

Chief Executive Officer
Ryan Harris



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

Quality Committee
Meeting Agenda
April 29, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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.

Attendees

Les Cufaude, Chair, Board Member
James Ferguson, Board Member
Ryan Harris, CEO
Libby Mee, CPO
Jack Hathaway, Director of Quality
Lisa Neal, Board Clerk

				Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair: Les Cufaude		
	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 Quality Board Committee Meeting – March 25, 2026		Attachment A	Action Item 2 min.
4	DIRECTOR OF QUALITY REPORT	Jack Hathaway	Attachment B	Report 5 min.
5	SAFETY QUARTERLY REPORT	Dana Hauge	Attachment C	Report 5 min
5	OTHER INFORMATION/ANNOUNCEMENTS			Information 2 min.
6	ADJOURNMENT: Next Quality Board Committee Meeting – May 27, 2026			

Posted: 04.23.26

Board Quality Report March 2026

Patient Experience

Please see attached for most current data on the selected measures

PI Review

We can review current findings in Teams during the meeting.

ACHC

Our IPR (Interim Progress Report) was accepted and now we are clear until our next onsite visit in March of 2027.

Risk (RL6) Review

See following pages for graphs – I moved them for a better view of the data.

State

We had a state visit on April 1 – it resulted in a single tag F627 around the discharge of one of our residents and their 7-Day bed hold. We have started the education process and submitted our plan of correction. We are waiting on official acceptance of our POC (Plan of Correction).

Complaints

I have not received a complaint this month.

QIP – DHCS

This is the time of year that causes me the most consternation – we had all the numbers for Well Child Visits (WCV) – upon verification of data and claims from Partnership we are shy 1 WCV to meet our needed benchmark for success in this Performance Year (PY) – so our Providers Relations Coordinator and I went back through and verified things – 2 of the children on our list have dates of services associated to the Well Child Visits that Partnership has claims for, however, they have no visits recorded in Cerner for the calendar year of 2025. Since we have no documented visits for these 2 kids, we cannot count them in our measure for QIP.

We are currently looking at Colorectal Cancer Screenings and some other measures with higher volume to see if we cannot find a single working measure for our report to DHCS in June.

Cerner

The Cerner work is continuing OPM was the last to be started – we discovered that we need to likely revisit OPM and finish some of the more complex parts of their workflows. We also have to set aside time for Rad, Lab, PT and Nutrition Services to ensure that we can have a workflow for all our functioning Cerner departments. One thing that we have noted in the process thus far is that Cerner workflows do not exist for some of the departments (PT and OPM) that we are working with. OPM may

have another module that we have not purchased that could remedy some of the workflow issues. However, I will note again that PT does not exist in the Cerner environment that we have.

So, we will have to assess this as we continue with the work – luckily, we have flown an informaticist position – and we have good candidates – who will be able to continue the work that we have started.

Conclusion

As always, I am grateful for the opportunity to serve as Quality Director here in the district.

I am sure that most of you have heard by now, however, I have found other leadership opportunities outside of the hospital. I have accepted a new position as a Compliance Officer with and will be leaving Mayers on June 30.

It has been a pleasure to serve my community while in the role.

Respectfully submitted,

Jack Hathaway – Director of Quality

FILTER BY All sections selected

● High Point ● Low Point

Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score				Percentile Rank	Score Trendline
				Current (Q1 2026)	Previous (Q4 2025)	Goal	Change		
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	8	87.39%	66.54%	90.00%	20.85%	96	
Recommend the hospital	GLOBAL ITEMS	CAHPS	8	62.58%	72.80%	90.00%	-10.22%	23	
Received help as soon as needed	RESPONSE OF HOSP STAFF	CAHPS	2	100.00%	82.27%	95.00%	17.73%	99	
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS	8	99.33%	81.16%	95.00%	18.16%	99	
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS	8	86.83%	90.25%	90.00%	-3.43%	95	
Domain: Discharge Information	DISCHARGE INFORMATION	CAHPS	8	93.87%	81.95%	95.00%	11.92%	95	
Staff talk about help when you left	DISCHARGE INFORMATION	CAHPS	8	87.61%	81.95%	90.00%	5.66%	72	
Info re symptoms/prob to look for	DISCHARGE INFORMATION	CAHPS	7	100.00%	81.95%	95.00%	18.05%	99	
Staff informed about your care	CARE COORDINATION	CAHPS	8	87.46%	90.87%	90.00%	-3.41%	98	
Staff worked together for you	CARE COORDINATION	CAHPS	8	99.96%	83.29%	95.00%	16.67%	99	
Staff helped with care plan	CARE COORDINATION	CAHPS	8	74.96%	72.68%	90.00%	2.28%	65	

† Custom Question ^ Focus Question

Q4 2024 Q1 2025 Q2 2025 Q3 2025 Q4 2025 Q1 2026

■ At or Above Goal ■ <5 Points Below Goal ■ >5 Points Below Goal □ No Goal

My Focus Items Summary

Rate hospital 0-10

Global Items

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
Top Box Score	71.43%	68.73%	87.37%	61.26%	66.54%	87.39%
Percentile Rank	49th	47th	96th	16th	32nd	96th

Recommend the hospital

Global Items

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	11	8
Top Box Score	28.57%	62.51%	93.84%	61.72%	72.80%	62.58%
Percentile Rank	1st	24th	99th	18th	54th	23rd

Received help as soon as needed

Response of Hosp Staff

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		7	10	11	11	2
Top Box Score	N/A	57.14%	80.50%	46.36%	82.27%	100.00%
Percentile Rank	N/A	42nd	96th	5th	98th	99th

Doctors listen carefully to you

Comm w/ Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	15	13	11	8
Top Box Score	57.14%	74.89%	85.83%	75.26%	81.16%	99.33%
Percentile Rank	1st	32nd	90th	32nd	72nd	99th

Doctors expl in way you understand

Comm w/ Doctors

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	16	16	13	11	8
Top Box Score	66.67%	74.89%	80.46%	59.88%	90.25%	86.83%
Percentile Rank	8th	50th	80th	1st	98th	95th

Domain: Discharge Information

Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	14	13	11	8
Top Box Score	71.43%	83.98%	89.44%	84.89%	81.95%	93.87%
Percentile Rank	1st	28th	76th	33rd	13th	95th

Staff talk about help when you left

Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	14	13	11	8
Top Box Score	71.43%	81.27%	85.86%	77.20%	81.95%	87.61%
Percentile Rank	1st	27th	57th	9th	27th	72nd

Info re symptoms/prob to look for

Discharge Information

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	15	14	13	11	7
Top Box Score	71.43%	86.69%	93.01%	92.58%	81.95%	100.00%
Percentile Rank	1st	36th	87th	84th	8th	99th

Staff informed about your care

Care Coordination

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	11	8
Top Box Score	N/A	49.99%	79.95%	61.45%	90.87%	87.46%
Percentile Rank	N/A	1st	91st	12th	99th	98th

Staff worked together for you

Care Coordination

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	12	8
Top Box Score	N/A	69.99%	93.29%	76.83%	83.29%	99.96%
Percentile Rank	N/A	20th	98th	49th	83rd	99th

Staff helped with care plan

Care Coordination

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n		10	15	13	11	8
Top Box Score	N/A	69.99%	86.62%	69.14%	72.68%	74.96%
Percentile Rank	N/A	37th	96th	27th	48th	65th

Inpatient

Doctors expl in way you understand

86.83%

Top Box Score

Score Goal: 90.00%
Previous: 90.25% ▼
n = 8

■ At or Above Goal
 ■ <5 Points Below Goal
 ■ >5 Points Below Goal
 ■ No Goal

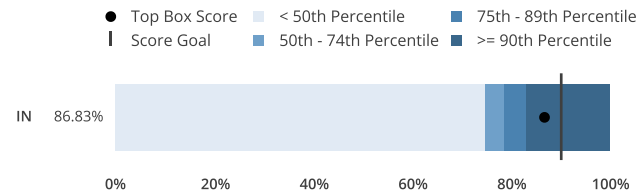
95th

Percentile Rank

Previous: 98th ▼

Performance ⓘ

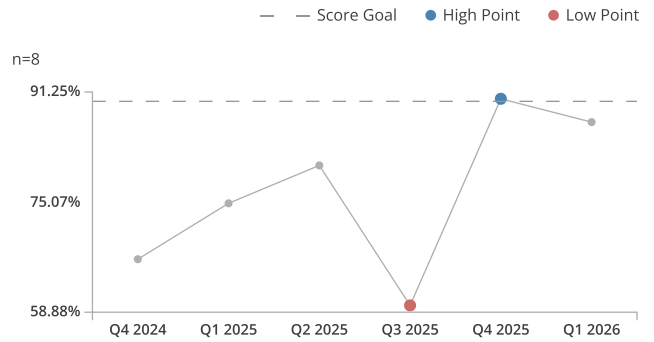
Doctors expl in way you understand



Top Box Score

86.83% ▼

Doctors expl in way you understand



n	8
Top Box Score	86.83%
Score Goal	90.00%
Percentile Rank	95

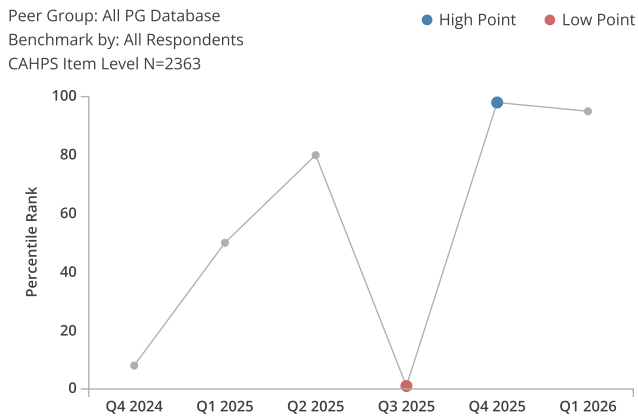
Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	6	16	16	13	11	8
Top Box Score	66.67%	74.89%	80.46%	59.88%	90.25%	86.83%
Percentile Rank	8	50	80	1	98	95

Top Box Percentile Rank ⓘ

Doctors expl in way you understand

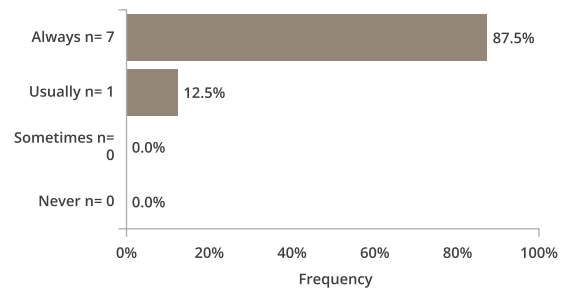
95th ▼

Peer Group: All PG Database
Benchmark by: All Respondents
CAHPS Item Level N=2363



Distribution of Responses ⓘ

Doctors expl in way you understand



N/A ⓘ

Doctors expl in way you understand

■ Above Goal ■ Below Goal

No Data Available

N/A ⓘ

Doctors expl in way you understand

■ Above Goal ■ Below Goal

No Data Available

Survey Section and Item Comparison ?

SORT BY

Default

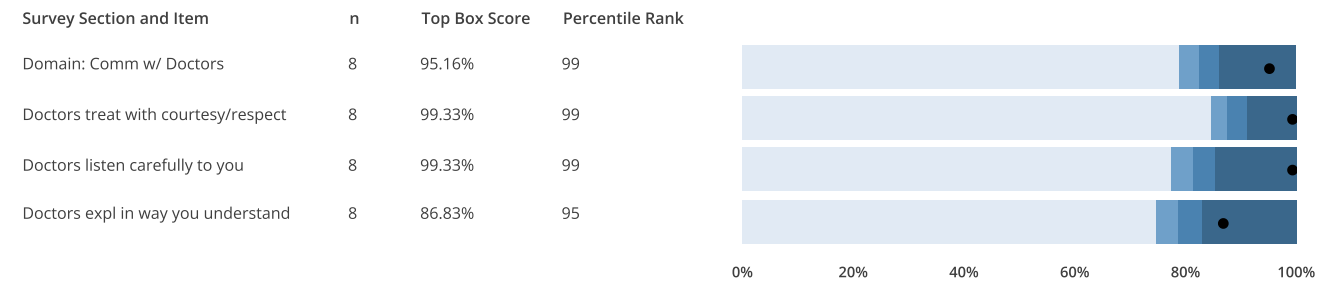
SELECT

Standard and Custom

Peer Group: All PG Database

CAHPS Item Level N=2367 | Benchmark by: All Respondents

● Top Box Score < 50th Percentile 75th - 89th Percentile
 50th - 74th Percentile >= 90th Percentile



† Custom Question ^ Focus Question

Inpatient

Rate hospital 0-10

87.39%

Top Box Score

Score Goal: 90.00%

Previous: 66.54% ▲

n = 8

■ At or Above Goal
 ■ <5 Points Below Goal
 ■ >5 Points Below Goal
 ■ No Goal

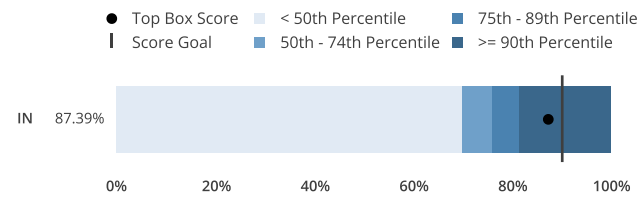
96th

Percentile Rank

Previous: 32nd ▲

Performance ⓘ

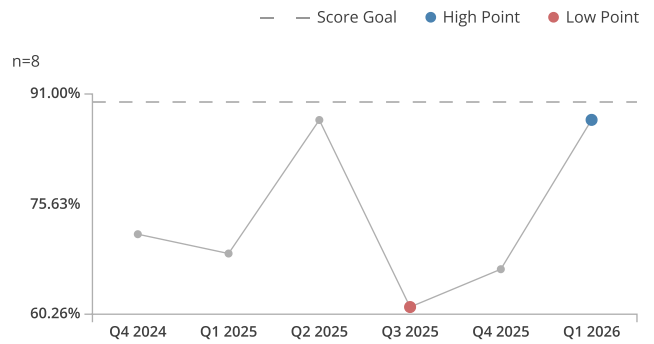
Rate hospital 0-10



Top Box Score

Rate hospital 0-10

87.39% ▲



n	8
Top Box Score	87.39%
Score Goal	90.00%
Percentile Rank	96

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	12	8
Top Box Score	71.43%	68.73%	87.37%	61.26%	66.54%	87.39%
Percentile Rank	49	47	96	16	32	96

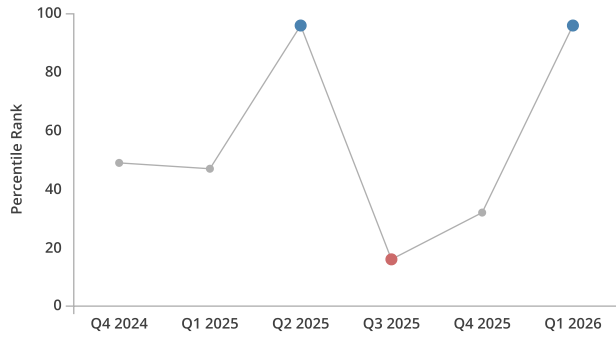
Top Box Percentile Rank ⓘ

Rate hospital 0-10

96th ▲

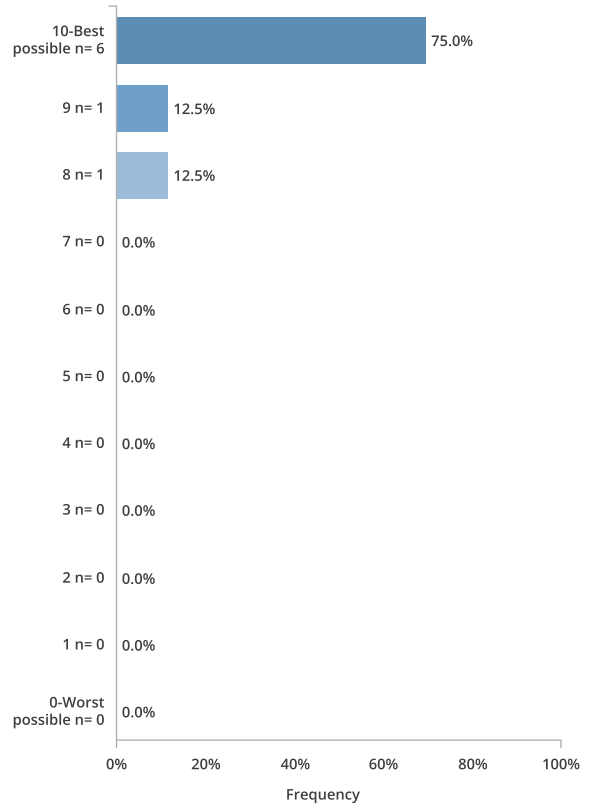
Peer Group: All PG Database
Benchmark by: All Respondents
CAHPS Item Level N=2362

● High Point ● Low Point



Distribution of Responses ⓘ

Rate hospital 0-10



N/A ⓘ
Rate hospital 0-10

N/A ⓘ
Rate hospital 0-10

■ Above Goal ■ Below Goal

■ Above Goal ■ Below Goal

No Data Available

No Data Available

Survey Section and Item Comparison ⓘ

SORT BY

Default

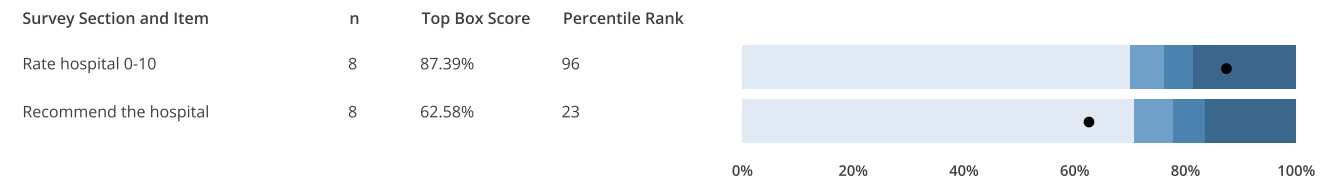
SELECT

Standard and Custom

Peer Group: All PG Database

CAHPS Item Level N=2362 | Benchmark by: All Respondents

● Top Box Score < 50th Percentile 75th - 89th Percentile
 50th - 74th Percentile >= 90th Percentile



† Custom Question ^ Focus Question

Inpatient

Recommend the hospital

62.58%

Top Box Score

Score Goal: 90.00%

Previous: 72.80% ▼

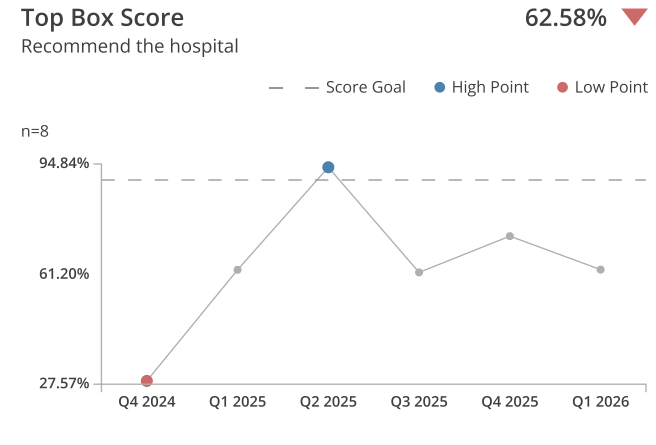
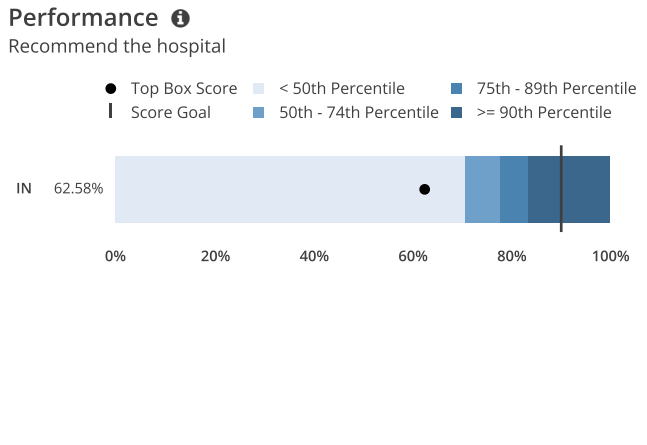
n = 8

■ At or Above Goal
■ <5 Points Below Goal
■ >5 Points Below Goal
□ No Goal

23rd

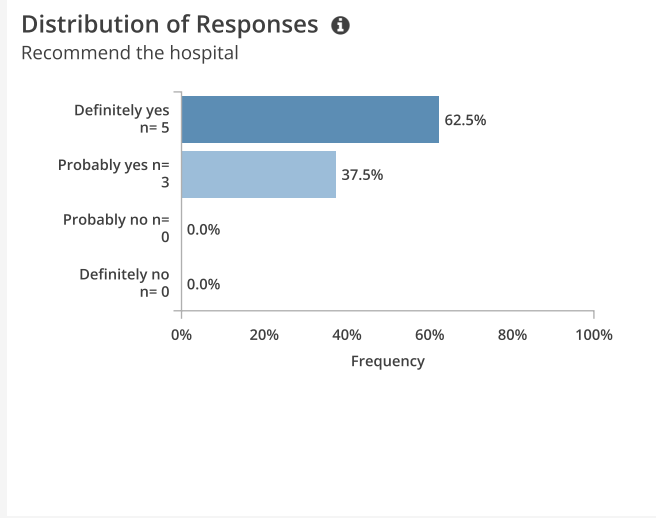
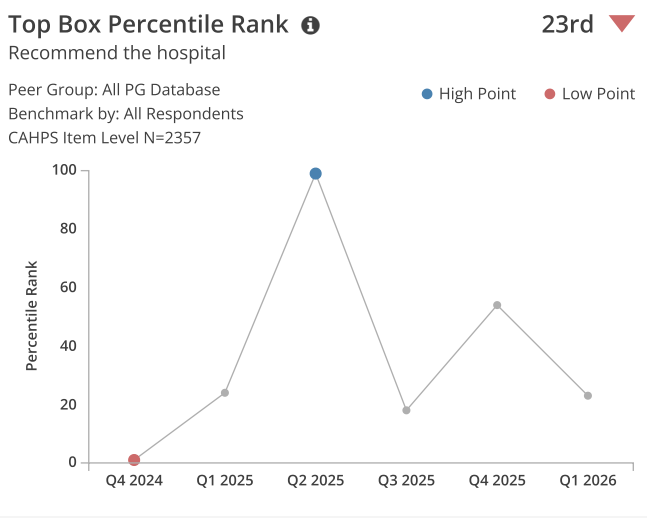
Percentile Rank

Previous: 54th ▼



n	8
Top Box Score	62.58%
Score Goal	90.00%
Percentile Rank	23

Time Period	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
n	7	16	16	13	11	8
Top Box Score	28.57%	62.51%	93.84%	61.72%	72.80%	62.58%
Percentile Rank	1	24	99	18	54	23



N/A ⓘ

Recommend the hospital

N/A ⓘ

Recommend the hospital

■ Above Goal ■ Below Goal

■ Above Goal ■ Below Goal

No Data Available

No Data Available

Survey Section and Item Comparison ?

SORT BY

Default

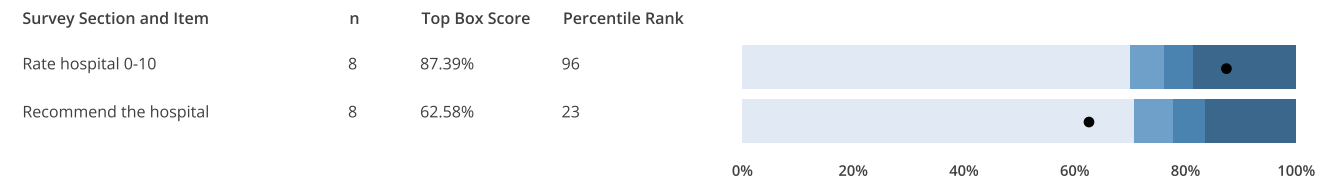
SELECT

Standard and Custom

Peer Group: All PG Database

CAHPS Item Level N=2362 | Benchmark by: All Respondents

● Top Box Score < 50th Percentile 75th - 89th Percentile
 ■ 50th - 74th Percentile ■ >= 90th Percentile



† Custom Question ^ Focus Question

Safety and Security Quarterly Report- April 2026

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

Introduction

The Safety, Security, and Emergency Preparedness programs continue to support a safe, coordinated, and resilient environment across the district. Teams remain engaged, initiatives are progressing as planned, and risks are being proactively addressed through consistent oversight and collaboration—contributing to stability, readiness, and confidence in daily operations.

Department Highlights

Security Enhancements

The Versa Badge program is live and currently in the training and testing phase. Bridget Bernier (ER Manager) and the Director of Safety and Security are collaborating with the vendor to refine both the technology and response processes.

OASIS Teams- District Wide Initiatives

OASIS Teams have successfully implemented district-wide initiatives and presented outcomes at the Service Excellence Brag Fair, with continued focus on sustaining progress. Year 2 teams have been launched this week, with new projects centered on onboarding, and keyword standardization.

Regulations and Survey Readiness

For regulatory readiness, the Director of Safety and Security and Facilities Manager are leading a targeted educational initiative aligned with National Fire Protection Association requirements. This effort is informed by internal risk assessments, functional logs, and prior survey findings to support preparedness for upcoming Long-Term Care surveys and ongoing ACHC compliance.

Safety Emergency and Environment of Care Committee (SEECC)

Cybersecurity Awareness & Preparedness

Cybersecurity reports indicate phishing campaigns are more sophisticated, prompting improved staff awareness and caution before engaging in emails. However, seasonal, and highly targeted campaigns (e.g., tax-related) continue to increase the risk of successful attempts. The IT team uses this to educate and prepare our staff.

IT Manager Jeff Miles and his team are actively monitoring for potential threats, including activity linked to Iran-based hacker groups. This heightened vigilance aligns with recent intelligence updates from the California Hospital Association Disaster Leadership and the Northern California Regional Intelligence Center.

Utilities & Fire Life Safety Systems

The Facilities Manager and Chief Operations Officer reported on fire system testing, with all systems passing. Minor deficiencies related to battery replacements were identified, and corrective work is scheduled.

PSI generator inspection results showed no deficiencies, confirming both district generators are operating effectively and are prepared to support operations during a power failure.

Security Data for all Areas- except for SNF.

Mayers Memorial												
July 25- 26 Security Data Fall River Campus/ Outbuildings-not SNF												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Security Management: The number of security incidents. TOTAL from below	4	2	6	4	3	1	3	1	*5	4		
Security Management: Patient to Employee	0	0	0	0	0	0	1	0	3	1		
Disturbance, verbal or violent. Peron who is unwanted on property or is causing an	2	1	4	4	3	1	1	1	2			
Security Management: security incidents with Sheriff called.	xx	x	xx	x	0	0	x	0	0			
Security: Theft, vandalism, fraud, dangerous situation or harm to facility or grounds.	2	1	2	0	0	0	1	0	0	3		

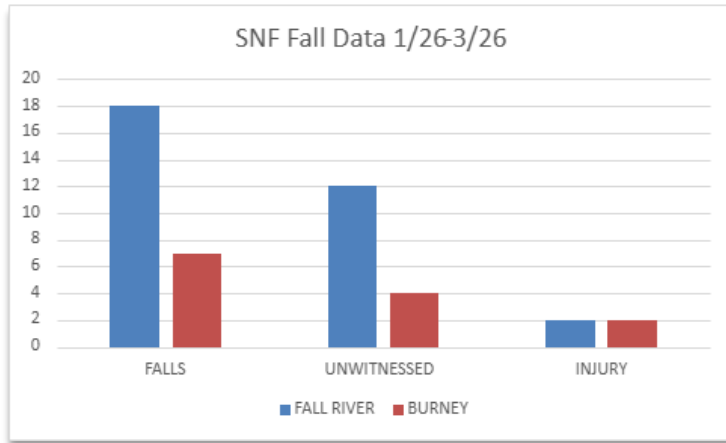
District Wide Security Data Yearly Comparison

District Security Data Comparison July 2024- June 2026												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar *	Apr	May	Jun
2024/25	3	2	0	7	4	3	3	6	6	5	5	3
2025/26	7	4	8	5	3	1	3	1	*6	4		

Highlights:

The Emergency Department developed and implemented a reporting workflow tailored to their operations through a proactive and collaborative approach. After a prolonged period, the Emergency Department (ED) is now positioned to successfully report incidents related to security and safety, ensuring more complete and accurate data. In March, the ED accounted for five reported events, with one additional report originating from the SNF.

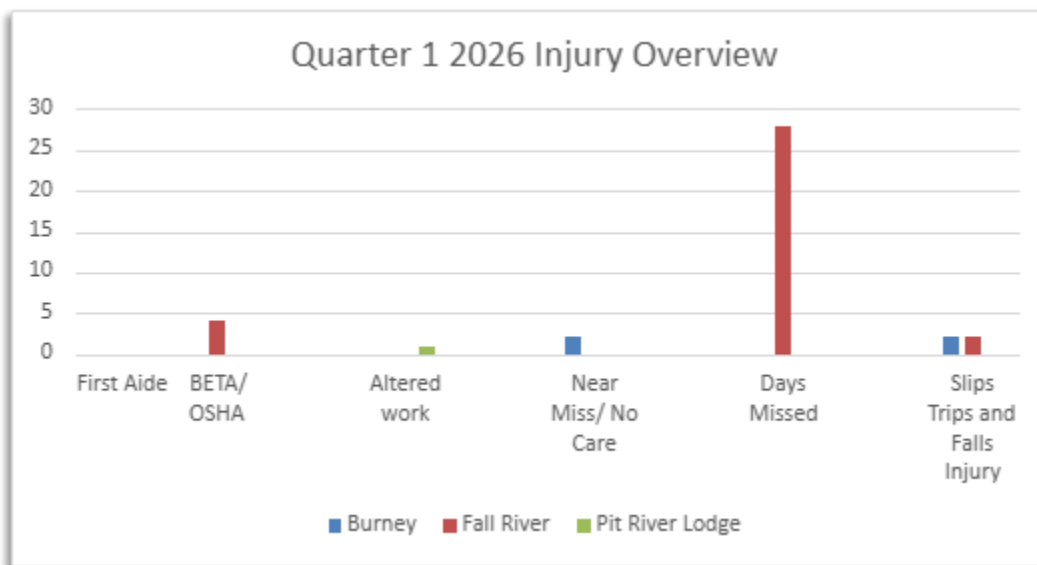
Quarterly Fall Data- SNF



1/1/2026-3/31/2026	FALL RIVER	BURNEY
FALLS	18	7
UNWITNESSED	12	4
INJURY	2	2

Capturing Data for resident falls will allow us to develop patterns and learn to recognize safety issues.

Injury Reporting



Highlights:

Recent Occupational Safety and Health Administration (OSHA) electronic reporting changes led to updates in our injury reporting process, with a refined Q1 2026 workflow improving data accuracy and resulting in potential variation from prior reporting periods.

- 4 OSHA Reportable injuries in Fall River with 28 days missed.
- 1 Injury at the Pit River Lodge
- 2 Slips, Trips and Fall Injuries in Burney with no care needed.

District Wide Risk Assessments

Alternative Life Safety Measure Assessments

Date	ALSM & Location	Description
1/22/2026	Fire Rated Door Station 3 hall office	The fire rated door is delaminated inhibiting the validity of it being a protective measure against fire. Education has been given to appropriate people.

Risk Assessment

Topic	Location	Status
Corrugated Containers-2026	Fall River Kitchen	Ongoing/Annual risk assessment.
Corrugated Containers-2026	Burney Kitchen	Ongoing/Annual risk assessment
Eye Wash Stations-2026	Pharmacy	Ongoing/ Annual Risk Assessment

Risk assessments that require an annual assessment are labeled as ongoing or annual.

Infection Control Assessment and Response- Injection Safety

1. 3/31/2026. Corrective measures have been made on biohazardous/ medical waste in the acute area, in response to a violation regarding throwing away used IV tubing and bags.

Measles Assessment

1. 2/9/2026. Infection Prevention Nurse and Director of Safety & Security completed a measles assessment. They defined areas of improvement within response protocol and have written a policy/plan for future use.

Off Campus Hazard Vulnerability (HVA)

For the first time, Hazard Vulnerability Assessments (HVAs) were completed for the Rural Health Clinic and Pit River Lodge. These assessments inform Emergency Operations Plan enhancements specific to each setting. The top four risks for both locations were identified through a collaborative staff-driven process.

Rural Health Clinic	Pit River Lodge
Air Quality Issue	Flood, Internal/External
Fire, External	Landslide
Inclement Weather	Explosion
HVAC Failure	Fire Internal

Supply Chain Preparedness

In response to global supply disruptions, including impacts related to the conflict in Iraq, vendor communications have prompted expanded monitoring of petroleum-based products, as well as recalls, pharmaceutical allocations, low-stock items, and price fluctuations. Select departments have increased on-hand inventory by an additional four weeks, with designated storage; this reserve will be utilized only in the event of supply constraints.

DEPARTMENT/ ITEM	ON HAND STATUS	ADDED STOCK
FOOD & NUTRITION SERVICES		
ALL SIZES NITRILE GLOVES - BURNEY	1 week	4 weeks
ALL SIZES NITRILE GLOVES - FALL RIVER	4 weeks	4 weeks
PURCHASING		
ALL SIZES NITRILE GLOVES	8-11 weeks	6-8 weeks
RETAIL PHARMACY		
PROGESTERONE 100MG	Ordering full allocation	
PHARMACY		
AZITHROMYCIN 500MG VIALS	Low stock-backorder	
DILAUDID 0.5MG & 1MG SYRINGE X	Low stock, order on allocation	
MORPHINE ER TABLETS X	Allocation	
MORPHINE OS 30ML X	Allocation	
RADIOLOGY		
OMNIPAQUE CONTRASTS	5-8 weeks	
HELIUM		Heritage

Mayers Memorial Hospital

Emergency Management

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

Hazard Vulnerability Assessment Tool

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

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

Burney Annex- Mayers Memorial

Emergency Management

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

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