarterly Update | Tiffani McKain | Attachment F | Report | 2 min. |
| 5 | SPECIAL PRESENTATION | | | | |
| | 5.1 401(K) Update Presentation – Jacarri Williams, Vice President, Tri Counties Advisors, Financial Advisor, RJFS | | | Report | 15 min. |
| 6 | BOARD COMMITTEES | | | | |
| | 6.1 Finance Committee | | | | |
| | 6.1.1 Committee Meeting Report: Chair Humphry | | | Report | 5 min. |
| | 6.1.2 February 2026 Financial Review, AP, AR, and Acceptance of Financials | | | Action Item | 5 min. |
| | 6.2 Quality Committee | | | | |
| | 6.2.1 Committee Meeting Report: Chair Cufaude | | | Report | 5 min. |

| | | | | |
|--|--|---------------------|---|--------|
| 6.3 Strategic Planning Committee | | | | |
| 6.3.1 | Committee Meeting Report: Chair Hathaway | | Report | 5 min. |
| 7 OLD BUSINESS | | | | |
| 7.1 | Bylaws Review | | Discussion /Action Item | 5 min. |
| 7.2 | Creation of Governance Committee | Attachment G | 1 st Reading/ Action Item | 5 min. |
| 7.3 | Trustee Pledge | Attachment H | Discussion / Action Item | 5 min. |
| 8 NEW BUSINESS | | | | |
| 8.1 | Resolution 2026-05 Authority to Sign | Attachment I | Action Item | 2 min. |
| 8.2 | Resolution 2026-06 Safety Officer | Attachment J | Action Item | 2 min. |
| 9 ADMINISTRATIVE REPORTS | | | | |
| 9.1 | Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items. | | | |
| 9.1.1 | Chief Operations Officer- Jessica DeCoito | Attachment K | Report | 5 min. |
| 9.1.2 | Chief Financial Officer – Travis Lakey | | Report | 5 min. |
| 9.1.3 | Chief People Officer – Libby Mee | | Report | 5 min. |
| 9.1.4 | Chief Public Relations Officer – Valerie Lakey | | Report | 5 min. |
| 9.1.5 | Chief Clinical Officer – Keith Earnest | | Report | 5 min. |
| 9.1.6 | Chief Nursing Officer – Theresa Overton | | Report | 5 min. |
| 9.1.7 | Chief Executive Officer – Ryan Harris | | Report | 5 min. |
| 10 OTHER INFORMATION/ANNOUNCEMENTS | | | | |
| 10.1 | Board Member Message: Points to highlight for communications to staff and on social media | | Discussion | 2 min. |
| 10.2 | Potential Funding Ideas | | Discussion | 5 min. |
| 11 MOVE INTO CLOSED SESSION | | | | |
| 11.1 | Hearing (Health and Safety Code §32155) – Medical Staff Credentials | | Action Item | 5 min. |
| MEDICAL STAFF REAPPOINTMENT | | | | |
| 1. Tikoos Blankenberg, MD – Pathology | | | | |
| 2. Ashley Delaney, DO – Emergency Med. | | | | |
| 3. Shelleen Denno, MD – Internal Med. | | | | |
| 4. Dale Syverson, MD - Surgery | | | | |
| AHP REAPPOINTMENT | | | | |
| 1. Lewis Furber, Jr, NP – Family Medicine (Pit River) | | | | |
| AHP APPOINTMENT | | | | |
| 1. Vanessa Ulibas, LPCC (T2U) | | | | |
| STAFF STATUS CHANGE | | | | |
| 1. Christopher Campos, MD (UCD) to Inactive | | | | |
| 2. Elizabeth Ekpo, MD (UCD) to Inactive | | | | |
| 11.2 | Pending Litigation (Gov. Code § 54956.9(a)) | | Discussion | 2 min. |
| | • (Case name withheld pursuant to Government Code § 54956.9) | | | |
| 12 RECONVENE OPEN SESSION | | | | |
| 13 ADJOURNMENT: Next Regular Board Meeting April 29, 2026 | | | | |

Posted: 03.21.26

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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
February 25, 2026 @ 1:00 PM
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.

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

BOARD MEMBERS PRESENT:

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

ABSENT:

Jessica DeCoito, COO
Theresa Overton, CNO

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Val Lakey, CPRO
Keith Earnest, CCO
Libby Mee, CPO
Jack Hathaway, Director of Quality
Dana Hauge, Director of Safety & Security
Alex Johnson, Facilities & Engineering Manager
Lindsey Crum, Hospice Manager
Lisa Neal, Board Clerk

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

3 APPROVAL OF MINUTES

| | | | |
|-----|--|------------------------------|----------------------------|
| 3.1 | A motion to accept the Regular Board Meeting minutes of January 28, 2026, as presented, was made, seconded, and carried. | Cufaude/ Hathaway | Approved by All |
|-----|--|------------------------------|----------------------------|

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

| | | | |
|-----|---|------------------------------|----------------------------|
| 4.1 | Resolution 2026-03 January Employee of the Month: Alexis Cureton, in recognition of her dedication to our patients, our team, and our hospital. She has taken the initiative to completely reorganize our pediatric crash cart, finding ways to save the hospital money while ensuring we still have all the essential equipment to deliver safe, high-quality patient care. She also plays a key role in leading the HALO program, helping prepare nursing staff for high-risk situations we may not encounter often. Her commitment to education and readiness strengthens our entire department and gives us confidence when critical moments arise. In addition, she is always willing to share her knowledge, answer questions, and step in wherever help is needed. She consistently provides excellent, compassionate care to her patients and sets a strong example of teamwork and professionalism. We are incredibly fortunate to have her. She is truly deserving of this recognition. | Hathaway/ Cufaude | Approved by All |
| 4.2 | Hospice – written report submitted by Lindsey Crum, Hospice Manager. Patient acuity remains high, with multiple complex patients requiring care simultaneously. Staff continue to work tirelessly to support both hospice patients and those in the skilled nursing facility. Financial performance has continued to improve while staff further their education on best billing practices. Clinical staff are also staying current with Medicare regulation changes through ongoing education. | Cufaude/ Hathaway | Approved by All |

- 4.3 Quality & Risk Management – written report submitted by Jack Hathaway, Director of Quality. Quality has been working with other hospital departments to ensure we can continue to deliver the best possible patient outcomes.

5 SPECIAL PRESENTATION

- 5.1 Wipfli Annual Audit Summary
Eric Volk and Da Tang presented the annual audit. The audit opinion is that of Wipfli; all other information remains the responsibility of the Board and Mayers. The organization is performing well operationally, with a positive operating margin of approximately 10%, exceeding the average performance of California Critical Access Hospitals. In addition, the average payment period may be favorable when pursuing future loan requests.

6 BOARD COMMITTEES

6.1 Finance Committee

6.1.1 Meeting Report: Chair Humphry

6.1.2 January 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept the January 2026 Financials was moved, seconded, and carried. **Humphry / Hathaway** **Approved by All**

6.1.3 Microsoft Office 365 License Renewal. No action taken **Approved by All**

6.1.4 Annual Audit Summary. A motion to accept the annual audit summary by WIPFLI was moved, seconded, and carried. **Cufaude / Ferguson** **Approved by All**

6.2 Quality Committee

6.2.1 Meeting Report: Chair Cufaude
Cerner optimization is progressing, with workflow reviews, staff education, and ongoing vendor collaboration underway. Improvements to medication error reporting and focused HCAHPS performance measures were discussed, with plans to add baselines and percentages and to provide quarterly board updates.

6.2.2 MMHD ACHC Safety Risk Assessment Review. Provided a 2025 risk assessment review. ACHC requires Board awareness of risk assessments, with new templates to improve tracking and reporting. Annual evaluations of eyewash station requirements and staff education are conducted, with future reports to include infection prevention and enhanced coordination with nursing and safety teams. **Humphry/ Hathaway** **Approved by All**

A motion to accept the 2025 Risk Assessment Review, as presented, was moved, seconded, and carried.

6.3 Strategic Planning Committee Report

6.3.1 No meeting in January

7 NEW BUSINESS

7.1 Bylaws Review **Approved by All**
Discussion was held regarding the placement of the board president's job description and the trustee pledge, as well as potential revisions to the bylaws to include the CEO and division leadership as members of standing committees. Discussion will continue at the next meeting. No action was taken.

7.2 Progress Report: Purchase of APNs 028-340-015 & 028-340-016
Ryan reported that the property is in escrow with a 17-day inspection period and a 30-day escrow; the District is covering the escrow fees.

7.3 Conference Key Insights and Takeaways - AHA Rural Health Care Leadership Conference
The board president and 4 executive leaders shared insights from the conference, including the importance of philanthropy, foundations, and community well-being, encompassing both physical and behavioral health. Focus areas included governance best practices, such as developing a Governance Committee, a trustee pledge, a Board President job description, and increased CEO signing authority to improve meeting efficiency, with a suggested threshold of \$100,000. CEO collaboration and peer networking were also noted as valuable takeaways.

7.4 Creation of Governance Committee – Discussion was held regarding the creation of a Governance Committee, identified as a gap by the Board President and CEO. Discussion will continue at the next Board meeting. **No Action Taken**

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| | | | |
|-----|---|---------------------------|------------------------|
| 7.5 | Trustee Pledge On hold for next month's board meeting | | No Action Taken |
| 7.6 | Board President Job Description On hold for next month's board meeting | | No Action Taken |
| 7.7 | Signing Authority – Contract Review Policy A motion to increase the CEO's signing authority limit to \$100,000 was moved, seconded, and carried. | Humphry / Hathaway | Approved by All |

8 ADMINISTRATIVE REPORTS

| | | | |
|-------|---|--|--|
| 8.1 | Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items</i> | | |
| 8.1.1 | Chief Operations Officer: Written report submitted by Jessica DeCoito. A PG&E audit is being conducted to determine whether HVAC upgrades may be financed through PG&E using solar energy savings. The review is ongoing and is being conducted at no cost to the District. | | |
| 8.1.2 | Chief Financial Officer: Written report submitted by Travis Lakey. The District is expected to finish the fiscal year strong, with anticipated Medicare and Medi-Cal payment decreases beginning around 2028 and future impacts from declining SNF days. | | |
| 8.1.3 | Chief Human Resources Officer: Written report submitted by Libby Mee. Recruitment updates included the hiring of an Ambulance Manager and a retail pharmacy technician through internal applicants. Provider recruitment is progressing. Attendance at the CHA HR Conference and ongoing outreach to local high schools and placement agencies were noted. | | |
| 8.1.4 | Chief Public Relations Officer: Written report submitted by Valerie Lakey. There is ongoing progress in digital communications, including a recent social media post that reached approximately 6,700 views. The annual gala is estimated to net \$12,000–\$15,000. ECM operations have stabilized; sustainability options are under review following the case manager's resignation and the grant's expiration. A McConnell Foundation grant was submitted for renovations to the thrift store. Daycare construction at TCCN is out to bid. Valerie announced plans to retire mid-year. | | |
| 8.1.5 | Chief Clinical Officer: Written report submitted by Keith Earnest. A federal 340B audit was conducted in February and concluded on the first day; findings are anticipated by the end of summer. | | |
| 8.1.6 | Chief Nursing Officer: Written report submitted by Theresa Overton. Versa Duress Badges are being piloted in the Emergency Department (ED) for approximately one year at no additional cost. The ED has been using the Versa Badge system for ED time-study data collection for a few years. | | |
| 8.1.7 | Chief Executive Officer: Verbal report by Ryan Harris. CMO candidate interviews are complete, with an offer expected to be extended; board certification requirements may require an expedited process of approximately four months. A contract hospitalist will remain in place until onboarding is complete. An offer has been extended for the ED Medical Director position, pending acceptance, and contract negotiations are underway with Dr. Munroe for a permanent role. Attendance at the CHA HR Conference was noted. Leadership rounding was conducted with the Board President, with additional rounding planned. FY26 priorities were reviewed, with two goals met and two at risk; discussion has begun on developing FY27 priorities for Board review. | | |

9 OTHER INFORMATION/ANNOUNCEMENTS:

| | | | |
|-----|--|--|--|
| 9.1 | Board Member Messaging: | | |
| | <ul style="list-style-type: none"> • Employee of the month • Promote Website and YouTube Channel • Successful 2025 Financial Audit • Mobile Clinic – DOT Medical Exams • Health Fair – June 3 • Golf Tournament Aug 7 • TCCN Activities • Colon Cancer Awareness Month | | |

| | | |
|-----------|---|------------------------|
| 10 | MOVE INTO CLOSED SESSION: The Board moved to closed session at 3:40 pm The Board adjourned the closed session at 3:40 pm | No Action Taken |
|-----------|---|------------------------|

11 RECONVENE OPEN SESSION: at 3:40 pm

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There was no action taken.

12 ADJOURNMENT: The motion to adjourn at 3:40 p.m. was made, seconded, and approved. Next meeting is March 25, 2026. **Humphry/Cufaude** **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

DRAFT



RESOLUTION NO. 2026-04

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

Lilli Consiglio

As February 2026 EMPLOYEE OF THE MONTH

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

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

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

NOW, THEREFORE, BE IT RESOLVED that Lilli Consiglio is hereby named Mayers Memorial Healthcare District Employee of the Month for February 2026; and

DULY PASSED AND ADOPTED this 25th day of March 2026 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

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

ATTEST:

Lisa Neal
Clerk of the Board of Directors

Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Danielle Olson/Business Office

Reporting Month & Year: March, 2026

Summary:

The Business Office is responsible for converting Patient Care services into payment for the hospital. Making sure claims are billed accurately to the correct payer and reimbursed accord to contract. We also make sure charges are accurately accounted for and submitted in a timely fashion. Our work directly supports the financial stability and sustainability of the hospital in a forever changing environment where claims processing is forever changing.

Top Projects (1-3):

Reassigning all of our providers that work in the hospital for Medicare. As of January 1, 2026 all providers that we bill for had to reassign their billing rights to us so we bill for their services or they were holding in Medicare until that was complete.

Cerner workflow with departments to streamline processes and create a seamless facility friendly solution to create clean claims and efficient use of our EHR.

Wins (1-2):

Brought billing back in-house.

Have almost all of our providers reassigned including the Radiologists.

Challenge (1):

AR DAYS! I feel like in January we were getting a good handle on them and moving in the right direction. Then we found out that the reassigning of providers billing rights was being accounted for on the incorrect PTAN which was causing a huge amount of denials. Navigating a forever changing system not knowing other staffs workflow until it is too late to stop denials is challenging.

Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Kimberly Westlund/RHC

Reporting Month & Year: March, 2026

Summary:

Over the past year, our clinic has continued to demonstrate strong growth, resilience, and commitment to the Intermountain and surrounding communities. We are proud to report a 23% increase in patient visits year over year, reflecting both the growing need for accessible healthcare and the trust our patients place in our team.

This growth has been supported by the continued expansion of our provider team and the services we offer. By welcoming additional providers and enhancing the range of care available, we have been able to improve access, reduce wait times, and better meet the diverse healthcare needs of our patients.

As we look ahead, we remain focused on sustaining this growth responsibly, continuing to expand services where community needs exist, and strengthening our team to support the increasing demand for care. The progress we have made this year is a direct reflection of the hard work of our staff and the support of our healthcare district and community.

Top Projects (1-3):

Our clinic continues to focus on initiatives that improve patient access, efficiency, and quality of care. One of our key projects is the launch of the final phase of Luma Health, which will allow patients to complete their registration paperwork online prior to their visit. This enhancement is expected to streamline the check-in process, reduce wait times, and improve the overall patient experience.

In addition, we are evaluating opportunities to expand our care coordination team in a way that allows us to better support all providers and their patients. As we explore this option, we are carefully considering both our limited physical space and the need to remain financially responsible while ensuring the most effective use of our resources.

Lastly, we are preparing to launch our Visiting Nurse Services program. This program will allow a nurse to provide care in the home for patients who are homebound due to a permanent or temporary medical condition that makes traveling to the clinic difficult. This service will help

ensure that some of our most vulnerable patients continue to receive the care and support they need while improving access to healthcare within our rural community.

Wins (1-2):

One of the significant wins for our clinic has been the addition of a Care Coordinator, whose role is dedicated to supporting patients as they navigate the often complex healthcare system. The Care Coordinator works closely with patients to help manage referrals, answer questions, and ensure they remain informed throughout their care journey.

Another important advancement this past year has been the successful launch of Phase 1 and Phase 2 of Luma Healthcare, which has enhanced communication and improved the overall patient experience. Through this implementation, patients now receive referral information directly, helping them stay informed and better prepared for the next steps in their care. In addition, automated appointment reminders allow patients to easily confirm, cancel, or reschedule appointments, and when rescheduling, they are offered three alternative appointment options, making access to care more convenient and efficient.

Lastly, a significant accomplishment for our clinic has been the addition of Dr. Sloat to our provider team. With Dr. Sloat joining our clinic, we are proud to now offer OB/GYN services, expanding access to essential women's health care not only within our clinic but throughout the broader community. This addition represents an important step forward in improving local access to specialized care, allowing patients to receive needed services closer to home while strengthening the scope of care our clinic is able to provide.

Challenge (1):

As our clinic continues to grow, we are experiencing the positive impact of increased patient demand and expanded services. With this growth, however, come challenges that require thoughtful planning and adaptability. One of the primary challenges is limited physical space along with the recruitment and retention of qualified healthcare professionals. Despite these challenges, our team remains committed to finding solutions, supporting one another, and continuing to provide accessible, compassionate care to the patients we serve.

Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Samantha Weidner - Telemedicine

Reporting Month & Year: March, 2026

Summary:

The Mayers Telemedicine Program has continued to grow, demonstrating a 23% year-over-year increase from Fiscal Year 2024 to Fiscal Year 2025, with projections indicating a similar increase for Fiscal Year 2026. In addition to this growth in patient volume, the program has expanded from eight providers to twelve and has added a new specialty service.

Our program remains committed to delivering consistent, high-quality care and expanding access to specialty services for patients both locally and throughout the region.

Top Projects (1-3):

This year, the program has focused on meeting increasing patient volume while expanding our provider network to ensure we are able to meet patient needs.

In addition, I participated as a Service Excellence Advisor to support the first year of the Service Excellence Initiative. Alongside fellow advisors, we helped facilitate workshops for more than 300 employees during the month of September, contributing to organization-wide efforts to strengthen our culture of service and patient-centered care.

Wins (1-2):

A significant milestone for the program this year has been the ability to provide Neurology services to patients with all insurance types, greatly improving access to specialty neurological care. In addition, the program expanded its services by adding a new specialty, Gastroenterology and Hepatology.

Challenge (1):

The biggest challenge the Telemedicine Program has experienced this year has been keeping pace with the increased patient volume and managing a growing schedule.

Mayers Memorial Healthcare District


Service Excellence Initiative

Prepared for the Board of Directors

Implementation Coordinator: Tiffani McKain

Snapshot – Service Excellence Year One

Year One was centered on building a strong, district-wide culture of service, communication, and accountability at Mayers Memorial Healthcare District. Through the Service Excellence Initiative, staff and leaders were actively engaged, and the foundational structures were put in place to support lasting cultural transformation, positioning MMHD to become both the Employer of Choice and the Provider of Choice.

| Key Metric | Year One Result |
|--|---|
| Total Staff Trained in Service Excellence | 320 |
| Number of Service Excellence Advisors | 18 |
| SEA Teaching Teams | 5 |
| Workshops Completed Year 1 | 24 |
| Workshop Attendance | 98% |
| Staff Interested in Becoming Y2 SEA | 42 |
| Education Hours Delivered | 640 |
| Leaders Trained | 42 |
| OASIS Teams | 3 |
| Service Excellence Council Members | 11 |
| Improved percentile ranking in 10 of 11 domains from baseline HCAHPS |  |

Summary

During the first year of the Service Excellence Initiative, Mayers Memorial Healthcare District made meaningful progress in building a culture centered on service, accountability, and engagement. Frontline staff, leadership, and cross-department teams collaborated to strengthen communication and support for both our team members and our patients.

A significant milestone was the successful completion of Service Excellence workshops for all employees. With approximately 320 employees, over 640 hours of training were delivered. Eighteen Service Excellence Advisors led these efforts across five teaching teams, and workshop evaluations averaged a score of 5, demonstrating strong engagement.

Leadership engagement also played a key role in the success of the program. Forty-two leaders participated in leadership development sessions focused on accountability and service-focused leadership behaviors. OASIS teams were created to address strategic culture initiatives including Onboarding, Service Standards & Key Words, and Awards & Recognition programs.

Operational improvements included implementation of daily and weekly service huddles, departmental DO IT meetings, and oversight from the Service Excellence Council. These structures improved communication and encouraged departmental ownership of service-related improvements.

Service Excellence Culture Scorecard

| Culture Indicator | Status |
|--------------------------|---------------|
| SEA Engagement | Strong |
| Leadership Alignment | Strong |
| Service Huddle Adoption | Growing |
| DO IT Participation | Developing |
| Employee Engagement | Improving |
| Recognition Culture | Expanding |

Operational Effectiveness Review

DO IT Meetings

Successes: Departments with clear ownership demonstrated strong engagement.

Improvement Opportunity: Increase communication and simplify access to tools.

Service Huddles

Successes: Recognition, cross-department communication, and inclusion of registry staff.

Improvement Opportunity: Increase visibility of initiatives and refresh formats periodically.

Service Excellence Council

Successes: Strong collaboration and effective in-person meetings.

Improvement Opportunity: Improve action tracking and communication protocols.

Organization-Wide Accountability Dashboard

Successes: Improvements in engagement and patient experience indicators. *(See Organization-wide Accountability Dashboard below).*

Improvement Opportunity: Increase visibility of performance metrics and rollout organizational literacy of Patient Experience Surveys.

Organization-Wide Accountability Dashboard

| Effective Date: June 2025 | Baseline | | Year I | | | Year II | | | Year III | | |
|---|-------------------------------|-------|----------------------------|-------|------------------|----------------------------|-------|------------------|----------------------------|-------|------------------|
| | November 2023 – November 2024 | | June 2025 to November 2025 | | | (month) to (month), (20__) | | | (month) to (month), (20__) | | |
| I. HCAHPS Top Box Goals (Provider of Choice) | | | | | | | | | | | |
| Star Rating | No data available | | | | | | | | | | |
| HCAHPS Domains | Top Box | %tile | Top Box | %tile | Actual Increase* | Top Box | %tile | Actual Increase* | Top Box | %tile | Actual Increase* |
| 1. Communication with Nurses | 75.71% | 19 | 85.48% | 87 | 68 | | | | | | |
| 2. Communication with Doctors | 78.49% | 37 | 79.80% | 53 | 16 | | | | | | |
| 3. Responsiveness of Staff | 62.07% | 43 | 73.54% | 88 | 45 | | | | | | |
| 4. Information about Symptoms | 87.23% | 37 | 76.18% | 76 | 39 | | | | | | |
| 5. Communication about Medicines | 59.09% | 31 | 69.20% | 88 | 57 | | | | | | |
| 6. Cleanliness | 78% | 69 | 93.56% | 99 | 30 | | | | | | |
| 7. Restfulness | 50% | N/A | 76.48% | 99 | N/A | | | | | | |
| 8. Discharge Information | 83.41% | 21 | 83.53% | 23 | 2 | | | | | | |

| | | | | | | | | | | | |
|--|----------------|--------------|-------------------------------|--------------|-----------------------------|----------------|--------------|-----------------------------|----------------|--------------|-----------------------------|
| 9. Care Coordination | 79.59% | 14 | 78.20% | 79 | 65 | | | | | | |
| 10. Overall | 73.58% | 59 | 71.24% | 53 | -6 | | | | | | |
| 11. Willingness to Recommend | 58.49% | 14 | 70.50% | 46 | 32 | | | | | | |
| # of Domains Increased | | | | 0 | | | | | | | |
| # of Responses | | | | 28 | | | | | | | |
| II. Other Patient Satisfaction Goals (Provider of Choice) | | | | | | | | | | | |
| Survey and Overall Measures | Top Box | %tile | Top Box 6/25-11/25 | %tile | Actual Increase* | Top Box | %tile | Actual Increase* | Top Box | %tile | Actual Increase* |
| <i>ED**</i> | N/A | | 72.21% | 53 | | | | | | | |
| <i>Clinic**</i> | N/A | | 82.80% | 35 | | | | | | | |
| <i>Assisted Living**</i> | N/A | | | | | | | | | | |
| <i>Long Term Care**</i> | N/A | | | | | | | | | | |
| <i>Swing Bed**</i> | N/A | | | | | | | | | | |

*%tile Rank Improvement since starting year**Measures in italics may be customized.

| | | | | | | | | | |
|--|---|----------------------------|-----------------------|-----------------------|----------------|-----------------------|----------------|-----------------------|----------------|
| III. Employee Engagement (Employer of Choice) | | | | | | | | | |
| | | Benchmark | | Year I | | Year II | | Year III | |
| # | Semi-Annual Results Organization Overall | 1st | 2nd | 3rd | Results | 4th | Results | 5th | Results |
| | | July- September 2025 | [Date] | [Date] | [Date] | [Date] | [Date] | [Date] | [Date] |
| 1. | Overall Rating** | 87.35% | | | | | | | |
| 2. | Supported and Valued** | 89% | | | | | | | |
| 3. | Communication** | 83% | | | | | | | |
| 4. | Feedback and Accountability** | 79% | | | | | | | |
| 5. | Respect and Teamwork** | 88% | | | | | | | |
| 6. | Leadership Empowerment Survey | 86.65% | | | | | | | |

| IV. Employee Retention (Employer of Choice) | | | | | | | | | | | | | |
|--|-----------------------------------|--|-------------------|-----------------|--|----------------|------------|---|----------------|------------|--|--|--|
| | | Baseline September 2025 | | | Year I As of (month) to (month), (20__) | | | Year II As of (month) to (month), (20__) | | | Year III As of (month) to (month), (20__) | | |
| | | Total Staf | Turnover | % Turnover | Total Staff | Total Turnover | % Turnover | Total Staff | Total Turnover | % Turnover | | | |
| | | 1. | <i>Clinical**</i> | 248 | | 17.34 | | | | | | | |
| 2. | <i>Non-Clinical**</i> | 137 | | 18.25 | | | | | | | | | |
| V. Service Excellence Goals (Employer of Choice) | | | | | | | | | | | | | |
| | | Goal Year I As of June 2025, to December 2025 | | | Goal Year II As of (month) to (month), (20__) | | | Goal Year III As of (month) to (month), (20__) | | | | | |
| | | | | | | | | | | | | | |
| 1. | Service Huddles (daily/weekly) | | | 100% | | | | | | | | | |
| 2. | DO ITs (monthly) | | | Relaunch 3/2026 | | | | | | | | | |
| 3. | Attendance at Training (on-going) | | | 98% | | | | | | | | | |

***Measures in italics may be customized.*

Board Governance Committee

Purpose and Objectives

The primary purpose of the Board Governance Committee is to develop and maintain a robust governance framework that supports effective leadership and organizational excellence. The committee will focus on:

- Defining clear roles, responsibilities, and expectations for board members.
- Facilitating strategic recruitment, orientation, and succession planning for board members.
- Enhancing board education, self-assessment, and continuous improvement.
- Ensuring compliance with governing policies and legal requirements.
- Overseeing CEO evaluation process, including the CEO's performance and compensation.
- Promoting organizational culture aligned with our mission and values.

Scope of Responsibilities

The Governance Committee will undertake the following key responsibilities:

- Board Member education and development.
- Develop comprehensive job descriptions for board members and officers, outlining responsibilities and expectations.
- Identify and recruit qualified candidates to run for board vacancies.
- Plan and implement a structured orientation and mentorship program for new board members.
- Governance Policies and By Laws.
- CEO evaluation and compensation

Board Effectiveness and Education

- Organize annual retreats and ongoing education initiatives to build governance capacity.
- Review the structure of the board and recommend adjustments to enhance effectiveness.
- Lead the annual board self-assessment process and oversee implementation of improvement actions.

Policy and Bylaws Review

- Review and recommend updates to bylaws and governance policies for full board approval.
- Lead succession planning for the President and other key board leadership roles.
- Facilitate with the CEO staff recruitment, retention, training, and foster a positive organizational culture.

CEO and Organizational Oversight

- Develop and oversee the CEO evaluation process.
- Review and recommend CEO compensation packages aligned with organizational goals and market standards.
- Ensure compliance with the Trustee Pledge and uphold governance integrity.
- Lead the recruitment process and onboarding of a new CEO when necessary.
- Review and update the CEO's job description periodically.

Creating a dedicated Governance Committee will strengthen our governance practices, support strategic leadership, and promote accountability across the organization. If the board elects to move forward with this committee I will look forward to working with the board to establish this committee and to advancing our shared mission of delivering exceptional healthcare to our community.



Trustee Pledge for Governance Excellence California District Hospital Board – Mayers Memorial Healthcare District

Preamble

Governance excellence is the lifeblood of a high-quality board of directors. It is vital that each board member takes their responsibilities seriously and pledges their best efforts to uphold this code of conduct. In pursuit of governance excellence, I hereby affirm my commitment to the following principles and practices:

Trustee Pledge

- A. I will refrain from micromanagement and focus on strategic leadership and policy, not on administrative and operational detail. I will respect the distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of staff and maintains proper lines of accountability. I will not discuss significant operational concerns or issues with employees or members of the medical staff without the knowledge of the CEO.
- B. I will attend all board and committee meetings regularly and come prepared to fully discuss and deliberate all matters important to the business of the board.
- C. I will listen carefully to my fellow board members and be willing to consider all points of view during discussions.
- D. I will share my point of view, avoid dominating discussions, and be respectful and courteous in debate, while not shying away from difficult or contentious issues.
- E. I will fully support the decisions of the majority once a decision has been reached, even if I personally am in the minority.
- F. I will be inquisitive and ask relevant questions to contribute meaningfully to discussions. I will strive to push the organization toward continuous growth and excellence, challenging the status quo.
- G. I will keep board discussions, deliberations, and decisions confidential unless directed otherwise, and only disclose information as appropriate or necessary for stakeholder engagement.
- H. I will serve as a positive ambassador for the hospital, advocating on behalf of the hospital in matters of public policy, community health, and philanthropic support that advance its mission.

- I. I will foster a culture of inclusivity, equity, and respect within the hospital community and beyond, recognizing the diverse needs of the populations served.
- J. I will be a continuous learner, staying informed on current healthcare topics, delivery trends, and relevant policies affecting the hospital and community.
- K. I will follow the hospital’s conflict of interest policies and practices and disclose any potential conflicts promptly and transparently.
- L. I will conduct myself in an ethical, moral, and legal manner at all times, exemplifying integrity and accountability.
- M. I will act in accordance with the collective will of the board and the decisions made by the duly authorized governing body, rather than acting based on personal interests or individual opinions.
- N. I understand that as a board member, I am representing the entire Board of Directors at all times, and that my personal statements or actions could be interpreted as representing the full board’s position or intent.
- O. I will refrain from engaging in serial meetings or discussions outside of official, duly noticed, and open board meetings, to ensure transparency and prevent the appearance of improper influence.
- P. I will engage actively with the community and stakeholders to understand their needs and perspectives, ensuring the hospital’s services remain responsive and relevant.
- Q. I will celebrate the successes of the hospital and recognize the vital role I play in fulfilling its mission.
- R. I will commit to ongoing self-assessment and professional development to enhance my effectiveness as a trustee and leader.

Conclusion

By signing this pledge, I affirm my dedication to upholding the highest standards of governance, ethics, and service, contributing to the health and well-being of our community.

Signature: _____

Name (print): _____

Date: _____



RESOLUTION NO. 2026-05

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

AUTHORITY TO SIGN

WHEREAS, the Board finds it necessary to sign contracts, leases, line of credit documents, and other documents necessary for the administration and operation of the District; and

WHEREAS, the Board, within its power, hereby designates Ryan Harris, Chief Executive Officer (CEO), to sign such documents and,

WHEREAS, the Board, within its power, hereby designates Travis Lakey, Chief Financial Officer, to sign such documents in the absence of the Chief Executive Officer and,

WHEREAS, the Board, within its power, hereby designates Jessica DeCoito, Chief Operating Officer, to sign such documents in the absence of the Chief Executive or Chief Financial Officer and,

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River Mills, California, on the 25th day of March 2026.

PASSED AND ADOPTED on March 25, 2026, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Lisa Neal
Clerk of the Board of Directors



RESOLUTION NO. 2026-06

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

Dana Hauge

As Safety Officer of the District

WHEREAS, the Board of Directors has asked the CEO to assist the Safety Officer collaboratively by supporting their ability to take any action needed relating specifically to situations that pose an immediate threat to life, health, and/or property; and

WHEREAS, the MMHD Board of Directors recognizes Dana Hauge for the Safety Officer position and;

NOW, THEREFORE, BE IT RESOLVED that Dana Hauge is hereby named Safety Officer; and

DULY PASSED AND ADOPTED this 25th day of March 2026 by the Board of Directors of Mayers Memorial Healthcare District by the following vote:

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

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

ATTEST:

Lisa Neal
Clerk of the Board of Directors

Administrative Reporting Regular Board Meeting

Division: Chief Operations Officer

Submitted By: Jessica DeCoito

Reporting Month & Year: March, 2026

Summary:

Projects Bid Package

A request to extend the bid deadline was submitted due to limited interest from subcontractors in providing bids to general contractors. To encourage broader participation and secure more competitive proposals, we have extended the deadline to March 24. An additional round of questions was submitted on March 10, and an addendum addressing those questions will be issued on March 19.

Project Management Firm

We have decided to issue an RFP/RFQ for a Project Management Firm to support the Fall River Rural Health Clinic Remodel and ancillary projects. Given my limited experience with construction projects, engaging an experienced team will help ensure effective project oversight while also providing an opportunity for hands-on learning for myself.

Masonic Hall

The Masonic Hall officially opened for its first event on Thursday, March 19. Special thanks to the Maintenance, IT, and Housekeeping teams for preparing the space for use. While installation of mini-split systems and window replacements are still pending, the hall is now available for meetings and events. A new feature for MMHD is OneScreen. OneScreen is an all-in-one interactive presentation and collaboration platform that combines touchscreen display, video conferencing, wireless screen sharing, and digital whiteboarding to support more effective in-person and hybrid meetings. IT team members, Lisa and I sat in a demo and are excited about the new features and our possibilities for our new meeting space.

Business and Hospice Office Remodel

The maintenance team has completed demolition and made substantial progress on the remodel. Updates include opening a wall to create a larger breakroom, priming surfaces, and preparing for painting. Upcoming work includes replacing the front window and installing new flooring. We have also approved a vendor to supply and install gravel in the parking lot and driveway to address and fill existing potholes.

Tri-County Community Network

We have engaged a vendor to repair the approach at the exit of TCCN. Work will begin once the required county permit has been obtained. Upon completion, this improvement will eliminate the risk of vehicle damage and enhance overall safety at the exit.

Master Plan Update

We continue to refine concepts and design ideas for the revised master plan in collaboration with our architectural team. Recent efforts have focused on the office building that will house Administration and Station 3 Hall staff. Once finalized, we will partner with Wipfli to conduct a feasibility study to evaluate the financial viability of the updated plan.

Seismic Compliance Plan & AB 869 Extension

HCAI is currently reviewing updates to our seismic compliance plan, along with our AB 869 Extension application. We anticipate receiving feedback soon and will address any required revisions promptly.

Safety, Security & Disaster Preparedness

The Director of Safety and Security (DOSS) recently concluded a year-long case in collaboration with county and state agencies, resulting in a successful outcome and strengthened relationships with regulatory and law enforcement partners.

Additionally, the DOSS has been working closely with the Chief People Officer (CPO) to enhance OSHA injury and illness reporting in alignment with updated regulatory requirements. This collaboration has focused on strengthening the organization's Injury and Illness Prevention Program. Through improved data tracking and analysis, DOSS is developing the ability to identify trends and patterns in reported incidents. This proactive approach supports early intervention and mitigation strategies, ultimately improving employee safety and reducing organizational risk.

Visiting Nurse Services

Our team met with Jaxon Williams, Director of Hospital Clinics at Fairchild Medical Center, to learn more about their Visiting Nurse Services program. The meeting provided valuable insights and clarified how a similar program could be implemented within our organization. We will continue meeting biweekly, with defined tasks to support ongoing development.

Operations Teams

The teams are currently focused on survey readiness in preparation for our annual relicensing. Efforts include conducting walkthroughs of the skilled nursing facilities to assess and address physical environment updates, reviewing and updating policies and procedures, and re-educating staff to ensure compliance and readiness.

Healthcare Information and Management Systems Society Conference (HIMSS)

Ryan, Jeff, and I attended the HIMSS Global Health Conference in Las Vegas last week. The conference offered a wide range of sessions, exhibitors, and networking opportunities. Jeff focused on cybersecurity, while Ryan and I attended sessions on leadership, artificial intelligence, project management and CMS initiatives. We connected with several potential cybersecurity vendors and explored emerging AI platforms. Jeff has scheduled follow-up demonstrations to further evaluate vendor capabilities, and we look forward to continuing these discussions to strengthen our cybersecurity efforts.

Jeff also brought Ruckus the goat, our Service Excellence Initiative mascot—GOAT standing for Gratitude, Optimism, Attentiveness, and Teamwork. Ruckus “participated” in the conference experience and even came home with a new headshot.



Finance Notes February FY 26

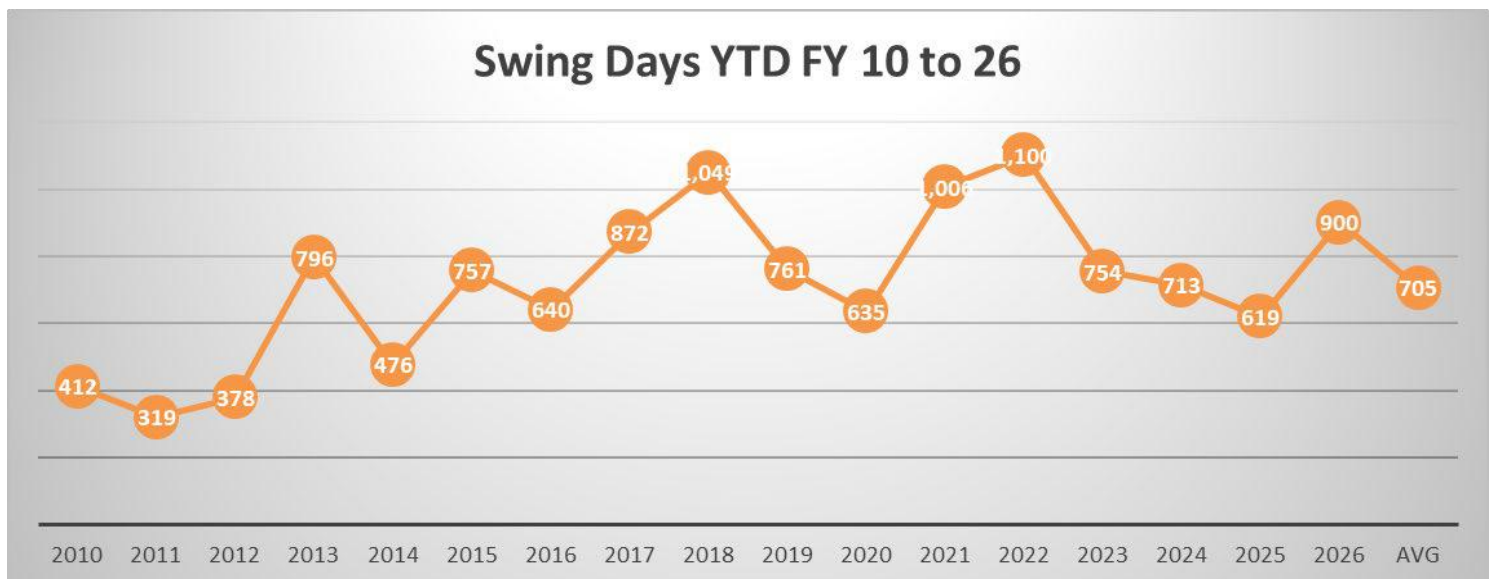
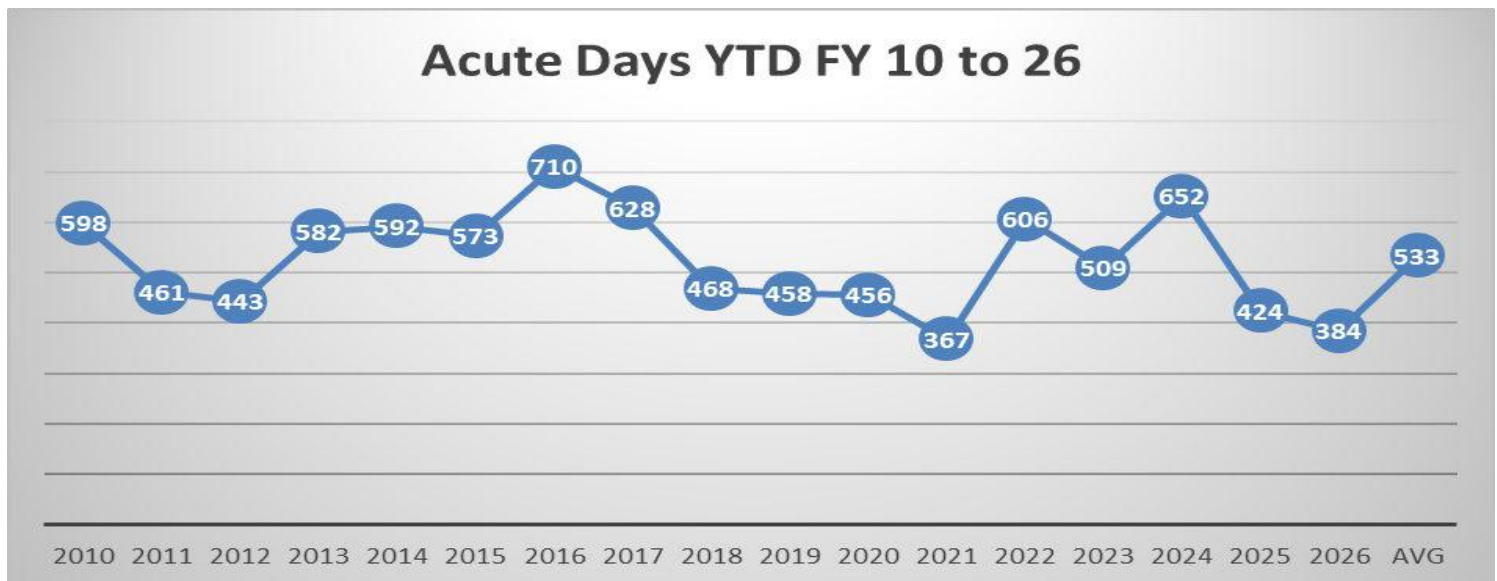
| Ratios | FY 26 | FY 25 Average | |
|---------------------------------|-----------|---------------|--------|
| Cash on Hand | 322 | 268 | Avg PY |
| Net Income | 4,857,734 | 366,667 | Avg PY |
| Current Ratio | 16.7 | | |
| AR Days | 78.1 | 86 | Avg PY |
| Accounts Payable | 980,449 | 830,660 | Avg PY |
| Daily Gross Revenue | 212,745 | 173,009 | Avg PY |
| YE % of Gross Revenue Collected | 60% YTD | 61% | Avg PY |

1. Jacarri Williams with Tri-Counties Financial Advisors will go over the retirement offerings for the 401K and 457B currently offered to the employees at the board meeting. Jacarri has come up, met with employees multiple times, and provided resources, such as Empower webinars, which our employees can attend to become better educated about their retirement investment options. I inquired about this because we have many employees who invest in the default 3% option and never change their investments.
2. The FY 24 Medi-Cal audit has been successfully wrapped up.
3. AR days went down slightly, and it looks like we are on a good track, as a lot of Medicare payments have been coming through that had previously been held up with the provider reassignment of benefit changes. Our average daily revenue has jumped quite a bit when you look at last year's average of 173K, compared to the February average of 212K and the FY 26 average of 195K.
4. Starting to work on our FY 27 budget. In the CFO groups, we have been discussing the impact of January 1st, 2027, and staffing the main hospital entrance with a metal detector 24/7 365, which will require a minimum of 4 new employees. Hoping for some advocacy for rural hospitals to get some sort of exemption.
5. Val and I had a call with Sarah Bridge who is the VP of Advocacy & Strategy for the Association of California Healthcare Districts (ACHD) regarding the remapping of the Health Provider Shortage Areas (HPSA) which in our case removed McArthur from our area which reduces our total population making it more difficult to remain a HPSA and be an eligible entity for our current and future providers to receive loan forgiveness through the National Health Service Corps (NHSC). I was heavily involved in establishing an HPSA for our area to open our rural health clinic (RHC), and the last two times we have had to file. We filed on time and hope to retain our HPSA this time. With our recruitment and McArthur's removal from our HPSA area in a few years, we may not qualify

when we reapply in 2029. Once RHCs are established, we won't lose our designation, but we can't open new ones or change addresses if we aren't in an active HPSA.

6. CHA has asked me to be on a panel again to discuss the Office of Healthcare Affordability (OHCA) at the Rural Symposium.
7. CMS has approved 183 million of the expected 233 million of California's Rural Health Transformation Program (RHTP) award. The remaining 50 million is still under discussion, and the negotiations concern the "transformation payments" intended to support distressed hospitals. These discussions should wrap up in the next few weeks, and I'm sure we will learn more at the Rural Symposium as HCAI is presenting on the 23rd.
8. The RHC had a positive month, and the visits are well ahead of prior years.
9. Cash on Hand is at 322 days, which is great considering that we have been self-funding all our purchases and projects after the RHC, where we got 2% funding through the California Health Facilities Financing Authority (CHFFA).
10. The Retail Pharmacy continues to excel with a 36% increase in revenue over the prior year.

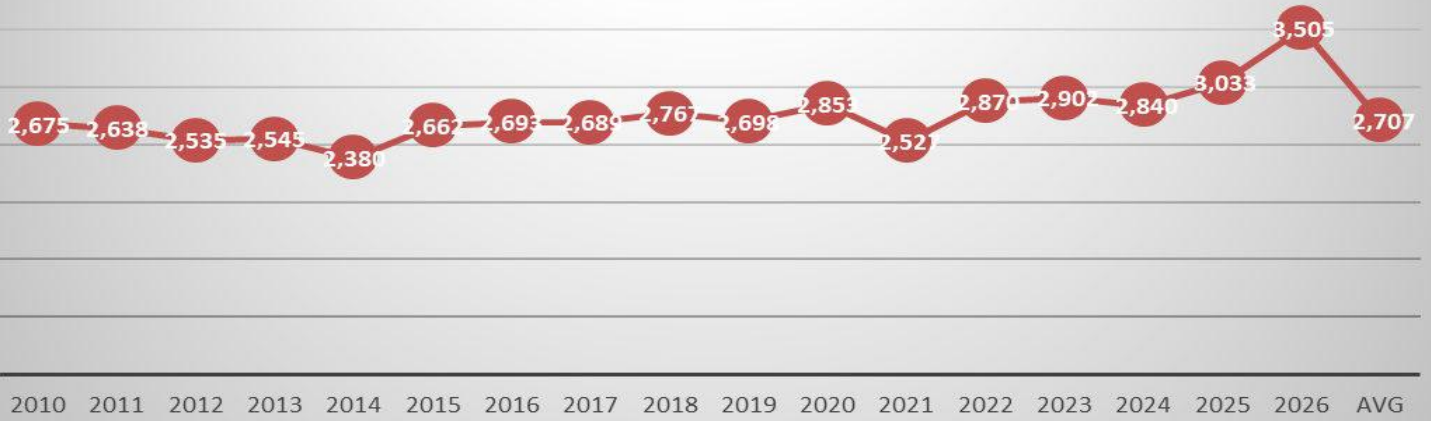
Stats



SNF Days YTD FY 11 to 26

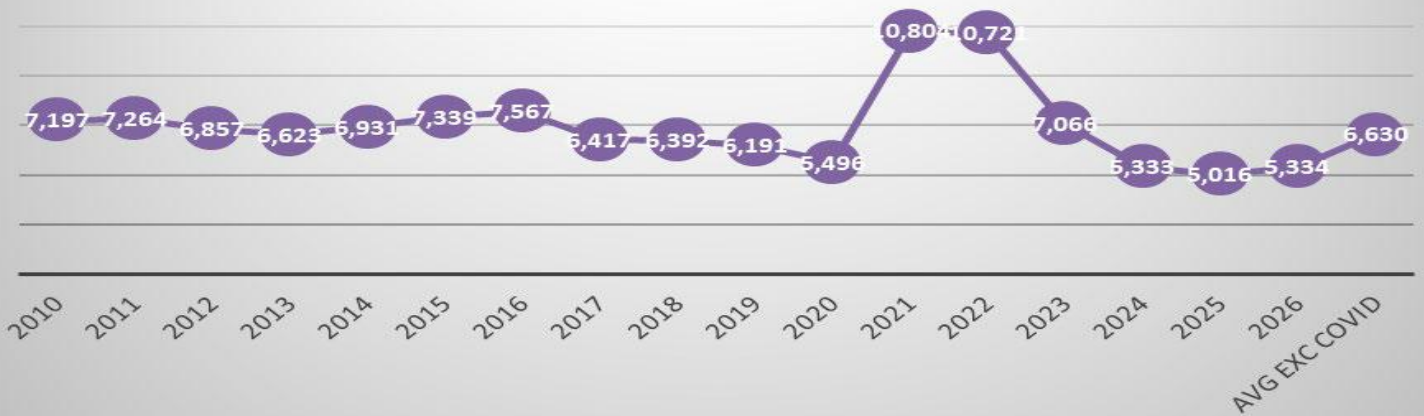


ED Visits YTD FY 10 to 26

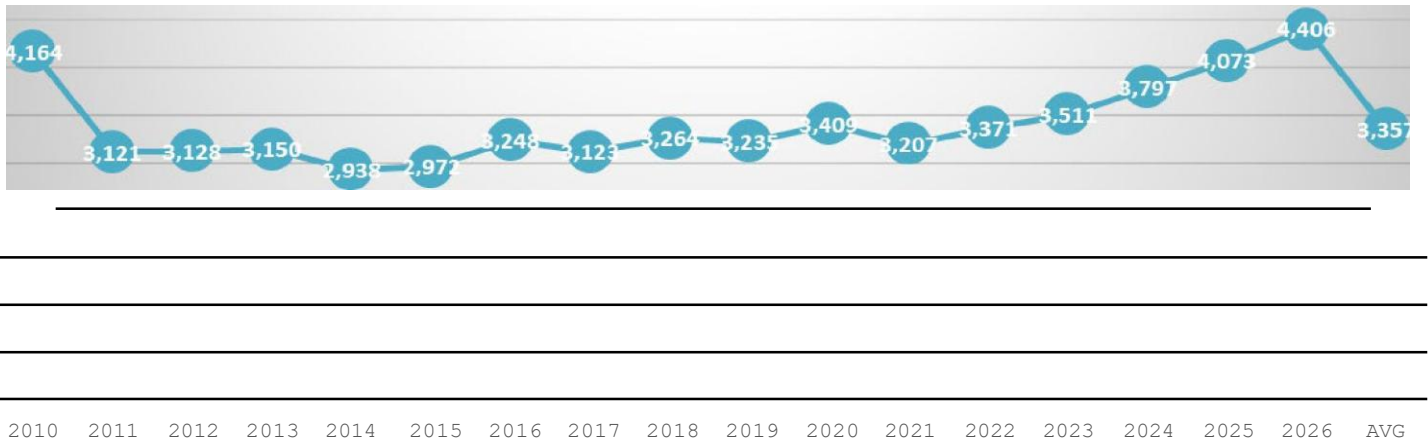


ER visits are averaging 14.4 per day, up 16% from last year and 29% over our historical average of 11.1 visits per day YTD.

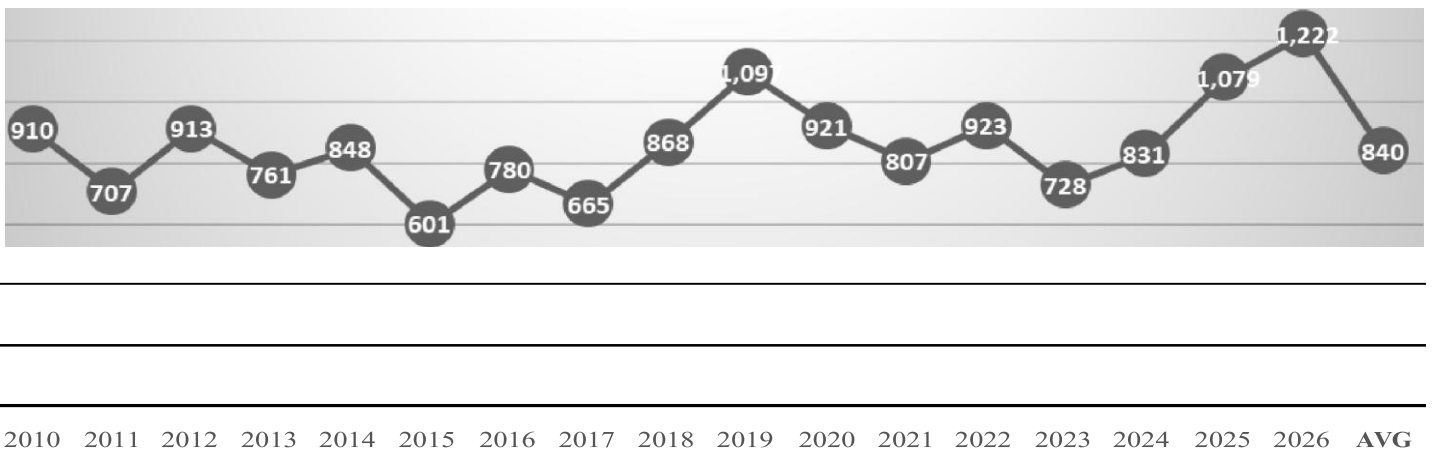
Labs YTD FY 10 to 26



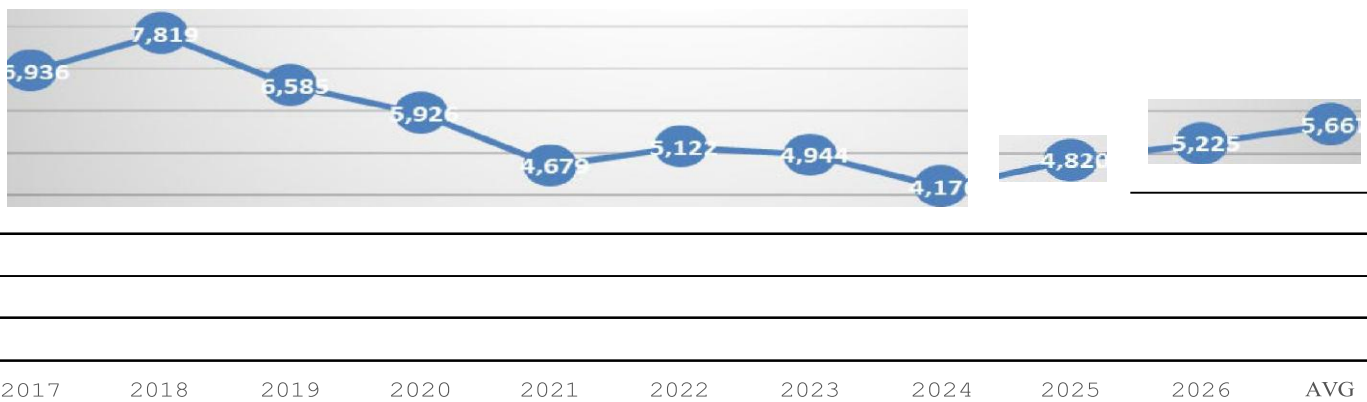
Rad Procedures VTD FY 10 to 26



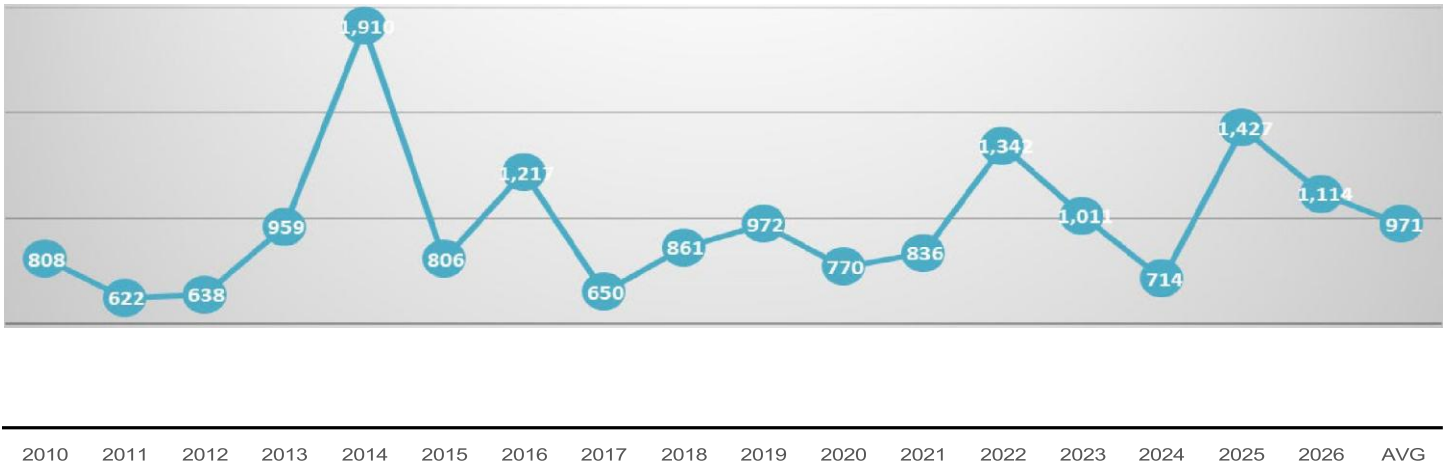
OPM Visits YTD FY 10 to 26



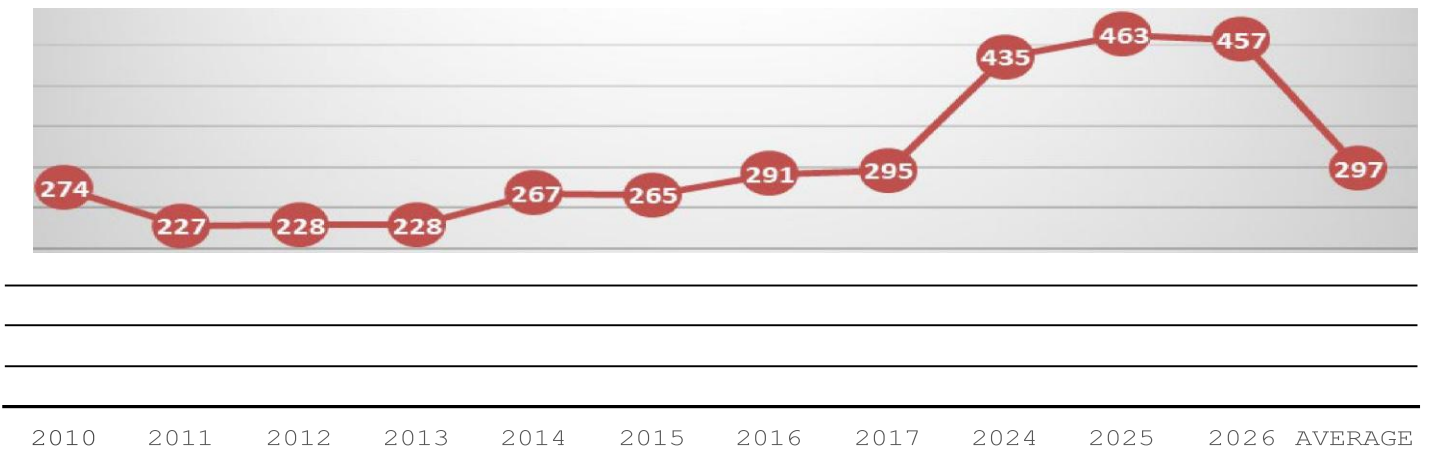
PT Procedures YTD FY 17 to FY 26



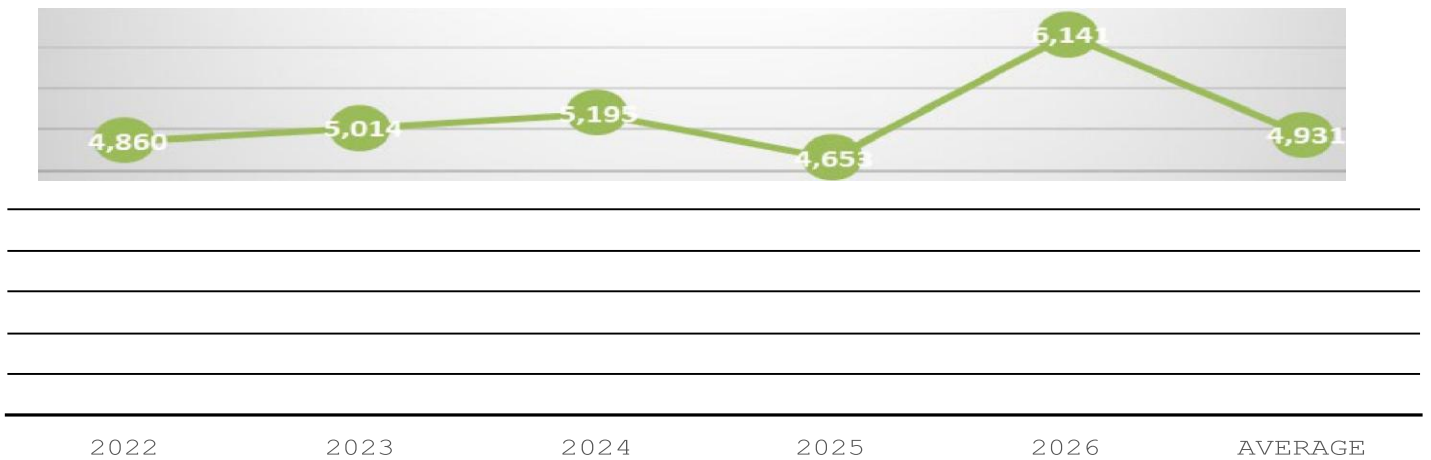
Hospice Days YTD FY 10 to 26



Ambulance Runs VTD FY 10 to 17, 24 to 26



RHC Visits YTD FY 22 to 26



Income Statement

- 1) Acute revenue is up year to date (YTD) due to the large increase in Swing Days. This is the 4th highest amount of Swing Days YTD over the last 16 years.
- 2) SNF Revenue is down due to a very low census.
- 3) Outpatient Revenue is up as almost all Outpatient departments have increased their visits or procedures from the prior year.
- 4) Contractuals are a large positive adjustment due to the Rate Range and a large Medicare lump sum payment based on our FY 25 cost report.
- 5) Salaries and Wages are up 4% due to the state-mandated wage increases that go into effect July 1st every year.
- 6) Employee Benefits are down so far this year. We had some large claims last year, which affected us greatly as a self-funded company.
- 7) Supplies are down, which is great given that they normally will fluctuate with visits and procedures, which are up. Our Purchasing Manager, Hollie, has created a Supply Committee that meets with clinical managers to evaluate lower-cost supplies and ensure the suggested options work and won't sit on a shelf if the new option doesn't meet our needs.
- 8) Pro Fees are up as there have been wage increases in the ER. This is an area I expect will see large increases next year as well, when I talk to my counterparts, and we compare staffing costs.
- 9) Travelers are only 1.9% overall, with decreases in SNF and Ancillary Departments, but a large increase in Acute.
- 10) Other Purchased Services are up due to locum docs in the clinic and the radiology group that charges us to read studies.
- 11) Utilities are trending in the right direction with 37K in savings in February. I expect larger savings as it warms up, since we will use less natural gas, which is included in the utility expenses.
- 12) Insurance is up with increases in liability and property insurance. Property is projected to decrease next year as we have that laundry fire claim rolling off.
- 13) Other Expenses are mostly up due to software subscriptions and some minor increases in outside training and advertising.
- 14) Total expenses are up 2.88%, which is positive as we budgeted for a 4% increase.
- 15) Interest income is up about 77K when you factor in the mortgaged back securities.
- 16) Total Non-Operating is up mostly due to the increased revenue from the retail pharmacy and Jack's work on the QIP, which we will be receiving in April or May.
- 17) Net Income YTD is 9.8 million, but I do anticipate us having a Medicare repayment on our interim cost report, given the increase in Swing and Outpatient. Typically, the interim is filed in April, so I will have an estimate to book then, which will increase contractuals and decrease the bottom line.

Balance Sheet

- 1) Cash is up as we received our Rate Range and Medicare settlement payments. When you go from year to year, you must factor in the mortgage-based securities, which we didn't have in the prior year.
- 2) Patient AR is up compared to last year due to physicians becoming unlinked and that related AR stacking up, as well as there being 1.7 million in inpatient claims under 30 days old. Most

physicians are relinked, and those bills have been dropped, so there will be a lot of payments in March and April.

- 3) Inventories are up due to retail pharmacy and the larger stock on hand to fill more prescriptions.
- 4) The Medicare/Medi-Cal Settlement receivable is now just what we expect for the District Hospital Directed Payment (DHDP) Program and the Quality Improvement Program (QIP) payment.
- 5) Total Current Liabilities are only 3.47 million, as we have paid all our larger IGT payments for the year.
- 6) With our reduction in Current Liabilities and large increase in cash, the Current Ratio is 16.7% compared to the California Critical Access Hospital (CAH) average of 2.77.

Chief People Officer Board Report

Reporting Period: March 2026

Prepared by: Libby Mee, Chief People Officer

Overview

During the reporting period, the Human Resources, Payroll, and Benefits Department has remained a pivotal partner in supporting our growing and dynamic workforce. Our ongoing efforts have been centered around key recruitment, retention, and engagement initiatives, all of which are carefully aligned with the broader organizational objectives.

In addition to strengthening our workforce, we have maintained a strong focus on quality. We are committed to fostering an environment that values continuous improvement, personal development, and excellence in all areas of our work. Through strategic recruitment efforts and ongoing employee support, we aim to enhance both individual and organizational performance, ensuring that quality remains at the core of everything we do.

Employee Support and Recruitment

Currently, the HR Department is supporting a total of 323 employees across various departments. Recruitment efforts remain strong, with 18 active requisitions representing 31 open positions spanning clinical, administrative, and support services.

Current Open Positions

| Department | Job Title | Status | # of Positions |
|-------------------------------------|--------------------------------|---------------|-----------------------|
| Administration | Chief Medical Officer | Full-Time | 1 |
| Dietary | Registered Dietician | Full-Time | 1 |
| Emergency Room | Medical Director and Physician | Full-Time | 1 |
| | Physician | Full-Time | 2 |
| | RN Supervisor | Full-Time | 1 |
| | RN | Per Diem | 1 |
| Hospice Outpatient | RN | Temporary | 1 |
| Medical/Surgical | CNA | Full-Time | 1 |
| | Ward Clerk | Full-Time | 1 |
| | Nursing Staff Coordinator | Full-Time | 1 |
| | Charge Nurse | Per Diem | 1 |
| Nurse Administration | Nursing House Supervisor | Full-Time | 1 |
| Respiratory Therapy | Respiratory Therapist | Full-Time | 1 |
| Rural Health Clinic | Physician | Full-Time | 1 |
| Skilled Nursing | CNA | Full-Time | 9 |
| | LVN | Full-Time | 2 |
| | Unit Assistant | Full-Time | 4 |
| Tri County Community Network | Case Manager | Full-Time | 1 |

Provider Relations

- **Chief Medical Officer (CMO) Candidate:** We have extended an offer to a potential candidate for the CMO role.
- **Family Medicine Provider:** We recently interviewed a Family Medicine Provider candidate and are progressing to the next steps.
- **Emergency Department (ED) Providers:** We are actively recruiting for two additional ED providers with the goal of having these positions filled by the summer.
- **ED Director:** Recruitment for an ED Director is ongoing.
- **Provider Engagement:** The Provider Relations Coordinator has been conducting weekly rounds with providers at the Fall River campus and bi-monthly visits to the Burney Clinic to foster engagement and support.

Community Engagement and Recruitment Events

To further our recruitment efforts, members of the MMHD recruitment team are scheduled to participate in the following upcoming events:

- Shasta College Career Fair: March 20, 2026
- Redding Institute of Technology Career Fair: April 15, 2026

Additionally, MMHD will engage local high schools to share information about our Grow Your Own summer internship program, now in its 10th year. High school seniors will receive details on the program and current employment opportunities, particularly related to the Certified Nurse Assistant (CNA) program.

We also had the pleasure of hosting the Anatomy Class from Fall River High School. The students spent the morning engaging with various departments and providers, attending presentations and demonstrations, providing them with a deeper understanding of healthcare careers.

Quality Department Update

The Quality Department continues to make significant progress in its Cerner workflow initiatives. The first round of work for both the Emergency Department (ED) and Clinics has been successfully completed. During this phase, several key areas of interest have been identified, which will be further explored and addressed in subsequent phases of the project. In addition, the department is actively working on the ACHC review and refresh process. This initiative is critical as we prepare for our full-cycle revisit, scheduled for March 2027. The ongoing efforts ensure that we are well-positioned to meet all accreditation requirements and maintain our standards of excellence.

A notable achievement within Skilled Nursing is the continuous improvement seen in the optimization of the Patient Care Coordination (PCC) system. Despite some challenges with the PCC build and security roles, significant improvements are being made. The team deserves special recognition for their dedication to auditing and manually calculating data, which has led to measurable enhancements in the system's performance. This effort demonstrates the department's commitment to excellence and attention to detail.

In collaboration with the Director of Quality, the Provider Relations Coordinator has introduced Provider Scorecards. These scorecards will help monitor and improve provider performance across three key areas: quality metrics, productivity, and patient satisfaction. The scorecards were presented at the most recent Clinic Provider meeting, and we plan to expand their use across all provider departments, with updates to be provided in monthly departmental meetings.

Service Excellence OASIS Project – Onboarding

As part of the ongoing Service Excellence OASIS Project, the team has successfully launched a New Hire Mentorship Program, designed to enhance the onboarding experience and foster long-term employee success. This program pairs newly hired employees with seasoned team members to create a supportive communication network, helping newcomers navigate the culture, processes, and expectations at MMHD—particularly during their probationary period.

In addition, the project team has developed a comprehensive Orientation Video that will be integrated into the new hire onboarding process. This video offers a visual walkthrough of key areas across the Fall River campus, providing new employees with a better understanding of the physical space, important departments, and essential resources. The goal is to enhance familiarity with the environment from day one, supporting both comfort and efficiency as new team members settle in.

Administrative Reporting Regular Board Meeting

Division: Public Relations

Submitted By: Valerie Lakey, Chief Public Relations Officer

Reporting Month & Year: March, 2026

Summary:

Legislation/Advocacy

Federal and State Legislative Update

Federal Activity

Congress was in recess this week; however, several federal policy developments continue to be monitored that may impact hospitals.

- **Anthem Blue Cross Policy:** CHA is closely monitoring a new Anthem policy that would impose a **10% payment penalty on hospital facility claims when care involves non-participating physicians or providers**. This policy could create reimbursement challenges for hospitals, particularly in rural areas where provider networks are limited.
- **Rural Health Transformation Program (RHTP):**
The Centers for Medicare & Medicaid Services (CMS) has approved **\$183 million of California's expected \$233 million award** under the Rural Health Transformation Program.
 - The **remaining \$50 million**, intended to support **distressed hospitals through transformation payments**, is still under negotiation between CMS and the Department of Health Care Access and Information (HCAI).
 - **Funding application opportunities are expected in late spring.**

State Legislative Update

Legislative Session

Policy committees are now reviewing newly introduced legislation. CHA is currently tracking **dozens of bills impacting hospitals**, including two key CHA-sponsored measures:

- **AB 1923 (Soria)** – Focused on financial support for distressed hospitals.
- **AB 2353 (Pacheco)** – Addresses hospital operational and policy issues.

CHA has asked hospitals to **submit support letters by March 20** to strengthen advocacy efforts as the bills move through committees. MMHD submitted letters.

Artificial Intelligence in Health Care

Artificial intelligence is expected to be a **major legislative focus this session**, with multiple bills addressing AI disclosure requirements and restrictions on workplace use. CHA is evaluating these proposals to ensure appropriate governance of AI while protecting hospital operations and patient care.

Priority Policy Issues

Office of Health Care Affordability (OHCA)

OHCA recently held its **first patient and consumer forum**, where advocates raised concerns that aggressive cost containment policies could **limit patient access to specialized or life-saving care**, particularly for rare disease treatments.

- The **next OHCA board meeting is scheduled for March 25** and will include discussion of hospital financial reporting and enforcement processes.

Hospital Fee Program (Program 9)

California is expected to submit a **revised Hospital Fee Program model to CMS** for the 2025 program year.

- Payment policies are still under negotiation.
- CHA anticipates greater clarity on reimbursement policies for **Program 9 and Program 10 by the end of March**.

Medi-Cal Cost Review

The California Department of Finance has contracted with **Boston Consulting Group (up to \$20 million)** to evaluate potential cost savings in Medi-Cal programs.

- The review includes **hospital payment policies**, raising concern that proposed cost reductions could affect hospital reimbursement.

Key Legislation Being Monitored

Two labor and employment bills under consideration relate to the use of **artificial intelligence and workplace monitoring**:

- **AB 1883** – Would restrict the use of workplace surveillance technologies such as facial or emotion recognition.
- **AB 1898** – Would require employers to notify employees when AI tools are used in employment decision-making or workplace monitoring.

Both bills will be heard in Assembly policy committees beginning **March 18**.

Grant/Scholarship Update

Mayers Memorial Healthcare District was recently awarded **\$9,000 from the California Hospital Association (CHA)** to support the development of a **Patient and Community Navigator Program**. These funds will assist with overall program development as well as the creation and delivery of educational materials designed to help patients and community members better navigate healthcare services.

The **Mayers Healthcare Foundation (MHF)** was also awarded **\$6,000 from the Burney Regional Community Fund**, which will be used to support Foundation initiatives across the current operating budget.

An application has been submitted to the **McConnell Fund** requesting **\$35,000** to support **facility upgrades and improvements at the Lucky Finds Thrift & Gift store**. Notification of the funding decision is expected in **May**.

We are also **awaiting the outcome of the SHIP grant application**, which would provide additional support for district programs.

Discussions have begun with the **local school district** to explore potential collaboration opportunities related to **upcoming grant funding for healthcare career pathway programs**, with the goal of strengthening workforce development in our region.

The **Community Scholarship and Employee Scholarship application cycles will open this week**, with both programs scheduled to **close on May 1**.

Departments that received **2025 Departmental Award funding** have been reminded to submit **photos and receipts documenting their funded projects**. This year, a new component was added requiring award recipients to contribute **volunteer hours to community initiatives**. Board members are encouraged to remind and motivate their departments to participate in volunteer activities as part of this program.

Public Relations/Marketing

The Marketing and Public Relations Department remained active throughout March, continuing to highlight key areas of our organization and support district-wide initiatives. This month's department recognition features focused on **Human Resources (HR)** and **Health Information Management (HIM)**, showcasing the important work these teams do to support patient care and organizational operations.

We encourage Board Members to follow MMHD on social media and subscribe to our YouTube channel. Our digital platforms continue to show strong growth and engagement:

- **YouTube** continues to experience increased views and watch time, reflecting growing community engagement with our video content.

- **Website engagement remains up 66%**, demonstrating increased use of our online services and patient resources.

Marketing continues to support the **OASIS project**, and we are pleased to report that the **OASIS Onboarding Video has been completed** to assist with staff orientation and implementation of the system.

A new initiative currently underway involves the development of **patient education materials across multiple departments**. Marketing has grant funding available to assist departments in creating or updating materials that help patients better understand the services we provide and how to manage their care. Potential materials include:

- Patient brochures
- One-page service handouts
- Discharge instructions
- Care and condition education sheets
- Other patient-facing educational materials

Departments have been invited to meet with Marketing to discuss their needs so we can prioritize development of these resources.

Additional projects this month include **signage development and updates** for several areas including **Acute Care, Skilled Nursing Facility (SNF), the Mobile Clinic, and Clinic car-visit services**.

We have also launched a new [“Meet the Board” feature](#) highlighting members of the MMHD Board of Directors, helping [strengthen transparency and community awareness](#) of board leadership. In addition, the **Board Update format has been revised** to improve clarity and accessibility of information shared with the community.

Looking ahead, Marketing will continue supporting district initiatives, educational outreach, and departmental needs while expanding digital engagement and patient education resources.

As always, the department utilizes a **structured project request form and tracking system** to manage projects across the organization and ensure timely completion of marketing and communication initiatives.

We appreciate the Board’s continued support and encourage you to engage with and share MMHD’s digital platforms as ambassadors for Mayers Memorial Healthcare District.

Mayers Healthcare Foundation

Mayers Healthcare Foundation continues to actively plan and schedule our **2026 community health and fundraising events**. As we look ahead, we recognize that several significant changes are anticipated for the Foundation in the coming year. It is my hope that MHF remains strong

and well-supported as we navigate these transitions. Your continued engagement, guidance, and dedication as board members will be especially important as we move forward in service to our community.

The **Denim & Diamonds Gala** was a great success. Prior to accounting for investment allocations, the event generated **net income just shy of \$12,000**, once again demonstrating our community's strong commitment to supporting the mission of Mayers Healthcare Foundation.

Planning is also underway for several upcoming Foundation and community events. The **Community Health Fair is scheduled for June 13**, and the **Foundation Golf Tournament will take place on August 7**. Both events provide important opportunities to connect with the community while supporting the Foundation's efforts to enhance local healthcare resources.

The **Mayers Employee Giving (MEG) Appreciation Lunch** will be held on **April 16**, where MEG contributors will gather to determine how the funds they have generously donated will be used to support hospital needs and initiatives. In addition, the **Volunteer Appreciation Luncheon will take place on Monday, April 20**. MMHD Board Members are invited and encouraged to attend as we recognize the many individuals who give their time and energy in support of Mayers.

With the arrival of spring, we are optimistic about increased activity at the **Lucky Finds Thrift & Gift store** and anticipate improved sales following the typical slowdown that occurs after the holiday season.

We have also begun utilizing a portion of the **Redding Rancheria grant funds** awarded to support the thrift store relocation. Recently, these funds were used to purchase **additional clothing racks and storage baskets**, helping improve organization and expand capacity in the back storage area. In addition, a **grant application has been submitted to support further improvements at the Thrift Store**, and we are hopeful this funding will allow us to continue enhancing the space for volunteers, shoppers, and donors.

Tri-County Community Network

Children's Programs

- The preschool and after-school program license application has been submitted to Community Care Licensing (CCL). The next step is Live Scan fingerprinting for all staff and individuals who will be present during program hours.
- Indoor storage equipment has been purchased using grant funding from the McConnell Foundation and the Mayers Healthcare Foundation.
- A letter from Community Care Licensing regarding the program is included in this month's board packet. (Attachment)

Bright Futures Early Childhood Program

- Bright Futures continues to expand services across the Intermountain region, serving **109 children and 12 parents from January–March** in communities including Montgomery Creek, Burney, Fall River Mills, McArthur, and Big Valley.
- The **Safe Seats Car Seat Program** is now active. Parents and caregivers can schedule appointments through the TCCN website to receive and have car seats installed at no cost.
- Local children are participating in the **Paper Doll Artist Project** in partnership with First 5 Shasta. Completed artwork will be displayed in several local businesses throughout the Intermountain area.

Upcoming Events

- **Week of the Young Child – April 18:** TCCN and Rotary will host a *Touch-a-Truck* event at the Intermountain Fairgrounds for families with children ages 0–5.
- **Big Valley Parent Café – April 9:** A family engagement event will be held in partnership with Big Valley Elementary School.

Grants and Funding

- **Kid Fit 2026:** TCCN received **\$5,000 from the Burney Regional Foundation** to support the annual youth health and activity event, which will also include an additional event in Round Mountain.
- **Playground Improvement Grant:** A grant application has been submitted for privacy fencing and landscaping improvements, along with volunteer efforts to remove unsafe equipment.
- **TCCN Playground Planning Update**
Met with partners to review potential options for the proposed TCCN playground area. Preliminary discussions identified that a lot line adjustment and zoning modifications may be required. In addition, staff are currently working with Caltrans regarding the installation of a safety barrier along the roadway adjacent to the site. Privacy slats for the perimeter fencing are also being planned. Several design and safety options are being evaluated to ensure the playground area provides a secure and appropriate environment for children and families.
- **Backpacks to Home Food Pantry:** A **\$2,588 grant** supports a student food pantry in collaboration with Fall River Joint Unified School District.
- **BOTVIN Life Skills Program:** Anti-smoking and life-skills education continues for **approximately 200 students in grades 4–6** through May 2026.
- TCCN has joined the **Shasta Substance Use Coalition**, helping ensure rural communities benefit from opioid settlement funding initiatives.

Enhanced Care Management (ECM) Program

- TCCN and MMHD continue collaborating with Partnership HealthPlan and HANC to implement ECM services.

- The program operates under a **\$102,000 contract supporting training and operational costs**, with grant funding extended through **March 30, 2026**, and remaining funds projected to support services through **June 30, 2026**.
- A community **Care Closet** launched in February to provide essential items for individuals in need.
- **FY25-26 ECM billable services total \$11,735 to date.**
- Recruitment is underway for a new ECM Case Manager following the resignation of the current staff member.

Fundraising and Program Development

- Fundraising coaching continues with a focus on raising funds for the **Children's Program playground refurbishment**.
- TCCN is exploring a **Peer-to-Peer fundraising campaign with PG&E**, with a planning meeting scheduled for March 31.
- Additional potential grant funding of approximately **\$50,000** is being explored to expand anti-smoking education programs in northeastern Shasta County.

Partnerships

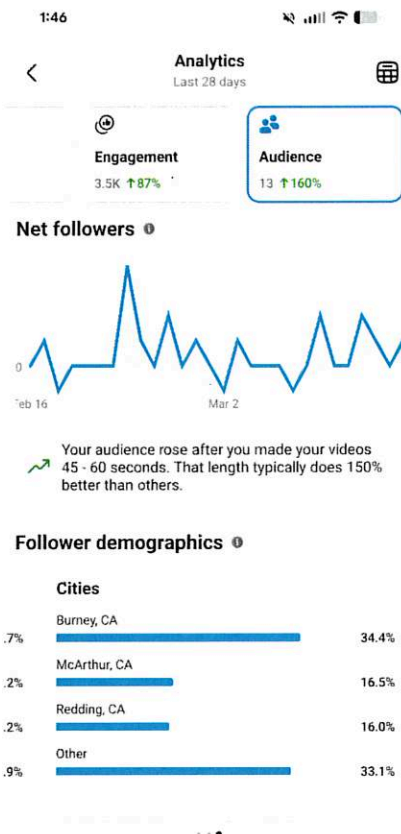
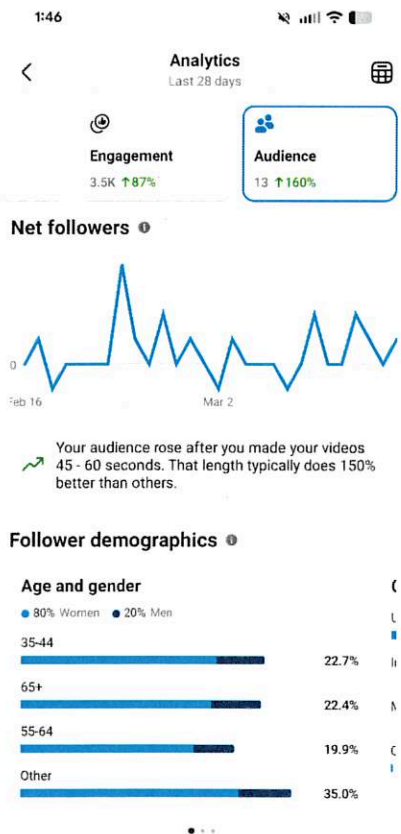
- SMART Employment Services will resume in April.
- The **IMAGE community collaboration group** will meet May 5 to address substance use and mental health awareness.
- The **Peer Mentoring Program** with Shasta County Chemical People continues successfully, pairing **14 mentors with 15 middle-school students**.

Community Engagement

- Ongoing programs include Bright Futures weekly early childhood activities, Senior Sip & Social gatherings, Wellness Hour, and several community social programs hosted at the TCCN facility.

Intermountain Community Center

- Construction plans for the Intermountain Community Center have been approved by the county and MMHD Board, and the project is moving into the bidding phase.



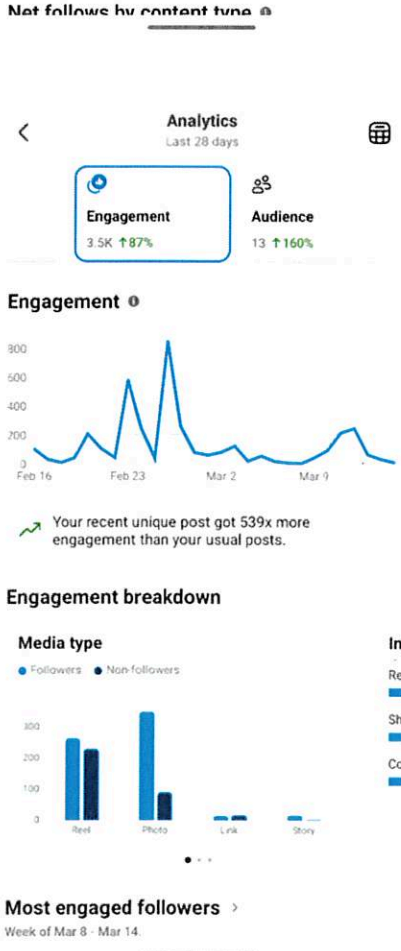
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Content

Library Collaborations Inspiration hub Playlists

(1) Lifetime All posts Views

| Content Title | Views |
|--|-------|
| Mayers Memorial Hospital District i... | 2,448 |
| Meet Libby Mee, Chief People Offic... | 1,116 |
| It's Colorectal Cancer Awareness M... | 248 |
| Thank you to our community for co... | 1,357 |
| Throughout Patient Safety Awarene... | 242 |
| We're looking for someone to join t... | 528 |
| Looking for something new? MMHD... | 1,876 |
| Meet Your MMHD Board Members... | 681 |
| Meet Ryan Harris, Chief Executive ... | 1,255 |
| Mark your calendar! The 26th Annu... | |



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Analytics

Last 28 days

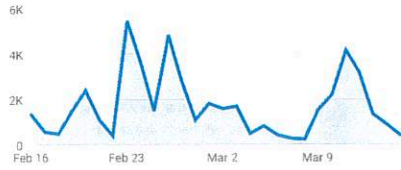


Views
48K ↑47%

Earnings
\$0 --

Engagement
3.5K ↑87

Total views



📈 Your recent unique post got 8Kx more views than your usual posts.

Viewers 7.9K

Views breakdown





JENNIFER TROIA
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Chico Regional Office



GAVIN NEWSOM
GOVERNOR

ATTN: Mayers Memorial Healthcare District Board of Directors

43563 Hwy 299 E, Fall River Mills, CA 96028

TO: **Abe Hathaway, Amber Estes, and the Board of Directors**

SUBJECT: **NOTIFICATION OF CORPORATE INTENT TO OPERATE A LICENSED COMMUNITY CARE FACILITY**

Mayers Memorial Healthcare District and Ryan Harris has applied for a license to **Intermountain Community Center (455408763)** and named you as one of its board members or officers.

The Department of Social Services, Community Care Licensing Division (CCLD) oversees the licensing of all community care, child day care, and residential care facilities for the elderly. These facilities provide non-medical care for children, adults, and the elderly who either live permanently at the facility or are cared for only part of the day.

It is important for you to understand that, if approved, this license will be issued in the name of the corporation. This means that the corporation will be held accountable for the care and supervision of all clients in care. Where the licensee is corporation, a person or persons must be designated in the application as authorized to act on behalf of the corporation. Generally, the persons designated are the chief executive officer, board members and/or officer(s) of the corporation.

CCLD is also mandated by law to ensure the health and safety of your clients through unannounced monitoring visits and response to complaints filed against the facility. Each visit will result in a written notification to the person the board has designated as "in charge". Much of this information will be publicly available in the file kept at the licensing office.

Our experience has shown us that it is very important for the board to meet periodically and remain involved in the management of the facilities operated by their corporation. Regular board of Directors meetings is essential if the board members are to ensure that the care facility is operating properly and in substantial compliance with licensing laws and regulation. In some instances, board members may be held accountable for the conduct of, or damages caused by, the facility corporate licensee.

Please inform the district licensing office, immediately if you are not a board member or officer of the above corporation. We will contact the corporation immediately and request that they submit a new board resolution identifying the individuals on the Board of Directors and those who are authorized to act on behalf of the corporation.

If you have questions, please contact the Chico Regional Child Care Office identified above.

Board Report

Clinical Division

3/17/2026

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

Outbreak

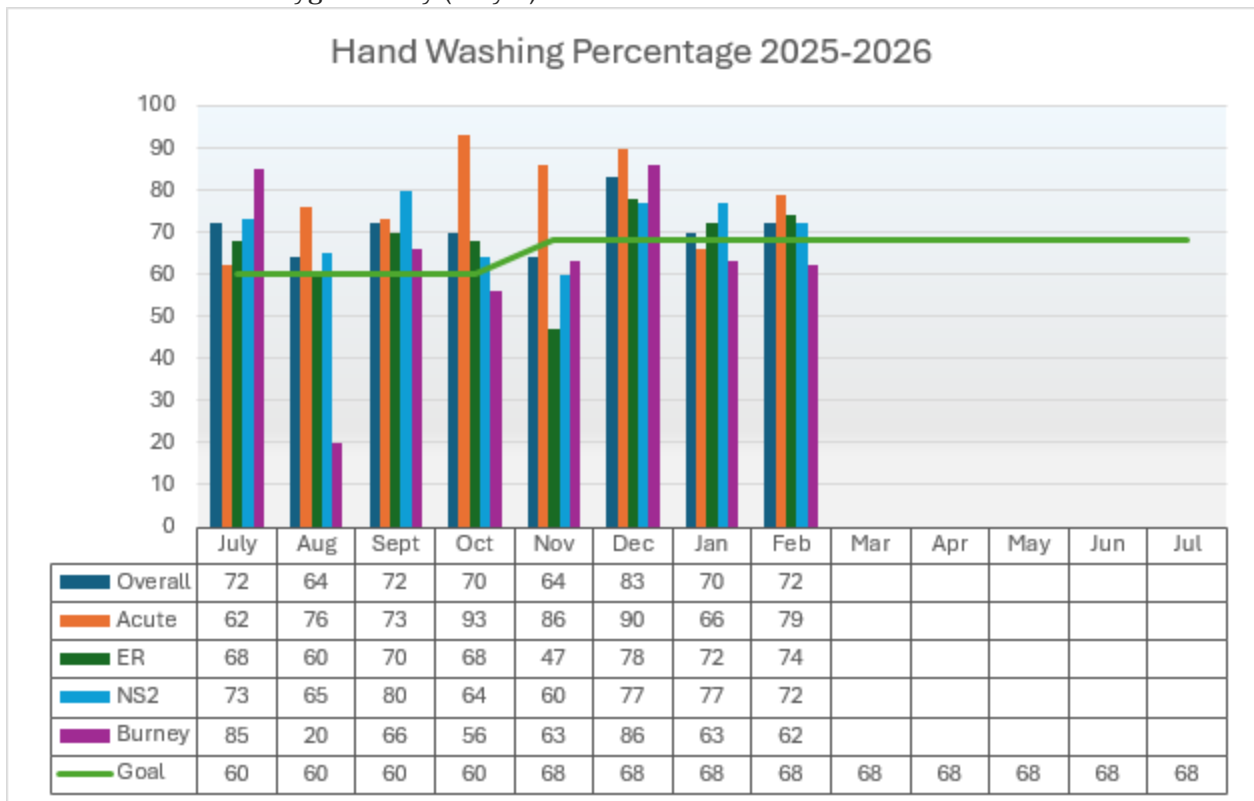
- RSV outbreak ongoing at the Burney LTC facility; no projected end date at this time.
- Staff are fully masking, and all communal resident activities remain on hold.

Measles Preparedness

- N95 mask compliance currently at 90%.
- Facility measles risk assessment was completed in February; final report is pending.

Hand Hygiene

- New “Foam In / Foam Out” signage is in production, with planned rollout in April.
- Development of a new hand hygiene campaign is underway for May, in recognition of World Hand Hygiene Day (May 5).



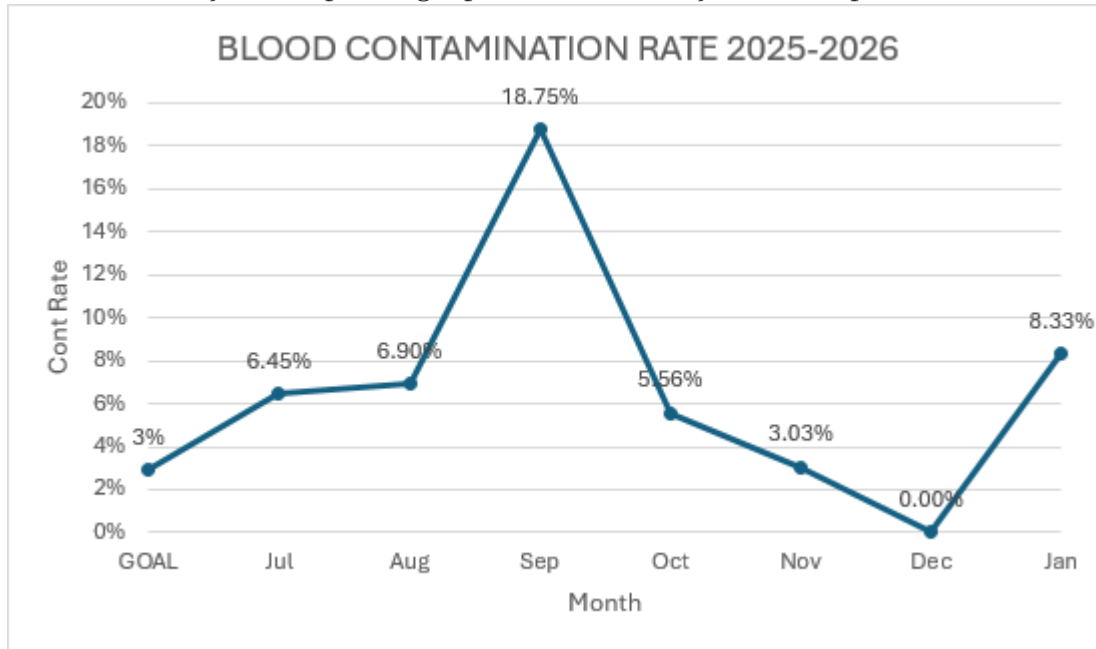
Transmission-Based Precautions

- Updating facility signage to improve clarity and usability. New materials will be color-coded and include quick-reference tips on the reverse side.

- Signage will be presented at the Nursing Skills Fair on March 23, 2026, with full implementation scheduled for April 2, 2026.

Blood Culture Contamination (ER)

- Blood culture contamination remains a significant challenge in the Emergency Department.
- Currently evaluating blood culture diversion devices for a potential trial period. These devices are reported to significantly reduce contamination rates.
- February data is pending; updated trend analysis will be provided once available.



| BLOOD CULTURE CONTAMINATION RATE | | | | | | | |
|----------------------------------|------|-----|------|-----|-----|-----|-----|
| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN |
| # Total Cultures | 31 | 29 | 16 | 18 | 33 | 41 | 36 |
| # Contaminated Cultures | 2 | 2 | 3 | 1 | 1 | 0 | 3 |
| # Positive Cultures | 3 | 4 | 3 | 2 | 3 | 3 | 1 |

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

Bulk Text Notification Error (03/05/2026): On March 5, 2026, a bulk text notification was unintentionally sent to all patients due to an error within our standard Return-to-Stock workflow, which typically sends reminders only to selected patients prior to medication restocking.

When the message was initiated, it was mistakenly distributed to the full patient population rather than the intended subset. Attempts to cancel the message immediately after sending were unsuccessful, as the cancellation function failed. Our vendor, Lumistry, was contacted promptly but was also unable to intervene or stop the message once it had been released.

This resulted in a significant and immediate increase in patient traffic at the pharmacy between approximately **3:00 PM and 5:30 PM**, as patients responded to the notification. A follow-up clarification message was sent to patients to mitigate confusion.

We are currently working closely with Lumistry to identify the root cause and implement safeguards to prevent recurrence, including reviewing system controls and message confirmation processes.

California State Board of Pharmacy Inspection (03/09/2026): On March 9, 2026, the California State Board of Pharmacy conducted an unannounced inspection of the retail pharmacy.

Both Keith Earnest and Kristi Shultz were present for the duration of the inspection. We are pleased to report that the pharmacy successfully passed the inspection with **zero findings and no corrective actions required**. This outcome reflects the team's strong commitment to compliance, operational excellence, and patient safety.

Pharmacy System Downtime (03/11/2026 – 03/13/2026): On March 11, 2026, at approximately 10:00 AM, the pharmacy system (Liberty) began experiencing functionality issues affecting the pharmacist. Liberty was able to restore pharmacist access after approximately three hours. However, on March 12, 2026, system functionality further deteriorated. While refill processing remained intermittently available, staff were unable to process new prescriptions, significantly impacting workflow and patient care.

The pharmacy collaborated closely with internal IT and Liberty support throughout the incident. Unfortunately, the system remained largely non-operational for March 12 and March 13, with full functionality restored around **4:00 PM on March 13, 2026**.

This outage had a notable impact on patient services, operational efficiency, and overall business performance. Liberty and IT teams are continuing to investigate the root cause and are working to implement corrective measures to prevent future occurrences.

Record Prescription Volume (03/16/2026): On March 16, 2026, the Retail Pharmacy experienced a **record-setting day**, with **365 prescriptions filled**. In addition, approximately **150 prescriptions remained in the queue** for processing at the end of the day. This milestone highlights both the continued growth in prescription volume and the increasing demand for pharmacy services within our community.

340B Leadership & Professional Recognition: Kristi Shultz has been invited to participate as a panel speaker for an upcoming **Apexus ACE educational webinar** on May 6, 2026, focused on the challenges of rural healthcare delivery and managing multiple roles within the 340B program. This invitation reflects external recognition of the pharmacy's leadership and expertise in navigating complex 340B operations, particularly within a rural setting. This opportunity not only highlights individual leadership but also reinforces the organization's growing reputation and influence within the 340B program at a regional and industry level.

Staff Recognition: I would also like to take a moment to acknowledge our pharmacy staff for the way they managed both of these challenging situations. Working in an already fast-paced environment, these disruptions added significant pressure; however, the team rose to the occasion. I am incredibly proud of how they handled each situation. They remained focused, worked collaboratively to help resolve the issues, and continued to prioritize patient care every step of the way. Their commitment to our patients and to each other truly reflects the strength of our team.

Hospital Pharmacy

Measles: Employee health has reviewed employee files to identify staff who qualify for re-vaccination. One staff member was identified and vaccinated.

Recall: Many IV fluids manufactured by Fresenius Kabi have been recalled due to issues with the infusion port. Katrina Willaim, CPhT, and purchasing staff are checked all inventory and no recalled lots were found. IV fluids from other manufacturers are stocked up to navigate potential shortages.

Shortages: Current shortages include injectable pain medications hydromorphone (Dilaudid®) and morphine and injectable antibiotic azithromycin. We have been told by our wholesaler to expect supply chain interruptions due to the conflict in the middle east but none have been experienced at this point.

Cerner: Pharmacy staff work daily to resolve Cerner issues. Amiodarone and premixed piperacillin/tazobactam builds are in process.

Sterile Compounding: The technician from ENV will be on campus March 17 to certify the barrier isolator.

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

RT Manager Recruitment: Held a discussion with Tamara Reed and the team regarding the open RT Manager position. Coordinating with Ashley to confirm availability for an in-person visit in May.

Staffing Agency Transition: Libby has completed negotiations with the new staffing agency, Power Search Solutions.

Pulmonary Rehabilitation Program: We nearly had our first candidate enter the program; however, the patient did not meet the required thresholds to advance to the next step.

Mask Fit Testing Compliance: As of March 17, 90% of hospital staff have completed the second round of mask-fit testing.

Imaging—Submitted by Kevin Davie, Director of Ancillary Services

MRI Services: MRI volumes remain strong. We are trying to work with the other sites to secure a second day when their schedules allow. We are also coordinating with Heritage to address ongoing reliability concerns related to the trailer and potential machine downtime.

New Ultrasound Technician: Our new ultrasound tech is performing exceptionally well, quick learner, requires minimal repetition, and is already reviewing department policies to identify opportunities for improvement.

Tele-Radiology Vendor Review: We met with The Radiology Group, one of the finalists, for our new teleradiology services vendor. We requested contract revisions that would reduce overall cost and include accountability measures if key performance thresholds are not met.

Team Engagement: The entire team is actively participating in completing as many Do-It tasks as possible for Goat Madness.

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

Patient Volumes: February patient volumes continue to trend upward. As of the end of February, we have seen 1,588 patients since start of this fiscal year, which reflects an increase compared to the same period in each of the past two years. (Table below).

Zio Holter Monitoring: Our recent provider outreach meeting at the clinic has already produced results, generating three Zio Holter referrals in February. We are also seeing an increase in Holter monitoring referrals in early March.

Cardiac Rehabilitation – Monitored Patients: We have received several referrals for monitored cardiac rehab. However, a combination of medical complications and transportation challenges has delayed patient participation. We are actively coordinating with referring providers and working directly with patients to address these barriers and support their safe engagement in the program.

Community Engagement: Zita and Dr. Frye represented the organization at the Go Redding event, strengthening community connections and increasing program visibility.

Cardiac Rehab Volumes:

| 2025/2026 | Monitored | Gym | Intakes | Holters | TOTAL | | | | 2024/2025 | 2023/2024 |
|-----------|-----------|-----|---------|---------|-------|--|--|--|-----------|-----------|
| JULY | 16 | 192 | 1 | 0 | 209 | | | | 172 | 149 |
| AUGUST | 10 | 214 | 0 | 2 | 226 | | | | 212 | 139 |
| SEPTEMBER | 0 | 170 | 0 | 2 | 172 | | | | 209 | 111 |
| OCTOBER | 0 | 196 | 0 | 0 | 196 | | | | 170 | 157 |
| NOVEMBER | 0 | 163 | 0 | 0 | 163 | | | | 138 | 168 |
| DECEMBER | 0 | 187 | 1 | 2 | 190 | | | | 189 | 191 |
| JANUARY | 0 | 198 | 7 | 1 | 206 | | | | 196 | 227 |
| FEBRUARY | 0 | 197 | 5 | 3 | 205 | | | | 155 | 215 |
| MARCH | | | | | | | | | 175 | 227 |
| APRIL | | | | | | | | | 194 | 207 |
| MAY | | | | | | | | | 207 | 179 |
| JUNE | | | | | | | | | 211 | 143 |

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

Paper Reduction Initiative: The Physical Therapy department continues to work toward a paper reduction initiative aimed at improving workflow efficiency and reducing unnecessary printing. As part of this effort, our front desk staff has discontinued the previous practice of copying a second set of patient intake forms for scanning into the EHR. Instead, after evaluations are completed, the patient chart is now placed directly into Laura’s scan box. Laura then scans the original documents into the electronic record and marks each item with a “scanned” stamp to confirm completion. At the time of patient discharge, charts are carefully reviewed to ensure all documents have been appropriately scanned or verified within the EHR. This process maintains documentation integrity while reducing paper use and duplicate handling. We have also seen improvements following installation of our new fax machine. Previously, faxes from Mountain Valley Health Centers often included an additional blank page with a line of nonsensical characters between each page. This issue has now been resolved, resulting in approximately a 50% reduction in the number of pages received from those transmissions. In addition, most communication from the Physical Therapy department to outside facilities is now being completed directly through Cerner electronic transmission, which further reduces the need for printing and manual faxing. Our front office team is continuing to adapt to this transition and is working toward minimizing printed documents for faxing. There remain some concerns regarding confirmation of successful transmissions through Cerner due to the lack of a receipt or confirmation feature; however, staff are becoming more comfortable with the system as they gain experience using it.

Women in Medicine Collaboration Dinner: Richia Castro-Larsen and Daryl Schneider recently participated in a Women in Medicine dinner organized by Thelma Wadsworth, PA. The event brought together 11 female clinicians from Mountain Valley Health Center and Mayers Memorial Healthcare District, including PAs, NPs, PTs, and a cardiologist.

The event provided a valuable opportunity to discuss shared challenges, professional growth, and strategies to strengthen communication and collaboration between providers and facilities. Participants found the conversation productive and expressed enthusiasm for continuing similar collaborative gatherings in the future to further enhance professional relationships and coordinated patient care.

Service Excellence Initiative: The OASIS Voicemail Project continues to promote improved communication consistency across departments. The first round of voicemail audits has been completed with the assistance of the admitting team. Amy Parker distributed the audit results to department leaders so that follow-up could be conducted with staff members whose voicemail greetings still require updating.

As the project moves forward, Richia Castro-Larsen has agreed to participate in the SEAs for Year 2, further supporting departmental engagement in the SEI program.

Laboratory—Submitted by Sophia Rosal, CLS, Laboratory Manager

Employer Drug Screening: We are working to implement FormFox. A platform to support workplace urine drug screening for the Department of Transportation and Department of Consumer Affairs. The system is anticipated to be implemented at a minimal cost, as the vendor will provide the required equipment.

Advanced Beneficiary Notice (ABN) Workflow Enhancement: The Laboratory is working with IT to finalize a new process that will allow ABNs to be electronically transferred to an iPad once flagged in Cerner. We are in the testing phase of implementation.

Skills Fair Preparation: The Laboratory is partnering with Emily Harper in Staff Development to prepare for the Skills Fair scheduled for the week of March 23.

Lab Results Integration with PointClickCare (PCC): Ongoing collaboration is underway with Jeff Miles to integrate laboratory results between PointClickCare and Cerner. The validation plan has been started with a goal of go-live at the end of April.

Rural Health Clinic

See annual report by Kimberly Westlund, Clinic Manager.

Telemedicine Program Update as of March 3rd, 2026

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 4,556 live video consults since August 2017 (start of program).

Endocrinology:

- Dr. Bhaduri saw 26 patients in February. She continues to be our most productive, consistent provider.
- We've had 1,672 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw five patients in February. We have extended our monthly block by one hour to meet patient volume.
- We've had 294 consults so far since we started this specialty in November 2017.

Psychiatry:

- Stephaine saw six patients in February. Our SNF patients were cancelled due to weather this month and were moved to the next block.
- We've had 904 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw no patients in February.
- We've had 157 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Nalla saw four patients in February. Erik Kuecher saw two patients in February.
- We've had 521 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Tang saw 15 patients in February. Dr. Lee saw two patients for the month of February.
- We've had 391 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw eight patients in February.
- We've had 196 consults since the start of the program in April 2023.

Gastroenterology/Hepatology:

- I am pleased to announce that, as of February 2026, our Telemedicine program has expanded to include a new specialty. Emily Sizer, PA-C, will be providing Gastroenterology and Hepatology services. We are excited to welcome her to our team.

Talk Therapy:

- Breeanne confirmed she will be returning from maternity leave no later than April 6th. We are looking forward to her return.

Referral Update:

We received 32 New Patient referrals in February. Below is a breakdown of where we received them from:

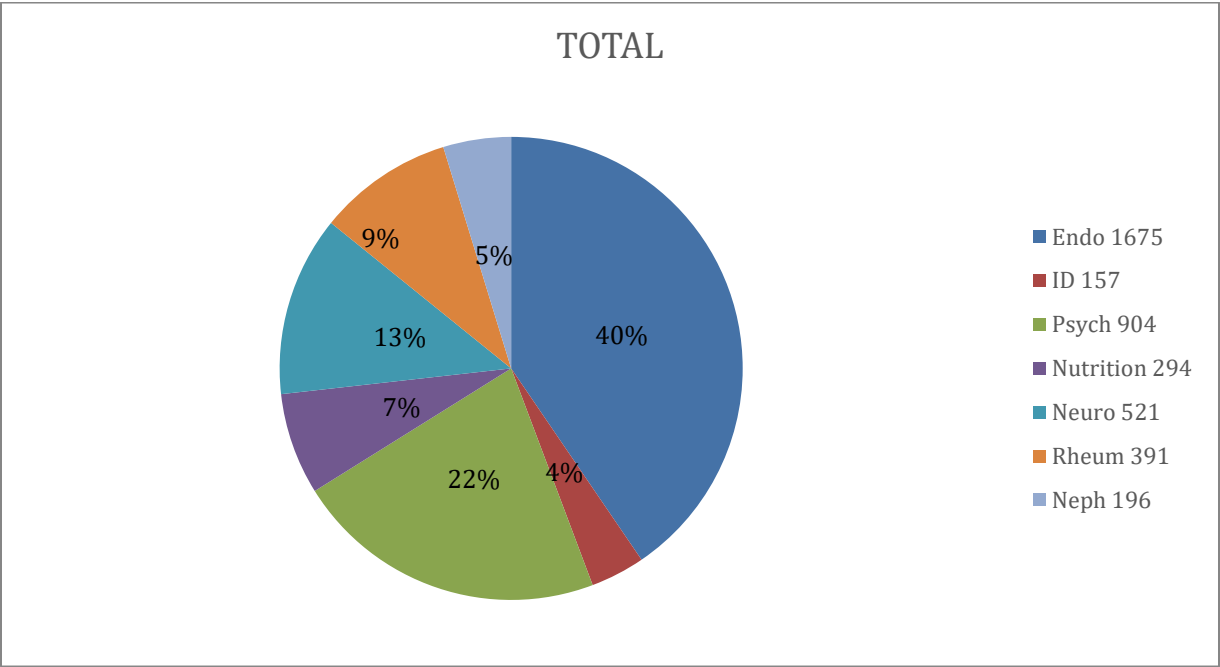
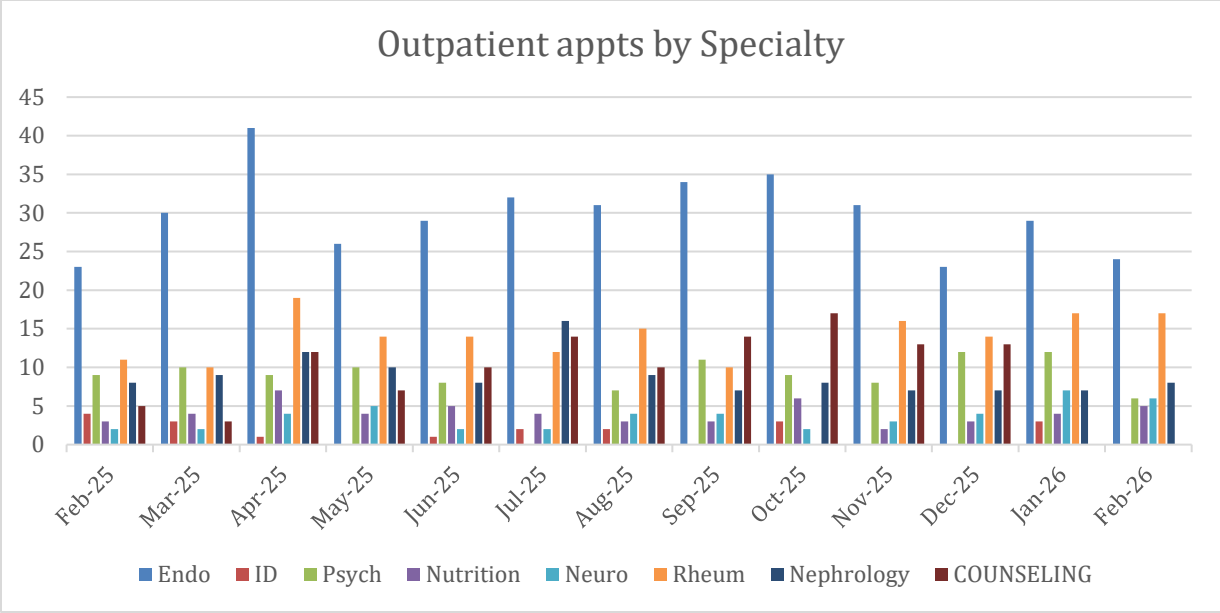
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 0
- Pit River Health Center – 5
- Canby Family Practice – 0
- Mayers RHC – 27
- Mayers SNF – 0

ConferMED –

We had no ConferMED consultations sent in the month of February. 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, RN BSN

Reporting Month & Year: March, 2026

Summary:

CNO Highlights – February 2026

- **Strategic Performance:** Surgery referrals increased 15% with procedures maintained within 10-day scheduling goal; Swing Bed ADC improved to 4.54; successful outreach to referral partners (SRMC, Mercy) strengthening transition pipeline; ALS ambulance coverage stabilized and new Ambulance Manager onboarded; 100% BLSO completion with immediate positive patient outcome in ED.
- **Operational Status:** SNF census increased to 68 with stable operations; Acute ADC 1.14 with continued RN vacancies (2) supported by travel staff and onboarding of 2 new graduate RNs in March; ED volume 433 visits with 35 transfers; continued reliance on contract RNs for night coverage; outpatient and activity programs remain stable with continued focus on engagement and growth.
- **Risk & Compliance:** Managed respiratory outbreak across SNF campuses (11 residents) impacting operations including Family Council; two SOC-341 reports, influenza outbreak, and three falls with injury pending CDPH review; ongoing accreditation compliance (ACHC) and staff education initiatives (NATP, certifications, infection prevention) supporting regulatory readiness and quality improvement.

SNF

Capacity

- Resident Census = 68
- Fall River = 28
- Burney = 22 general resident population
- Burney Memory Care = 18 residents

Staff Development

- Several members of our nursing staff have completed their rotation in Outpatient Services.
- Infection Prevention has provided an Inservice to the nursing staff regarding UTIs and proper McGeer criteria follow through. We are now scheduling CNA staff to be completed in March.
- Director of Staff Education will be doing random quizzes with the staff regarding resident care plans and medication observation per Richter suggestions.



- Departmental Education: New hire department orientation will happen in March with 5 new hires.
- NATP successfully completed with 3 students to test in March, and we have 6 UA's currently for the next class.

Infection Control

- SNF had a Respiratory outbreak at the Annex and Fall River, involving 11 residents.

Family engagement

- Family Council was canceled for February due to the outbreak but will resume monthly.

PCC

- Richter has completed their audit of our system. Follow up meeting went well. The first training course is scheduled for 3-19-26.
- We had a meeting with PCC regarding Module upgrade for Infection prevention, Eligibility verification, E referrals, and Market insights.
- Richter completed their Mock Survey for SNF at both Fall River and Burney Annex.

Regulatory

- Two SOC-341 self-reports and Influenza outbreak pending CDPH visit for review.
- Three falls with injury have been reported to State pending review.

Activities Department Update

- Provided daily structured programming across Burney Front Street, Memory Care, and Fall River Mills focused on physical, cognitive, social, and emotional well-being in alignment with Title 22 and OBRA guidelines.
- Offered a variety of group and individualized activities including exercise programs, cognitive stimulation (e.g., trivia, reminiscence), social events (e.g., bingo, crafts, music), and spiritual services to support resident engagement and quality of life.
- Hosted special events including Valentine's Day, Super Bowl, Mardi Gras, Presidents' Day, and monthly birthday celebrations, promoting community involvement and social connection.
- Continued individualized/in-room programming to ensure participation for residents with limited mobility or higher acuity needs.
- Maintained strong interdisciplinary collaboration with nursing, RNA staff, and families to support holistic care and participation.

Focus Areas Moving Forward:

- Increase participation in daily programming
- Expand memory care-specific sensory and reminiscence activities
- Enhance outdoor/patio engagement as weather improves
- Strengthen individualized activity offerings

Acute

February 2026 Performance Dashboard

- Acute ADC: 1.14
- Acute ALOS: 4.15
 - 14-Day LOS Blue Cross Payer
- Swing Bed ADC: 4.54



- Swing Bed ALOS: 14.75
- OBS Census Days: 4

Staffing Overview

Staffing Requirements: Optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. Currently, the department is down 2 RN positions, 1 CNA position, and 1 Ward Clerk position. We have successfully hired 2 newly graduated RN's whom will begin orientation in March.

Utilization of Registry and Supplemental Staff: The unit is currently supported by two 13-week travel RNs. Additionally, one PTE NPH RN continues to provide part-time coverage and supports staffing flexibility, allowing core staff to float to OPS, OPM, and the ED as needed.

Operational & Program Updates

- Collaborated with the ACHC team to ensure all required audits following our accreditation were completed, finalized, and prepared for submission. This work helped ensure ongoing compliance with ACHC standards and verified that required monitoring processes were in place following the accreditation survey.
- Collaborated with Social Services to visit our partners at Shasta Regional Medical Center (SRMC) and Mercy Medical Center – Redding to strengthen communication around discharge planning and increase awareness of our Swing Bed services. These discussions focused on improving care transitions, ensuring appropriate patient placement, and reinforcing our hospital's ability to support patients requiring continued skilled nursing or rehabilitation services following acute care.

Emergency Services

February 2026

- Total patients treated: 433
- In-Patient Admits: 15
- Transferred to higher level of care: 35
- Pediatric patients: 84
- AMA: 9
- LWBS: 8
- Present to ED vis EMS: 64

Staffing:

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 2 FTE Noc shift contract nurses- Until orientation for both RN and Noc Supervisor is completed.

Do-It Project Update:

- Noted a community needs to have an accurate medication list that was easily carried in a wallet or purse. We ordered wallet cards and have begun distributing them.

Department Updates:

- **Versa Duress Badges:** All badges have been delivered. Our Go-Live Date is March 11th.

Basic Life Support–Obstetrics (BLSO): All FTE RNs have now successfully completed this very valuable class. We utilized this training just four days later in the ED with a successful, healthy precipitous delivery.

Ambulance



- 64 total ambulance calls; 25 were interfacility transfers.
- Our older ambulance, a 2006 Ford F350, blew the turbo during a transfer. That has been repaired and is back in service. This incident did not affect patient care.
- Gabe Shaw has been hired as the new Ambulance Department Manager. He starts on Monday, March 16. Over the next 2 weeks we will work together and have him assume the duties and responsibilities of manager. The crew is excited to have him as he has worked for us in the past and is currently a per-diem employee.
- Maintaining ALS coverage has improved with the help of per-diem paramedics.
- We are currently in the process of scheduling and coordinating some community PR events, with other departments, to have a broader presence in the community.

Surgery:

February 2026

- Referrals Received: 28
- Change from Prior Month: +15%
- Average time from referral to scheduled procedure: 10 days (goal ≤ 14 days).

Procedure Volume and Case Mix

- Total Procedures Performed: 14
 - Colonoscopy: 10
 - Esophagogastroduodenoscopy (EGD): 2
 - Combined EGD/Colonoscopy: 2

Cancellations:

- Patient-related (no-show, ride issues): 5
- Facility-related (equipment/staffing): 0
- Need additional clearance or has medical concern: 1

Outpatient Medical

- Census OPM: November 164, December 201, January 145.
- Starting to make education plans for a clinical skills fair in the Spring.
- Starting to make community education plans for the health fair in June.
- OPM continues to work on pillar goals. The Leadership course has one final class; preliminary education for WCC has been completed and working towards testing prior to June. Orientation for LTC/new staff has begun and so far there is positive feedback from those attending. Staff is on the schedule from January to June. Acute new hires are scheduled in April and June to orient through our department
- Meeting with MRHC to provide an informal introduction of Outpatient Medical Services offered

Social Services

January 2026

- 2-LTC admissions:
 - 2 to Fall River

Updates:



- DON, Moriah & I met with both Shasta Regional Medical Center & Mercy Medical Center regarding our SWING bed program. Both meetings went very well, and we received some great feedback from both hospitals. This is one of my FY26 pillar goals.
- We have 2 pending potential admissions for our memory care unit. We have completed our meet & greets, nursing has approved, finance is approved, and provider has approved. Both families will be coming for tours of the Burney campus. Once that is completed, we will schedule the admissions.
- Our census on Acute in February was high and we had 3 referrals for LTC on Acute.

Clinical Education

Key Certifications & Training:

ACLS (Advanced Cardiac Life Support) for RNs/practitioners

- ACLS renewal course completed February 25, 2026, with 2 staff participants.

PALS (Pediatric Advanced Life Support)

- Initial 2-day PALS certification completed February 3-4, 2026.
- PALS renewal course conducted February 4, 2026.

BLS (Basic Life Support)

- BLS certification courses scheduled quarterly for 2026 to maintain budget compliance.

Nurse Assistant Training Program (NATP)

- NATP class conducted January 26 – March 9, 2026.
- Three students successfully completed the program and plan to sit for the State Certification Exam in April 2026.
- Staff coordination supported successful participation of current UA staff transitioning into the NATP program.

Staff Education & Compliance Initiatives:

CNA In-Service Training (2026)

- Annual in-service calendar was posted throughout the facility.
- Training topics include:
 - Abuse Prevention
 - Dementia Care
 - Infection Prevention
 - Resident-Centered Care
 - Professionalism
 - Resident Safety

Continuing Education (CEU) Sessions

- CNA Training #1 completed February 24, 2026, covering Infection Control, Patient/Staff Safety, and Professionalism (5 attendees).
- Geriatric Nutrition and Hydration training was held February 27, 2026, facilitated by the facility dietician and more sessions under way at least 3 mo

Safe Patient Handling & Mobility (SPHM)

- Bi-monthly orientation sessions continue for newly hired and re-hired staff to reinforce safe patient handling practices.

CDPH CNA Orientation

- Conducted bi-monthly following HR orientation as needed.



Education Technology & Compliance Tracking

- The Relias Learning Platform remains available for CNA and nursing staff CEU completion.
- Development of CNA and Licensed Nurse training plans is underway to support long-term care compliance and certification tracking, assisting staff in maintaining certification requirements and reducing the need for retesting.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

Overall, March was a solid month for the District. We continue to operate from a position of strength being financially stable, operationally steady, and making good progress on our longer-term priorities all while managing the ongoing realities of rural healthcare.

From a financial standpoint, we remain in very good shape. Year-to-date net income is \$9.8 million, cash on hand exceeds 322 days, and expense growth continues to run well below budget. This month's growth was primarily driven by increased swing bed utilization, outpatient volume, improved Medicare throughput, and another strong month for the retail pharmacy, which is up 36% year over year. We do expect a Medicare repayment later this spring tied to higher utilization, but our balance sheet remains strong, and we're well-positioned to manage it.

On the facilities and planning front, we continue to see steady progress. The Masonic Hall is now open and already being used for meetings and community events. The remodel of the Business and Hospice Office is on track, with demolition complete and interior work underway. Discussions on the master plan and feasibility studies are ongoing. Given the scale and complexity of upcoming projects, we will move forward with an RFP/RFQ process to select a Project Management Firm to oversee the Fall River Rural Health Clinic remodel and related work, with a focus on risk management and accountability.

Operationally, things remain stable. We've seen encouraging trends in swing beds, outpatient services, telemedicine, and surgical referrals, while Emergency Department and Imaging volumes have held steady. On the quality and regulatory side, we continue to focus heavily on readiness, making progress with Cerner optimization, accreditation preparation, infection prevention efforts, and provider scorecards. Although we experienced some respiratory outbreaks in the SNF setting, our teams responded quickly and effectively.

Workforce remains one of our top areas of focus. We currently have 31 open positions, including several key leadership and provider roles. However, we are making progress in recruiting a new CMO, stabilizing ED staffing, and advancing workforce engagement initiatives. I continue to be impressed by the professionalism and flexibility of our teams as they manage staffing pressures alongside increasing service demands.

In technology and innovation, following my attendance at HIMSS, we are actively evaluating cybersecurity partners and emerging tools to strengthen our digital environment. The recent pharmacy system outage highlighted the importance of redundancy and vendor oversight, and we are taking those lessons seriously.

Additionally, MMHD hosted the Regional CEO meeting, where several important initiatives were discussed. These included the possibility of establishing a shared 340B coordinator, securing additional days at MMHD through our MRI joint venture, and hiring or partnering with a larger organization to provide Specialty Physicians to improve access in our communities. We also reviewed efforts related to the Rural Hospital Transformation Fund and joint initiatives to utilize those funds effectively. The group discussed current HR practices, the possibility of sharing in house legal counsel, the upcoming selection of California hospital president and CEO, and legislation impacting rural healthcare. Attendees included representatives from Surprise Valley Healthcare District, Modoc Medical Center, Mayers Memorial Healthcare

District, Seneca District Hospital, Plumas District Hospital, Eastern Plumas Hospital District, and Tahoe Forest Healthcare District.

Advocacy efforts continue at both the state and federal levels, particularly around rural hospital funding, workforce policy, and regulatory flexibility. We've seen positive movement on the Rural Health Transformation Program award, with more work ahead.

Community engagement and Foundation activities remain strong, highlighted by a successful Denim & Diamonds Gala and ongoing momentum across Tri County programming and community initiatives.

As we look ahead, our focus remains consistent: maintain strong financial discipline, advance our facility projects thoughtfully, stabilize and support our workforce, stay ahead of regulatory requirements, and continue advocating for the sustainability of rural healthcare. I am confident in the direction we're headed and appreciate the Board's continued support and partnership.