MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Agenda
July 29, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom @ MMHD Hall
43579 Highway 299 East
Fall River Mills, CA 96028

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

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

Chair: Jeanne Utterback

						Approx. Time Allotted
1	**CALL MEETING TO ORDER** This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District.					
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present to the Board of Directors for review, please provide a minimum of 9 copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.					
3	**APPROVAL OF MINUTES**					
	3.1	Regular Board Meeting – June 24, 2026		**Attachment A**	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**					
	4.1	Resolution 2026-17 June Employee of the Month		**Attachment B**	**Action Item**	1 min.
	4.2	HLI Certificates Presentation	Executive Leadership Team		Presentation	15 min.
	4.3	Outpatient Surgery - Written report provided. Questions pertaining to the written and verbal report.	Leanne Melang	**Attachment C**	Report	2 min.
	4.4	Patient Access - Written report provided. Questions pertaining to the written and verbal report.	Amy Parker	**Attachment D**	Report	2 min.
	4.5	Health Information Management – Written report provided. Questions pertaining to the written and verbal report.	Danielle Olson	**Attachment E**	Report	2 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 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		Report	5 min.
5.4	**Governance Committee**				
	5.4.1	Committee Meeting Report: Chair Hathaway No meeting in July		Report	5 min.
6	**NEW BUSINESS**				
6.1	Sierra Health Network			**Action Item**	2 min.
7	**ADMINISTRATIVE REPORTS**				
7.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.				
	7.1.1	Chief Operations Officer- Jessica DeCoito	**Attachment F**	Report	5 min.
	7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
	7.1.3	Chief People Officer – Libby Mee		Report	5 min.
	7.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
	7.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
	7.1.6	Chief Executive Officer – Ryan Harris		Report	5 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**				
8.1	Board Member Message: Points to highlight communications to staff and on social media			Discussion	2 min.
9	**MOVE INTO CLOSED SESSION**				
9.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials **MEDICAL STAFF APPOINTMENT** 1. Kokwaro, Alfred Harold, MD				
9.2	Update on Existing Litigation (Gov. Code § 54956.9) • Two Cases ▪ Case name withheld pursuant to Government Code § 54956.9 ▪ Case name withheld pursuant to Government Code § 54956.9				
9.3	Personnel (Gov. Code §54956.8) • CEO Evaluation				
9.4	Update on Real Estate (Gov. Code §54956.8) • Property: 37443 Enterprise Dr, Burney, CA 96013				
10	**RECONVENE OPEN SESSION**			**Action Item**	2 min.
11	**ADJOURNMENT:** Next Regular Board Meeting August 26, 2026				

Posted: 07.23.26

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

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Minutes
June 24, 2026 @ 1:00 PM
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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

1 CALL MEETING TO ORDER: Jeanne Utterback called the regular Board of Directors meeting to order at 1:00 p.m. on June 24, 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:**
Abe Hathaway, Vice President	Ryan Harris, CEO
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
Jeanne Utterback, President	Lisa Neal, Board Clerk
Jessica DeCoito, COO	

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 May 27, 2026, as presented, was made, seconded, and carried.	**Cufaude/ Ferguson**	**Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	Resolution 2026-14 May Employee of the Month: Jackson Parry - Jackson is a truly caring individual who consistently goes above and beyond for our patients, coworkers, and community. Jackson has a genuine passion for teaching and mentoring others. He is compassionate, intelligent, and always willing to share his knowledge to help those around him succeed. Every day he works on the ambulance, he finds ways to contribute beyond his assigned duties, whether it's assisting in the Emergency Department, helping train staff, bringing forward new ideas, interacting with patients, or jumping in to help clean rooms and support the team. His positive attitude, dedication, and willingness to help wherever needed do not go unnoticed. Jackson exemplifies teamwork, professionalism, and compassionate patient care. Jackson dedicated himself to self-improvement, not by taking the easy route. Jackson completed the remote learning program at CSU Sacramento State and then "donated" over 750 hours here at MMHD on top of his 56-hour work week position. All the while, learning the job of a paramedic, being a father, and working full-time as an EMT for MMHD. His performance as an intern far exceeded the average student, and as of 6/4/26, he is now a Nationally Registered Paramedic, a much-needed position in our community.	**Humphry/ Ferguson**	**Approved by All**

		A motion to accept the May Employee of the Month was moved, seconded, and carried.		
4.2		Environmental Services – written report submitted by Sherry Yochum, Environmental Services Manager. The Board commended Environmental Services for the team's improvement in infection prevention, increasing room cleanliness from 45% to 94%.		
4.3		Ambulance Services – written report submitted by Gabriel Shaw, Ambulance Services Manager.		
4.4		Tri County Community Network (TCCN) – written report submitted by Marrisa Martin, Director of Public Relations. TCCN received a restricted $25k grant from The California Endowment's new pilot "Go Live" program, to spend over the next 12 months.		
4.5		Mayers Healthcare Foundation (MHF) – written report submitted by Valerie Lakey, Chief Public Relations Officer. MHF received a restricted $25k grant from The California Endowment's new pilot "Go Live" program, to spend over the next 12 months.		
5	**BOARD COMMITTEES**			
5.1	**Finance Committee**			
	5.1.1	Meeting Report: Chair Humphry AR days are at 64.2 329 and Cash on Hand at 329 days.		
	5.1.2	May 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept the May 2026 Financials, AP, and AR was moved, seconded, and carried.	**Humphry/ Cufaude**	**Approved by All**
	5.1.3	FY27 Budget Adoption Review Part of the budget increase is due to the passing of AB 2975 Hospital Weapon Detection Policy and Screening, which requires the hospital to purchase weapons screening equipment, including lockers for storage, dedicated staff for weapons screening, and screening equipment. The Safety & Security Officer is researching and will provide a report in a future meeting. Resolution 2026-15 – FY27 Budget Adoption A motion to adopt the FY27 Budget as presented was moved, seconded, and carried.	**Cufaude/ Ferguson**	**Approved by All**
	5.1.4	Line of Credit/Certificate of Deposit A motion to accept the letter for the Line of Credit / Certificate of Deposit was made, seconded, and carried.	**Ferguson/ Cufaude**	**Approved by All**
5.2	**Quality Committee**			
	5.2.1	Meeting Report: Chair Cufaude provided updates on key quality, operational, and regulatory initiatives from this morning's meeting. The committee reviewed the Quality Improvement Plan (QIP) and noted positive progress toward meeting Well-Child Visit performance goals, as well as continued advancement in the Cerner implementation. An update was also provided on the Nurse Assistant Training Program (NATP), including the unexpected program suspension identified during the renewal process. Administration is evaluating the impact on recent program graduates and will pursue reinstatement following the completion of the suspension period. The committee reviewed quality and patient safety metrics, including medication error trends, and requested additional reporting detail to better identify opportunities for improvement. Patient experience measures continue to show meaningful progress, and administration will shift its focus to additional priority areas while implementing strategies to improve patient participation in the Press Ganey survey process. Chair Cufaude concluded the report by welcoming Megan Holte to the organization, recognizing Jack for his dedicated service and significant contributions to Mayers.		
5.3	**Strategic Planning Committee**			
	5.3.1	Committee Meeting Report: Chair Hathaway		

No meeting in June.

5.4	**Governance Committee**			
5.4.1	Committee Meeting Report: Chair Hathaway No meeting in June			
6	**OLD BUSINESS**			
6.1	ACHD Accreditation – Val reported that MMHD has received recertification, our 3rd certification, and it is valid until 2029. There are 79 districts in California, and only 15 are accredited with ACHD.			
6.2	CEO Evaluation Framework The CEO performance evaluation has been built into Paycom. The Strategic Pillars portion of the evaluation has been completed, and the remaining section, which consists of a 1–5 rating scale, will be available for Board members to complete between July 1 and July 15. This serves as the Board's 360-degree evaluation of Ryan and allows Board members to provide written comments. At the July Board meeting, the Board will review the evaluation results together and determine an overall performance score. Once the evaluation has been finalized and approved, Ryan will be able to view it in Paycom. Each Board member will receive an email at their Mayers email address with a link to access and complete the evaluation in Paycom.	**Humphry/ Cufaude**	**Approved by All**	
6.3	Strategic Plan FY2025-FY2029 - 3rd Reading Modification to the People Priority to establish an AI initiative focused on frameworks, policies, procedures, and training for identified staff, with a tie-in to the June 2026 Employee Burnout Survey. A motion to accept the Strategic Plan FY25- FY2029, as presented, was made, seconded, and carried.	**Humphry/ Ferguson**	**Approved by All**	
6.3.1	Employee Burnout Survey Report			
7	**NEW BUSINESS**			
7.1	Resolution 2026-16 Appointment of the Director of the Intermountain Community Center Children's Program	**Cufaude/ Humphry**	**Approved by All**	
7.2	Policy & Procedure • Board Guidelines for CEO Compensation – with correction to add Wellness Time Off • Signature Authority Contract Review • Board Meetings – Location, Time, Date, and Quorum A motion to accept these Policies and Procedures, with the correction to the Board Guidelines for CEO Compensation, was made, seconded, and carried.	**Humphry/ Cufaude**	**Approved by All**	
7.3	Sierra Health Collaborative Discussion – The CEO, Ryan Harris, shared information about the Sierra Health Network, a larger regional collaborative that includes organizations such as Tahoe, Banner, and Marshall, noting it is approximately three to four years ahead of the current CEO collaborative in terms of initiatives and collaboration. Discussion focused on the potential benefits of increased collaboration, including stronger group purchasing organization (GPO) negotiating power, cost reduction opportunities, and positioning the organization to better respond to future financial and regulatory challenges. Ryan recommended applying for membership to join the Sierra Health Network. Annual membership dues are $80,000. Membership is currently structured as opt-in/opt-out, and the District would opt out of the shared EPIC instance currently under development. Additional potential benefits discussed included participation in radiology services RFP, expansion of telemedicine services, and involvement in a clinically integrated network.			

The group also acknowledged governance challenges associated with collaboration between public and private boards.

For next month's board meeting, an agenda item will be presented for Board action to apply for membership in the Sierra Health Network on a one- to two-year trial basis, after which the Board will reevaluate the value and benefits of continued participation.

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. Ryan was available to answer questions and provided additional information regarding the recent meeting with HCAI concerning the Master Plan. Discussion included funding opportunities available through HCAI for the Structural Performance Category (SPC) to upgrade the Skilled Nursing Facility (SNF). We could also establish a Memorandum of Understanding (MOU) for dietary services, which could be arranged internally with the District's own kitchen. It was clarified that hallway upgrades are not required under the current plan. The District anticipates receiving an extension of the project timeline and will restart the Master Plan process. Work is in progress with the project architects to re-evaluate the Master Plan, including the surgery and acute care components, and a proposed revised plan will be presented to the Board for review and consideration at a future meeting.

8.1.2 Chief Financial Officer: Written report submitted by Travis Lakey.

8.1.3 Chief People Officer: Written report submitted by Libby Mee.

8.1.4 Chief Public Relations Officer: Written report submitted by Valerie Lakey. Travis has been recommended by Beckers as a Top CFO to Know. The Board thanked Val for her time with Mayers and wished her well in retirement.

8.1.5 Chief Clinical Officer: Written report submitted by Keith Earnest, and he provided a verbal update on MRI Services. Last Saturday, a generator was brought in to investigate the interference, known as artifacts, at the MRI trailer location when on-site and to test at various other locations on the property. There is a plan to conduct MRIs using a generator as a test run. Once a viable location has been determined, a plan for the move will be developed. The 340B plan has been turned off as part of the plan of corrections.

8.1.6 Chief Nursing Officer: Written report submitted by Theresa Overton. She provided a verbal update that, for the SNF, there are 3 potential admissions (2 awaiting Medicare approval) and 2 meet-and-greets scheduled.

8.1.7 Chief Executive Officer: Written report submitted by Ryan Harris. He thanked Valerie Lakey and Jack Hathaway for their contributions during their time at Mayers. The CEO and clinic leadership will not be hiring another physician at this time until we see an increase in patient volume. After Dr. Munroe departs at the end of July, we will re-evaluate productivity levels. PG&E and Mack Construction will discuss potential options for moving the gas line.

9 OTHER INFORMATION/ANNOUNCEMENTS:

9.1 Board Member Messaging:

- Employee of the Month
- Golf Tournament Aug 7
- TCCN events and foundation for grants received
- Travis acknowledged by Beckers as a Top CFO to Know
- ACHD accreditation
- TCCN
- Congrats to Jess for being appointed to the LSG
- Welcome to Megan Holte
- Thank Val and Jack for their years of service to the district

10 MOVE INTO CLOSED SESSION. 2:54 PM

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:** Moved into Open Session at 3:50 pm. A motion to accept the medical staff credentials was made, accepted, and carried.	**Humphry/ Ferguson**	**Approved by All**
12	**ADJOURNMENT:** A motion to adjourn at 3:50 pm was made, seconded, and carried. Next meeting is July 29, 2026.	**Humphry/ Cufaude**	**Approved by All**

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

_____ _____

Board Member Board Clerk

MAYERS MEMORIAL
HEALTHCARE DISTRICT

RESOLUTION NO. 2026-17

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

Cathy Drenon

As June 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 Cathy Drenon is hereby named Mayers Memorial Healthcare District Employee of the Month for June 2026; and

DULY PASSED AND ADOPTED this 29th day of July 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: Leanne Melang/ Surgery Department

Reporting Month & Year: July 2026

Summary:

Metric	FY2025	FY2026	Numerical Change	% Change
Patients Seen	163	194	+31	**+19.0%**
Total Procedures	195	234	+39	**+20.0%**

- Patients seen increased by 31, representing a 19.0% increase over FY2025.
- Procedures performed increased by 39, representing a 20.0% increase over FY2025.

In FY2026, we saw 194 patients and performed 234 procedures, compared with 163 patients and 195 procedures in FY2025. This represents a 19.0% increase in patient volume and a 20.0% increase in procedures performed, reflecting continued growth in service utilization.

Top Projects (1-3):

1. Reduction of short-notice cancellations project

The Surgery Department implemented a quality improvement initiative in FY26 to reduce short-notice cancellations and no-shows through enhanced patient communication, standardized pre-operative education, and improved access to bowel preparation kits. Interventions included encouraging in-person pre-operative nurse visits, providing clear written instructions in both English and Spanish, and supplying complimentary bowel preparation kits for colonoscopy patients to eliminate cost barriers. Comparing January–June 2025 to January–June 2026, short-notice cancellations decreased from 41 to 28, representing a reduction of 31.71%. This exceeded the organizational goal of a 30% reduction and demonstrates the effectiveness of the revised scheduling and patient preparation process.

2. Schedule optimization plan

The Surgery Department implemented workflow improvements to reduce pre-operative wait times while increasing procedural capacity and optimizing operating room turnover. Key initiatives included ensuring adequate pre-operative nursing support and competency in efficient patient intake and IV placement, reinforcing on-time procedure starts through daily huddles and time-management checkpoints, and hiring an additional endoscopy technician to improve room turnover efficiency and expedite endoscope reprocessing. As a result, the department reduced average pre-operative wait times from 69 minutes in FY25 to 53 minutes in FY26, a 16-minute (21.8%) reduction. These improvements enhanced patient flow, increased operational efficiency, and supported greater procedural capacity without increasing patient wait times.

Wins (1-2):

1. We are so proud of our amazing nursing staff. Our pre-op nurse, Lili Consiglio was recognized as the employee of the month in February 2026 and our post-op recovery nurse, Kayla Ramlow was awarded the 2025 Employee of the Year.

2. Total patient revenue increased from **$1,454,830 in FY2025** to **$1,691,345 in FY2026**, representing an increase of **$236,515 (16.3%)**. This growth reflects increased procedural volume and improved operational efficiency, contributing to stronger financial performance.

Challenge (1):

We remain limited to only performing endoscopy procedures due to facility HVAC limitations that do not meet the required standards to accommodate a wider range of surgical practices.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Amy Parker Patient Access

Reporting Month & Year: July, 2026

Summary:

Overall, this year brought meaningful progress for the Patient Access Department. Last year, our team improved our accuracy by 80%. This year, we chose to build on that achievement by targeting the remaining errors that impacted the time and effort the Billing Department spent correcting our work.

Top Projects (1-3):

Improve Registration related denials by focusing on front desk generated errors that impacted clean claim rates.

Expand staff development and teamwork by creating opportunities for cross training and collaboration with other Revenue Cycle functions.

Wins (1-2):

Patient Access reduced Business Office rework by 31% by reviewing the Claims Change Report and eliminating avoidable errors.

By cross-training our team, we have ensured that at least two people can perform critical job functions that previously relied on a single person.

Challenge (1):

While the Patient Access team made progress on several initiatives this year, my biggest challenge was ensuring total follow-through on every goal while balancing competing priorities. Moving forward, my leadership development will focus on committing to clearer timelines and holding myself to stricter personal accountability.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Lori Gibbons, HIM

Reporting Month & Year: July, 2026

Summary:

This year I was chosen to participate in the Mayers Memorial Leadership Academy this year with Wes Avants. Along with many other Mayers managers we learned about each other's different leadership styles thru the DISC analysis, this was a great opportunity to learn what my strengths and weaknesses were in leadership. I gained a lot of knowledge about recognizing the different work styles you encounter with your staff and coworkers daily. I now have better ideas on how to hold and lead effective meetings and how to handle and approach those tough conversations with my employees or other staff when the time arises. Wes gave us the opportunity to have group meetings with other managers, and we shared ideas on the different conversations we may have to or have had and shared experiences that did or did not work for us. Wes encouraged us to trust and delegate tasks with our staff and build a stronger team. We ended the academy with ways to enhance our own wellbeing and prevent burnout, not just for ourselves but our staff.

This year I trained a second coder for back-up on Emergency room coding for vacation or illness coverage as well as another staff member on the HCAI (Department of Health Care Access and Information) state report, formerly known as OSHPD. This report is mandatory, and we report quarterly for ER and Ambulatory Surgery and biannually for Inpatient/SNF encounters.

Top Projects (1-3):

1. Leadership class with Wes Avants.
2. Training a second coder as back up on Emergency Room encounters.
3. Trained a back up for State reporting (HCAI).

Wins (1-2):

1. Having a back-up coder for the ER's is my main win. We have in the past had to send out all ER coding during my vacations or extended illness time off.

2. Having back-up coverage for the HCAI reporting is my other huge win. In the past I have trained other staff to do the report but none of them have stayed employed long enough to utilize them. This is a mandatory report and it's just a relief to know that if something were to happen to me that there is now someone else trained that could step in and run and submit the report.

3. Completion of the Mayers Leadership Academy is a personal win for me. I have gained a lot of useful knowledge and tools to make me a better and successful leader here at Mayers Memorial. I hope they continue this project for all new managers in the future.

Challenge (1):

1. Training another coder for Emergency room coding is teaching them how and when to remove bundled or duplicate charges that are automatically charged through Cerner when charting happens. It has been an issue with the charging process since the beginning of Cerner, and some issues have been fixed while others are still in the ticket process or cannot be changed.

2. Main challenge with the HCAI report training is that you can only train someone when a report is due. You cannot run the report early but have to wait for the end date of each reporting period. There are many errors that must be fixed before you can submit a final report and that takes time to work through since we are running two separate systems, Cerner and Point Click Care (LTC) you must run separate reports and then submit them to Mayers IT to combine them to one report. Both systems have their own areas of collecting the information and it takes patience and time to work through the errors from the two reports before that final submission.

Administrative Reporting
Regular Board Meeting

Division: Chief Operations Officer

Submitted By: Jessica DeCoito

Reporting Month & Year: July, 2026

Summary:

FR Rural Health Clinic Remodel & Ancillary Projects
The Owner, Architect, and Contractor (OAC) team continues to meet weekly to review project progress and maintain alignment among all stakeholders.

The FR Rural Health Clinic (RHC) Remodel project continues to progress as planned, with both interior and exterior construction underway. We are currently awaiting PG&E engineering completion for the gas line connection point. The Fire/Smoke Damper project has presented additional challenges due to existing field conditions that were not accurately reflected in the original drawings. The project team is coordinating an onsite meeting to assess these conditions and determine the appropriate path forward.

Masonic Hall Update
Mini-split HVAC units have been installed on the Boardroom side of the hall, with the Community Center side scheduled for later in the week. Ceiling acoustic tiles have been ordered and will be installed to improve sound quality. And ceiling fans will be installed to enhance airflow. In addition, we have asked the contractor working on the FR RHC Remodel project to evaluate the space and provide options for installing windows.

Hatcher's Office
Demolition of the office space has been completed, and remodeling is now underway to prepare the area for incoming clinic staff. The IT team is designing the network infrastructure, including evaluating point-to-point connectivity versus running fiber to the offices. Project completion is anticipated within the next month.

MRI Trailer Location
Identifying an appropriate location for the MRI trailer presented challenges after imaging artifacts were detected during testing. Following discussions with Heritage Imaging, the team conducted a field assessment with the engineers to evaluate alternative locations that would support both power and data connectivity. The initial location proved to be unsuitable.

After additional evaluation, the team identified a location between the Administration Building and the adjacent grass area that minimizes operational impacts while providing safe patient access. We have coordinated with the County to run power through a trench from the Administration Building to the trailer location by acquiring the proper design drawings and permits, along with the required data connection. Special thanks to Harold, Keith, Alex, and the Heritage Imaging team for their collaboration and flexibility in identifying a more suitable solution.

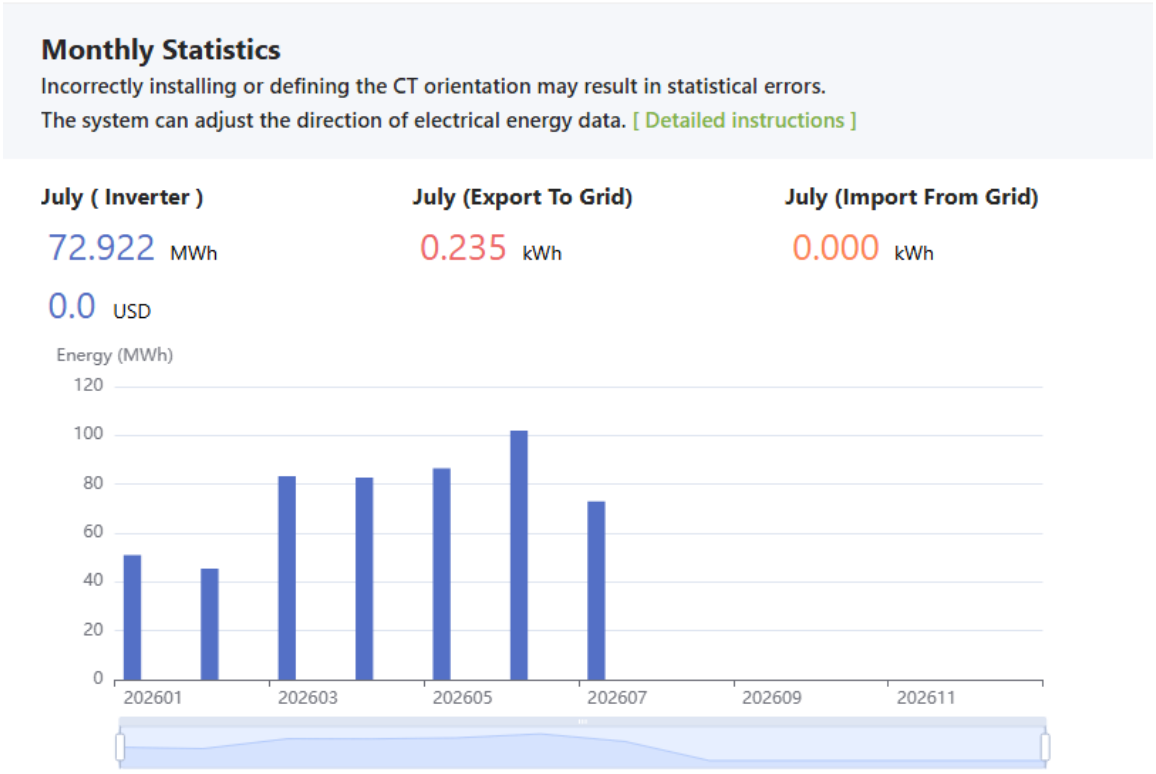
Master Plan Update
Our architects and engineers continue to evaluate both the structural and non-structural improvements necessary to meet current seismic requirements. Their assessment will provide estimated costs for the required upgrades, allowing us to present the Board with additional Master Plan options, including opportunities to leverage Small and Rural Hospital Relief funding.

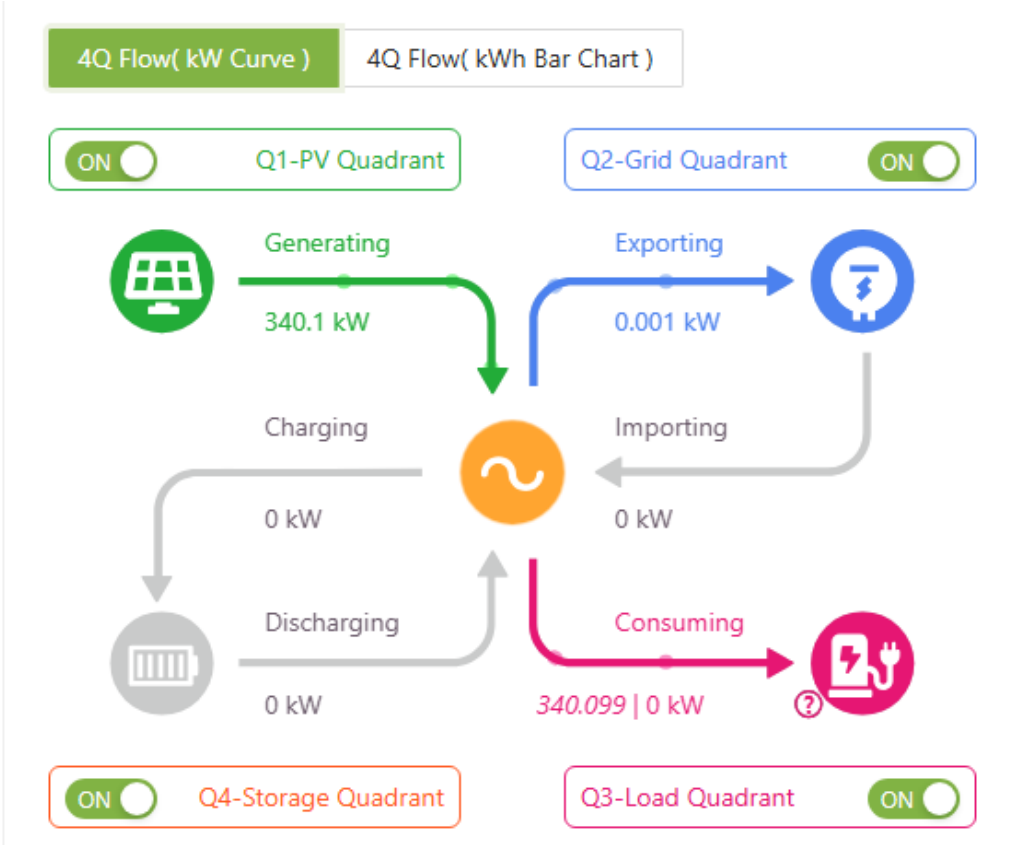
Legislation
I continue to participate in the California Hospital Association (CHA) Advocacy and Legislative Strategy Group calls each week to stay informed on legislative developments affecting rural healthcare.
Current topics of significance include:

- **Office of Health Care Affordability (OHCA):** Ongoing implementation and enforcement of healthcare spending targets. Organizations are working on letters to send to the office asking for establishing a more thoughtful and reasonable enforcement process.
- **AB 2575:** This bill would establish guardrails for the use of AI in healthcare by requiring transparency around AI tools, protecting clinicians' ability to use their professional judgment and preventing retaliation when they override AI recommendations. The group is in opposition to this bill because of the way it is currently written would create significant administrative and legal burdens that could discourage hospitals from using AI tools that would aid in patient care.

Survey Preparation
Operations departments remain focused on survey readiness in preparation for the upcoming relicensing survey, which may occur at any time. Teams continue to work diligently to ensure all documentation, processes, and regulatory requirements are in place to support a successful survey.

Solar: as of July 22nd at 3:16 pm

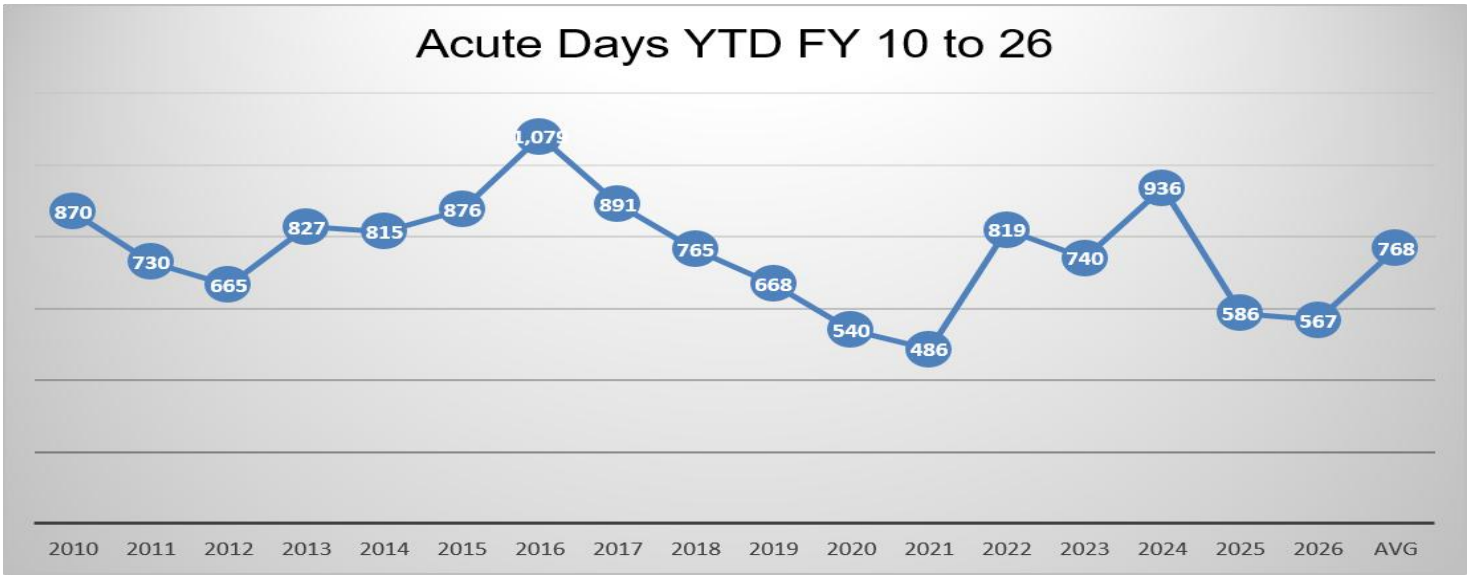


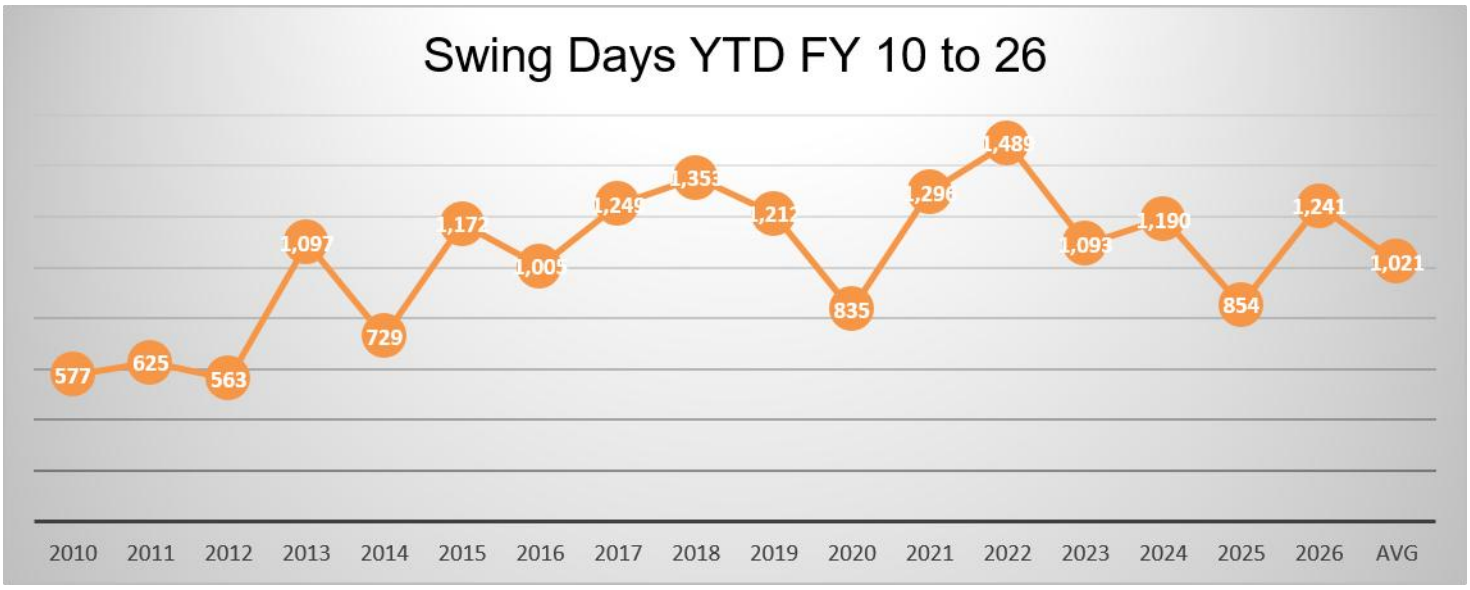


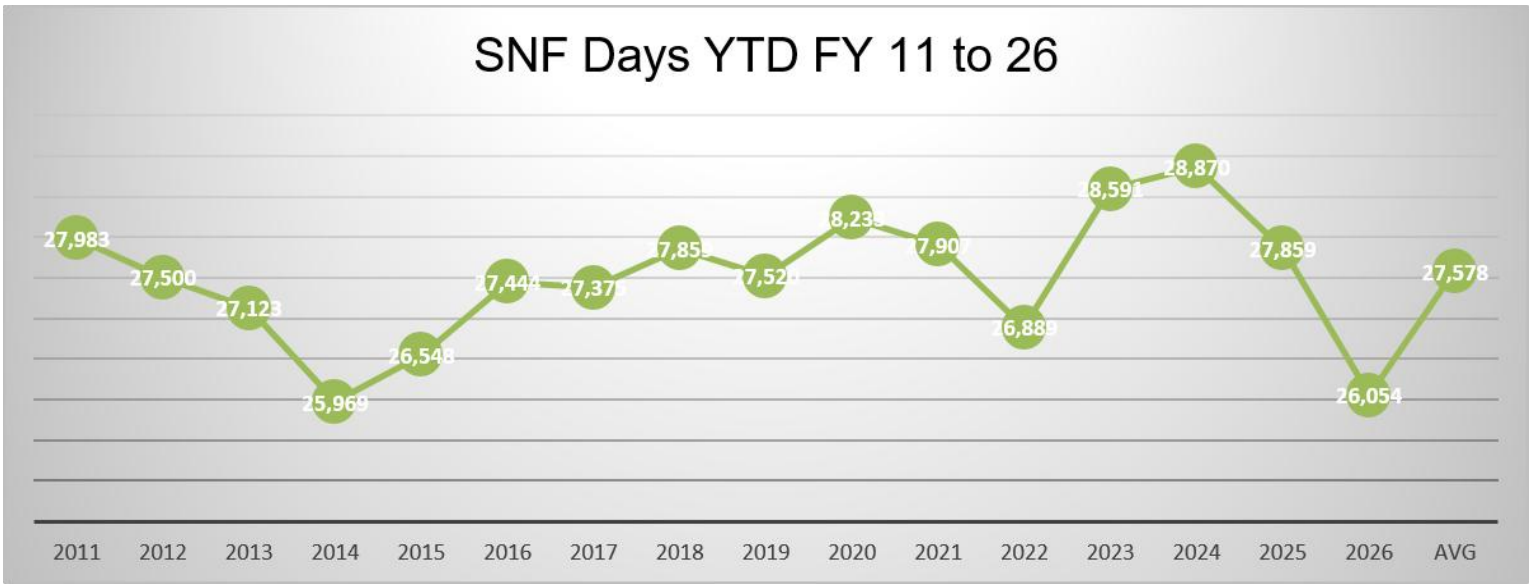
Finance Division
Travis Lakey, CFO
July 2026

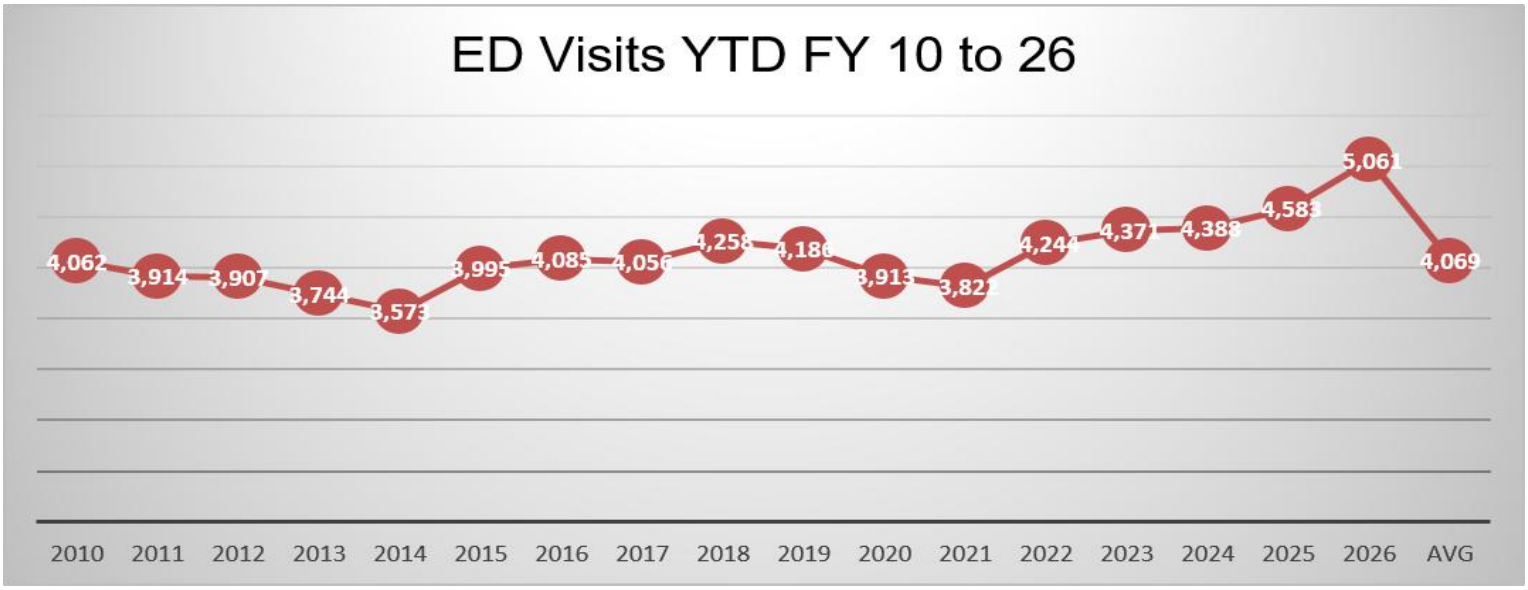
1) Given June is the end of the fiscal year, I don't provide the interim year-end financials until August to allow most invoices to be included and do a deep dive on a year's worth of payments and adjustments for the contractuals.
2) AR Days ended at 60.73, so we are trending in a good direction.
3) Our FY 26 audit has started, so we are providing reports and documentation. This year, we have elected to have the audit remote since we can handle things on Teams and not pay for the auditor's travel expenses.
4) I've been spending a lot of time on webinars and researching the CalRHT (California's Rural Health Transformation Program) applications which have a short timetable for submittal. There are five separate applications with most of them due on August 14th by 3 pm. The process reviews proposed projects, reportable metrics, select upper management (CEO, CFO, CMO, and COO) and board resumes and our perceived ability to enact any of these grants in our community.
    - Transformative Payments: A very select group including Mayers which is approximately 18 of the 58 rural hospitals were chosen to be able apply for this grant application based off financial and other undisclosed metrics. This grant is meant to increase care in the community and operational efficiencies. This one is interesting as it has elements of the other grants making it more attainable. Only 6 to 12 hospitals will be selected for this grant, and this one is due July 31st.
    - Accelerator Partner: This is the Hub and Spoke Regional Collaborative Model that has been discussed quite a bit. The goal is to partner with other organizations to expand primary or OB care in our area or improving hypertension, decreasing the rate of poor diabetes control, increasing colorectal screenings, increasing the rate of first trimester prenatal care and increasing telehealth visits.
    - Expand and Support Rural Workforce Capacity: This is very focused on maternity care so it's not a promising grant for us or most frontier hospitals.
    - Workforce Recruitment and Retention: aims to strengthen and sustain the rural healthcare workforce by improving recruitment, retention, and training for health professionals, with a focus on those who provide primary care and maternal health services. It sounds like there is options for other types of health workers, but the funds will be directed at primary care and OB first.
    - EHR Modernization Grants: The first year is only for those organizations getting a new EMR. I specifically asked about improvements like AI and tools for patient engagement and was told no. I do think we can make the argument to fit them into the Transformative Payment Grant.
5) I attended the Partnership Regional Meeting where we discussed the immediate and long-term impacts of HR1 to overall Medi-Cal enrolment and on the associated supplemental payments. We discussed resources and community education to help patients stay on the Medi-Cal rolls with reenrollments being every 6 months vs annually plus the new work requirements. Also, the director of CalRHT was there so we got to pick her brain on the application process.
6) Libby and I are in the process of reviewing our health insurance options for next year. The last couple of years we have had a higher-than-expected claims volume for our employee census statistically. Shasta, Lassen, and Modoc counties are typically one of the highest rating areas in the state due to poor health metrics of the area.
7) Overall, I was very pleased with the growth in most of our outpatient services and swing days. Hoping we can get SNF back to our historic average census of 76.

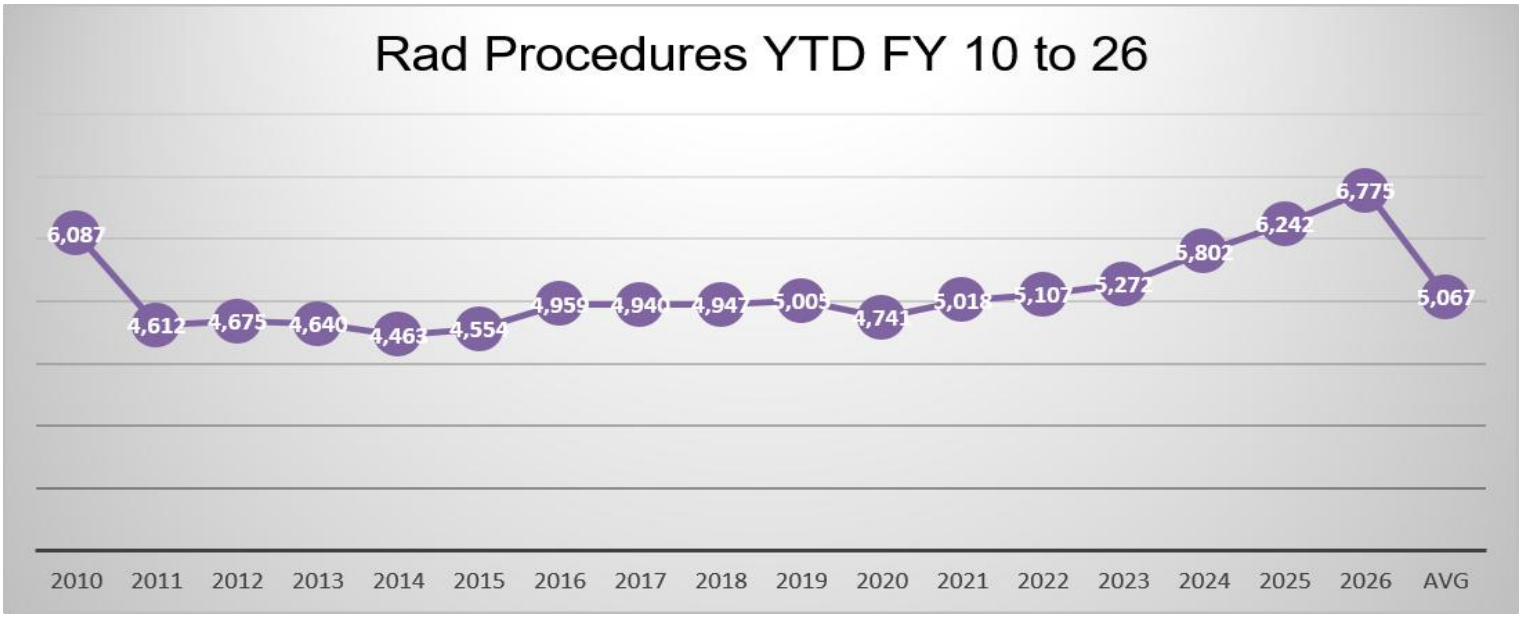
Stats

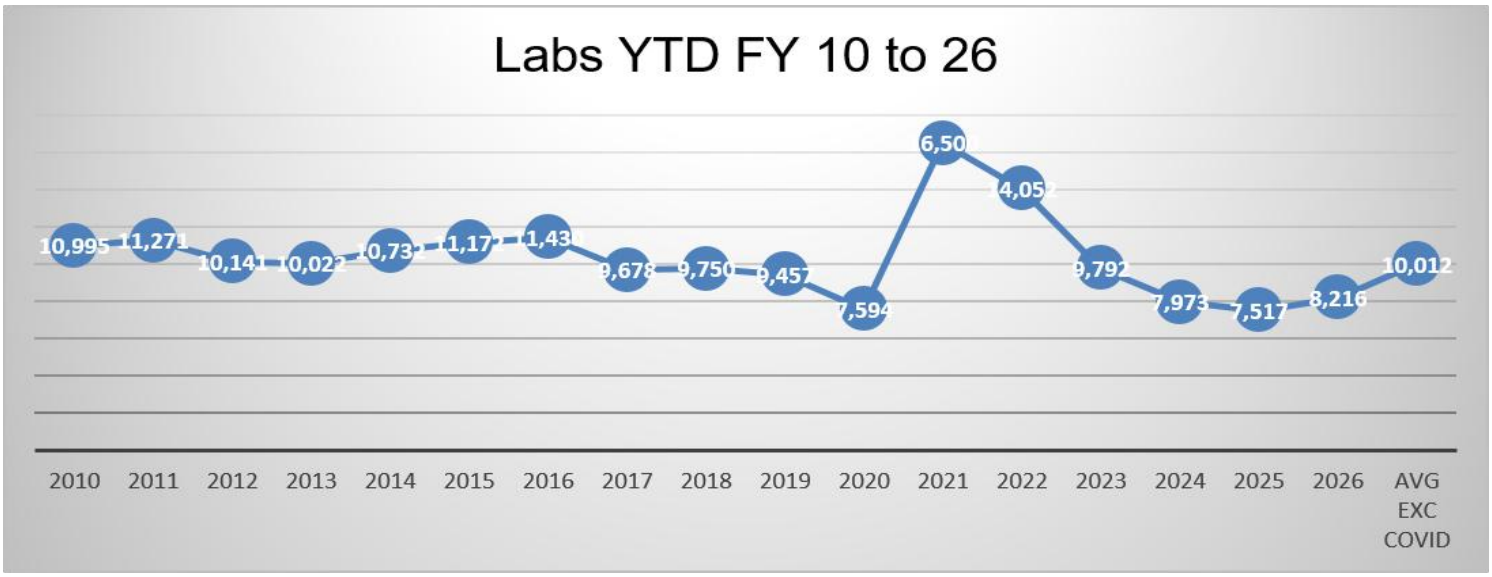

Acute Days YTD FY 10 to 26
870
730
665
827
815
876
1,079
891
765
668
540
486
819
740
936
586
567
768
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG

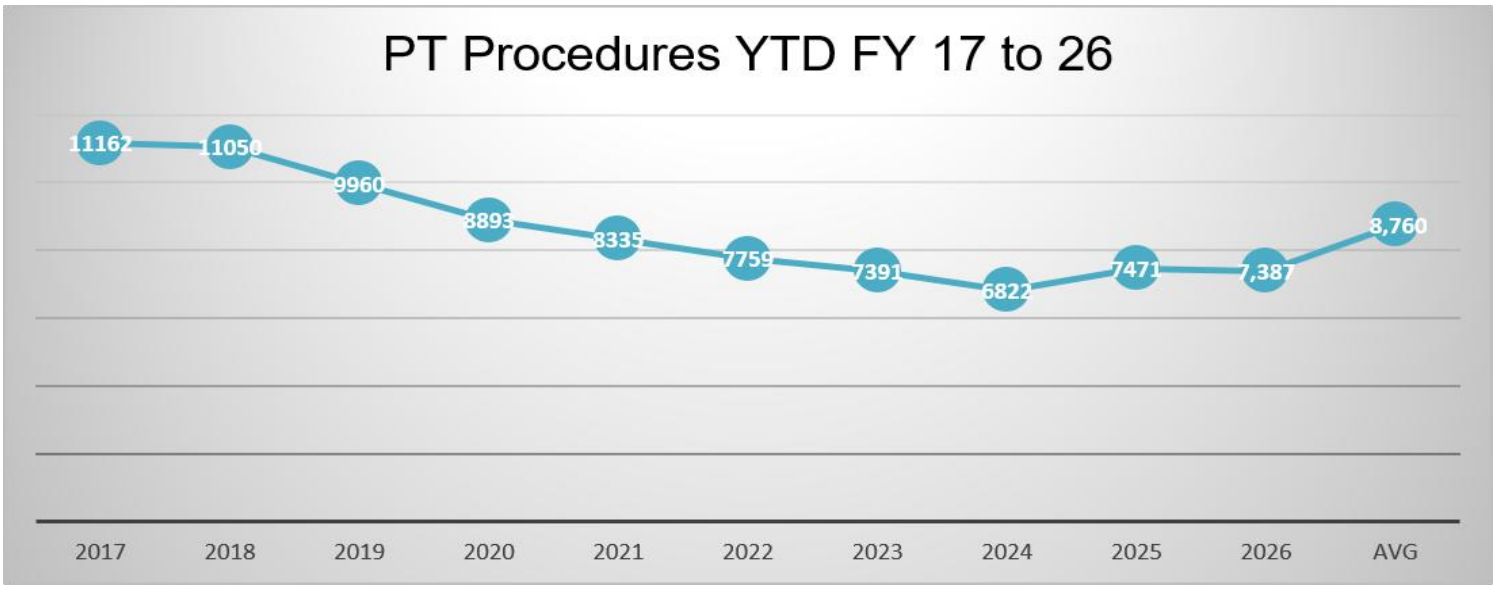

Swing Days YTD FY 10 to 26
577
625
563
1,097
729
1,172
1,005
1,249
1,353
1,212
835
1,296
1,489
1,093
1,190
854
1,241
1,021
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG

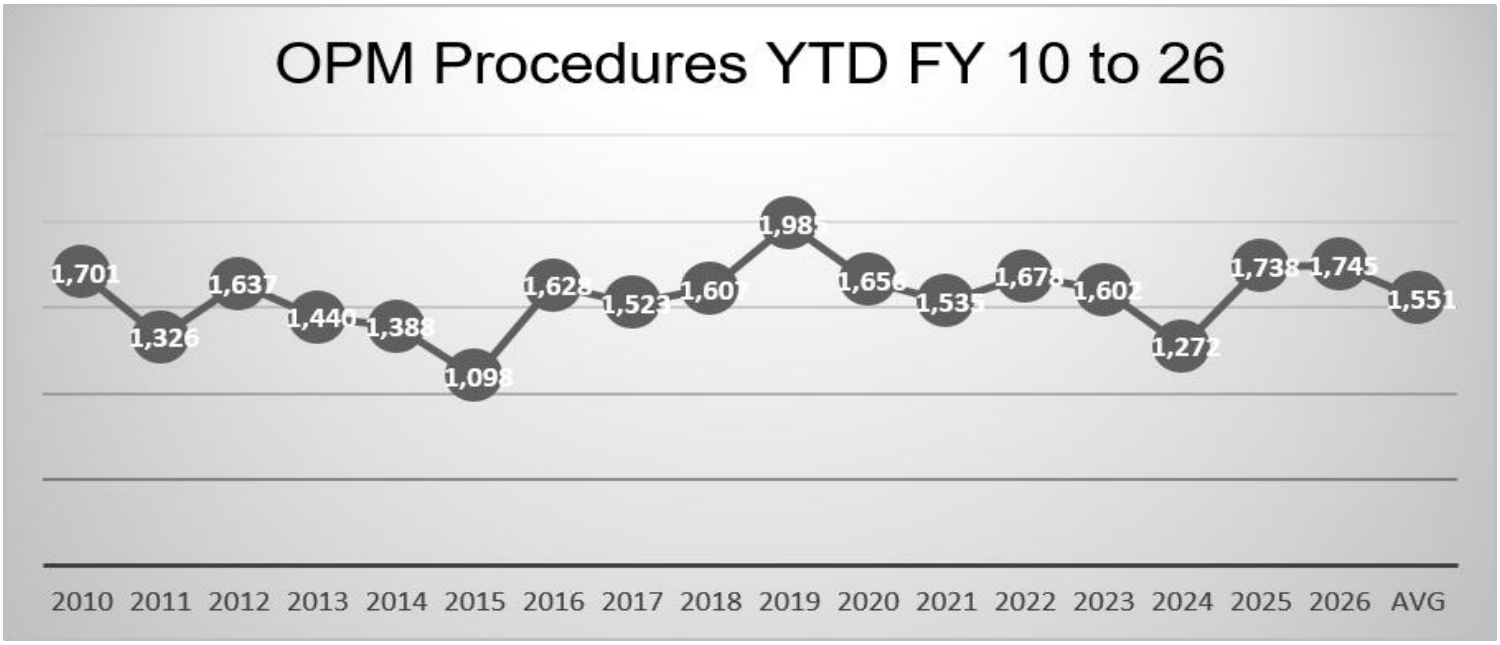

SNF Days YTD FY 11 to 26
27,983
27,500
27,123
25,969
26,548
27,444
27,378
27,852
27,520
28,233
27,907
26,889
28,591
28,870
27,859
26,054
27,578
2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG

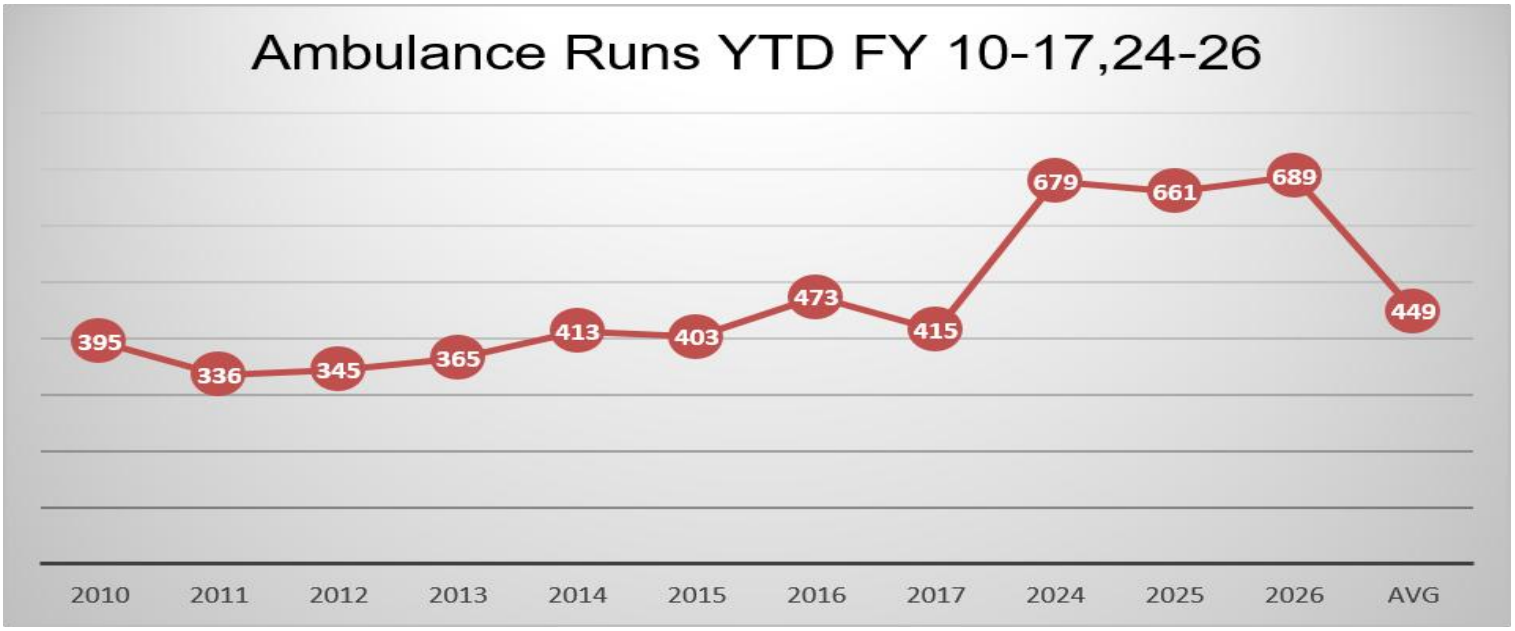

ED Visits YTD FY 10 to 26
4,062
3,914
3,907
3,744
3,573
3,995
4,085
4,056
4,258
4,186
3,913
3,82
4,244
4,37
4,388
4,583
5,061
4,069
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG

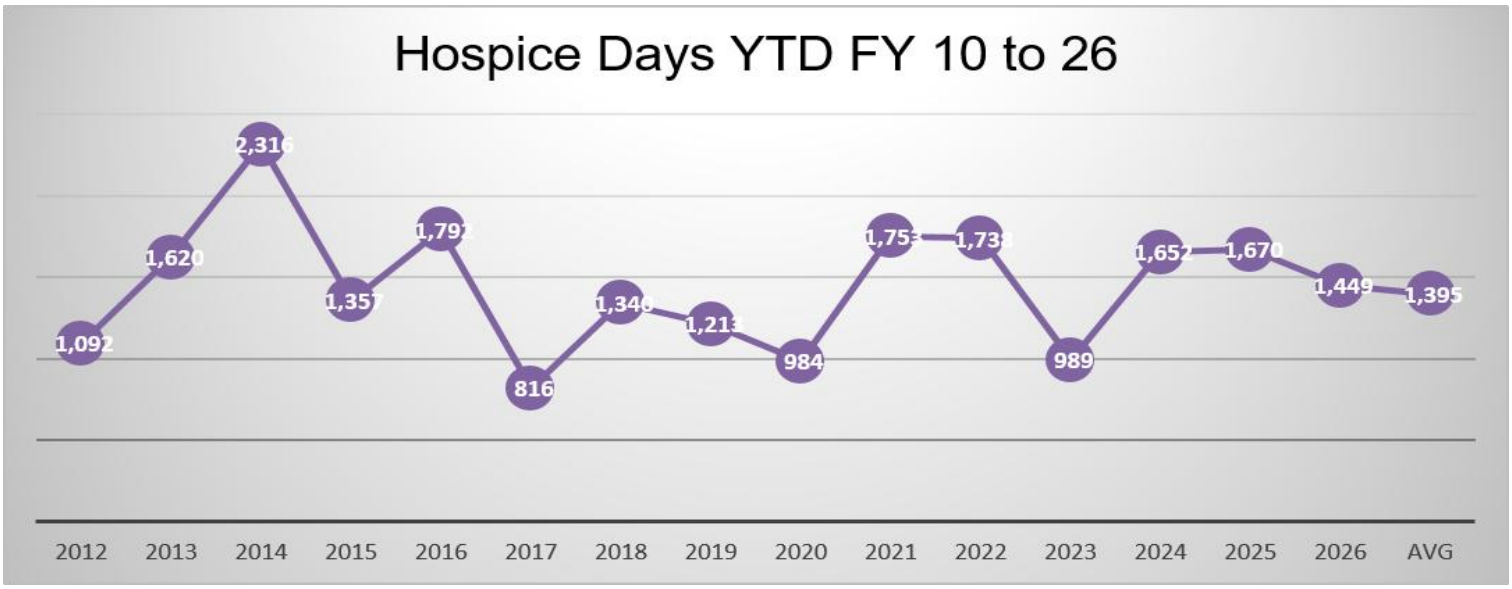

Rad Procedures YTD FY 10 to 26
6,087
4,612
4,675
4,640
4,463
4,554
4,959
4,940
4,947
5,005
4,741
5,018
5,107
5,272
5,802
6,242
6,775
5,067
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG

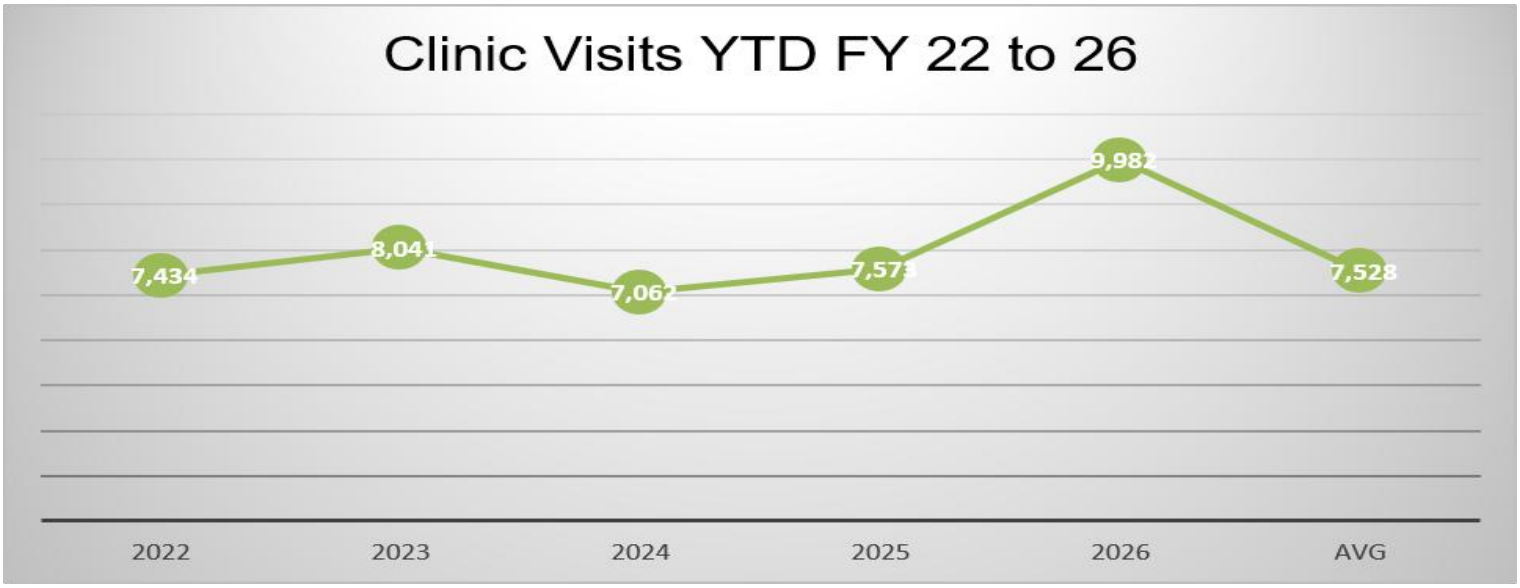

Labs YTD FY 10 to 26
10,995
11,271
10,141
10,022
10,73
11,17
11,43
9,678
9,750
9,457
7,594
6,50
4,05
9,792
7,973
7,517
8,216
10,012
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG EXC COVID


PT Procedures YTD FY 17 to 26
11162
1050
9960
8893
8335
7759
7391
6822
7471
7,387
8,760
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


OPM Procedures YTD FY 10 to 26
1,701
1,326
1,637
1,440
1,388
1,098
1,623
1,523
1,607
1,985
1,656
1,535
1,678
1,602
1,272
1,738
1,745
1,551
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


Ambulance Runs YTD FY 10-17,24-26
395
336
345
365
413
403
473
415
679
661
689
449
2010
2011
2012
2013
2014
2015
2016
2017
2024
2025
2026
AVG


Hospice Days YTD FY 10 to 26
1,092
1,620
2,316
1,357
1,792
816
1,340
1,213
984
1,753
1,734
989
1,652
1,670
1,449
1,395
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


Clinic Visits YTD FY 22 to 26
7,434
8,041
7,062
7,573
9,982
7,528
2022
2023
2024
2025
2026
AVG

Chief People Officer Board Report

Reporting Period: July 2026
Prepared by: Libby Mee, Chief People Officer

Overview
During the reporting period, the Human Resources, Payroll, and Quality departments continued to serve as strategic partners in supporting Mayers Memorial Hospital District's growing and evolving workforce. Department efforts remained focused on workforce stability, regulatory compliance, continuous improvement, and professional development.

Through targeted recruitment initiatives, employee support programs, and enhanced onboarding practices, the departments continue to strengthen organizational performance while fostering a culture of excellence, accountability, and employee engagement.

Workforce Overview & Recruitment
The Human Resources Department currently supports a workforce of 330 employees across all departments. Recruitment efforts remain active, with 18 open requisitions representing 29 vacant positions across clinical, administrative, and support services.

Current Open Positions

Department	Position	Status	Open Positions
Administration	Marketing and Public Relations Coordinator	Full Time	1
Dietary	Dietitian	Full Time	1
Emergency Department	Provider	Full Time	1
Emergency Department	Registered Nurse	Full Time	1
Emergency Department	Registered Nurse	Per Diem	1
Emergency Department	House Supervisor	Full Time	1
Housekeeping	Housekeeper	Full Time	1
Quality	Quality Improvement Coordinator	Full Time	1
Radiology	Cardiac Sonographer	Full Time	1
Respiratory Therapy	Respiratory Therapist	Full Time	1
Retail Pharmacy	Clerk	Full Time	1
Rural Health Clinic	Clerk	Full Time	1
Rural Health Clinic	Medical Assistant	Full Time	1
Rural Health Clinic	Visiting Nurse	Full Time	1
Skilled Nursing	Certified Nursing Assistant	Full Time	12
Skilled Nursing	Licensed Vocational Nurse	Full Time	1
Skilled Nursing	Registered Nurse	Full Time	1
Surgery	Surgical Technician	Part Time	1

Provider Relations
The Provider Relations Coordinator continues to partner with Emergency Department Medical Director to recruit an additional Emergency Department provider.

Preparations are complete for the arrival of our new Chief Medical Officer, who is scheduled to begin during the first week of August. Credentialing has been finalized, and Human Resources is collaborating with Administration to ensure a seamless onboarding experience.

Following the recent retirement of the Medical Staff Coordinator, who was responsible for provider credentialing, the Provider Relations Coordinator has conducted a comprehensive review of the credentialing and enrollment process. This evaluation is intended to improve efficiency, streamline workflows, and ensure continuity of provider onboarding and regulatory compliance.

Quality
Since joining Mayers Memorial Hospital District, the Quality and Risk Management Department has focused on strengthening regulatory compliance, organizing departmental operations, and advancing quality improvement initiatives throughout the organization.

Current priorities include:

- Preparing the Skilled Nursing Facility for upcoming California Department of Public Health (CDPH) surveys.
- Leading a multidisciplinary Cerner Optimization Project to improve clinical workflows and system utilization.
- Strengthening patient safety and quality initiatives to support ongoing ACHC accreditation compliance.

Significant accomplishments during the reporting period include:

- Successfully completing a CDPH complaint survey with no preliminary deficiencies identified.
- Developing and launching the Cerner Optimization Project Charter.
- Implementing workflow validation processes to improve consistency across departments.
- Successfully recruiting and filling the Clinical Informaticist position.
- Advancing improvements to the RL6 incident reporting process.
- Developing a Good Catch/Near Miss recognition program to strengthen the organization's culture of safety.
- Expanding patient experience initiatives through HCAHPS monitoring and implementation of internal patient satisfaction surveys.

The department's primary ongoing challenge remains optimization of the Cerner electronic health record. Continued collaboration with clinical and operational leaders is underway to standardize workflows, improve documentation practices, and resolve system and billing-related issues across the organization.

Board Report
Clinical Division
7/20/2026
Submitted by Keith Earnest, Pharm.D. Chief Clinical Officer

Imaging—Submitted by Harold Swartz, Imaging Manager

MRI Services

- MRI operations have stabilized following relocation of the mobile trailer to reduce radiofrequency interference. A temporary generator is supporting operations until permanent power is installed, and we continue to pursue additional MRI service days to address a backlog of approximately 90 orders.

Echo Cardiology

- Recruitment for a Cardiac Sonographer remains underway as we continue efforts to establish echocardiography services.

Teleradiology Services

- A termination notice has been issued to our current teleradiology provider, and transition planning is underway with The Radiology Group (TRG) to enhance physician collaboration, report turnaround times, and overall service quality.

Service Expansion

- We have initiated discussions with a radiologist regarding the potential expansion of on-site procedural imaging services, including fluoroscopy-guided pain management injections and barium studies, to improve access to specialty imaging within our community.

OASIS – Service Standards and Keywords

- Our OASIS team has finalized its first organizational education topic, "First Impressions," which will be introduced across the organization to reinforce consistent service standards and strengthen patient experience.

Hospital Pharmacy

Inventory

- The annual inventory and the DEA inventory was completed. Shout out to Ahtziri Barba-Rodriguez, summer intern, for helping with physical counts.

Pyxis Software Upgrade

- The project will upgrade the BD Pyxis® Enterprise Server to ES v1.11 and the Windows server to 2019 version, which will get us through January 2029
- The timeline and technical scope of the project are approved.

Physical Therapy—Submitted by Daryl Schneider, DPT, Manager

High School Internship

- The PT Department has enjoyed hosting Mylah Darnell through the high school internship program from June 13 – August 7. Mylah spends three days per week learning both the administrative and clinical aspects of rehabilitation, assisting with front desk operations, patient registration, phone calls, treatment room turnover, and observing physical therapy evaluations and treatments. She has been a great addition to the department and has shown a strong interest in healthcare.

Community and Inter-departmental Collaboration—Shout Out!

- Aimee Dosch, PT, collaborated with Marsha Rugene from Hospice to quickly assist a community member who was unable to afford a four-wheel walker and was at high risk for falls. Within two hours of his PT evaluation, they secured a donated walker, properly fit it, and were able to have him return to our clinic to receive the equipment. This collaborative effort will significantly improve his safety and independence while living alone in a remote area.

Volumes

- Referrals have been strong with 20 evaluations scheduled, new evaluations are being booked 5–6 weeks out, and 22 referrals are awaiting scheduling. These trends reflect sustained growth in patient demand. We are exploring staffing to meet the demand.

Rural Health Clinic—Submitted by Kimberly Westlund, Clinic Manager

Fall River Rural Health Clinic Expansion

- The facility credentialing process is currently underway to ensure readiness for opening.

Visiting Nurse Services Program

- Interviews are now being scheduled for the **Visiting Nurse Services Program**.
- We have received multiple promising applications and are encouraged by the strong interest in the position.
- Recruitment efforts will continue until the best candidate is selected to support the program's success.

National Recognition

- The clinic has been selected by the **National Rural Rating System (NRRS)** to receive a **4-Star Clinic Award** based on our **HCAHPS patient satisfaction scores**.
- This recognition reflects our team's commitment to providing high-quality, patient-centered care. I am extremely proud of this team!
- While we are proud of this achievement, we remain committed to continuous improvement and will continue striving to achieve a **5-Star** rating.

Laboratory—Submitted by Sophia Rosal, CLS, Laboratory Manager

Results interface with Point Click Care (PCC)

- Final validation for the PCC-lab results is underway.
- IT specialist from OpenText, Michelle, will review the validation for the final testing and will develop a go-live plan and implementation time.

Employer Drug Testing

- Federal and non-federal test screenings have been successfully completed.
- Formfox, the interactive web portal allowing employers and employees to schedule drug tests, has been successfully set up by phlebotomy lead, Juliana Davis. The remaining step is printer testing before full go-live.
- All phlebotomy personnel have completed the required training and successfully obtained their DOT collection certificates.

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

Pit River Health Contract Pharmacy

- Mayers Pharmacy successfully went live as a contract pharmacy for Pit River Health on July 1, 2026. Cash-card processing and medication replenishment workflows are now active. This partnership expands pharmacy access for Pit River patients while creating an additional opportunity for prescription volume and 340B-related revenue.

340B Program Staffing

- Yasmine Mendoza began in the newly established 340B Coordinator role on July 6, 2026. This position provides additional support for the organization's growing 340B compliance and operational responsibilities.

340B Education and Advocacy

- Kristi attended the 340B Coalition Summer Conference in Washington, D.C. to receive updates on current regulatory, legislative, and operational developments affecting the 340B Program. Information and resources from the conference will support Mayers' ongoing compliance efforts, Corrective Action Plan implementation, Medicaid carve-in project, and future program planning.

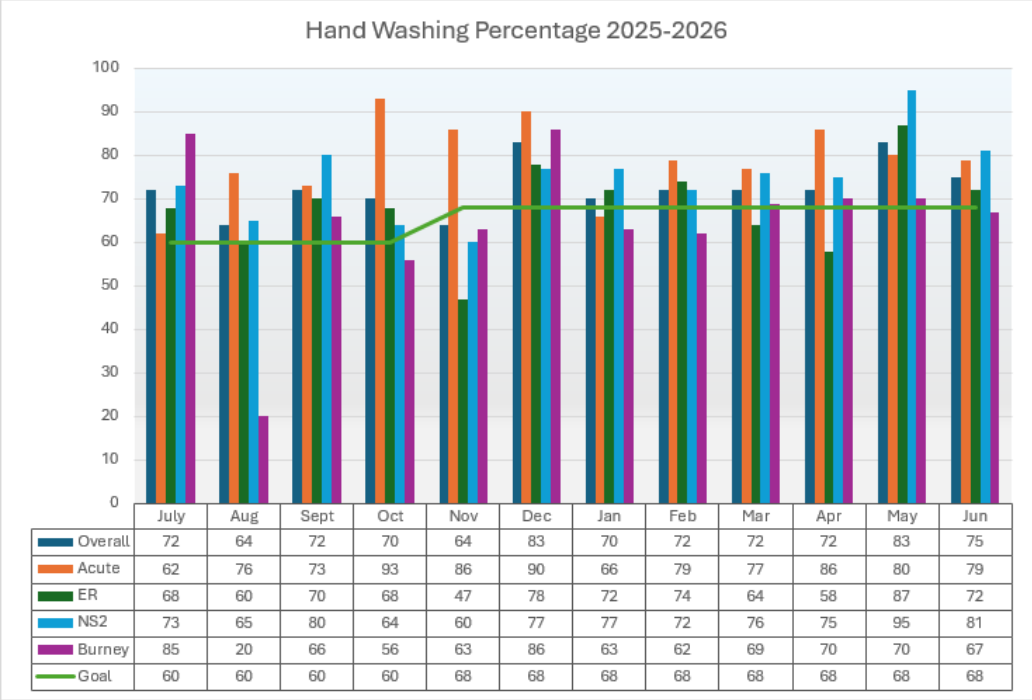
Staffing

- We have extended an offer to a pharmacist, and it was accepted with a start date of August 24.

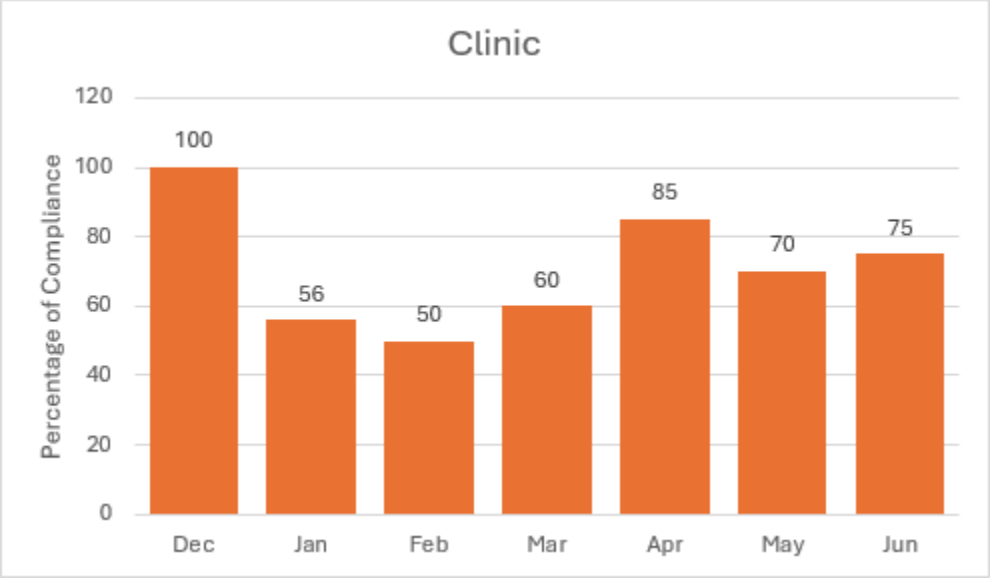
Infection Prevention—Submitted by Kristen Stephenson, RN, Infection Preventionist

Hand Hygiene

- Facility overall compliance for the month of June: **75%**
- Overall compliance for the fiscal year: **72%**
- Total number of observations of hand hygiene opportunities: **150**

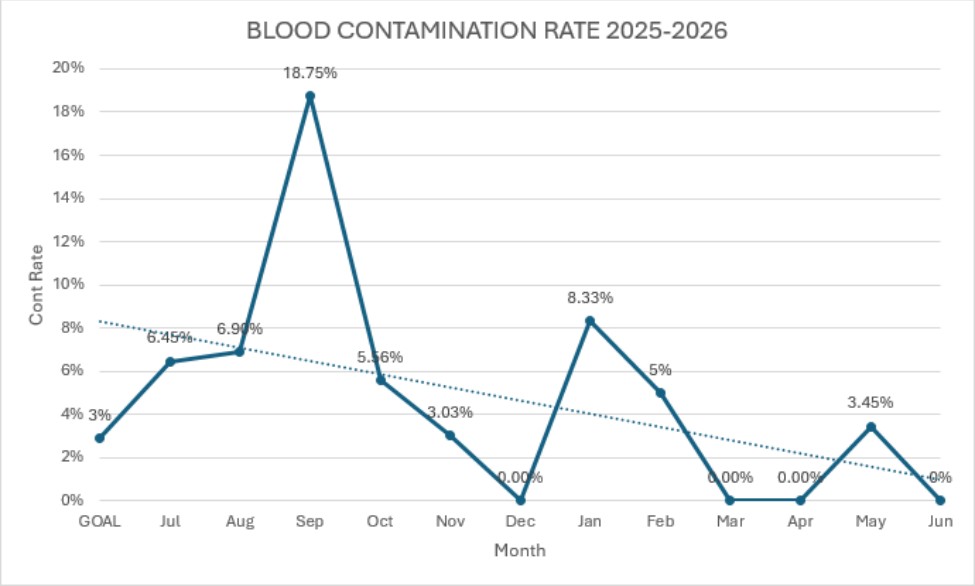


	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Overall	72	64	72	70	64	83	70	72	72	72	83	75
Acute	62	76	73	93	86	90	66	79	77	86	80	79
ER	68	60	70	68	47	78	72	74	64	58	87	72
NS2	73	65	80	64	60	77	77	72	76	75	95	81
Burney	85	20	66	56	63	86	63	62	69	70	70	67
Goal	60	60	60	60	68	68	68	68	68	68	68	68

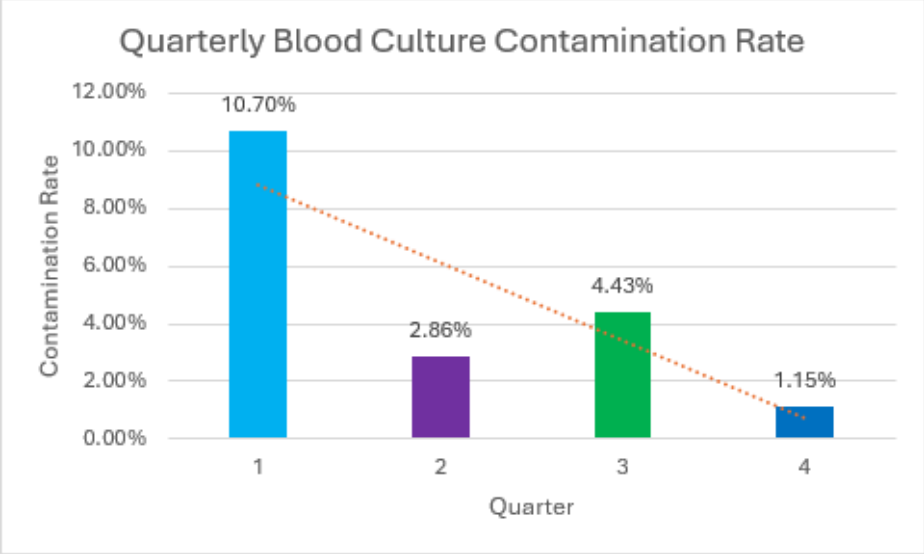


Blood Culture Contamination

- Consensus for the trial blood culture diversion collection kit was that most nursing staff preferred this new device.
- Minimal modifications per staff request will be made to the kits, and they will now be implemented permanently in the ER.



BLOOD CULTURE CONTAMINATION RATE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# Total Cultures	31	29	16	18	33	41	36	40	16	32	29	23
# Contaminated Cultures	2	2	3	1	1	0	3	2	0	0	1	0
# Positive Cultures	3	4	3	2	3	3	1	5	0	1	4	1



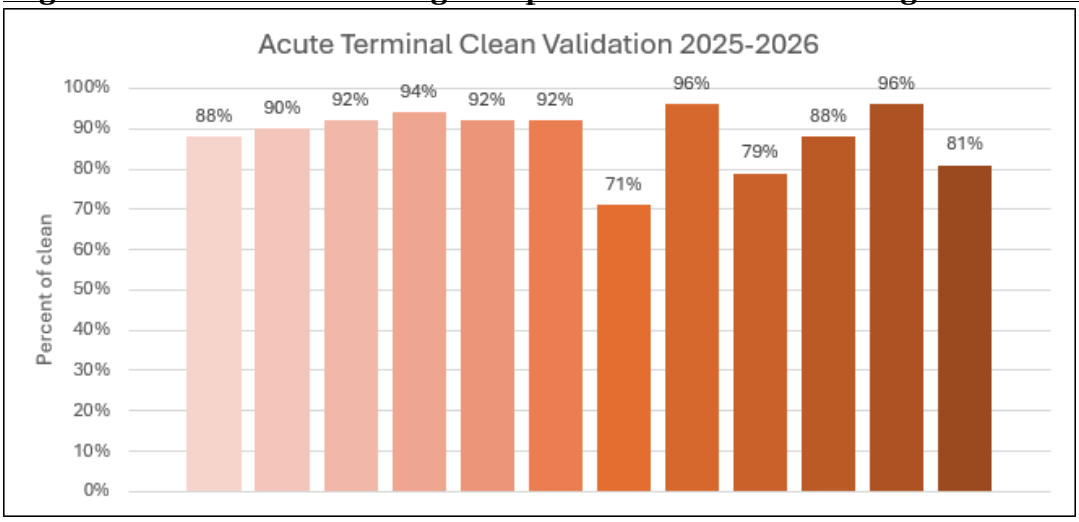
PCC Upgrade

- Infection Prevention training session scheduled for 7/22/2026
- The upgrade will help with antibiotic “time outs”, infection tracking, and antibiotic stewardship.
- Reports currently being created manually will be automated.

ICRA (Infection Control Risk Assessment)

- Infection Preventionist completed the ASHE ICRA 2.0 Online Training and Certification Program.
- This program "Teaches teams how to mitigate infection risks during construction, renovation, and maintenance in health care facilities. The training helps prevent life-threatening secondary infections by focusing on patient protection, multidisciplinary teamwork, and detailed hazard mitigation."
- IP will be meeting and collaborating with Alex (facilities) and Dana (Safety) to take a look at the current policies and practices and identify what's working, where there are opportunities to improve, and how to create a consistent approach that the team is committed to following when it comes to construction renovation and maintenance.

<u>High Touch Surface Cleaning Compliance in Acute and Long Term Care</u>



Service Excellence-- *Submitted by Tiffani McKain, Director of Clinical Services*

- Finalized the September Service Excellence Ambassador (SEA) Workshop schedule and presentation plan. Due to light construction in the hall, the workshop location has been relocated to the Fall River Board Room. I sent out the new workshop calendar to all SEAs on July 15.
- Updated the Year II Service Excellence presentations and workshop materials, incorporating key insights and takeaways from Custom Learning Systems (CLS). In addition, CLS presenter Richard Hadden provided preparation notes and guidance to support SEA facilitators in delivering effective workshops. Ambassadors will work with their SEA teams on reviewing all materials.
- Distributed Summit Award nomination surveys to all employees. Moriah Padilla has provided exceptional support in coordinating, collecting, and organizing nominations for the Service Excellence Committee (SEC) review.
- Evaluated scheduling platforms to support workshop registration and attendance management. Following discussions with Fairchild Medical Center, which successfully utilizes Microsoft Bookings, a follow-up meeting has been scheduled for July 27 to explore best practices and implementation strategies.
- Continued promotion of the Do It recognition program through newsletter reminders and ordered additional QR code stickers to increase accessibility and participation across departments.
- Met with the Service Excellence Ambassadors to finalize plans for the “Ruckus Brag Video” to be showcased at the Healthcare Service Excellence Conference (HCSEC). The team is collaborating to complete the project by July 23, 2025.

Administrative Reporting
Regular Board Meeting

Division: CNO Nursing Division

Submitted By: Theresa Overton, RN BSN

Reporting Month & Year: July, 2026

Summary:

CNO Highlights – June 2026

SNF

Census

- Current Census - 70
- Burney Annex General POP - 23
- Burney Annex Memory Care - 20
- Fall River Station 2 - 27

Incidents

- Falls (BA & FR)-10
    - Witnessed – 5
    - Un-witnessed – 5

Updates:

- Training completed for Fall Prevention Course done by the Staff Educator to all staff in LTC

Activities Department

- The Burney Annex therapeutic fishpond is fully operational, providing residents with daily sensory engagement and purposeful activities. Additional fish will be added as the project continues to grow.
- Residents attended the Burney Basin Days parade, marking the department's first community outing outside of transport vans in over a decade and supporting meaningful community engagement.
- A new wildlife feeding policy was reviewed with the Resident Council to promote a safe outdoor environment while encouraging resident interaction with the therapeutic fishpond and nature.

Acute

Performance Dashboard

- Acute ADC: 1.5
- Acute ALOS: 3.05
- Swing Bed ADC: 3.07
- Swing Bed ALOS: 8.18
- OBS Census Days: 5

Quality / Risk / Compliance

- Medication Errors: 3
- Falls: 0

Emergency Services

Census for June 2026

- Total patients treated: 417
- In-Patient Admits: 20
- Transferred to a higher level of care: 21
- Pediatric patients: 60
- AMA: 7
- LWBS: 7
- Present to ED via EMS: 57

Updates:

- **The Mobile Intensive Care Nurse (MICN):** This course was successfully completed on June 24, 2026. Five nurses and one paramedic completed the accreditation portion of the course, resulting in 100% MICN certification for our four full-time Nursing Supervisors and two Relief Supervisors. This milestone strengthens our emergency department's ability to support prehospital patient care and EMS collaboration.

Quality / Risk / Compliance

- Medication Errors: 1
- Falls: 1

Ambulance Services

MMHD EMS Activity Summary

- 59 Calls for Service
- 6 Interfacility Transports (IFTs)

Burney Fire Protection District Responses

- 5 calls involving Burney Fire Protection District:
    - 1- Patient transport due to a fire within the district.
    - 4- Responses were canceled while crews were en route following dispatch.

Community Standby/Public Relations Events

- MMHD EMS provided standby coverage and community support at three events:
    - Burney Basin Days – Ice Cream Social with TCCN
    - Fall River – Red, White, and Blue Block Party
    - Burney Basin Days Parade

Operations

MMHD EMS remained fully staffed throughout the reporting period and was able to increase staffing levels as operational needs required, maintaining fully ALS-staffed ambulances.

Education and Training
EMS personnel assisted the Emergency Department with instruction for the MICN class, supporting ongoing staff education and training.

Surgery: Leanne to report

Outpatient Medical

Census
- June 126 patients

Update
- ACLS training this month for OPM employees

Social Services

- One LTC admission completed in June at Fall River.
- We currently have 1 lead. He has been approved clinically; however, his Medi-Cal is still pending.

Respectfully Submitted by Theresa Overton, CNO

Administrative Reporting
Regular Board Meeting

Division: Public Relations

Submitted By: Marrisa Martin, Director of Public Relations

Reporting Month & Year: July, 2026

Grant/Scholarship Update

Both MHF and TCCN were awarded $25k each from the California Endowment Fund through a rapid-grant pilot program. The funds are relatively unrestricted so long as they are used in alignment with a broad interpretation of the determinants of health factors.
Scholarships have wrapped up, and most checks have been requested for issuance. For employees, especially, it was an exciting mix of educational pursuits across the board.

There is a flurry of work for the Rural Health Transformation funds (big, beautiful bill). Given the tight turnaround for this fiscal year's applications, we are currently working on the ones we are eligible for. We should hopefully know outcomes in September.

Public Relations/Marketing

The primary focus over the last month has been filling the open marketing and public relations coordinator position. Rowan Dietle has agreed to stay in a casual capacity and help with day-to-day public relations needs. However, larger projects will have an extended timeline due to the short staffing. The good news is that we are conducting two interviews this week and will hopefully be onboarding a new coordinator in the next few weeks.

Even though public relations is short-staffed, work is still being completed. July department videos have been filmed and are being edited this week. Planning for the Intermountain Fair is underway, with swag already ordered and large banner designs to be completed by next week.

Mayers Healthcare Foundation

As you are all aware, Mayers Memorial Hospital (MMH) and, by extension, the Mayers Healthcare Foundation (MHF) are entering a period of transition. We recently celebrated the retirements of two dedicated and compassionate team members, while another has transitioned to casual status. Their contributions have had a lasting impact on our organization, and we are sincerely grateful for their years of service and commitment.

As we move forward, these staffing changes will naturally bring new perspectives and approaches to our work. With change comes opportunity, and we are excited about what lies ahead. We look forward to building on the strong foundation already in place while embracing the ideas, energy, and talents of our evolving team.

We warmly welcome Ayla Harris as our Foundation Assistant. Ayla has already proven to be an invaluable member of the team, and we are pleased to have her on board.

The Health Fair laboratory participation totals were consistent with last year's numbers. After discussing the event with the MHF board, the Health Fair will be refreshed and revamped to better align with community needs. It will be an excellent opportunity for MHF and TCCN to collaborate on a joint event.

Our 26th Annual "On the Green" Golf Tournament is quickly approaching on August 7. Although sponsorships are slightly below last year's levels, we continue to actively seek both event sponsors and raffle prize donations. We remain optimistic about a successful tournament and appreciate the continued support of our community.

Planning for Denim & Diamonds is also well underway. We have secured the reverse raffle prize for the 2027 Hospice Gala and have negotiated the purchase of a 1961 Willys Jeep with a Hurricane 6-cylinder engine. The purchase falls within the Board-Approved budget, and we are now moving forward with the design and printing of raffle tickets. Ticket sales will begin at the Golf Tournament and continue at the Inter-Mountain Fair.

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 is steadily growing her caseload by about 1 client per week. She is currently providing services to 23 individuals, with 15 active and 8 unresponsive. She has three more clients waiting on TAR approval, bringing her caseload to 26. The goal is for her to maintain a caseload of 25-30 active members. Along with providing billable ECM services, Jaki is also providing care coordination and support to individuals referred to her through both the ED and the clinic.

TCCN has welcomed a new family advocate, Trinity Berlt. Trinity has embraced her new role and is actively engaging parents in all parts of our service area. Summer brings fun new events and socializing opportunities for families with young children, including events in Round Mountain and at the Burney pool. Bright Futures has served over 150 children and their caregivers in the month of July. Including children and caregivers from Kid Fit events.

Kid Fit is wrapping up for another year. Inviting upcoming seniors to take on Kid Fit as their senior project has been a resounding success for both the kids and the program. Each student volunteered to take a leadership role for one event and attend all other events as a volunteer. The students have learned valuable leadership skills and completed their senior project all in one summer. They have proven to be the most reliable and hard-working group of kids that I have had the opportunity to work with. We will continue to offer Kid Fit as a senior project in the future

TCCN is gearing up for the second annual Brewfest. The event is evolving and will be held on Saturday afternoon, September 26th, alongside the IMF Sasquatch Carving event. The event will include food trucks, live music, games, vendors, and more. Sponsorships are starting to come in, and tickets are available on the TCCN website. This year’s proceeds will support the Youth CPR program.