

Chief Executive Officer
Ryan Harris



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

Strategic Planning Committee
Meeting Agenda
May 11, 2026 @ 1:00 pm
Mayers Memorial Healthcare District
Fall River Board Room
43579 Hwy 299E
Fall River Mills, CA 96028

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

Attendees
Abe Hathaway, Committee Chair, Board Member
Jeanne Utterback, Board Member
Ryan Harris, CEO
Lisa Neal, Board Clerk

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			
	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 Strategic Planning Committee Meeting – March 16, 2026	Attachment A	Action Item	2 min.
4	CONSTRUCTION			
	4.1 Master Planning Update		Discussion	5 min.
	4.2 Deferred Maintenance Projects		Discussion	5 min.
	4.3 Construction Projects Update		Discussion	5 min.
5	STRATEGIC PLANNING			
	5.1 FY26 Priorities Update		Report	10 min.
	5.2 Strategic Plan Update	Attachment B	Discussion/ Action Item	10 min.
	5.3 FY27 Priorities Recommendation		Discussion/ Action Item	10 min.
6	OTHER INFORMATION/ANNOUNCEMENTS		Information	5 min.
7	ADJOURNMENT: Next Strategic Planning Meeting is July 27, 2026			

Posted 05.07.26

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

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
Strategic Planning Meeting Minutes
March 16, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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

- 1 CALL MEETING TO ORDER:** Abe Hathaway called the Strategic Planning meeting to order at 1:01 p.m. in accordance with Robert's Rules of Order, which govern the conduct of the meeting.

BOARD MEMBERS PRESENT:

Abe Hathaway, Chair, Board Vice President
Jeanne Utterback, Board President

STAFF PRESENT:

Ryan Harris, CEO
Jessica DeCoito, Director of Operations
Lisa Neal, Board Clerk

ABSENT:

- 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 Strategic Planning Board Committee Meeting minutes of January 26, 2026, as presented, was made, seconded, and approved.	Utterback / Hathaway	Approved by All
3.2	A motion to accept the Strategic Planning Board Committee Meeting minutes of January 27, 2025, as presented, was made, seconded, and approved.	Utterback / Hathaway	Approved by All
3.3	A motion to accept the Strategic Planning Board Committee Meeting minutes of March 24, 2025, as presented, was made, seconded, and approved.	Utterback / Hathaway	Approved by All
3.4	A motion to accept the Strategic Planning Board Committee Meeting minutes of May 27, 2025, as presented, was made, seconded, and approved.	Utterback / Hathaway	Approved by All

4 CONSTRUCTION

4.1 Master Planning Update:

Jessica provided a verbal report that the facility project remains in the concept design phase, with the primary challenge involving the administrative building and its connecting corridor to Acute Care. The organization is awaiting HCAI feedback on the proposed expansion, while Wipfli is prepared to begin the debt capacity analysis and USDA loan pre-application process as updates become available through coordination with Travis. The current plan includes phased development beginning with the relocation of Dietary and Acute Care services and the construction of office space, followed by the conversion of Station 3 into Acute Care space and the eventual transition of the existing Acute Care area to Skilled Nursing Facility (SNF) beds only. A future Phase 4 would involve the construction of a Surgery building, requiring the closure of Surgery operations beginning in Phase 2. Jessica will present updated concept drawings and the site map at the March 25 Regular Board Meeting, and the organization is preparing for a potential financial impact in FY2028 amid ongoing uncertainty regarding available funding sources.

4.2 Deferred Maintenance Update:

Jessica provided a verbal report that the Burney sewer line project has been completed. Flooring for the new Business Office and Hospice space, located in the former thrift store building, has been approved and ordered, while additional facility improvements include ceiling and thermostat updates for the freezer area and replacement of the water heater in the facility refrigerator area.

HVAC upgrades and an additional water heater replacement have also been incorporated into the broader facility improvement concept plan. The organization is currently awaiting the results of a PG&E audit related to ongoing infrastructure and utility assessments.

4.3 Construction Projects Update:

Jessica provided a verbal report on several active capital and facilities initiatives across the organization. The bid package timeline for the FR Clinic and related ancillary projects has been extended to allow for additional review and coordination. Also evaluating the engagement of an external project management firm to support oversight and execution efforts. Final bid recommendations will be presented to the Board for review and approval once submissions are received and evaluated. Construction activities at the Masonic Lodge project are substantially complete, with remaining work focused on window installation and mini-split HVAC systems. The purchase of the Hatcher Building is complete, supporting future expansion needs. In addition, remodeling efforts are underway at the former thrift store location, which will house the Business Office and Hospice operations. TCCN approved work for TSSC to complete the asphalt improvement in the parking lot.

5 STRATEGIC PLANNING PRIORITIES

5.1 Ryan provided a verbal report on the organization's FY26 priorities. He noted that progress across all five organizational goals remains on track for completion. However, he identified a potential risk to the Finance goal in meeting the 65 AR days target.

6 OTHER INFORMATION/ANNOUNCEMENTS

The July 27 meeting has been moved to July 20.

Ryan is focused on mitigating risk and liability as the district's employee base grows. Looking at adding staff in Quality and HR in support of our district growth.

Ryan is reorganizing the Public Relations division and the Foundation, with Valerie Lakey retiring this summer.

7 ADJOURNMENT: The committee chair declared the meeting adjourned at 2:04 p.m.
Next Meeting is May 11, 2026.



Mayers Memorial Healthcare District

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

Message from the Board of Directors

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

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

Introduction

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

Mission

Leading rural healthcare for a lifetime of wellbeing.

Vision

Build the healthiest rural community through exceptional and accessible care.

Values

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

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

Strategic Pillars

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

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

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

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

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

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

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

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

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

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

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

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

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

Success Indicators

Fiscal Year 2025 Priorities

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

Priority 1. Quality Service

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

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

Priority 2. People

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 3. Growth

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 4. Communication

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

Priority 5. Finance

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Summary:

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

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

Fiscal Year 2026 Priorities

Priority 1. Quality Service

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 2. People

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 3. Growth

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 4. Communication

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 5. Finance

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Fiscal Year 2027 Priorities

Priority 1. Quality Service

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Timebound:

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

Priority 2. People

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 3. Growth

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 4. Communication

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

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

Priority 5. Finance

Specific:

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

Measurable:

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

Achievable:

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

Relevant:

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

Time-bound:

- Complete the full audit by June 30, 2027.

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

Scope:

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

Fiscal Year 2025 Risk Identification:

1. Quality Service:

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

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

Fiscal Year 2025 Risk Assessment and Mitigation Strategies:

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

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

Fiscal Year 2026 Risk Identification:

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

Fiscal Year 2026 Risk Assessment and Mitigation Strategies:

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

Fiscal Year 2027 Risk Identification:

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

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

Fiscal Year 2027 Risk Assessment and Mitigation Strategies:

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

Responsibility and Accountability

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

Layer 1: Board of Directors to the Public

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

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

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

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

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

Ensuring Successful Implementation

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

Alignment and Communication

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

Risk Management and Transparency

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

CEO Communication and Oversight

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

Effective Monitoring

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

Monitoring

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

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

Reporting to the Strategic Planning Committee

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

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

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

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

Reporting to the Board of Directors

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

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

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

Evaluation

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

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

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

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

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