MAYERS MEMORIAL
HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Agenda
June 24, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

						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 – May 27, 2026		**Attachment A**	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**					
	4.1	Resolution 2026-14 May Employee of the Month		**Attachment B**	**Action Item**	1 min.
	4.2	Environmental Services - Written report provided. Questions pertaining to the written and verbal report.	Sherry Yochum	**Attachment C**	Report	2 min.
	4.3	Ambulance Services - Written report provided. Questions pertaining to the written and verbal report.	Gabe Shaw	**Attachment D**	Report	2 min.
	4.4	Tri County Community Network (TCCN) – Written report provided. Questions pertaining to the written and verbal report.	Marrisa Martin	**Attachment E**	Report	2 min.
	4.5	Mayers Healthcare Foundation (MHF) - Written report provided. Questions pertaining to the written and verbal report.	Valerie Lakey	**Attachment F**	Report	2 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.

		5.1.2	May 2026 Financial Review, Accounts Payable (AP), Accounts Receivable (AR), and Acceptance of Financials		**Action Item**	2 min.
		5.1.3	FY27 Budget Adoption Review	**Attachment G**	**Action Item**	5 min.
			Resolution 2026-15 – FY27 Budget Adoption			
		5.1.4	Line of Credit/Certificate of Deposit	**Attachment H**	**Action Item**	2 min.
	5.2	**Quality Committee**				
		5.2.1	Committee Meeting Report: Chair Cufaude		Report	5 min.
	5.3	**Strategic Planning Committee**				
		5.3.1	Committee Meeting Report: Chair Hathaway No meeting in June		Report	5 min.
	5.4	**Governance Committee**				
		5.4.1	Committee Meeting Report: Chair Hathaway No meeting in June		Report	5 min.
6	**OLD BUSINESS**					
	6.1	ACHD Accreditation			Discussion	2 min.
	6.2	CEO Evaluation Framework		**Attachment I**	**Action Item**	5 min.
	6.3	Strategic Plan FY2025-FY2029		**Attachment J**	3rd Reading/ **Action Item**	5 min.
		6.3.1	Employee Burnout Survey	**Attachment K**	Report	2 min.
7	**NEW BUSINESS**					
	7.1	Resolution 2026-16 Appointment of the Director of the Intermountain Community Center Children's Program		**Attachment L**	**Action Item**	2 min.
	7.2	Policy & Procedure • Board Guidelines for CEO Compensation • Signature Authority Contract Review • Board Meetings – Location, Time, Date, and Quorum		**Attachment M**	**Action Item**	2 min.
	7.3	Sierra Health Collaborative			Discussion	5 min.
8	**ADMINISTRATIVE REPORTS**					
	8.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.				
		8.1.1	Chief Operations Officer- Jessica DeCoito	**Attachment N**	Report	5 min.
		8.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
		8.1.3	Chief People Officer – Libby Mee		Report	5 min.
		8.1.4	Chief Public Relations Officer – Valerie Lakey		Report	5 min.
		8.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
		8.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
		8.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.
9	**OTHER INFORMATION/ANNOUNCEMENTS**					
	9.1	Board Member Message: Points to highlight communications to staff and on social media			Discussion	2 min.
10	**MOVE INTO CLOSED SESSION**					

10.1 Hearing (Health and Safety Code §32155) – Medical Staff Credentials

MEDICAL STAFF APPOINTMENT

1. YEHIA EGUIUNDY, MD – RADIOLOGY – VESTA
2. CAROLS LEIVA-SALINAS, MD - VESTA
3. CARLA WOOD, DO – NEUROLOGY – UCD
4. DARAYUS TOORKEY, MD – NEUROLOGY – UCD
5. MICHAEL ERKKINEN, MD – NEUROLOGY – UCD
6. ANDREW HUANG, MD – UCD

MEDICAL STAFF REAPPOINTMENT

1. KIRAN KANTH, MD – UCD

STAFF STATUS CHANGE

1. NICHOLAS SCHULACK, DO TO INACTIVE
2. NATHAN KUPPERMAN, MD TO INACTIVE

10.2 Update on Existing Litigation (Gov. Code § 54956.9)

- Case name withheld pursuant to Government Code § 54956.9

10.3 Update on Real Estate (Gov. Code §54956.8)

- Property: 37443 Enterprise Dr, Burney, CA 96013

11	**RECONVENE OPEN SESSION**	**Action Item**	2 min.
12	**ADJOURNMENT:** Next Regular Board Meeting July 29, 2026		

Posted: 06.18.26

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Minutes
May 27, 2026 @ 1:00 PM
Fall River Boardroom
43579 Hwy 299E
Fall River Mills, CA 96028

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

1 **CALL MEETING TO ORDER:** Jeanne Utterback called the regular Board of Directors meeting to order at 1:01 p.m. on May 27, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.

BOARD MEMBERS PRESENT:	**STAFF PRESENT:**
Jeanne Utterback, President	Ryan Harris, CEO
Abe Hathaway, Vice President	Jessica DeCoito, COO
Tami Humphry, Treasurer	Theresa Overton, CNO
Lester Cufaude, Secretary	Travis Lakey, CFO
Jim Ferguson, Director	Keith Earnest, CCO
	Val Lakey, CPRO
ABSENT:	Libby Mee, CPO
	Lisa Neal, Board Clerk

2 **CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** No public comments.

3 **APPROVAL OF MINUTES**

3.1	A motion to accept the Regular Board Meeting minutes of April 29, 2026, as corrected, was made, seconded, and carried.	**Cufaude / Ferguson**	**Approved by All**

4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	Resolution 2026-11 April Employee of the Month: Shelby Sheppard - is recognized for her constant supportive presence and actions. She has stepped into a charge nurse role by making positive changes from a white rose to indicate hospice/comfort care and working on adding quiet hours to promote healing and calmness to our patients. She is always kind, says hi to everyone, and is professional. She creates workflow improvements which allows us to be compliant while at the same time providing great and safe patient care. She creates a positive work environment and is always eager to help a coworker. A motion to accept the April Employee of the Month was moved, seconded, and carried.	**Cufaude / Humphry**	**Approved by All**
4.2	Acute – written report submitted by Moriah Padilla, Director of Nursing, Acute Care. Theresa Overton was available to answer questions. The White Rose Program was a Service Excellence Initiative (SEI) Do-It project. Additional initiatives with visual cues include a quiet hours campaign, brain rest, and high fall risk awareness.		

4.3	Emergency Department – written report submitted by Bridget Bernier, Emergency Department Manager. Successful HALO (High Acuity Low Occurrence) training was conducted last week.		
4.4	Outpatient Medical – written report submitted by Michelle Peterson, Outpatient Medical Services Manager. Staff education efforts continue with a focus on wound care best practices. Long-term care and acute care nurses and CNAs are being brought through the wound care clinic for hands-on training and review of standards of care, wound assessment, and appropriate dressing selection and application. This educational initiative will remain ongoing and will be incorporated into the orientation process for all new hires.		
4.5	Purchasing – written report submitted by Hollie Lappin, Purchasing Manager.		
4.6	Hospice Quarterly Update – written report submitted by Keith Earnest, Chief Clinical Officer. Keith clarified that the department move is to the new Hospice & Business Office building (former Thrift Store).		
5	**BOARD COMMITTEES**		
5.1	**Finance Committee**		
5.1.1	Meeting Report: Chair Humphry AR days and Cash on Hand are at a good level.		
5.1.2	April 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept the April 2026 Financials, AP, and AR was moved, seconded, and carried.	**Hathaway / Humphry**	**Approved by All**
5.1.3	Quarterly Financial Review. A motion to accept the Quarterly Financials Binder was moved, seconded, and carried.	**Hathaway / Humphry**	**Approved by All**
5.1.4	Nutanix 3-Year Renewal. A motion to approve the 3-yr renewal was moved, seconded, and carried.	**Hathaway / Cufaude**	**Approved by All**
5.2	**Quality Committee**		
5.2.1	Meeting Report: Chair Cufaude The committee discussed the skilled nursing resident transfer tag and reported that the Plan of Correction (POC) has been accepted, and all required corrective actions have been completed. An update on the Quality Incentive Program (QIP) confirmed that Well Child measures have been successfully met. It was also noted that beginning in 2028, QIP funding is expected to transition to a risk-based model, with Intergovernmental Transfer (IGT) payments provided upfront. Progress on the Cerner process improvement project continues to advance successfully across multiple departments. Ongoing work in Radiology, Physical Therapy, and Outpatient Medical Services was discussed, with interim workarounds currently supporting operations where needed. The committee further reviewed a new fall-prevention initiative in the Skilled Nursing Facility (SNF) that uses visual door indicators for residents identified as at risk of falls, prompting staff to conduct safety checks and confirm that bed alarms remain activated. The new Director of Quality will begin on June 22 and work alongside Jack through June 30 to ensure a smooth transition and continuity of operations.		
5.3	**Strategic Planning Committee**		
5.3.1	Committee Meeting Report: Chair Hathaway Remodel work for a Fall River Clinic next to Physical Therapy. Mack Construction will start mobilizing equipment next week, and construction will begin on June 8.		
5.3.2	Strategic Plan FY2025-FY2029 First Read FY26 Goals have all been met for Quality Service, People, Growth, Communication, and Finance FY27 Goal Recommendations for completion by June 30, 2027 Quality Service: By June 30, 2027, Mayers Memorial Healthcare District will complete Year 2 of the Service Excellence Initiative in accordance with our established roadmap.		**No Action Taken**

People: Implement a burnout reduction program that includes resilience training, peer support, and workload assessments. This goal depends on baseline information from the Burnout survey being distributed to all staff, with the results presented at the regular board meeting in June. The CEO will fine-tune the goal.

Growth: 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. The CEO's recommendations include ECHO, the Visiting Nurse Program, and expanding retail pharmacy in Burney.

Communication: 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.

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

The Board agrees with the goal alignment

5.4	**Governance Committee**			
	5.4.1	Committee Meeting Report: Chair Hathaway The first meeting was held May 11		
	5.4.2	CEO Evaluation Framework – Libby did some great work. The scoring is on a scale of 1-5 and is built from the job description. It will be ready for full board review in the June regular board meeting.		**No Action Taken**
6	**OLD BUSINESS**			
6.1	ACHD Accreditation For district transparency, the Board members and Executive Leadership will need to have current certificates for Ethics and Sexual Harassment Prevention training on file with the Board Clerk. Val would like to submit all the requirements for the accreditation by June 15, prior to her retirement.			
7	**NEW BUSINESS**			
7.1	Resolution 2026-12 Election Order A motion to accept the Election Order was moved, seconded, and carried.		**Humphry / Ferguson**	**Approved by All**
7.2	Resolution 2026-13 Authorizing Application for Day Care License A motion to accept Authorizing Application for Day License was moved, seconded, and carried.		**Cufaude / Hathaway**	**Approved by All**
7.3	Hazard Vulnerability Assessment (HVA)			
	7.3.1	A motion to accept the Hazard Vulnerability Assessment for Fall River was moved, seconded, and carried.	**Cufaude / Humphry**	**Approved by All**
	7.3.2	A motion to accept the Hazard Vulnerability Assessment for Burney was moved, seconded, and carried.	**Cufaude / Humphry**	**Approved by All**
8	**ADMINISTRATIVE REPORTS**			
8.1	**Chief Reports:** ***Written reports provided. Questions pertaining to the written and verbal reports of any new items.***			
	8.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito.		

8.1.2 Chief Financial Officer: Written report submitted by Travis Lakey. Travis provided an update that MMHD recently hosted a site visit for representatives from the Office of Health Care Affordability (OHCA), including the Director of HCAI. The visitors expressed interest in collaborating with MMHD on Rural Health Transformation Program (RHTP) initiatives and working with the organization to develop and refine project ideas prior to formal submission for consideration.

8.1.3 Chief People Officer: Written report submitted by Libby Mee. Hired a Director of Quality and an internal candidate for the Informatics position. Pulled back the Quality Analyst position for the new DOQ to hire once onboard. High school internship, 6 applicants, very impressive group; will place all of them. Received news that a visa for one of the lab scientists has been renewed. Attended the ASHHRA conference in Savannah, GA, last week and brought back some good information and ideas.

8.1.4 Chief Public Relations Officer: Written report submitted by Valerie Lakey. Proceeds from the golf tournament will benefit Ambulance Services.

8.1.5 Chief Clinical Officer: Written report submitted by Keith Earnest.

8.1.6 Chief Nursing Officer: Written report submitted by Theresa Overton. SNF census is 72, and home visits are scheduled over the next several days.

8.1.7 Chief Executive Officer: Verbal report given by Ryan Harris. DHLF Executive Board nominated Ryan to serve on the Board, and he accepted the appointment. The position carries a three-year term commitment. Hospital Week (May 10-16) activities concluded successfully and included several employee appreciation events, highlighted by an employee barbecue with approximately 60 tri-tip roasts prepared and served.

An update on the Nurse Call System replacement project was provided. Plans have been submitted to the contractor who completed the organization's previous installation, and the project is anticipated to cost approximately $1.5 million for the Skilled Nursing Facility in Fall River Mills and the Burney Annex. As an HCAI-related project, the estimated cost is approximately $500,000 higher than originally projected. The recommendation is to continue moving forward with the Request for Proposal (RFP) and Request for Qualifications (RFQ) process.

An update was also provided regarding mobile MRI services. The CEO is currently in discussions with Southern Humboldt and Tahoe Forest to explore opportunities for securing additional MRI service days, which could potentially result in changes to the current service-sharing arrangement. It was further reported that recent MRI scans have shown image artifacts believed to be caused by external interference originating from the area surrounding the MRI trailer near the Ambulance building. A vendor representative was scheduled to be onsite to assess the issue and provide recommendations to mitigate the interference and improve image quality.

9 OTHER INFORMATION/ANNOUNCEMENTS:

9.1 Board Member Messaging:

- Employee of the Month
- Health Fair
- Golf Tournament
- TCCN events
- MHF Awarded $32,500 McConnell Foundation Grant
- Ryan's DHLF Executive Board appointment
- Travis' OHCA Board appointment
- White Rose and Quiet Time – Acute Initiatives
- HALO
- Wound Care Services
- Congrats to Summer Interns
- Recognize Kristi for being on the 340B panel

10 ADJOURNMENT: A motion to adjourn at 3:25 pm was made, seconded, and carried. Next meeting is June 24, 2026. **Cufaude / Ferguson** **Approved by All**

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District

_____ _____

Board Member Board Clerk

RESOLUTION NO. 2026-14

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

Jackson Parry

As May 2026 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Directors 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 Jackson Parry is hereby named Mayers Memorial Healthcare District Employee of the Month for May 2026; and

DULY PASSED AND ADOPTED this 24th day of June 2026 by the Board of Directors of Mayers Memorial Healthcare District 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

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Sherry Yochum, Environmental Services, Manager

Reporting Month & Year: June, 2026

Summary: For Environmental Services, our main priority is to make sure that our residents live in a safe, clean, and comfortable environment.

Top Projects (1-3):

1. We offer a service to our LTC Residents here at Mayers. Upon admission, we give them an option that we can wash their personal laundry at the Laundry Facility, or they can have a family/responsible party to wash it. We then ask that everything is clearly marked with the resident's name so that way we can get them back to them in a timely manner. I am noticing that there are a lot of faded names on clothing that need to be remarked, so we have found some tags that we did a trial with some clothes, and they are withstanding the water and the heat, so we will begin to start labeling the clothes that are in circulation. And upon admission, the nursing staff will continue to have those things marked as well.

2. The Healthcare Laundry Accreditation Council (HLAC) is a leading authority on laundry standards for the preparation of hygienically clean, reusable healthcare textiles. In researching this, I have found that we have some of these standards already in place, so I want to build on this for a better patient experience.

Wins (1-2):

I would say that a win for my department is the validations that Infection Control performs on the cleanliness of rooms. When we started, it was at 45%, and now it is up to 94%. We have had a lot of discussions, education, and we use it as a learning tool to help guide them, and so they are aware of the things that are being missed, and to slow down so as not to miss things, and also to hold each other accountable for their tasks at hand.

Challenge (1):

The Challenge for me is to keep staff so we make sure that all of our tasks are met.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Gabe Shaw-Ambulance

Reporting Month & Year: June, 2026

Summary:

I began my role as an Ambulance Manager nearly three months ago. Since then, I have focused on building relationships with hospital staff, community partners, and outside vendors to strengthen collaboration and improve service delivery.

Our team has been actively training and preparing for the busy summer season. I am pleased to report that we are currently fully staffed, and one of our EMTs is expected to complete their Paramedic upgrade by the time of this meeting, further enhancing our capabilities.

I have also worked closely with our EMS partner agencies throughout the county, including Mercy and AMR, to support coordinated emergency medical services. In addition, I have participated in county and state EMS response planning efforts within our OES region to ensure readiness and effective interagency cooperation during emergencies.

Top Projects (1-3):

Training and Professional Development
Training remains a top priority for the Ambulance Department. Ongoing education and skill development are essential to maintaining high-quality patient care and ensuring personnel remain prepared for evolving EMS practices and regulations.

California EMS Scope of Practice Changes
EMS agencies throughout California are closely monitoring potential revisions to Title 22 regulations. If adopted, these changes could align California's EMS scope of practice more closely with national standards, significantly expanding the capabilities and services that ambulance providers can offer in the field. The department is staying informed and preparing for potential implementation requirements, including training and protocol updates.

Patient Care Documentation and Billing Training

The department recently conducted an in-house training focused on patient care reporting and documentation. The training emphasized the importance of accurate and thorough charting for both clinical continuity of care and billing compliance. Proper documentation supports quality patient care, regulatory requirements, and reimbursement processes, making it a critical component of ambulance operations.

Looking Ahead

The department will continue to prioritize workforce training, monitor regulatory developments affecting EMS practice, and strengthen documentation standards to improve both patient outcomes and operational effectiveness.

Wins (1-2):

- Launched monthly skills training for all EMS personnel to promote ongoing education and hands-on proficiency.
- Last month's training focused on the Glide-Scope, with every shift paramedic participating in practical intubation and difficult airway management scenarios.
- Established a staff-led training program where each team member will have the opportunity to teach a topic; they are passionate about, encouraging knowledge sharing and professional development.
- Exploring additional online training opportunities to help personnel maintain EMS continuing education (CE) requirements while expanding the variety and diversity of training topics available to the department.

Challenge (1):

Recognizing that Mayers 3 is outdated and insufficient to meet current operational demands, we have prioritized grant development as a key component of our funding strategy. Through the combined efforts of our in-house grant writer and field staff, including two paramedics, we are working on grant funding to help offset expenses, enhance operational capabilities, and sustain essential emergency medical services for the communities we serve.

MAYERS MEMORIAL HEALTHCARE DISTRICT

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Marrisa Martin – Tri County Community Network

Reporting Month & Year: June, 2026

Summary: As always, things are busy here at TCCN. There are multiple programs and events that are in various stages of planning, implementation, and completion.

Top Projects (1-3):

1. **ECM (Enhanced Care Management)** – Our new case manager, Jaki Harrington, joined TCCN at the beginning of May and wasted no time jumping in and building up her case load. In the last month, she has onboarded nine new clients, bringing her case load up to 20. With a case load of 20, the ECM program is now fully self-sustaining and returning a small amount of additional revenue to the hospital.

   The ECM program offers a free service to individuals who have Partnership insurance and meet the requirements of certain populations of focus. Services include care coordination, housing navigation, and connection to community resources.

   The TCCN website is being updated to include an ECM page with information on available services and information about our weekly care closet.

2. **Safe Seats car seat program** – TCCN applied for a grant through the Mayers Health Foundation and was awarded money to purchase car seats to launch our new program. We purchased 10 car seats and 10 booster seats. Through a partnership with Pit River Health, we are also able to ensure that every car seat and booster seat is the correct size for the child and properly installed in the vehicle. The program has been a huge success, and we have given away all 10 car seats and 5 booster seats. To ensure that this program continues, TCCN will be using some Bright Futures grant funding and fundraising income to purchase additional car seats.

   Our former family advocate and new program director Kiely has done an incredible job launching this new program and coordinating services between families and Pit River Health Services.

3. **Kid Fit** – Our annual program will be funded again this year through a generous grant from the Burney Regional Fund and PGE donations. Our first event, the Color Run, will coincide with the MHF health fair. In an effort to include more of our service area, an additional event will be held in Round Mountain at their Community Center.

   We have also invited 6 high school seniors to take on Kid Fit for their senior project. They will each be responsible for planning and organizing one event and will be attending the other scheduled events as volunteers. Not only does this model provide an incredible community service opportunity for our graduates, it also ensures that Kid Fit has enough volunteers to be successful.

Wins (1-2):

1. TCCN is officially fully staffed! Jaki Harrington joined our team in May; leaving the clinic to take over ECM case management services. She is doing an amazing job increasing her case load and referring clients to MMHD services.

   Kiely Whithead began her new role as TCCN program director as of June 1st. Kiely will be taking on many of the health education programs that TCCN offers along with event planning and fundraising efforts.

   With Kiely assuming a new role, that left us with an open Bright Futures Family Advocate position to fill. Trinity Berlt, a former employee, will be coming aboard as of June 15th. We are excited to have her on the team.

2. The hospital board has graciously agreed to fund the renovation for our Children's Program and construction should begin in the Fall. Once construction is finished, we will be able to open our program again after nearly three years and provide a much-needed service to our area.

Challenge (1):

1. Our top challenge over the last year has been trying to find funding to expand our Peer Mentoring and BOTVIN Life Skills health education programs. We have submitted several grants that have all been passed over in favor of Redding based services and or organizations. While this is frustrating it is not surprising as it is extremely difficult to convince the county to spend money in Northeastern Shasta County. With our current funding and staff we are able to offer these services only within the FRJUSD school district.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Michele King | MHF

Reporting Month & Year: June, 2026

Summary: Mayers Healthcare Foundation is entering a new season of transition. We have already experienced changes in our workforce, and more are expected in the months ahead. We will meet these challenges with resilience as we continue working toward our goals and supporting the needs of our district.

Top Projects (1-3):

1. The 2026 Health Fair will be held on June 13th. This year, we moved the event back to its own weekend to keep focused on the health and well-being of our community. We look forward to seeing a great turnout and bringing everyone together for this important event.

   As always, lab services will be available, along with booths hosted by the MMHD Department and our community partners, showcasing the valuable programs and services they provide.

2. The "On the Green" golf tournament will be held on Friday, August 7, marking a change from the previous 26 years. We rescheduled the event to encourage greater corporate participation and hope to welcome more teams for an enjoyable day on the course.

Wins (1-2):

Last month, we were pleased to host both our annual MEG luncheon and our Volunteer Appreciation Luncheon. These events reflect the generosity of our community and employees, and I am proud to represent such a well-supported nonprofit organization.

Challenge (1):

One challenge MHF has faced is the transition of our exceptionally talented staff. Two valued team members are retiring. Kandie Dekker began as a dedicated volunteer and became a trusted, dependable employee. She retired on April 30, 2026, and will be greatly missed. Looking ahead, we will also miss Valerie Lakey, who will retire in July. Her many contributions have been invaluable, and she will be deeply missed by many.

MAYERS MEMORIAL HOSPITAL
OPERATING BUDGET

	2025 Actual	PROJ ACTUAL FYE '26	BUDGET FYE 2027	DIFF	DIFF %	Notes
REVENUE:						
IP Nursing Service						
Medical/Surgical	10,197,255	12,666,722	12,060,025	(606,697)	-4.79%	Down slightly as Swing was abnormally high but Acute was not
Skilled Nursing	15,893,590	14,921,230	16,611,150	1,689,920	11.33%	Our rates went up and if we have a census of 74 compared to 76 historically
Ancillary Services						
OP Services	37,796,389	43,432,581	44,093,053	660,472	1.52%	1% chargemaster increase plus a small volume increase
Total Patient Revenue	63,887,234	71,020,533	72,764,228	1,743,695	2.46%	Up due to increased SNF volume and 1% chargemaster increase
DEDUCTIONS FROM REVENUE:						
Contractual - Medicare/Medi-Cal	(4,755,754)	(11,069,215)	(11,190,977)	(121,761)	1.10%	Up due to higher overall revenue
Contractual - PPO	(5,089,940)	(4,061,666)	(4,183,516)	(121,850)	3.00%	Up due to higher overall revenue
Charity and Other Allowances	(789,503)	(219,593)	(369,593)	(150,000)	68.31%	Forecasting an increased use of Charity as patients lose their Medi-Cal coverage
Admin Adjmts/Employee Discounts	(414,791)	(249,935)	(332,363)	(82,428)	32.98%	Based off historical average
Provision For Bad Debts	19,807	(399,528)	(299,528)	100,000	-25.03%	Down due to a lower Accounts Receivable
Total Deductions	(11,030,181)	(15,999,937)	(16,375,976)	(376,039)	2.35%	Up due to higher overall revenue
Net Patient Revenues	52,857,053	55,020,596	56,388,252	1,367,656	2.49%	Up due to higher overall revenue
OTHER OPERATING REVENUE:	1,025,840	1,226,434	1,246,781	20,347	1.66%	
Net Revenue	53,882,893	56,247,030	57,635,033	1,388,003	2.47%	Up due to higher revenue
OPERATING EXPENSES:						
Salaries and Wages	23,515,441	24,112,578	25,307,405	1,194,827	4.96%	Up due to state mandated wage increases and the addition of mandated security
Employee Benefits	6,131,744	7,120,753	7,671,386	550,633	7.73%	Higher due to claims history
Supplies	4,653,271	4,916,229	5,186,622	270,393	5.50%	Projecting an increase due to supply chain issues
Professional Fees	1,794,091	2,181,398	2,751,432	570,034	26.13%	Up due to increases in ER contracted rates
Acute/Swing Purch Serv	412,018	738,948	373,613	(365,334)	-49.44%	Down due to being staffed
SNF Purch Serv	3,504,982	3,380,776	3,337,034	(43,742)	-1.29%	Down due to C.N.A. Program
Ancillary Purch Serv	1,176,402	1,089,374	1,167,217	77,842	7.15%	Up due to Respiratory Staffing challenges
Other Purch Serv	2,631,250	3,421,584	3,644,342	222,759	6.51%	Accounting for higher fees for more MRI days
Repairs	431,545	318,817	527,346	208,528	65.41%	FY 26 was an outlier year so I'm going with historical averages given the age of our facility
Utilities	1,324,631	1,223,216	973,510	(249,706)	-20.41%	Down due to solar but we have added two additional properties
Insurance	580,317	941,466	991,364	49,898	5.30%	Liability and Workers Comp have increased
Other	1,694,135	1,821,428	2,120,707	299,279	16.43%	Up due to outside travel and training
Depreciation	2,120,385	2,247,820	2,384,937	137,117	6.10%	Increased due to the Solar Project, clinic, TCCN, etc.
Interest Expense	1,254,884	1,151,807	1,253,709	101,902	8.85%	Based off loan schedules
Rental & Leases	168,987	126,664	130,464	3,800	3.00%	Based off historical average increase
Total Operating Expenses	**51,394,083**	**54,792,858**	**57,821,087**	**3,028,229**	**5.53%**	Total
Net Operating Revenue or (Loss)	**2,488,810**	**1,454,172**	**(186,055)**	**(1,640,227)**	**-112.79%**	Net Revenue minus Total Operating Expenses
NONOPERATING REVENUES AND EXPENSE:						
Non-Operating Revenue	6,078,068	8,250,143	8,373,895	123,752	1.50%	Based off QIP and Pharmacy projected revenue
Interest Income	1,275,814	1,351,021	1,256,450	(94,571)	-7.00%	Reduced due to lower interest rates
Non-Operating Expenses	4,070,603	4,679,751	4,866,941	187,190	4.00%	Increased due to supply and labor costs in Retail Phasrmacy
Total Nonoperating Revenue	**3,283,279**	**4,921,413**	**4,763,404**	**(158,009)**	**-3.21%**	
PROFIT or (LOSS)	**5,772,089**	**6,375,585**	**4,577,350**	**(1,798,236)**	**-28.21%**	Projecting a positive bottom line

RESOLUTION NO. 2026-15

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

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures, and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for the year July 1, 2026, through June 30, 2027; Total Net Patient Revenue $56,388,252 with a bottom line of $4,577,350.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors on the 24th day of June 2026.

PASSED AND ADOPTED on June 24, 2026, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____
Date

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

_____
Date

_____
Tami Vestal-Humphry, Treasurer
Board of Directors
Mayers Memorial Healthcare District

FISCAL YEAR July 1, 2026 - June 30, 2027
BUDGET

APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 24th DAY OF JUNE 2026.

_____
Jeanne Utterback, President
BOARD OF DIRECTORS
MAYERS MEMORIAL HEALTHCARE DISTRICT

_____
Tami Vestal-Humphry, Treasurer
BOARD OF DIRECTORS
MAYERS MEMORIAL HEALTHCARE DISTRICT

Budget Prepared By:

MAYERS MEMORIAL HEALTHCARE DISTRICT

(Attachment: FY2027 Operating Budget)

PLUMAS BANK

June 17, 2026

Mayers Memorial Hospital District

Mr. Lakey,

We are pleased to provide this expression of interest regarding the renewal terms of the existing line of credit in support of a letter of credit.

Purpose:	Renewal of existing credit facility
Loan Amount:	$100,000
Loan Rate:	Wall Street Journal Prime Index plus a margin of 1.0%, floating
Loan Term:	Five years
Collateral:	(NEW) Plumas Bank Certificate of Deposit in the amount of $100,000
Loan Fee:	Waived
Prepayment Penalty:	None

The amount, pricing, covenants, conditions and other terms and provisions of any final credit facilities are subject to future negotiations, along with appropriate loan documents, all in form and substance satisfactory to Bank so long as between the date of this letter and the execution of such loan documents, there has been no material adverse change in Borrower' financial condition. Additionally, any final credit facilities are subject to approval by appropriate administrative authorities within the Bank, a review of Borrower's complete financial statements, and any other analysis we deem appropriate, with the results of such review and analysis being satisfactory to us in our sole discretion. Thus, as previously stated, this letter is an expression of interest only and not an offer that can be accepted, or a commitment or legally binding contract.

These terms are valid for 45 days after the date of this letter.

Sincerely,

Star Alfaro

Senior Vice President/Commercial Loan Officer

Office: (530) 283-7305, Ext. 3712

Mobile: (530) 262-5428

Review Information

Review Plan Name - Annual Review - CEO
Review Period - 07/01/2025 - 06/30/2026

Strategic Pillars - 50%
Overall Leadership & Performance - 25%
Strategic Vision & Innovation - 15%
Organizational Culture & Values - 5%
Personal Development & Stakeholder Relations - 5%

Strategic Pillars

Weight 50% of 100.00%
Rating Scale – Yes or No

Strategic Pillar - Communication

Weight 10.00%

Maintaining effective communication with Medical Staff, staff, community leaders, and government agencies; supporting cooperative relationships.

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

Comments

Strategic Pillar - Growth

Weight 10.00%

Development of new programs, services, and revenue sources; expanding community health initiatives, and strategic planning for hospital 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, Burney Retail Pharmacy or care coordination.

Comments

Strategic Pillar - People

Weight 10.00%

Recruitment, development, motivation, and evaluation of staff; fostering a positive organizational culture aligned with hospital standards and community needs.

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.

Comments

Strategic Pillar - Quality / Service

Weight 10.00%

Establishing and attaining high standards of patient care, safety, and community service, ensuring compliance with healthcare standards and fostering quality improvement initiatives.

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

Comments

Strategic Pillars - Finance

Weight 10.00%

Ensuring fiscal responsibility, managing hospital resources, and supporting financial viability and program development.

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

Comments

Overall Leadership and Performance

Weight 25% of 100.00%
Rating Scale – 1 (Unsatisfactory) to 5 (Outstanding)

Leadership effectiveness in daily operations

Weight 8.34%

Leading hospital staff, ensuring smooth functioning, resolving disruptions, and fostering a high-performance environment.

Comments

Decision-making and operational management

Weight 8.33%

Making strategic and operational decisions that align with Districts' goals and community needs.

Comments

Adaptability and problem resolution
Weight 8.33%

Anticipating issues and providing timely, effective solutions.

Comments

Strategic Vision and Innovation
Weight 15% of 100.00%
Rating Scale – 1 (Unsatisfactory) to 5 (Outstanding)

Vision for District and community health
Weight 5.00%

Developing and communicating a compelling vision aligned with community health needs.

Comments

Program development and new services
Weight 5.00%

Initiating and overseeing new programs, revenue streams, and community health initiatives.

Comments

Community health impact
Weight 5.00%

Addressing societal issues, improving health status, and representing the district to community stakeholders and governmental agencies.

Comments

Strategic Vision and Innovation
Weight 5% of 100.00%
Rating Scale – 1 (Unsatisfactory) to 5 (Outstanding)

Embedding core values and standards
Weight 1.67%

Promoting Districts' ethics, standards, and a positive organizational culture.

Comments

Compliance and regulatory adherence

Weight 1.67%

Ensuring hospital meets all legal, accreditation, and regulatory requirements.

Comments

Supporting staff development and confidentiality

Weight 1.66%

Fostering a professional environment that respects confidentiality and promotes growth.

Comments

Personal Development and Stakeholder Relations

Weight 5% of 100.00%
Rating Scale – 1 (Unsatisfactory) to 5 (Outstanding)

Community engagement and advocacy

Weight 1.66%

Maintaining relationships with community leaders, service organizations, and government entities.

Comments

Fundraising and community programs

Weight 1.67%

Supporting fundraising efforts, including the hospital foundation, and community health initiatives.

Comments

Leadership in community health and societal issues

Weight 1.67%

Addressing societal factors affecting health, advocating for regulatory changes, and representing the district effectively.

Comments

MAYERS MEMORIAL
HEALTHCARE DISTRICT

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:

- Establish a comprehensive governance framework, including policies for AI use within the district. Develop a targeted training and education program for staff on AI tools and ethical considerations. Improve the overall productivity of the district's workforce by utilizing AI tools to reduce burnout.

Measurable:

- Achieve 100% full-time and part-time staff participation in AI training and education sessions applicable to their job functions. Incorporate AI governance into the information technology and risk management committee. Track the impact on staff burnout through surveys to assess the effectiveness of AI use on workforce well-being.

Achievable:

- Leverage existing training resources, collaborate with AI technology providers, and assign dedicated staff to develop and oversee governance policies.

Relevant:

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

Time-bound:

- Complete the governance framework and launch training programs by January 1, 2027, conduct 3 workforce burnout surveys, and complete training of 100% of all full-time and part-time staff by June 30, 2027.

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.

CareSay

Caregiver Engagement Executive Report

As of Jun 15, 2026 7:28 am

MAYERS MEMORIAL HEALTHCARE DISTRICT

Employee Wellness Survey

326	37%	63%
TOTAL SURVEY INVITES	**121 OF 326 COMPLETED**	**205 OUTSTANDING**

Question Summary Report:

121

1) I have enough time to complete my work responsibilities during my scheduled shift.

Average 76.04167 / 100
76%

Strongly Agree (35) - 29%

Agree (60) - 50%

Disagree (20) - 17%

Strongly Disagree (5) - 4%

121

2) Staffing levels in my area allow us to provide high-quality care to patients.

Average 76.66667 / 100
77%

Strongly Agree (31) - 26%

Agree (67) - 56%

Disagree (21) - 18%

Strongly Disagree (1) - 1%

121

3) I have access to the tools, resources, and equipment I need to do my job effectively.

Average 77.70833 / 100
78%

Strongly Agree (30) - 25%

Agree (75) - 63%

Disagree (13) - 11%

Strongly Disagree (2) - 2%

121

4) When my workload becomes overwhelming, I feel supported by my team and/or leadership.

Average 46.0084 / 100
46%

Strongly Agree (41) - 34%

Agree (58) - 49%

Disagree (18) - 15%

Strongly Disagree (2) - 2%

121

5) I am comfortable asking for help if I need it.

Average 83.75 / 100
84%

Strongly Agree (55) - 46%

Agree (54) - 45%

Disagree (9) - 8%

Strongly Disagree (2) - 2%

121

6) My manager listens to concerns and takes appropriate action when issues are raised.

Average 81.72269 / 100
82%

Strongly Agree (54) - 45%

Agree (46) - 39%

Disagree (16) - 13%

Strongly Disagree (3) - 3%

121

7) I know how to take care of myself when I am feeling burned out

Average 75.42017 / 100
75%

Strongly Agree (32) - 27%

Agree (59) - 50%

Disagree (26) - 22%

Strongly Disagree (2) - 2%

121

8) The stress of my job feels manageable most of the time.

Average 73.95833 / 100
74%

Strongly Agree (28) - 23%

Agree (66) - 55%

Disagree (19) - 16%

Strongly Disagree (7) - 6%

121

9) I feel burned out form my work.

Average 67.29167 / 100
67%

Strongly Agree (12) - 10%

Agree (33) - 28%

Disagree (55) - 46%

Strongly Disagree (20) - 17%

121

10) I believe my efforts at work make a difference for patients and my colleagues.

Average 86.25 / 100
86%

Strongly Agree (57) - 48%

Agree (60) - 50%

Disagree (3) - 3%

Strongly Disagree (0) - 0%

MAYERS MEMORIAL
HEALTHCARE DISTRICT

RESOLUTION NO. 2026-13

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

APPOINTMENT OF THE DIRECTOR OF THE INTERMOUNTAIN COMMUNITY CENTER CHILDREN'S PROGRAM

WHEREAS, the Mayers Memorial Healthcare District is committed to providing safe, high-quality childcare and enrichment services to children and families within the Intermountain Area; and

WHEREAS, the Board of Directors recognizes the need for qualified leadership to oversee the Intermountain Community Center Children's Program in compliance with all applicable federal, state, and local regulations; and

WHEREAS, California Community Care Licensing Division regulations under Title 22 of the California Code of Regulations require that licensed childcare centers designate a qualified Center Director responsible for the daily operation and compliance of the program; and

WHEREAS, Marrisa Martin has demonstrated the education, experience, leadership, and administrative capacity necessary to serve in this role and ensure ongoing compliance with all licensing standards, health and safety requirements, and program quality expectations; and

WHEREAS, the Board of Directors desires to formally appoint Marrisa Martin as Director of the Intermountain Community Center Children's Program and to designate her as the Center Director and Administrative Representative for licensing purposes;

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Mayers Memorial Healthcare District hereby appoints Marrisa Martin as Director of the Intermountain Community Center Children's Program, effective June 24, 2026.

BE IT FURTHER RESOLVED that Marrisa Martin is hereby officially designated as the Center Director under California Code of Regulations, Title 22, Division 12, and shall serve

as the Administrative Representative for the licensed childcare center, with responsibility for ensuring compliance with all applicable Community Care Licensing requirements.

BE IT FURTHER RESOLVED that, in her capacity as Center Director and Administrative Representative, Marrisa Martin shall be responsible for:

1. Overall administration and daily operation of the Children's Program;
2. Ensuring compliance with all applicable Title 22 regulations and Community Care Licensing requirements;
3. Serving as the primary contact person for licensing inspectors, regulatory agencies, and program oversight entities;
4. Supervising and supporting program staff and volunteers;
5. Overseeing enrollment, recordkeeping, curriculum implementation, and family engagement activities;
6. Ensuring health, safety, and supervision standards are consistently maintained;
7. Maintaining required licensing documentation, reports, and staff files;
8. Coordinating corrective action plans, if required, in response to licensing visits or findings; and
9. Performing other duties necessary to maintain full compliance and high-quality program operations.

BE IT FURTHER RESOLVED that Marrisa Martin is authorized to act on behalf of the Intermountain Community Center in all matters related to childcare licensing, inspections, and communications with the California Department of Social Services, Community Care Licensing Division.

PASSED AND ADOPTED on June 24, 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

SUBJECT/TITLE:	Board Guidelines for CEO Compensation	POLICY #BOD007
DEPARTMENT/SCOPE:	Board of Directors	Page 1 of 2
REVISION DATE:		EFFECTIVE DATE: 12/19/2016
AUDIENCE: BOD, CEO		APPROVAL DATE:
OWNER: A.Nelson		APPROVER: J. Utterback

POLICY:

Mayers Memorial Healthcare District is committed to ensuring that the compensation for the Chief Executive Officer (CEO) is competitive, fair, equitable, and compliant with all relevant regulatory standards, while also reflecting best practices in the industry. The compensation philosophy for all executives will align with the overall organizational values and strategic goals.

Guiding Principles

The Board of Directors of Mayers Memorial Hospital District recognizes that achieving our goal of becoming the premier community healthcare provider depends on attracting and retaining exceptional leadership. As elected trustees, we also have a responsibility to steward the resources of the District prudently on behalf of the community. It is within the Board's role to review executive compensation and oversee the renewal process of the CEO's contract. This process will follow all Brown Act laws and regulations.

Total Compensation

Total compensation for the Chief Executive Officer position with MMHD may include:

1. Paid time off
2. Holiday time off
3. Sick time
4. Incentive bonus plan
5. $20,000 life insurance benefit
6. Severance agreement

Market Analysis

1. A Compensation Committee consisting of two selected board members will review data from various sources, including but not limited to, the California Hospital Association Executive Compensation Survey and other targeted market data. These reviews will occur at least one year before the CEO's contract expiration and as needed during recruitment efforts.
2. Compensation Comparisons will be made against similarly sized healthcare systems. These comparisons will considers factors such as organizational size, scope of services, gross and net revenue, operating expenses, number of employees, bed count, and the scope of responsibilities, along with other relevant data such as CEO experience and total years of service to the District.

Target

1. The Board aims to set base compensation at the 50th percentile of current market practices. "At-risk" compensation and other incentives will be positioned above industry

SUBJECT/TITLE:	Board Guidelines for CEO Compensation	POLICY #BOD007
DEPARTMENT/SCOPE:	Board of Directors	Page 2 of 2
REVISION DATE:		EFFECTIVE DATE: 12/19/2016
AUDIENCE: BOD, CEO		APPROVAL DATE:
OWNER: A.Nelson		APPROVER: J. Utterback

averages to supplement base pay at the 50th percentile, ensuring total compensation aligns with industry standards—particularly within rural community healthcare systems.

2. The Board reserves the right to set base compensation above the 50th percentile based on factors such as experience, performance, total years of services and other factors and to offer total compensation up to the 100th percentile for exceptional results and performance.

Additional Considerations:

1. Other factors influencing compensation and benefits include competitive market conditions and individual job responsibilities. These factors encompass:
    a. Organizational complexity, including the number and variety of services and organizational units
    b. Current and anticipated management challenges (e.g., financial restructuring, policy changes,construction projects, mergers, increased competition)
    c. Availability of specialized staff expertise
    d. The executive's experience, knowledge, and skills
    e. Organizational growth rate
    f. The executive's market value, as indicated by salary history and industry demand
    g. The District's track record in recruiting and retaining qualified leadership

This policy guides fair, competitive, and strategic executive compensation aligned with the District's mission and community needs.

COMMITTEE APPROVALS:
BOD: 3/30/2022

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Signature Authority Contract Review Policy		POLICY # BOD008
DEPARTMENT/SCOPE: CEO and Board of Directors		Page 1 of 5
REVISION DATE: 2/25/2026	EFFECTIVE DATE: 07/28/2019	
AUDIENCE: CEO & Board Personnel	APPROVAL DATE:	
OWNER: L. Neal		APPROVER: L. Mee

With attachment:

Contract Review Form MMH586

DEFINITIONS:

Contract: For purposes of this policy, "contracts" shall be defined to include and not be limited to all real estate leases, letters of intent, memoranda of understanding, releases of liability, indemnification agreements, employment contracts, service agreements, and all other agreements for goods or services (including oral agreements) creating legally binding obligations on behalf of Mayers Memorial Hospital District (MMHD) or any MMHD entity.

Execution: Obtaining authorized signatures by all parties to the contract.

Service Contracts: Service contracts are agreements that include within the scope of services provisions covering a contractor's time and effort, rather than for a product or materials, although the use of products and materials may be an incidental aspect of the work/service to be performed. The work performed does not involve the delivery of any specific end product, other than results and reports that are incidental to the required performance. Examples of service agreements are for repairs to equipment, training, or consulting.

PURPOSE:

1. To establish a procedure for the review, approval, and submission of contracts or agreements for services, products and all other circumstances in which the Mayers Memorial Hospital District (MMHD) undertakes an obligation or commitment.
2. To delineate the obligations between two (or more) parties and to provide the basis for legal remedy should one party fail those obligations. A contract will be in written format so that mutual expectations are clear.
3. To ensure consistency in the formatting and content of all physician and professional service agreements.
4. To facilitate management of all agreements and to maintain a central repository and database of contracts, including ongoing administration, maintenance, and oversight.
5. To establish guidelines for monitoring contractor and vendor performance, receipt of work, services, and products, and similar types of review and responsibility.

POLICY:

1. Written contracts are required for any service for which the MMHD will be paying out money, and the individual is not a District employee. All contracts entered into on behalf

of MMHD shall receive appropriate administrative, material management, financial, legal compliance, and risk management review prior to execution to ensure the contracts contain the required elements. All contracts shall be signed by the appropriate department director. All contracts shall be monitored for performance and fulfillment of contract obligations. All contracts shall be thoroughly reviewed and the contractors' performance evaluated prior to contract renewal (see Contract Review Form MMH586).

2. All agreements or arrangements for providing health care services to MMHD patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. These contracts must contain a provision in which the provider or supplier confirms participation in the Medicare program and agrees to notify MMHD in the event participation terminates.

PROCEDURE:

CONTRACT FORMATION AND REVIEW

All new and renewed contracts will be reviewed by the Chief Executive Officer or specifically named designee, and may be sent for legal review by outside counsel. As appropriate, the Chief Executive Officer will forward contracts to the Board of Directors for review.

1. REVIEW OF NEW CONTRACTS PRIOR TO SIGNATURE
   a. New programs or services that require entering into a contract, license, or other agreement financially committing MMHD require completion and appropriate approval of a Business Plan. The responsible department director shall review, evaluate, and negotiate appropriate modifications to all proposed contracts to ensure that the contracts address all aspects of the intended relationship.
   b. Department directors shall be responsible for ensuring that all contracts under their authority have received the appropriate review, including by the Chief Executive Officer (CEO) and/or the Chief Financial Officer (CFO), if required, prior to execution. Directors may obtain additional preliminary review by the Quality Department for assistance in evaluating specific provisions such as regulatory compliance, nondiscrimination, HIPAA, indemnity, hold harmless, insurance requirements, etc. If required, the contract shall be forwarded, along with any supporting documentation, to legal counsel.
   c. Contracts provided by the District will be based on standard draft District templates.

2. SIGNATURE AND AUTHORIZATION GUIDELINES
   a. Signatory Authority: Contracts/Agreements
      i. Contracts requiring Board approval shall only be signed by the CEO. All contracts/agreements/obligations greater than $100,000 require the signature of the CEO after Board approval.

ii. *Only* the Division Chiefs have the authority to sign contracts.

Division Chiefs may delegate to Directors under their supervision the authorization to make contractual or financial commitments for specifically defined items, *so long as*:

1. The item arises out of or recurs in the course of the Division Chief's responsibilities;
2. The financial obligation is incorporated into the fiscal year budget (actual or proposed);
3. The Division Chief has thoroughly identified and reviewed the item as appropriate for the manager to make the commitment as a matter of administrative convenience;
4. The Division Chief makes the limited delegation of responsibility in writing to the manager, specifically identifying the item, the delegated authority, and any conditions that require further administrative review or input before commitment; and
5. The Division Chief, no less than annually, reviews and reaffirms the authority delegated and confirms the continuing delegation of authority in writing to the director or manager.

PHYSICIAN AND PROFESSIONAL SERVICE AGREEMENTS

All physician and professional service agreements will be completed by the Chief Executive Officer's administrative staff. The following guidelines will be followed:

1. Material for agreements will be presented to the Chief Executive Officer's administrative staff in a timely manner to ensure that adequate time is available for the preparation of the agreement within required timeframes, including the completion of a Contract Review Form;
2. Content and negotiations with "Professionals" will remain the responsibility of the senior manager.
3. All new agreements shall be reviewed by legal counsel.
4. The Chief Executive Officer shall retain authority for signing.

CONTRACT RENEWAL, REVIEW, AND REVISIONS

All contracts shall be reviewed *at least annually* by the initiating department director, regardless of length of the contract term, to evaluate performance by all parties, and to ensure that the agreement remains valid and appropriate for MMHD and its mission.

CONTRACT ADMINISTRATION

Contract administration begins once the contract begins:

1. The appropriate department director shall be responsible for the day-to-day performance under the contract, including substantiation of payments, as required or applicable.
2. The appropriate Division Chief shall be responsible for obtaining current certificates of insurance and, when possible, a copy of the endorsement naming MMHD as an additional insured.
3. The contract term and any renewal options will be monitored by the Division Chief and Director, as well as by the administrator of the contract management program to allow for advance notice of contract expirations, certificates of insurance expirations, or renewals to permit appropriate action.
4. All modifications to any existing contract must be made in writing and signed by an authorized department director and the other party (parties) to the contract.
5. It shall be the responsibility of the Division Chief to obtain the appropriate documentation for renewals and revisions and forward it to the Medical Staff Secretary for entry into the contract management program. Original amendments/modifications shall be archived in the Medical Staff Office, and copies retained with the contract copy in the initiating department in order to maintain accuracy of the original document.
    a. Contractual disputes should be addressed in the manner decided upon by the Division Chief in consultation with the Chief Executive Officer or designee, and legal counsel if necessary, or as defined in the contract.
    b. Contract termination by the department prior to expiration of the contract term shall be carried out after consultation with the appropriate Division Chief.

INSURANCE FOR CONTRACTED SERVICES

Certificates of Insurance: Firms or individuals providing services to MMHD are required to provide certificates of insurance and will submit evidence of insurance as a condition of contracting for their services. Certificates of insurance shall contain an endorsement listing MMHD as an additional insured, and that insurance cannot be canceled or revoked without at least 30 days' written notice to MMHD. The following are the insurance requirements for general types of service agreements and recommended limits. Exceptions to the insurance requirements outlined in this section may be subject to modification by the CFO or designee. In such situations, it may be determined that little or no risk is involved, in which case the limits may be lowered or the requirement eliminated. Conversely, it may be determined that additional risk is involved, in which case the limits may be raised.

1. General Liability: Comprehensive or Commercial Form (Minimum Limits) including coverage for premises/operations, contractual, personal/advertising injury, products/completed operations, with limits at least $1,000,000 per occurrence/$3,000,000 general aggregate for bodily injury and property damage combined.
2. Business Automobile Liability: Minimum Limits for Owned, Scheduled, Non-Owned or Hired

3. Automobiles with a combined single limit of not less than $1,000,000 per occurrence – if the service provider will be operating a motor vehicle on MMHD premises or in connection with the provision of services performed.
4. Workers' Compensation: As required under California State Law, if the employees of the independent consultant will be on MMHD premises. Such other insurance in such amounts which from time to time may reasonably be required by the mutual consent of MMHD and the independent consultant against other hazards relating to performance.

RECORDS MANAGEMENT

1. Original Contracts: For purposes of identifying administrative responsibility for records management, the executed contracts, along with all required documentation (amendments, attachments, exhibits, certificates, permits, etc.) and the *Contract Review Form MMH586* will be maintained by the Medical Staff Secretary in the Medical Staff Office. Originating department shall electronically forward a scan of fully executed contracts and any attachments to the Medical Staff Secretary, and shall deliver all original documents to the Medical Staff Secretary. The Medical Staff Secretary will:
    a. Maintain a contract master list in a spreadsheet of all active and inactive contracts which will include such specifics as the names and types of contracts, and renewal dates.
    b. Maintain a spreadsheet of scanned contracts.
    c. Maintain scanned associated documents.
    d. Will manage and facilitate notifications or prompts to appropriate departments, directors, etc., regarding contract activities, such as contract termination and/or renewal dates.
2. Copies: For purposes of administering contracts, *copies* of all contracts and associated documents (including amendments, attachments, exhibits, certificates, permits, checklists, etc.) shall be maintained by the originating Department.
3. Retention and Destruction of Contracts: All originals of contracts, including any amendments, exhibits, attachments, etc., shall be archived by the Administration Office

REFERENCES:

Mark Twain Health Care District policy #17 Authority and Responsibility of the Executive Director: Contracts and Bidding adopted 6/17/15

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	BOARD MEETINGS - LOCATION, TIME, DATE, AND QUORUM	POLICY # BOD009
DEPARTMENT/SCOPE:	Board of Directors	Page 1 of 2
REVISION DATE: 06/17/2026		EFFECTIVE DATE: 08/30/2023
AUDIENCE: All Hospital Staff and the Public		APPROVAL DATE:
OWNER: L Neal		APPROVER: J Utterback

PURPOSE:

Regular Meetings: Meetings of the Board of Directors, whether regular, special, or adjourned, shall be open to the public, except as otherwise permitted by law. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 *et seq.*), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

The regular meetings of the district Board shall be held on the last Wednesday of each calendar month at 1:00 p.m. at the District's offices, located at 43563 State Hwy 299 E, Fall River Mills, California, or 20647 Commerce Way, Burney, California. The Board of Directors may, from time to time, change the time or day of the month of such regular meetings as required by holiday schedules or changing circumstances.

Special Meetings: Special meetings of the Board of Directors may be called as provided by law by the President of the Board, or by three members of the District Board, as the occasion demands. Notice of the holding of any special meeting shall be delivered to each member of the Board of Directors not less than twenty-four hours before the meeting.

The call and notice of a special meeting shall specify the time and place of the special meeting, and the business to be transacted. No other business shall be considered at such meetings by the District Board. Written notice may be dispensed to any member who, at or prior to the time the meeting convenes, files a written waiver of notice with the Secretary of the Board.

Quorum: A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business.

Adjournment: The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Executive Director may declare the meeting adjourned to a stated time and place, and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in these policies for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular,

SUBJECT/TITLE:	BOARD MEETINGS - LOCATION, TIME, DATE, AND QUORUM	POLICY # BOD009
DEPARTMENT/SCOPE:	Board of Directors	Page 2 of 2
REVISION DATE: 06/17/2026		EFFECTIVE DATE: 08/30/2023
AUDIENCE: All Hospital Staff and the Public		APPROVAL DATE:
OWNER: L Neal		APPROVER: J Utterback

special, or adjourned special meeting was held within twenty-four hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified by these policies for regular meetings.

REFERENCES:

Brown Act (Government Code Section 54950 *et seq.*)
Health and Safety Code Section 32106
Health and Safety Code Section 32155.

COMMITTEE APPROVALS:
BOD: 8/30/2023

Administrative Reporting
Regular Board Meeting

Division: Chief Operations Officer

Submitted By: Jessica DeCoito

Reporting Month & Year: June, 2026

Summary:

FR Rural Health Clinic Remodel & Ancillary Projects
The OAC (Owner, Architect, Contractor) team continues to meet weekly to discuss project progress and maintain alignment among all stakeholders.
The FR RHC Remodel project is progressing as planned, with demolition activities currently underway. We are also taking proactive steps on the Fire/Smoke Damper project by ensuring all HCAI documentation and planning are completed accurately and thoroughly before construction begins.
In addition, we are scheduled to meet with PG&E onsite next week to discuss the gas line relocation and coordinate next steps.

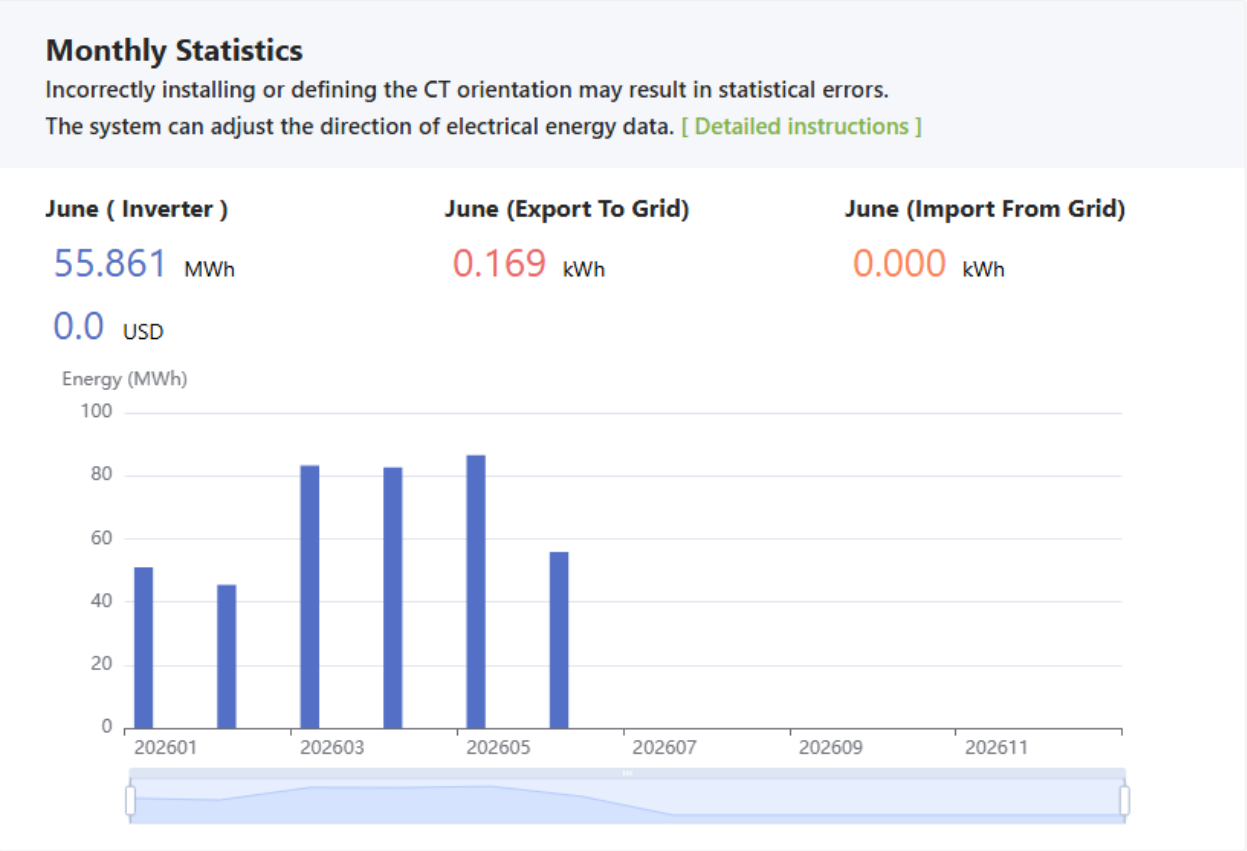
Business and Hospice Office Remodel
The Maintenance team did an outstanding job preparing the new space for our Business Office and Hospice team members. Both teams have successfully moved in and are settling into their new work environment. Minor adjustments and updates are being addressed to further enhance the space and support efficient workflows. The remaining scope of this project includes parking lot painting for Hospice patients and sealing the garage area to provide dedicated storage space for Hospice operations.

Master Plan Update
We recently met with HCAI to discuss options for achieving seismic compliance. During the meeting, HCAI presented alternative pathways that may allow us to move forward, including potential funding opportunities through the Small & Rural Hospital Relief Grant program.
As a result, we are reevaluating whether our current approach remains the most appropriate path forward. Once we have thoroughly reviewed the alternative compliance options, we will either present an updated master plan to the Board or provide a recommendation explaining why continuing with the existing plan remains the best course of action.

Legislation
Val has spent considerable time helping me learn the legislative landscape and sharing the knowledge and relationships she has built over the years. She leaves behind a remarkable legacy and some very big shoes to fill. Fortunately, she has set me up for success by introducing me to her network of colleagues and helping secure my seat on the Legislative Strategy Group. I am excited to take on this new role and look forward to representing MMHD and serving our community in the legislative arena.

Solar

Travis completed an analysis that indicates the solar field could generate approximately $204,000 in annual savings. Below is a screenshot of our June statistics as of June 17th.



Finance Notes May 2026

Ratios	FY 26	FY 25 Average	
Cash on Hand	329	268	Avg PY
Net Income	-1,269,278	366,667	Avg PY
Current Ratio	9.4		
AR Days	64.2	86	Avg PY
Accounts Payable	2,886,179	830,660	Avg PY
Daily Gross Revenue	190,549	173,009	Avg PY
YE% of Gross Revenue Collected	62% YTD	61%	Avg PY

1) We are starting our fiscal year end prep and providing data to our auditors for our FY 26 audit.
2) I've attached the FY 27 budget with notes for approval. I was conservative with the supplemental payment estimates and projected expenses. This upcoming year will have a year and a half of the District Hospital Directed Payments (DHDP) as the state catches the program up so we should have a positive year.
3) As an alternative to having to renew a credit line annually so we can get lower beta workers comp premiums we are going to do a five-year line of credit that's supported by a 100K Certificate of Deposit (CD). This will save time annually and we will make 3% on the CD.
4) I'm holding off on the interim year end financials until August, so we have received most of our FY 26 invoices and major year-end analysis and entries are completed. This way the interim financials are much closer to the audited financial statements.
5) I will have new Charity and Discount Policies for you to approve in the near future. HCAI is reviewing them and I didn't want you to have to review multiple times if they require any changes. One of our counterparts went back and forth with HCAI over 6 months on these.
6) There was a warehouse fire in Tracy at a one million square foot distribution center for Medline. We use Medline for a large portion of our supplies so expect supply costs to increase in the interim as we order from alternate distributors and use some alternative products.
7) Retail Pharmacy continues to have an amazing year with a 1.2 million net income.
8) The rural health clinic (RHC) is 30K ahead for the year with the increase in revenue/visits.
9) In June every year traditional Medi-Cal pauses their payments until the program is funded in July so we might see a small uptick in AR.
10) The California Hospital Association (CHA) released their annual financial comparisons so I thought I would share some of the results which compares us to the critical access hospitals (CAH) in the state. There are three more pages if anyone wants me to send them. The data is always trailing so this is from FY 24.

Mayers Memorial Hospital District

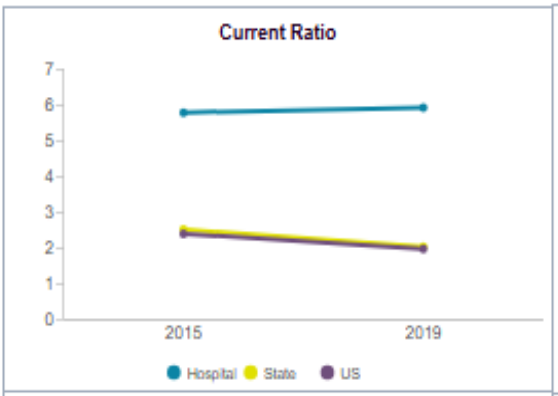
Financial Indicators Analysis: Liquidity Indicators

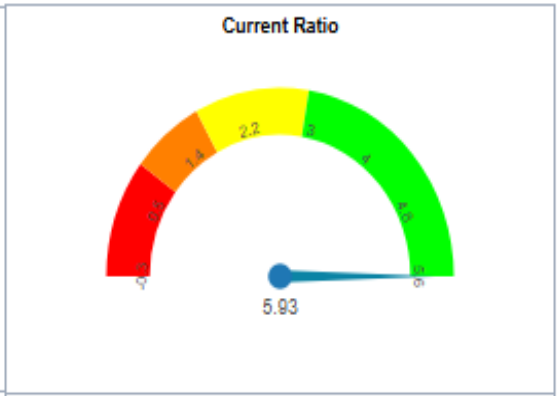
Peer Group

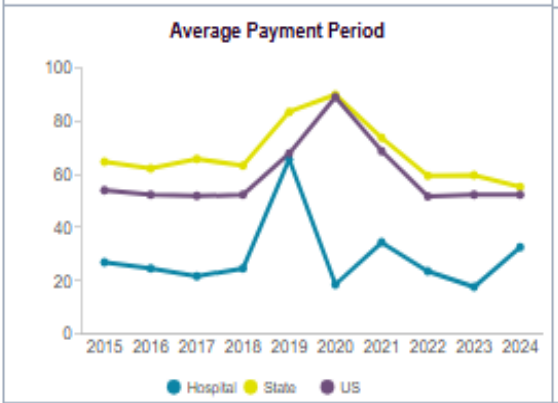
- [x] All PPS and CAH Hospitals
- [ ] All Small Critical Access Hospitals
- [ ] All Critical Access Hospitals

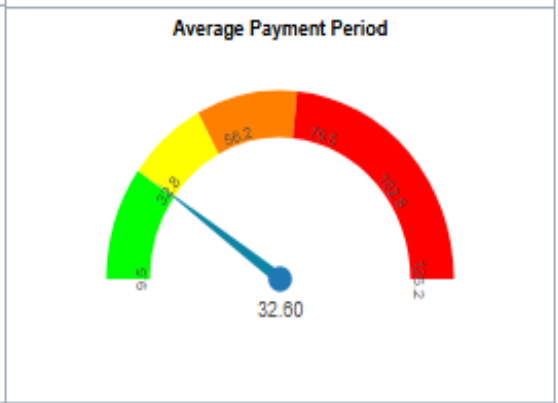
Performance Dial Key

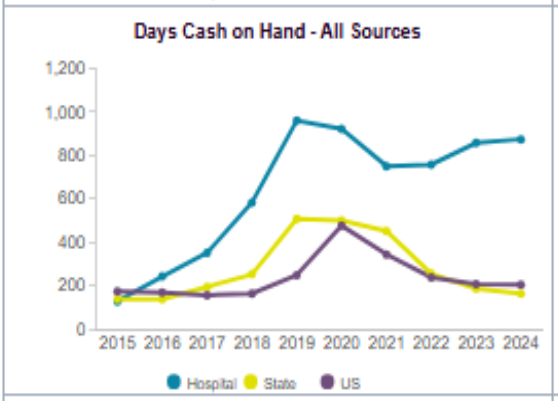
- Highest Quartile
- 2nd Highest Quartile
- 2nd Lowest Quartile
- Lowest Quartile

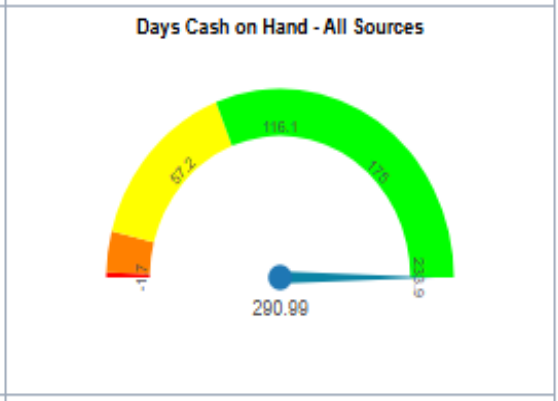


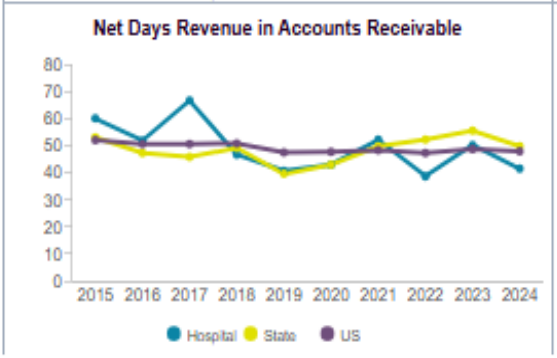


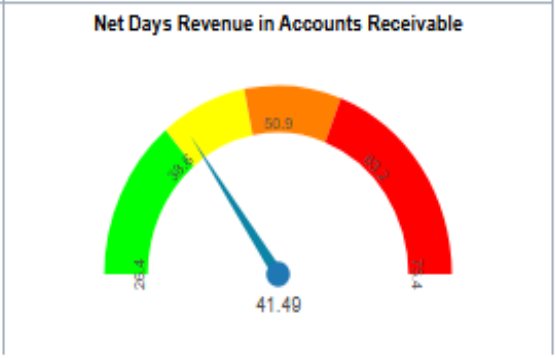






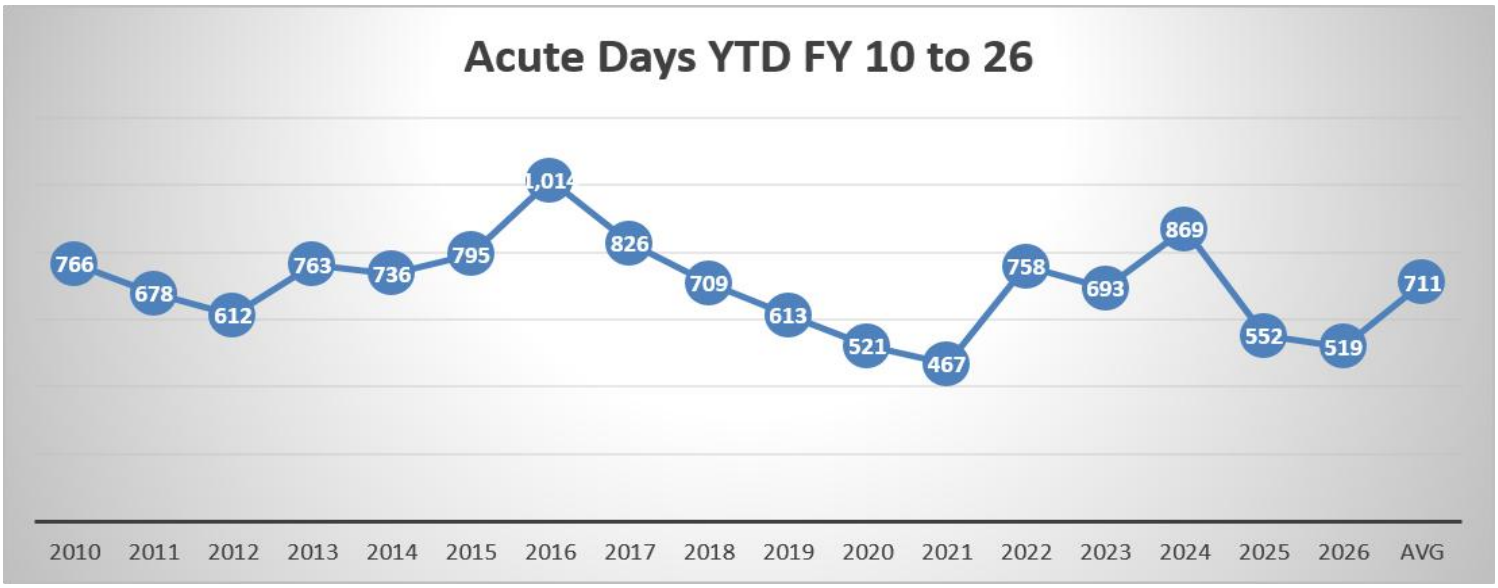


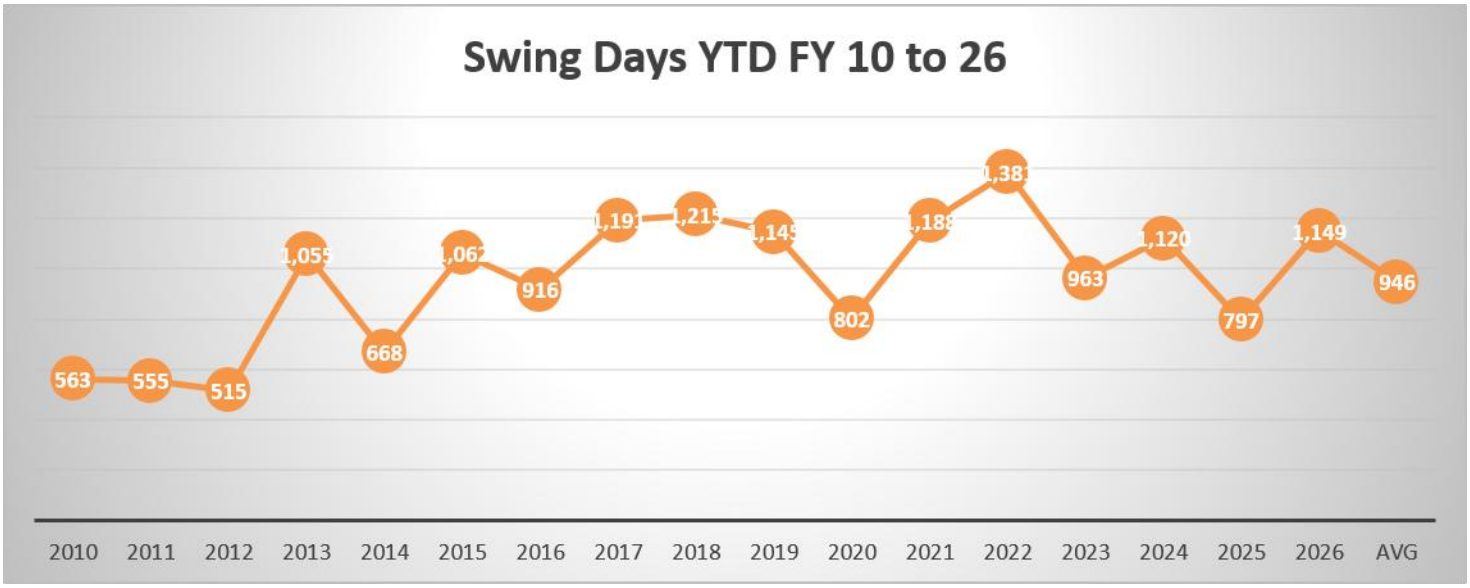


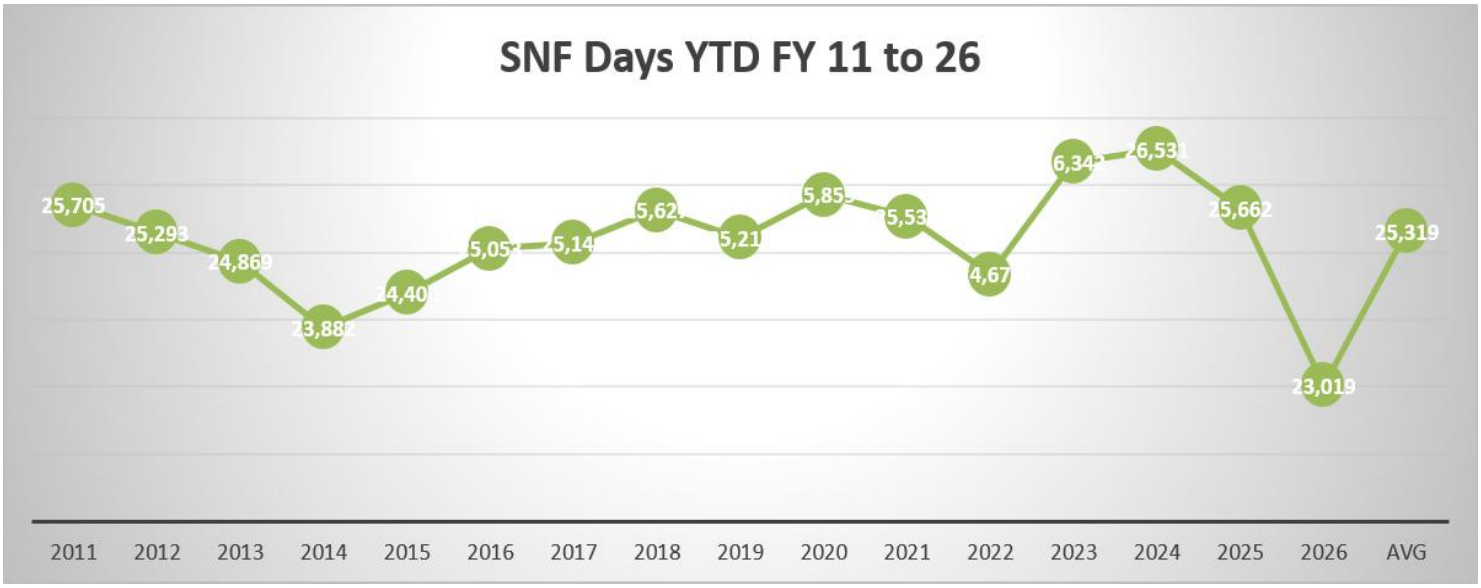


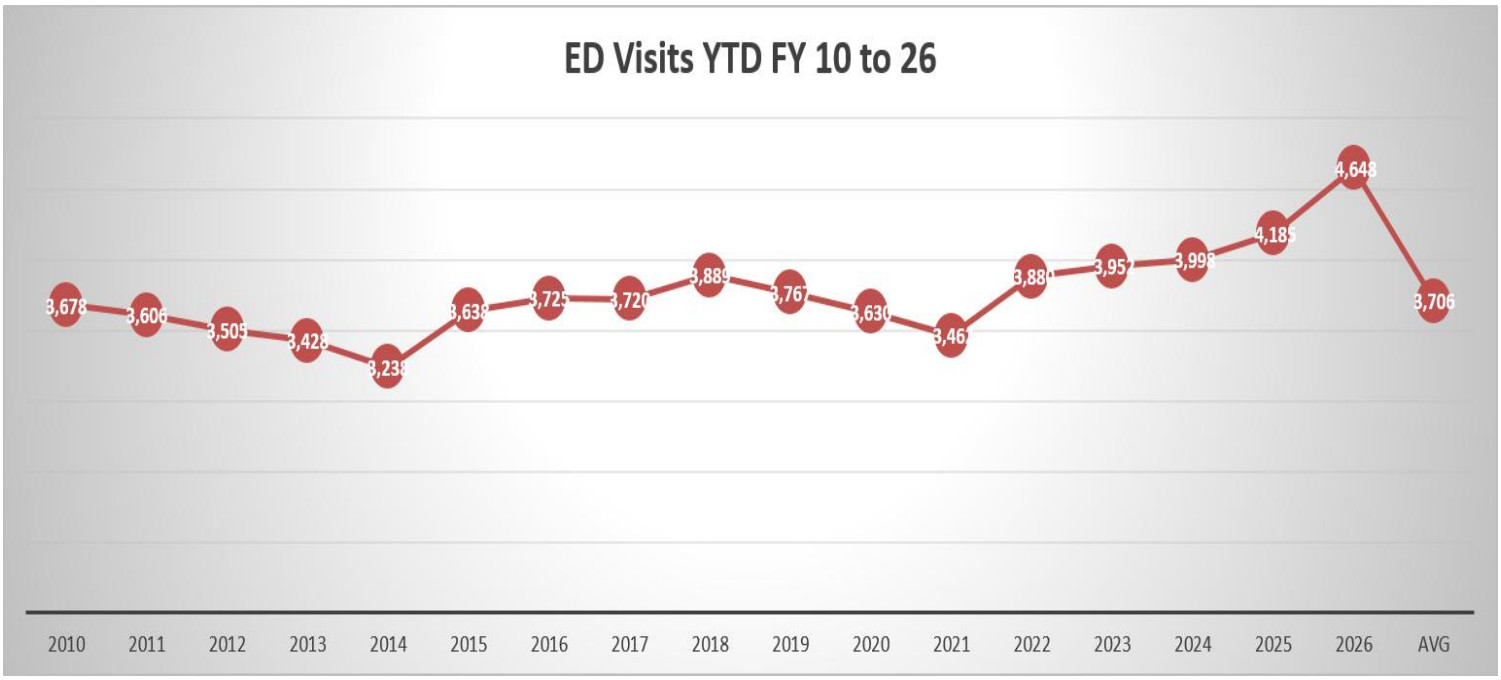
Ratio Within State Peer Group Ranking

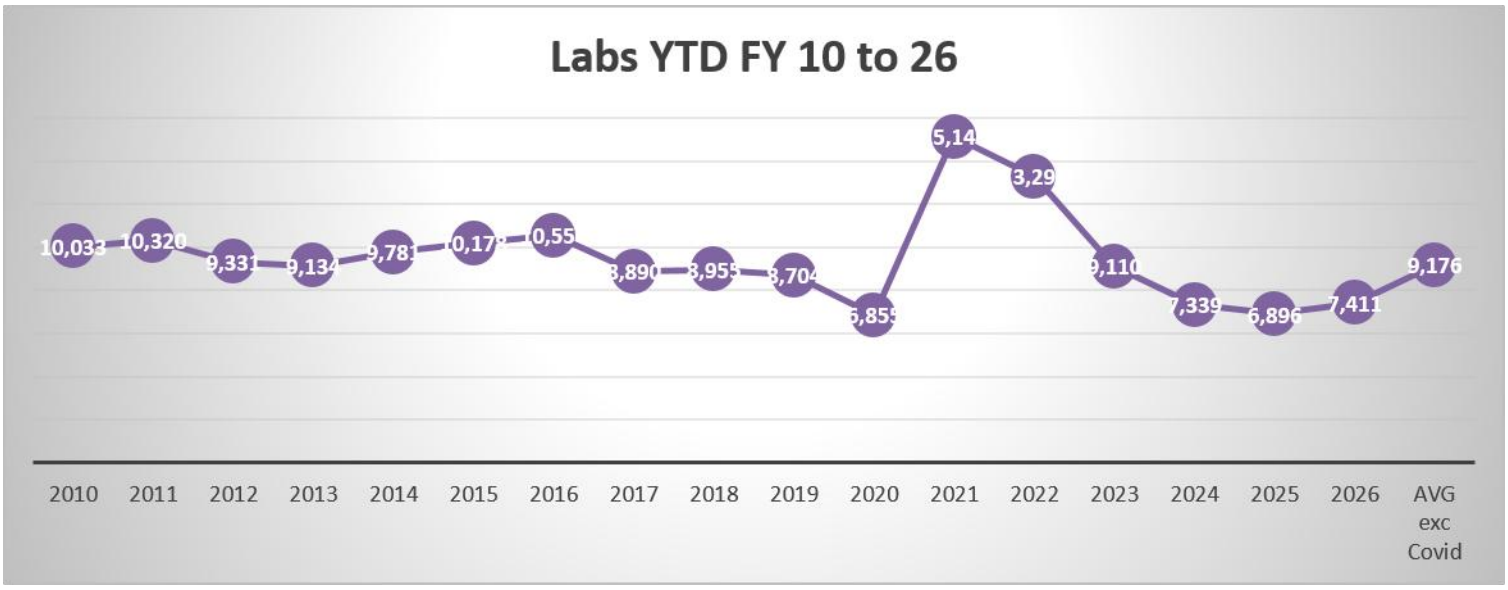
FFY	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
FFY Begin Date	07/01/2015	07/01/2016	07/01/2017	07/01/2018	07/01/2019	07/01/2020	07/01/2021	07/01/2022	07/01/2023	07/01/2024
FFY End Date	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020	06/30/2021	06/30/2022	06/30/2023	06/30/2024	06/30/2025
Indicator										
Average Payment Period	4 of 34	4 of 33	2 of 34	2 of 34	16 of 34	1 of 33	9 of 36	5 of 37	3 of 38	7 of 37
Current Ratio	2 of 34				Extreme					
Days Cash on Hand - All Sources	21 of 34	9 of 33	5 of 34	2 of 34	3 of 34	4 of 33	9 of 36	2 of 37	Extreme	2 of 37
Net Days Revenue in Accounts Receivable	22 of 34	23 of 33	27 of 34	12 of 34	18 of 34	17 of 33	20 of 36	6 of 37	14 of 38	11 of 37

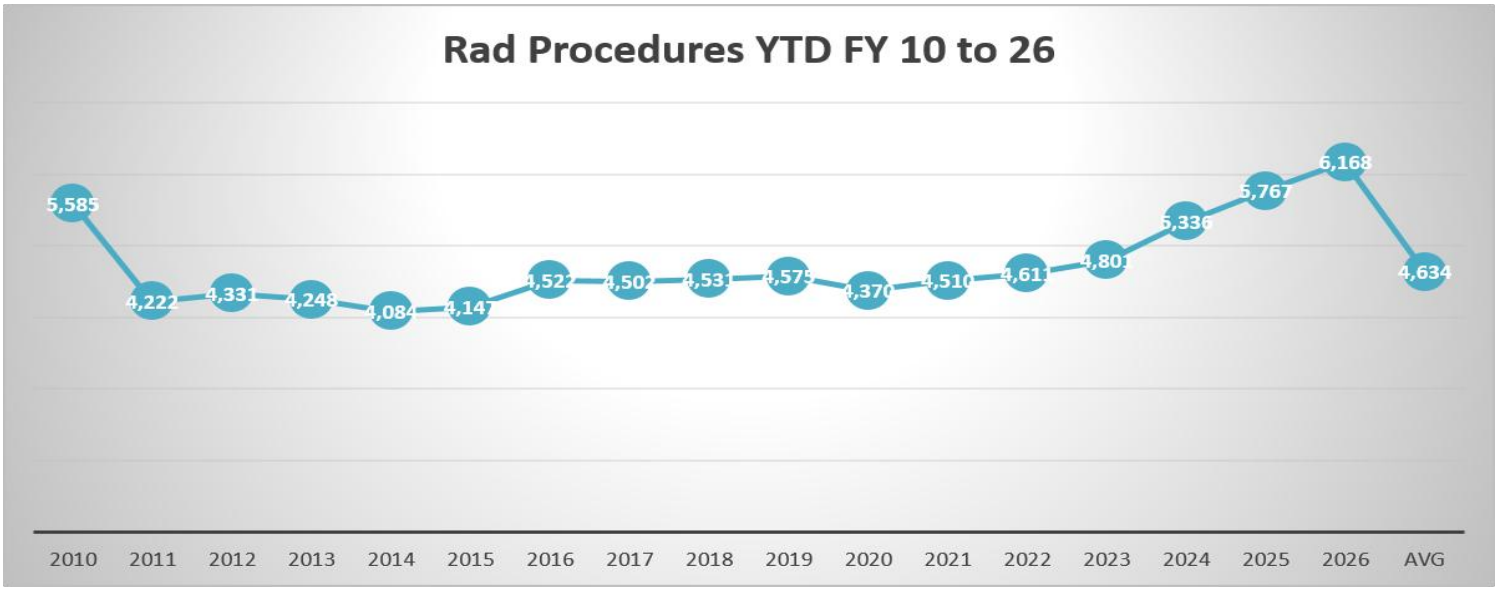

Acute Days YTD FY 10 to 26
766
678
612
763
736
795
1,014
826
709
613
521
467
758
693
869
552
519
711
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

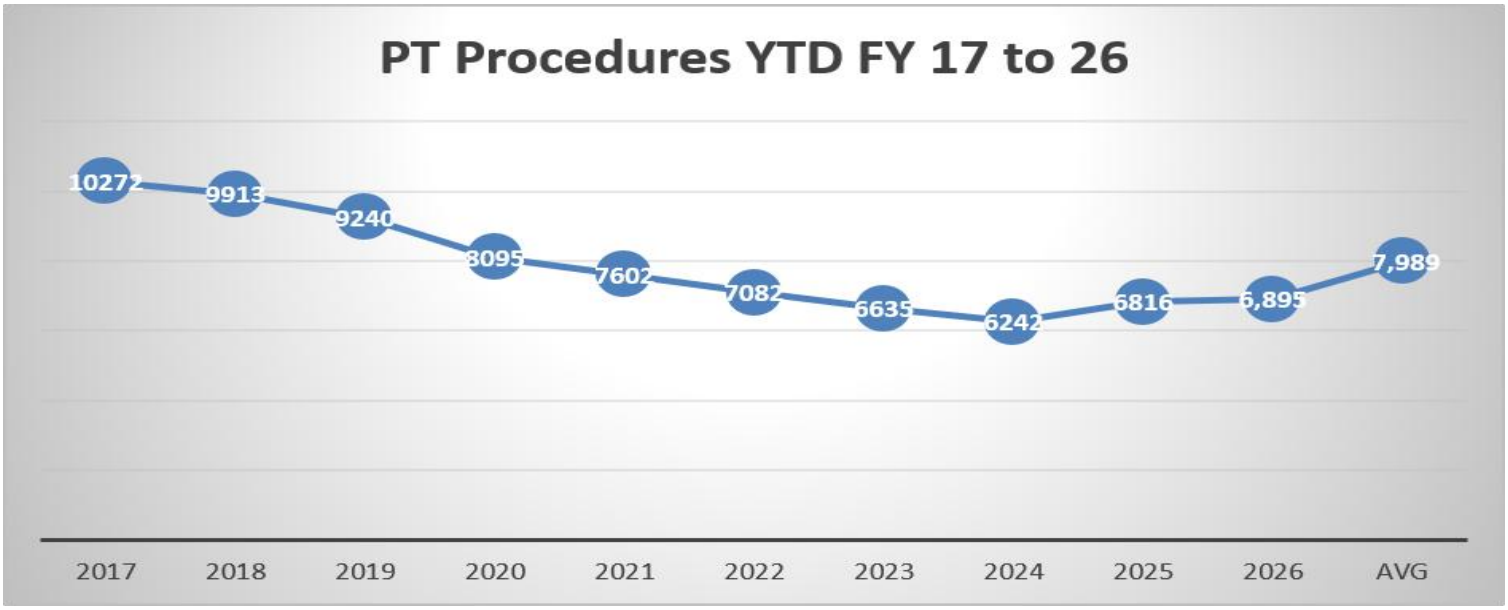

Swing Days YTD FY 10 to 26
563
555
515
1,055
668
916
802
963
797
946
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

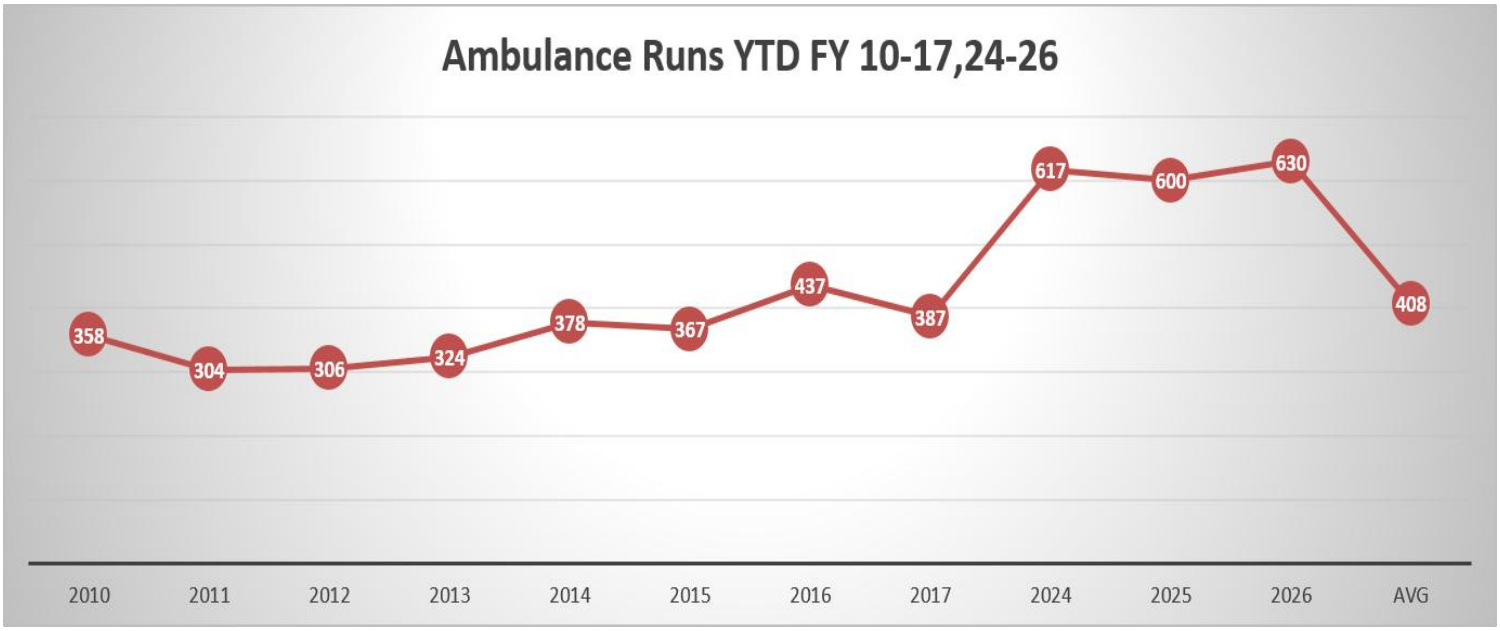

SNF Days YTD FY 11 to 26
25,705
25,293
24,869
23,019
25,319
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

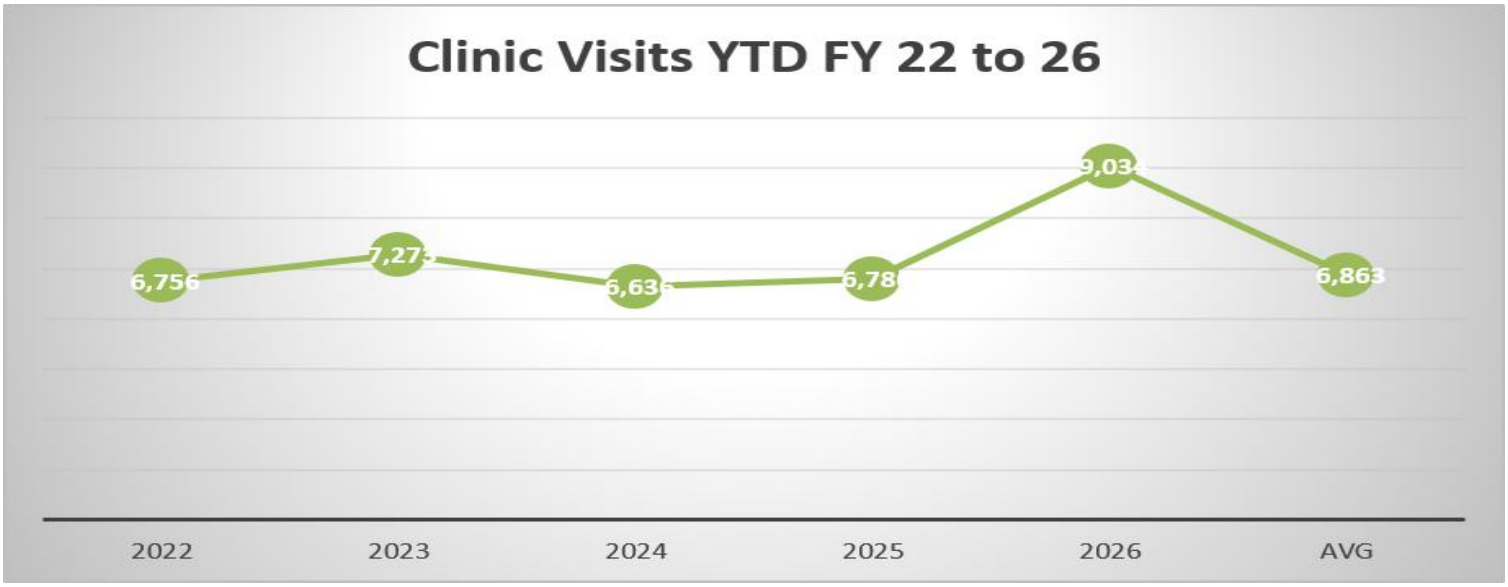

ED Visits YTD FY 10 to 26
3,678
3,606
3,505
3,428
3,238
3,638
3,725
3,720
3,889
3,767
3,630
3,461
3,880
3,957
3,998
4,185
4,648
3,706
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

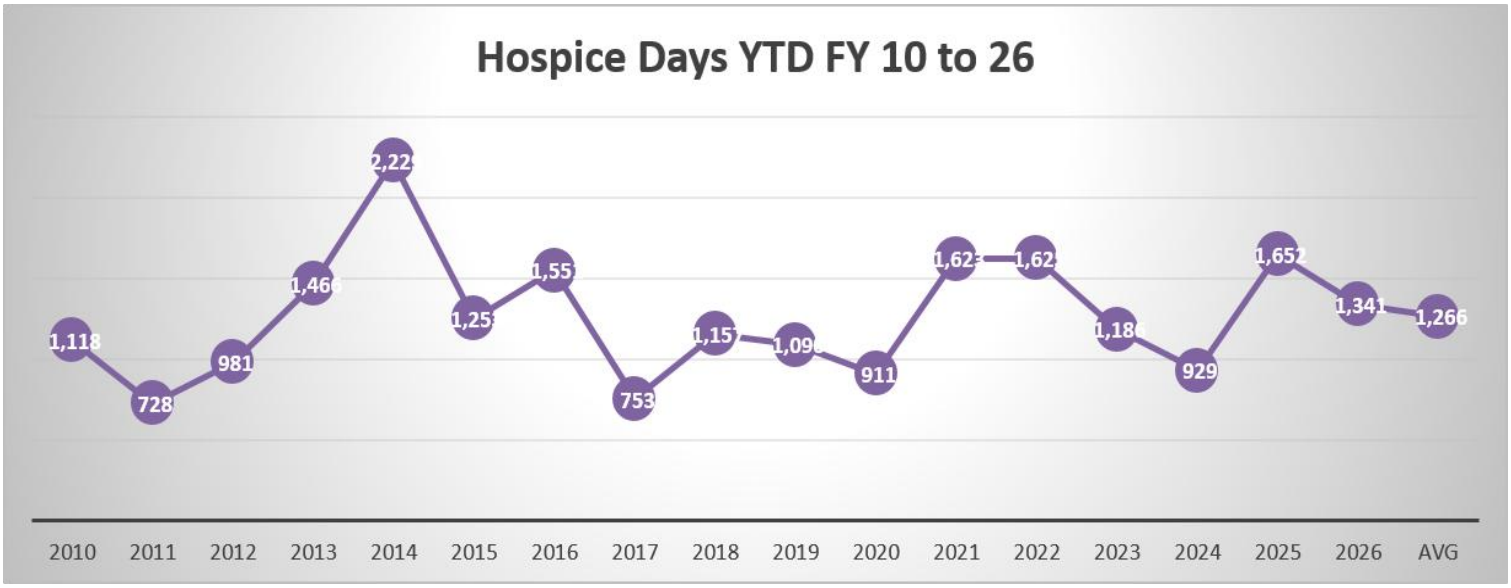

Labs YTD FY 10 to 26
10,033
10,320
9,331
9,134
9,781
10,178
10,550
8,890
8,955
8,704
6,859
5,140
3,290
9,110
7,339
6,896
7,411
9,176
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG exc Covid


Rad Procedures YTD FY 10 to 26
5,585
4,222
4,331
4,248
4,084
4,147
4,522
4,502
4,531
4,575
4,370
4,510
4,611
4,801
5,336
5,767
6,168
4,634
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


PT Procedures YTD FY 17 to 26
10272
9913
9240
8095
7602
7082
6635
6242
6816
6,895
7,989
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


Ambulance Runs YTD FY 10-17,24-26
358
304
306
324
378
367
437
387
617
600
630
408
2010
2011
2012
2013
2014
2015
2016
2017
2024
2025
2026
AVG


Clinic Visits YTD FY 22 to 26
6,756
7,27
6,63
6,78
9,03
6,863
2022
2023
2024
2025
2026
AVG



Income Statement

1) Inpatient Revenue has increased 21% given the third highest amount of Swing days year to date (YTD) in the last 16 years.
2) SNF Revenue is down due to our historically low average census.
3) Outpatient Revenue is up13% as almost all departments' visits/procedures are up from the prior year.
4) Contractuals rose in May due to the Medicare interim cost report repayment and fewer supplemental receivables remaining to offset them, since most were received earlier this year.
5) Employee Benefits have increased due to claims and the high cost and usage of GLP1's.
6) Supplies are up 5% but I'm impressed by that given the increase in days, visits and procedures so we are using more supplies overall.
7) Pro Fees have increased 17% mostly due to ER wage increases and legal fees.
8) Travelers overall are down with decreases in SNF (lower census) and Ancillary offsetting the large increase in Acute.
9) Other Purchased Services are up due to locum docs in the clinic, the radiology group that charges us to read studies and the company that provides our MRI trailer.
10) Insurance is up with increases in liability and property insurance. Property is decreasing 9.9% next year as we have that laundry fire claim rolling off.
11) Non-Operating Revenue is up 55% due to achieving QIP metrics and a 34% increase in Retail Pharmacy Revenue.
12) Non-Operating Expenses are up due to drug costs as we are filling more prescriptions.
13) Interest Income is up 190K when you factor in the Mortgage-Backed Securities (MBS).
14) Net income for the month is negative due to the increase in contractuals. I expect next month to be negative as well as the payable for the interim cost report was spread over the last two months, but we will still end the year with a strong bottom line.

Balance Sheet

1) Cash is well ahead of last year when you add the MBS. It will drop in June due to the settlement payment. Overall, I'm happy with cash considering the solar project and all other projects have been self-financed.
2) Accounts Receivable increased about 265K as we had some large Swing Accounts that we don't bill until the patient is discharged.
3) Inventory is higher than the prior years due to the Retail Pharmacy having more drug supply to keep up with their patient demand.
4) Accounts Payable is much higher than normal due to our 1.63 million Medicare Interim Cost Report payment and a late health insurance invoice.
5) The Current Portion of the Medicare/Medi-Cal Settlement is half of the interim Cost Report Payment as it was split over two months. This will clear out as it was paid at the beginning of June.
6) The current ratio is how many times we can pay our current liabilities with our current assets. As you can see from the data provided by CHA we are well ahead of the average.

Chief People Officer Board Report

Reporting Period: June 2026
Prepared by: Libby Mee, Chief People Office

Overview
During the reporting period, the Human Resources, Payroll, and Quality department continued to serve as a strategic partner in supporting the organization's growing and evolving workforce, with an emphasis on continuous improvement and professional growth.

Through targeted recruitment efforts, employee support initiatives, and enhanced onboarding practices, the department continues to strengthen both individual and organizational performance while reinforcing a culture of excellence.

Workforce Overview & Recruitment
The Human Resources Department currently supports a workforce of 324 employees across all departments. Recruitment activity remains ongoing, with 16 active requisitions representing 19 open positions across clinical, administrative, and support services.

Current Open Positions

Department	Position Title	Status	# of Positions
Computer	Junior Systems Administrator	Full Time	1
Dietary	Registered Dietitian	Full Time	1
Emergency Room	Registered Nurse	Full Time	1
Emergency Room	Registered Nurse	Per Diem	1
Emergency Room	House Supervisor	Full Time	1
Medical Records	Clerk	Full Time	1
Medical/Surgical	Registered Nurse	Per Diem	1
Medical/Surgical	Nursing Staff Coordinator	Full Time	1
Nursing Administration	Administrative House Supervisor	Full Time	2
Radiology	Cardiac Sonographer	Full Time	1
Respiratory Therapy	Respiratory Therapist	Full Time	1
Respiratory Therapy	Respiratory Therapy Manager	Full Time	1
Retail Pharmacy	Pharmacist	Full Time	1
Skilled Nursing	Licensed Vocational Nurse (LVN)	Full Time	2
Skilled Nursing	Registered Nurse	Full Time	2
Skilled Nursing	MDS Coordinator	Full Time	1

We are pleased to welcome the new Director of Quality to the organization.

We also extend our sincere appreciation to Jack Hathaway for his 10 years of dedicated service as Director of Quality. His leadership and contributions have had a lasting impact on the organization.

Provider Relations
The Provider Relations Coordinator continues to support recruitment efforts in collaboration with Dr. Delaney to secure an additional Emergency Department provider. This process is actively underway, with multiple applicants currently in review.

Ongoing participation in Cerner workflow optimization workshops continues, with recent sessions focused on cardiac rehabilitation and laboratory workflows.

The Provider Relations Coordinator also attended a Council for Affordable Quality Healthcare (CAQH) webinar focused on medical staff credentialing. As a result, current credentialing processes are being reviewed to ensure continued compliance, efficiency, and ease of use for providers.

In addition, the Provider Relations team is actively engaged in the organization's Service Excellence Initiative, serving in roles as Service Excellence Advisor, Council member, and Provider Super Coache.

The team is also collaborating with Dr. Sloat to refine ICD-10 and CPT coding practices within the clinic to ensure accurate and complete data capture for reporting and reimbursement purposes.

Annual Initiatives
Effective July 1, employees will receive annual wage increases in alignment with California healthcare minimum wage requirements.

The organization is also preparing to launch the annual employee performance review cycle for the July 2025 through June 2026 evaluation period. Managers will have until the end of July to complete all performance evaluations.

Additionally, the organization will conduct its second Leadership Empowerment Survey, following the initial survey completed in July 2025. This survey provides employees with an opportunity to provide feedback on leadership effectiveness and organizational support, and results will be used to inform ongoing leadership development efforts.

Administrative Reporting
Regular Board Meeting

Division: Public Relations

Submitted By: Valerie Lakey, Chief Public Relations Officer

Reporting Month & Year: June, 2026

Summary:

As I submit my final board report and attend my last Board meeting as an employee of Mayers Memorial Healthcare District, I would like to express my sincere gratitude for the opportunity to serve this organization and our community over the past 14 years.

It has been an absolute privilege to be part of MMHD's journey. I have genuinely loved my job and have been honored to contribute to the growth, advancement, and long-term sustainability of this remarkable organization. Throughout my time here, I have witnessed tremendous progress, overcome challenges alongside dedicated colleagues, and celebrated many successes that have strengthened healthcare services for our region.

I am deeply grateful to the Board of Directors, administration, managers, employees, volunteers, donors, and community members who have supported the work of MMHD and entrusted me with so many meaningful opportunities. The relationships I have built and the experiences I have shared will remain among the most rewarding of my career.

As I begin this next chapter, I do so with great confidence in the future of MMHD. The organization is strong, resilient, and well-positioned to continue serving our communities for years to come.

Thank you for the support, encouragement, and friendship you have shown me throughout these 14 years. It has truly been an honor and a blessing to be part of the MMHD family.

Thank you!

Legislation/Advocacy

Federal and state healthcare policy activity continues at a rapid pace. At the federal level, Congress has resumed work on healthcare priorities, including hospital price transparency and proposed Medicaid changes that could significantly impact hospital reimbursement and program requirements.

In California, budget negotiations are underway with a final budget expected by June 30. The California Hospital Association (CHA) continues to advocate on legislation affecting hospitals, including proposals related to artificial intelligence, facility fees, distressed hospital funding, and independent review of legislation impacting healthcare providers.

CHA remains focused on several priority issues, including proposed Office of Health Care Affordability (OHCA) regulations that could expand oversight authority and impose significant penalties on hospitals. Advocacy efforts are also continuing regarding Medicaid program changes, hospital financial sustainability, and statewide ballot initiatives that may impact healthcare funding and workforce policies.

I am pleased to report that Jessica DeCoito has been approved to serve on CHA's Legislative Strategy Group (LSG)**.** I have had the privilege of representing rural California hospitals on this committee for many years, and Jessica's appointment will ensure MMHD continues to have a voice in statewide healthcare advocacy and legislative discussions. Jessica will be assuming responsibility for legislative and advocacy activities moving forward, helping maintain MMHD's strong presence in healthcare policy issues that impact rural communities.

MMHD will continue to monitor developments and participate in advocacy efforts that support the long-term viability of rural healthcare and access to services for our communities.

Grant/Scholarship Update

Awarded more than **$11,000 in scholarships** to four community members and seven employees, supporting a diverse range of educational and professional development pursuits.

Received **$32,500 in McConnell Foundation grant funding** to support the thrift store project. Implementation activities are currently underway.

Successfully completed all **Departmental Award grant reporting requirements**. While the process required significant follow-up and coordination, efforts will be made to improve departmental compliance and streamline reporting for future grant cycles.

Submitted applications through a new **California Endowment GoGifts initiative**, which offers an opportunity for both the Mayers Healthcare Foundation and TCCN to receive **$25,000 in unrestricted funding**. Awards are expected to be announced by the end of the month, with funding available to the first 100 qualifying applicants.

Continued efforts to identify, research, and pursue grant opportunities that align with organizational priorities and community needs.

Public Relations/Marketing

The Public Relations and Marketing Department has been focused on wrapping up ongoing projects, supporting departmental initiatives, and ensuring a smooth transition of responsibilities. Efforts have included finalizing marketing materials, patient education resources, website content, and various department-specific projects.

A key accomplishment this quarter was the successful completion of the Association of California Healthcare Districts (ACHD) Certification process. MMHD's certification has been renewed through 2029, reflecting the District's continued commitment to governance excellence and transparency. This will be our third time certifying.

The department has also developed and initiated Custom Learning Systems (CLS) patient satisfaction surveys and Google Review initiatives designed to gather patient feedback,

identify opportunities for improvement, and strengthen MMHD's online presence and reputation.

Through funding provided by a Mayers Healthcare Foundation Department Grant, the Marketing Department purchased new patient education resources for the Acute Care Department and developed a direct-mail postcard campaign promoting Outpatient Medical services.

The PR Department coordinated and hosted the 5K Run/Walk as part of the Community Health Fair. The event was well attended and provided another opportunity to promote health and wellness while engaging community members.

Additional efforts include ongoing website and intranet updates, development of new patient education and promotional materials, and beginning preparations for MMHD's presence at the Inter-Mountain Fair.

Board members are encouraged to visit MMHD's website and YouTube channel to view the many department videos, leadership spotlights, and department features that continue to showcase the exceptional services and people of MMHD.

Mayers Healthcare Foundation

The MHF Thrift Store continues to perform well and remains an important source of funding for Foundation programs and services. Sales for the quarter were near our projected three-month goal of $25,000, demonstrating continued community support for the store and its mission. To support ongoing operations and future growth, we welcomed Ayla Harris to the Foundation team. Ayla will assist with thrift store operations and Foundation events.

The 2026 Community Health Fair went very well and benefited from outstanding support from MMHD staff, volunteers, vendors, and community partners. We received positive feedback regarding the new venue location, and the 5K Run/Walk and Kid Fit activities once again proved to be highlights of the event, encouraging participation from children and families. While the Health Fair continues to be a valued community event, overall attendance has steadily declined since the COVID-19 pandemic. As we look toward future events, we will be exploring new ideas and formats to ensure the Health Fair continues to meet the needs and interests of our community while maximizing participation and impact.

Planning is now underway for the 26th Annual MHF On the Green Golf Tournament, scheduled for Friday, August 7. MMHD departments have once again been asked to contribute themed gift baskets for the raffle, and the response has been excellent. We are also grateful for the many returning sponsors, donors, and supporters whose generosity continues to make this event possible. Their ongoing commitment reflects the strength of our community and the confidence they place in MMHD and the Foundation.

Following the golf tournament, Foundation efforts will focus on preparations for the Inter-Mountain Fair, the Annual Appeal Campaign, and the Denim & Diamonds Hospice Gala. These

fundraising events are important in supporting healthcare services and programs throughout our community, and we look forward to another successful fundraising season.

Tri County Community Network (TCCN) Update

As always, TCCN remains busy with a variety of programs and initiatives serving our communities.

The Enhanced Care Management (ECM) program continues to grow. Jaki Harrington joined TCCN in May as ECM Case Manager and quickly increased the program's caseload by onboarding nine new clients. The program now serves 20 clients, making it fully self-sustaining and generating a small amount of additional revenue for MMHD. ECM provides care coordination, housing navigation, and connections to community resources for eligible Partnership members. The TCCN website is being updated to include information about ECM services and the weekly Care Closet.

The Safe Seats Car Seat Program has been a tremendous success. Through funding from a Mayers Healthcare Foundation grant, TCCN purchased 10 car seats and 10 booster seats. In partnership with Pit River Health Services, families receive assistance with proper sizing and installation. All 10 car seats and five booster seats have already been distributed. Additional funding has been identified to continue the program.

Kid Fit will return again this year thanks to support from the Burney Regional Fund and PG&E donations. The annual Color Run was held in conjunction with the MHF Health Fair, and an additional event is planned in Round Mountain to better serve families throughout our region. Six local high school seniors have also selected Kid Fit as their senior project and will assist with planning and volunteering throughout the season.

TCCN is now fully staffed. Jaki Harrington joined the ECM program, Kiely Whitehead assumed the role of Program Director on June 1, and Trinity Berlt returned to the organization as the Bright Futures Family Advocate. These additions position TCCN well for continued growth and program development.

Another exciting development is the Board's approval to fund renovations for the Children's Program facility. Construction is expected to begin this fall, allowing the program to reopen after nearly three years and once again provide a much-needed service to local families.

Securing funding to expand Peer Mentoring and BOTVIN Life Skills programming continues to be a challenge. While several grant applications have not been successful, TCCN remains committed to providing these valuable prevention and health education programs and will continue pursuing opportunities to expand services throughout the region.

Board Report

Clinical Division
6/15/2026

Imaging—Submitted by Harold Swartz, Imaging Manager

MRI Services

- MRI operations experiences image artifacts related to radiofrequency (RF) interference. Testing is planned using a portable generator and trailer relocation to identify the source of interference and determine the optimal scanning location.
- Routine scheduling of patients will resume once a location without interference is identified.

Echo Cardiology Updates

- Recruitment for a Cardiac Sonographer is still underway. Discussions are also ongoing with Modoc Medical Center regarding a potential shared staffing model.

Community Events

- Radiology participated in the Pit River and Intermountain Health Fairs to provide information about imaging services and gather valuable community feedback.

Service Excellence Initiative

- The OASIS Service Standards and Key Words Team, chaired by Harold Swartz, Imaging Manager, has finalized its charter and project plan. The team is scheduled to present the project to the Service Excellence Council in July.

Leadership

- The Healthcare Leadership Institute (HLI) program concludes this week. The experience has provided valuable leadership development opportunities and strengthened collaboration across departments.

Physical Therapy—Submitted by Daryl Schneider, DPT, Manager

Clinic Construction

- Physical Therapy staff demonstrated exceptional resilience, adaptability, and teamwork during multiple unexpected operational challenges.
- With one working day's notice before construction impacts, staff quickly established a temporary waiting area, modified workflows to maintain HIPAA compliance, and contacted patients with updated arrival instructions.
- Team members provided ongoing assistance at the temporary entrance to support a positive patient experience. Signage was relocated, and a doorbell installation was requested to improve access.

Air Conditioning Outage

- Following the loss of air conditioning on June 15 during extreme temperatures, staff maintained uninterrupted patient care and proactively informed patients of conditions prior to appointments.
- Treatment locations and schedules were adjusted to maximize patient comfort, including use of the Cardiac Rehabilitation gym and earlier appointment times when appropriate.
- Throughout this disruption, the team maintained access to care while minimizing patient inconvenience.
- Air Conditioning was restored the afternoon of June 16

Rural Health Clinic

Mammography

- The clinic will once again partner with Alinea Health to provide 3D mammography services to our community on October 1, 2026, in recognition of Breast Cancer Awareness Month. We are excited to be able to offer these services right here at home, improving the communities' access to specialty care.

Online Registration

- Online patient registration and electronic forms are now live. Patients receive a secure link via text message with their appointment confirmation, allowing them to complete annual and visit-specific paperwork prior to their appointment. Completed forms automatically integrate into Cerner and are immediately available for staff and providers to review, improving efficiency and streamlining the patient check-in process.

Obstetrical Care

- Dr. Sloat is now providing comprehensive obstetrical care, including prenatal care from the first trimester through delivery and postpartum follow-up for patients planning to deliver in Mt. Shasta. We recently celebrated our first "clinic baby"—a patient who received her prenatal care through our clinic and delivered by Dr. Sloat in Mt. Shasta. To commemorate this milestone, the family was presented with a congratulatory card signed by the clinic team and a gift bag containing newborn essentials, highlighting our commitment to providing personalized, family-centered care.

Laboratory—Submitted by Sophia Rosal, CLS, Laboratory Manager

Employer Drug Testing

- FormFox platform implementation has been completed. I am currently awaiting confirmation of Andrea's availability to schedule a meeting to address a few outstanding questions. Once those are resolved, we will be able to begin marketing the service to the community.

Health Fair

- Strong execution: The lab team had a strong presence, with clearly defined roles and effective performance. Approximately 50 patients were seen, and several vouchers were sold, with a July 3 redemption deadline.
- Operational support: Resources were utilized efficiently, including support for supply runs and specimen transport back to Mayer's lab as needed.
- Team development: A valuable experience for the team, particularly following recent retirements. Team members are already identifying opportunities to improve their roles and processes for next year.

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

340B Program Update

- MMHD continues to make progress toward implementation of Medicaid carve-in and mixed-use inventory. MMHD met with Oracle on 06/10/2026 and has a follow-up meeting scheduled for 06/24/2026. Based on current discussions, implementation is anticipated within the next 6–8 weeks.
- MMHD has submitted its Corrective Action Plan (CAP) in response to the recent HRSA audit findings and is currently awaiting HRSA approval.

Community Outreach

- Pharmacy staff, Kathi Valencia, Shannon Ohm, and Teresa Nguyen attended the Big Valley FFA Banquet representing Mayers Pharmacy and supporting our local community.
- Mayers Pharmacy had a booth at the Mayers Health Fair

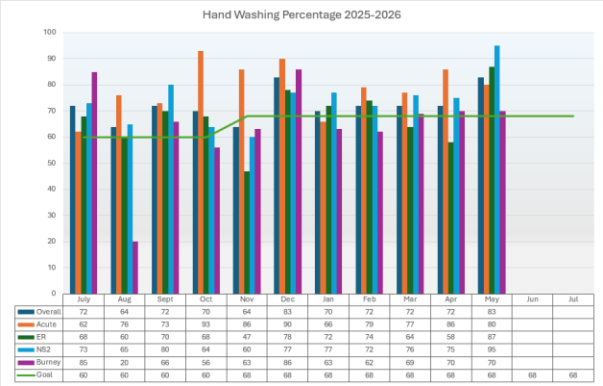
Pharmacy Technician

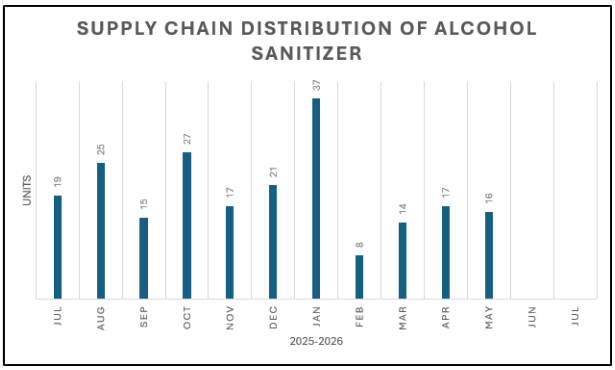
- Stephanie DeHaan passed the national pharmacy technician certification examination and is in the process of being licensed in California.

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

Hand Hygiene

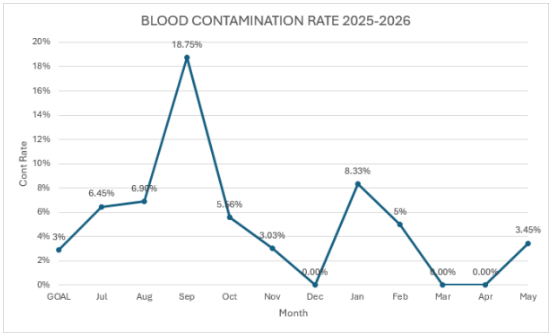
- Facility overall compliance for the month of May was **83%**
- Total number of observations of hand hygiene opportunities: **197**





Blood Culture Contamination

- One contamination occurred in May, resulting in a contamination rate of 3.45%, which is above the goal of less than 3%.
- A one-on-one discussion was conducted with the nurse involved in the contamination event. The diversion device kit currently being trialed was not used due to the patient's combative behavior in the Emergency Department and the patient's overall condition, which made use of the device challenging.
- A SurveyMonkey questionnaire will be distributed at the end of the month to gather nurse feedback and collect post-trial evaluation data regarding the diversion device.



PCC Upgrade:

- Infection Prevention training session scheduled for 7/22/2026

Employee Wellness Nurse/ Infection Prevention Assistant- Erin Glebe LVN

- Successfully obtained the Long-Term Care Certification in Infection Prevention (LTC-CIP) through the Certification Board of Infection Control and Epidemiology (CBIC).
- The LTC-CIP certification provides a standardized measure of the foundational knowledge, skills, and abilities expected of professionals working in infection prevention and control. Earning this certification demonstrates competence in the practice of infection prevention and control within a long-term care setting and reflects a commitment to maintaining best practices in resident safety and quality of care.

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

Health Fair

- Participated in both the Pit River Health Fair and the Mayers Memorial Health Fair. At each event, educational materials in English and Spanish were provided to community members, emphasizing the importance of heart health and the benefits of cardiac rehabilitation. Zita Biehle, Cardiac Rehab Coordinator, met with the PRHS Director of Outreach to discuss opportunities to strengthen collaboration and to increase ongoing participation in cardiac rehab and long-term heart health for tribal members.

Cerner

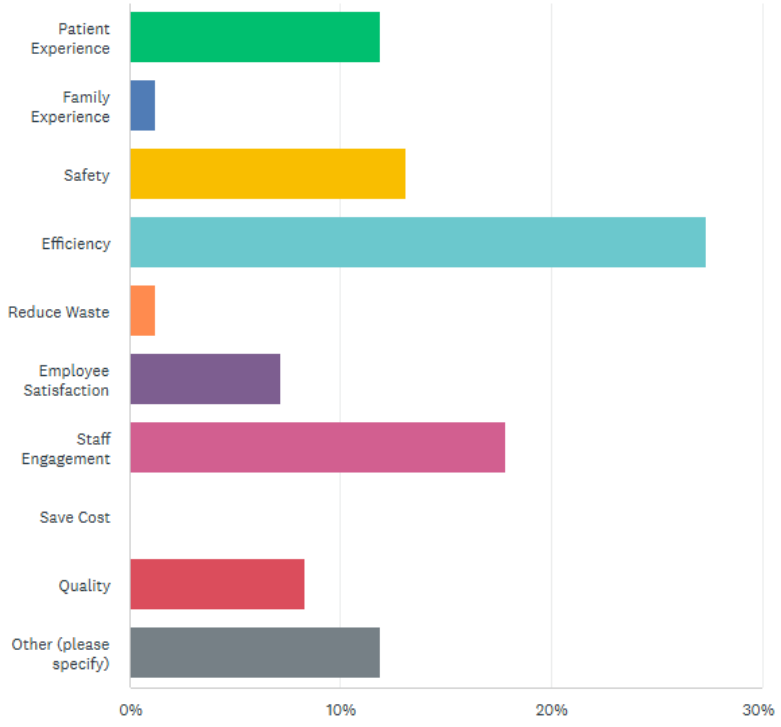
- Cardiac Rehab Cerner Review: Euan, Jack, Tiffani, and Jenna collaborated with Zita to assess and identify pain points within the Cardiac Rehab Cerner workflow. This productive review highlighted several opportunities to streamline processes and improve overall workflow efficiency.

Do Its – **D**epartmentally **O**rganized **I**mprovement **T**actics. Implemented to drive positive change and enhance Service Excellence.

Q1

Benefits of Your Do It

Answered: 84 Skipped: 0



ANSWER CHOICES		RESPONSES	
Patient Experience		11.90%	10
Family Experience		1.19%	1
Safety		13.10%	11
Efficiency		27.38%	23
Reduce Waste		1.19%	1
Employee Satisfaction		7.14%	6
Staff Engagement		17.86%	15
Save Cost		0.00%	0
Quality		8.33%	7
Other (please specify)	Responses	11.90%	10
TOTAL			84

Departmental "Do It" Submissions	
Acute	38%
SNF	2.38%
Cardiac Rehab	3.57%
ED	14.29%
HIM	2.38%
HR	19.05%
IT	5.95%
Mayers Foundation	4.76%
Pharmacy	1.19%
Physical Therapy	3.57%
Respiratory Therapy	1.19%
RHC	2.38%
Volunteer Services	1.19%

Service Excellence Workshops are now scheduled from 9/1/2026 – 10/1/2026. A scheduling tool for workshop sign-ups will be sent out to the managers by July 15th.

Oasis Teams – Hollie and Harold, along with their teams, have jumped right in and started on their Oasis projects. Both teams have completed their initial project proposals—SEC approved 6/11/2026 to move forward.

Upcoming Training Sessions this month! Richard Hadden with CLS will be on site June 22–23 to lead training sessions for Managers & Executives, and to check in with SEA teams on their progress as they prepare for upcoming workshops.

Administrative Reporting
Regular Board Meeting

Division: CNO Nursing Division

Submitted By: Theresa Overton, RN BSN

Reporting Month & Year: June, 2026

Summary:

CNO Highlights – May 2026

SNF

Census

- Current Census - 72
- Burney Annex General POP - 24
- Burney Annex Memory Care - 20
- Fall River Station 2 - 28

Incidents

- Falls (BA & FR)-12
    - Witnessed – 5
    - Un-witnessed –7

Updates:

- Completed the work with Richter on the management console.
- PCC training for additional modules.

Activities Department

- Continued daily group and individualized activities to support resident quality of life, social engagement, cognitive stimulation, and emotional well-being.
- Expanded the Behavioral Intervention Program, sensory-based programming, and environmental enhancements, including Memory Care wall decals and the resident fishpond project.
- Increased community engagement through local volunteer-supported projects, including flower donations that enhanced resident living spaces and encouraged social interaction.
- Hosted a successful Hawaiian-themed Candlelight Dinner, which was well received by residents and families.
- Maintained focus on resident transportation safety through ongoing monthly training, van safety improvements, and staff education.

Acute

Performance Dashboard

- **Acute ADC:** 1.74
- **Acute ALOS:** 3.0
- **Swing Bed ADC:** 2.68
- **Swing Bed ALOS:** 6.56
- **OBS Census Days:** 3

Staffing Overview

Fully Staffed on Unit.

Quality / Risk / Compliance

- Medication Errors: 3
- Falls: 0

Emergency Services

Census for May 2026

- Total patients treated: 401
- In-Patient Admits: 20
- Transferred to higher level of care: 21
- Pediatric patients: 64
- AMA: 7
- LWBS: 2
- Present to ED vis EMS: 45

Updates:

- **HALO Training Success:** The Emergency Department and EMS teams successfully completed our 2nd Annual HALO (High Acuity, Low Occurrence) Training Event. This hands-on educational program focused on preparing staff for rare but critical patient care scenarios. The collaborative training between ED nurses and EMS personnel was very well received, with participation extending beyond the ED to include several Acute Care RNs. The event strengthened interdisciplinary teamwork, enhanced clinical preparedness, and reinforced our commitment to ongoing education and high-quality patient care in our rural healthcare setting.

- **MICN Program Development**: Planning is being finalized for our upcoming Mobile Intensive Care Nurse (MICN) course scheduled for June 24, 2026. This educational opportunity is being developed in collaboration with our EMS Department and Sierra-Sacramento Valley (SSV) EMS Agency educators. The course will support the continued development of our Nursing Supervisors and Emergency Department nurses, strengthening our base hospital capabilities and improving communication and coordination with prehospital providers throughout our service area.

Ambulance Services-Gabe to report to Board this month

Surgery:

Volume

- Incoming referrals: 23
- Monthly patient census: 10 (procedures performed on 2 scheduled procedure days)
- Monthly procedures performed: 11
    - 1 patient underwent more than 1 procedure, such as EGD and colonoscopy

Update

- One scheduled procedure day was canceled in May due to a surgeon scheduling conflict.
- Referral volume remained stable, with five fewer referrals received compared to the previous month.
- Timely access to care continues, with most procedures scheduled within one week of referral receipt; appointment availability ranges from one week to two months based on clinical urgency.
- Ongoing process improvements and enhanced patient communication have contributed to a 31.7% reduction in short-notice cancellations compared to the same period in 2025.
- Improved patient flow and operational efficiency have resulted in a 21.8% reduction in outpatient pre-operative wait times compared to 2025.

Outpatient Medical

Census

- May-130 patients

Update

- Process improvements or workflow changes: Quality OPM and Business office reviewing feedback and interpretation from Corro Health regarding Lab OPM accounts.
- Program developments: Working with Marketing, and LAB CLS to review new OBM Blood Transfusion orders prior to P&P and upload to our website after final approval.
- Trainings completed this month: Weekly LTC orientation in OPM wound clinic teaching wound care standards.
- Ongoing education initiatives: New Acute RN for 1 week of OPM orientation for education and training experiences.

Social Services

- Three LTC admissions were completed in May, including one admission at Fall River and two admissions at Burney.

Clinical Education

- Trainings completed this month:
  - BLS certification class was conducted on May 12, 2026.
  - Bi-monthly SPHM and DHW Initial Orientation sessions continue for newly hired, rehired, and return-to-work staff.
  - Successfully completed the Pre-Mock Survey on June 1, 2026, with focused reviews of CNA/UA compliance, nursing compliance, medication pass observations, and medication expiration audits.
  - Identified and corrected nursing compliance issues, including:
    - Medication pre-pouring.
    - Unattended and unlocked computers creating potential HIPAA concerns.
    - Expired medications requiring removal.
    - Provided immediate one-on-one staff education and implemented corrective actions to address identified compliance concerns.
    - DSD provided additional education to Nursing Assistants on the Abuse Prevention Reporting Process, including reporting procedures and location of reporting resources.
    - Conducted education on oxygen tubing and labeling compliance, reinforcing weekly replacement requirements and proper dating of oxygen supplies.

Respectfully Submitted by Theresa Overton, CNO

MAYERS MEMORIAL HEALTHCARE DISTRICT

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

Service Excellence Initiative

We've officially kicked off Year Two of our Service Excellence Initiative, and I just had my first meeting with this year's group of Service Excellence Advisors. The energy in the room was great, and everyone was really engaged and excited about the work ahead. They're eager to build on what we accomplished last year, and I believe their enthusiasm will help us push the initiative even further. It's inspiring to see such dedication, and I'm looking forward to what we can achieve together in the coming months.

Regulatory

We are facing regulatory challenges related to the loss of our Nurse Aide Training Program (NATCEP), with enforcement actions dating back to surveys conducted in 2025. Although we were informed that there was a potential for the NATCEP program being terminated in November of 2025, a NATCEP ban was imposed retroactively to July of 2025, with formal notification only received in June 2026, almost a year later. This notice only came after we reapplied for the program, and it was denied because of the ban. This delay creates uncertainty regarding CNAs who completed our program between July 2025 and June 2026, many of whom are now licensed and employed at our facility. We are actively seeking guidance to understand the implications of the enforcement and how to manage these trained staff within the current regulatory frameworks.

Finance

There are some upcoming changes to Medicaid supplemental payments that could put downward pressure on reimbursements. We're actively monitoring our payer mix and assessing the long-term financial implications of evolving federal and state payment models.

Operations

The FR Rural Health Clinic (RHC) construction remodel work has officially started and is scheduled for completion in September.

We continue to monitor operational risks, including supply chain disruptions due to vendor constraints and facility challenges related to HVAC system limitations.

Clinical Services

Our clinical oversight remains strong, with ongoing involvement through committee meetings, policy reviews, executive rounds, and participation in provider recruitment efforts.

There was strong department participation in our Community Health Fair, organized by the Mayers Healthcare Foundation (MHF) on June 13th, providing an excellent opportunity for community outreach and engagement.

Executive Leadership

Our leadership team stays well-coordinated through daily stand-ups and regular one-on-one meetings. We're actively managing our strategic, operational, and governance priorities, delegating responsibilities as needed to keep things moving smoothly. Organizational changes are nearing completion with the retirement of our Chief Public Relations Officer and the departure of our Director of Quality.

Collaboration

Recently, the Northern California District Hospital group, which includes Modoc Medical Center, Mayers Memorial Healthcare District, Seneca Healthcare District, Plumas District Hospital, and Eastern Plumas Health Care, met with the Sierra Health Collaborative (SHC), comprising Carson Tahoe Health, Mammoth Hospital, Barton Health, Marshall, and Tahoe Forest Health System. While the Sierra Health Collaborative is a more formalized version of the collaboration that MMHD is currently part of with the Northern California group, our recent meeting showed that both groups share similar goals and face common challenges.

They are actively working together on funding opportunities through RHTP, developing strategic plans, and hiring SHC staff to drive their initiatives between meetings. One topic discussed was the potential to expand their membership, opening doors to new collaborations and shared resources among the two groups.

I've discussed internally with our team the possibility of MMHD joining this group and believe it could be a valuable opportunity for the district. I look forward to discussing this idea with our board at this month's meeting and exploring how we can benefit from being part of this collaborative effort.