

Chief Executive Officer
Ryan Harris



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

Board of Directors
Regular Meeting Agenda
April 23, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex 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 1264 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.

1	CALL MEETING TO ORDER				Approx. Time Allotted
2	2.1	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, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine 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 Meeting – March 26, 2025	<i>Attachment A</i>	Action Item	1 min.
	3.2	Special Board Meeting Minutes – April 7, 2025	<i>Attachment B</i>	Action Item	1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:				
	4.1	Safety Quarterly	Dana Hauge	<i>Attachment C</i>	Report 2 min.
	4.2	Lab	Sophia Rosal	<i>Attachment D</i>	Report 2 min.
	4.3	Radiology	Harold Swartz	<i>Attachment E</i>	Report 2 min.
	4.4	Food and Nutrition Services	Susan Garcia & Jen Taylor	<i>Attachment F</i>	Report 2 min.
5	BOARD COMMITTEES				
	5.1	Finance Committee			
	5.1.1	Committee Meeting Report: Chair Humphry		Report	5 min.
	5.1.2	March 2025 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.2	Quality Committee			
	5.2.1	April Quality Meeting Committee Report		Report	5 min.
	5.3	Strategic Planning Committee			
	5.3.1	No meeting in April			

6 NEW BUSINESS					
6.1	Proposal to move September’s 2025 Regular Board meeting from September 24 th to September 17th		Action Item	2 min.	
6.2	Policy and Procedure Summary		Attachment G	Report	5 min.
7 ADMINISTRATIVE REPORTS					
7.1	Chief’s Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>		Attachment H		
7.1.1	Director of Operations- Jessica DeCoito			Report	5 min.
7.1.2	Chief Financial Officer – Travis Lakey			Report	5 min.
7.1.3	Chief Human Resources Officer – Libby Mee			Report	5 min.
7.1.4	Chief Public Relations Officer – Val Lakey			Report	5 min.
7.1.5	Chief Clinical Officer – Keith Earnest			Report	5 min.
7.1.6	Chief Nursing Officer – Theresa Overton			Report	5 min.
7.1.7	Chief Executive Officer – Ryan Harris			Report	5 min.
8 OTHER INFORMATION/ANNOUNCEMENTS					
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.	
8.2	Board Education: Chapter 16-20		Discussion	10 min.	
9 ADJOURNMENT: Next Meeting May 28, 2025 in Burney					

Posted: 04/17/2025

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Board of Directors
Regular Meeting Minutes
March 26, 2025 @ 1:00 PM
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

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

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

BOARD MEMBERS PRESENT:

Jeanne Utterback, President
Abe Hathaway, Vice President
Lester Cufau, Director
Jim Ferguson, Director

ABSENT:

Jack Hathaway, Director of Quality
Valerie Lakey, CPRO
Tami Humphry, Treasurer

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Libby Mee, CHRO
Theresa Overton, CNO
Keith Earnest, CCO
Jessica DeCoito, Director of Operations
Ashley Nelson, Board Clerk
Kimberly Westlund, Rural Health Clinic Manager
Danielle Olson, Director of Revenue Cycle

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

3 APPROVAL OF MINUTES

3.1	A motion made and carried; Board of Directors accepted the minutes of February 19, 2025.	Cufau, Humphry	Approved by All
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4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	Resolution 2025.02- February 2025 Employee of the Month: June Martin.	Hathaway, Cufau	Approved by All
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4.2	Business Office: Danielle submitted her report. She added that long term billing has been a focus in the dept and claims are actively being worked on. She also highlighted that 5 out of the 7 billing staff passed the recent billing course they participated in. She also disclosed some of the issues being faced with Cerner's system, but the issues are less than 1 year ago.
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4.3	Rural Health Clinic: Kimberly submitted her report. She added that Dr. Sloat has been added as a RHC Provider so the staff is making sure the workflow is smooth for referrals, patients and providers. She mentioned that there are four Medical Assistant positions on the books for the following week.
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5 BOARD COMMITTEES

5.1 Finance Committee

- | | |
|-------|--|
| 5.1.1 | Committee Report:
Abe reported that the AR days are high but Travis has a plan on decreasing them without writing off debt. |
| 5.1.2 | February 2025 Financial Review |

	Motion moved, seconded and approved.		
5.1.3	Acceptance of Annual Audit Summary: Motion moved, seconded and approved.	Hathaway, Ferguson	Approved by All
5.1.4	Board Quarterly Finance Review: Motion moved, seconded and approved.		
5.2	Quality Committee		
	March Quality Meeting Committee Report:		
5.2.1	Les reported that the errors in long term care and Ryan will be bringing a consultant in to address the issues. QIP is going well and on time. An answer from ACHC should be coming soon.		
5.3	March Strategic Planning Committee Report		
5.3.1	March Strategic Planning Committee Report: Abe reported that MMHD received 7 proposals and once was chosen by the committee- CASA Healthcare Management.		
5.3.2	Mayers Memorial Healthcare District Master Plan Construction Project Management Firm: Recommendation from Strategic Planning & Review Committee to Award Contract. No action was taken to allow for 5 days of protest time per the RFP/RFO. A Special Board Meeting will be set up for April 7th to vote on the Resolution 2025-06 Awarding Contract for 2030 MMHD Expansion Project – Project Management Services.		
6	NEW BUSINESS		
6.1	Resolution 2025.03- Safety Officer: Resolution 2025.03 was approved.	Cufaude, Hathaway	Approved by All
6.2	Service Excellence Initiative Committee: For the next 3 years, this committee is what was previously <i>Ignite The Patient Experience</i> . Ryan is requesting 2 board members to be on the committee that meets quarterly. The committee will then meet with the full board to report information. Jeanne and Les volunteer for the committee-Ryan will send out calendar invites.		
6.3	Review Revised Strategic Plan: Ryan further explained the changes in the Strategic Plan in the semi annual review. Les suggested a road map outlining the Strategic Plan. Changing wording on page in <i>Monitoring</i> section from “ The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors” to “...any specific issues under the CEO will be reported to the board of directors”	Hathaway, Ferguson	Approved by All
6.4	Policies and Procedures: Board Compensation & Reimbursement Application for Inspection of Public Records MMH585 Admission Criteria: Length of Stay Expectation Emergency Sewage and Waste Disposal Facility Closure -- Notice in Advance Healthcare Worker Vaccination for Covid 19 – SNF Lippincott Procedures for Clinical Practices LVNs in OPMedical Mass Casualty Incident Plan (MCI) OB-GYN Core Privileges Rapid Response to Clinical Deterioration Requirements For Swing Beds In Critical Access Hospital Sedation Assessment	Hathaway, Cufaude	Approved by All

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 Director’s documents are available online at www.mayersmemorial.com.

Motion moved, seconded and approved.

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports: written reports provided in packet

7.1.1 DOO: written report submitted.

Jessica received comments on the PIN 74 project that are being revised- dimension issues.

Smoke dampers will be installed in Fall River- an ACHC regulation needed.

Racks project presentation was last week and architect team recommended to move the Acute floor to a SNF OSHPOD status.

The solar working crew is laying concrete currently- but timeline was moved to August 8th as the day of completion.

7.1.2 CFO:

Travis updated that USDA will get back to him soon regarding the grant application.

7.1.3 CHRO: written report submitted.

Libby updated that the FRJUSD Superintendent reached out regarding workforce programs for high school students, partnering with MMHD.

Jeanne commended Libby regarding employee health and workplace injuries.

Libby further explained MMHD's program that assists staff in continuing their education.

7.1.4 CCO: written report submitted.

Keith updated that the Foam In, Foam Out campaign in Feb was successful and he is determined to continue the upward trend. He expanded on the Blood Culture Contamination rates for the Board. Keith also updated the board regarding the Visiting Nursing Program- Cerner has provided Lindsey Crum, Hospice Manager, with reps to better improve the Hospice Cerner system. Hospice nurses are currently crossing training to cover Acute and Outpatient, when needed. A Cardiac Ultrasound machine has been ordered.

7.1.4 CNO: written report submitted.

Theresa reported the census is 78 patients, with a waiting list for the Memory Care unit. She reported that the Nursing Realignment Orientation went successfully.

She further explained the gap in Home Health services and the difference between Home Health and the Visiting Nurses Program.

Theresa explained that SNF has been creating Family Council meetings and the Ombudsman commended the staff strongly on their great council and engagement.

7.1.5 CEO: written report submitted.

Ryan reported that the MRI was delivered to the FR campus yesterday and will be shared between 5 sites- Jack is working on adding to MMHD's license, as well as the CA license.

He also further explained the issue with the CA meal premiums- resulting in \$257,000 being spent in this fiscal year. Ryan also mentioned that due to the unforeseen future with Medicare and Medicaid, he has placed a hiring freeze on new positions.

8 OTHER INFORMATION/ANNOUNCEMENTS

Board Member Message:

- 8.1 Feb EOM, successful audit (wording from last year), District is working towards offering new services, Dr. Sloat has started in our RHC, TCCN and Payroll/Finance are now in the TCCN building- a few programs they're currently running. CNA classes will resume shortly.
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- 8.2 Board Education: Ch 11-15 and Enhancing Board CEO & Med Staff Collaboration- Ryan further explained the slides included in the packet- regarding provider burn out and appreciation. Some board members expressed their interest in attending the Med Exec evening meetings, every other month. Jeanne requested New Board Member Orientation
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9 MOVE INTO CLOSED SESSION: 3:45 pm

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

9.1

1. Allen Morris, MD
2. Kelsey Sloat, MD

Approved by All

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3. Aditi Bhaduri, MD (T2U)
4. Jean-Claude Bassila, MD (T2U)
5. Mustafa Ansari, MD (UCD)
6. Lin Zhang, MD (UCD)
7. Ge Xiong, MD (UCD)
8. Sophie Teng, MD (UCD)
9. Massud Seyal, MD (UCD)
10. David Richman, MD (UCD)
11. Kwan NG, MD (UCD)
12. Ricardo Maselli, MD (UCD)
13. Marc Lenaerts, MD (UCD)
14. Jeffrey Kennedy, MD (UCD)
15. Alexander Duffy, DO (UCD)
16. Charles DeCarli, MD (UCD)
17. Norika Malhado-Chang, MD (UCD)
18. Michelle Apperson, MD (UCD)
19. Sindhura Batchu, MD (UCD)

MEDICAL STAFF APPOINTMENT

1. Shravani Nalla, MD (T2U)
2. Manntej Sra, MD (Vesta)
3. Majid Maybody, MD (Vesta)
4. Caren Armstrong, MD (UCD)
5. Courtney Wusthoff, MD (UCD)
6. Vaishnavi Vaidyanathan, MD (UCD)
7. Neggy Rismanci, MD (UDC)

9.2 Real Estate Update (54956.8)
Property: Masonic Lodge, Fall River Mills CA
Real Estate Negotiator: Ryan Harris
APN: 018-200-006

10.3 Real Estate Update (54956.8)
Property: Fall River Arts, Fall River Mills CA
Real Estate Negotiator: Ryan Harris
APN: 018-200-044

10 RECONVENE OPEN SESSION: 4:05 pm

11 Adjournment: 4:05 pm. Next Meeting is April 30, 2025 in Fall River.

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

Chief Executive Officer
Ryan Harris



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

Board of Directors
Special Board Meeting Minutes
April 7, 2025 @ 10:00 AM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 10:00 AM on the above date.

BOARD MEMBERS PRESENT:

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

STAFF PRESENT:

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Jessica DeCoito, Director of Operations

ABSENT:

Ashley Nelson, Board Clerk

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:

NorCal Carpenters Union Field Representatives Sean Reese and Chris Martinez want the Board to know how important it is that we work with contractors that take proper care of their employees. Both are available for any additional questions or discussions regarding our upcoming project with Master Planning Construction.

3 Mayers Memorial Healthcare District Master Plan Construction Project Management Firm: *Ferguson, Cufaude* *Approved by All*
Recommendation to Award Contract to Kasa Healthcare Management – Resolution 2025-06.
Motion moved, seconded and carried to award the contract to Kasa Healthcare Management.

4 Policies and Procedures

1. Medical Staff Rules
2. Medical Staff Bylaws
3. Quality Assurance Performance Improvement – SNF

Humphry, Hathaway *Approved by All*

Motion moved, seconded and approved.

5 MMHD April Meetings Date Change: April 23rd for Quality, Finance and Regular *Cufaude, Humphry* *Approved by All*
Motion moved, seconded and approved to change April date to the 23rd.

11 Adjournment: 10:32 am – next Regular Meeting will take place on April 23rd.

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



**Department Reporting
Managers' Meeting and Regular Board Meeting**

Manager & Department: Dana

Reporting Month & Year:

Hauge, Safety and Security

April 2025

Summary:

Considerable time has been dedicated to collaborating with departments and leadership on facility-wide process improvements, with a focus on enhancing internal safety and security measures and strengthening partnerships with external agencies. The ACHC conference in Dallas was excellent. The chance to learn from the actual surveyors has strengthened my confidence and understanding of the requirements and regulations.

Top Projects (1-3):

Annual regional and internal drills are being developed and scheduled for the spring and summer. It is an exciting opportunity to collaborate with regional agencies on the Region III annual disaster drill and carry that momentum into MMHD's upcoming exercises. Results from these events help to tailor future programming and improvements for the district.

I am currently taking courses outside of university classes with the Center for Domestic Preparedness, Homeland Security, and the National Emergency Response and Recovery Training Center. The courses are related to our plans and programs and will help solidify them. Safety and Security program courses are planned for later in the summer to supplement our current programs.

Wins (1-2):

ACHC-compliant plans and policies have been in place for approximately one year. Following a successful survey with zero deficiencies cited within the Safety Officer program written plans, the focus shifts from initial program development to ongoing enhancement and improvement. Steadily moving to be proactive rather than reactive.

Challenge (1):

Evolving societal norms and regulatory changes continue to shape safety, security, and disaster preparedness programs. The demanding environment created by these shifts presents a welcome and necessary challenge. Maintaining clear distinctions between various regulations has become increasingly challenging, particularly in ensuring consistent implementation and understanding among staff.



**Department Reporting
Managers Meeting and Regular Board Meeting**

Manager & Department: Sophia Lou Rosal
Laboratory Department

Reporting Month & Year: April/2025

Summary:

Implementation of new testing offers numerous advantages to Mayers Memorial Hospital, including improved patient care, expanded services, faster diagnoses, and reduced costs. Moreover, it enables the laboratory to stay current with technology and enhance data management.

Top Projects (1-3):

1. Implementation of QuantiFeron TB Gold Plus before June 2025
2. Implementation of new gram-negative susceptibility testing and yeast identification
3. Implementation of Procalcitonin testing April 2025

Wins (1-2):

1. As of April 07, 2025, Procalcitonin testing is already in-house. This test will help healthcare providers diagnose whether patients have sepsis from a bacterial infection or are at high risk of developing sepsis. It is also highly likely to increase the laboratory's revenue.
2. New gram-negative susceptibility testing will start this April, with additional extended susceptibility testing if a resistant organism is identified. This testing offers advantages like identifying ESBL, rapid results, and aiding in timely and appropriate antimicrobial therapy decisions, potentially leading to improved patient outcomes and reduced antibiotic resistance. In addition, this will also help increase the laboratory's revenue.
3. Yeast Identification is already in-house and part of culture isolates. CDPH recommends that all laboratories identify yeast, especially *Candida auris*. *C. auris* is a multidrug-resistant yeast that can spread in healthcare settings among patients via contaminated equipment, healthcare worker hands or clothing, or the healthcare environment. *C. auris* can cause serious, hard-to-treat infections. In summary, accurate and rapid identification of *C. auris* is crucial for effective infection control and treatment. This will also help increase the laboratory's revenue.



Challenge (1):

1. Implementation of QuantiFeron TB Gold plus is being delayed due to interface connectivity and test code building. The connectivity is still in process, and the target date to finish is before June 2025.
2. Interface connectivity for Procalcitonin is still in process. A ticket has already been placed and is waiting for Cerner's response. In the meantime, the result will be entered manually.
3. Two phlebotomists are retiring by May and July 2025. We have already conducted interviews and selected potential candidates. The HR department is now in the process of sending the offer letters to both candidates.



**Department Reporting
Managers Meeting and Regular Board Meeting**

Manager & Department: Harold Swartz,
Radiology/Imaging

Reporting Month & Year: April - 2025

Summary:

- Echo testing has been underway, and during recent test studies, some issues were identified with cardiac functions. To address these, staff training is scheduled for Wednesday, April 16, followed by additional testing on Thursday, April 17.
- For MRI, orders have been built in Cerner; however, they are currently not functioning correctly, and a Cerner engineer is working on the issue. The DMV has signed off the MRI trailer, and we now have registration and license plates. Paperwork has been submitted to the California Department of Housing and Community Development under an emergency action to expedite tagging and to the California Department of Health for MRI approval. We are also collaborating with Heritage to establish network connections and set up software for the MRI trailer.
- On the Fuji front, we are working on integrating Fuji with Cerner so that providers can view images directly while reviewing imaging reports.
- Regarding the ultrasound with Dr. Sloat, Cerner is building out orders for bedside portable studies. We're also working with Mindray to connect the ultrasound machines to the clinic's Wi-Fi, enabling studies to be sent to PACS.
- The tech competency checklist now includes all required skills, including those for new software. One-on-one competency sessions with techs are currently in progress.
- Vesta Teleradiology officially went live earlier this month. Imaging protocols are under review, and we are still addressing some workflow and turnaround time challenges. With Vesta's ACR and JHACO accreditation, we are positioned to roll out Low-Dose CT Chest exams soon.
- Outpatient imaging volumes are substantial, with a year-to-date increase of approximately 10% compared to last fiscal year.

Top Projects (1-3):

- MRI
 - MRI orders have been built out in Cerner.
 - Currently, the orders are broken, and a Cerner build engineer is working on the problem.
 - The DMV has signed off the trailer, and we have the registration and license plates.
 - Paperwork has been submitted to the California Department of Housing and Community Development with an emergency action to expedite tags.



- Paperwork for MRI has been submitted to the California Department of Health.
- Working with Heritage to get our network connections and software on the MRI Trailer.
- Echo updates:
 - We have done a couple of test echo studies. During the testing, we discovered that some of the cardiac functions were not working as well as they should. To correct this, we have some training on Wednesday, 4/16, after which we will do further testing on Thursday, 4/17.
- Clearpath:
 - Clearpath is an image exchange platform that allows us to share reports and images with patients and small clinics that do not utilize a PACS system.
- Dr Sloat – Ultrasound:
 - Cerner is building out the orders for the bedside portables that Dr Sloat will perform.
 - We are working with Mindray on connecting the US to the clinic's Wi-Fi, which will allow us to send studies to PACS.

Wins (1-2):

- Fuji Synapse:
 - We are working on the interface between Fuji and Cerner to allow providers to see images when reviewing the imaging report in Cerner.
 - With the implementation of Fuji Synapse, we went from a workflow of over 50+ steps at the end of an exam to ~5 steps.
- MRI
 - We have the trailer onsite.
 - The DMV has signed off the trailer, and we have the registration and license plates.

Challenge (1):

- Echo Templates:
 - Due to the lack of a compatible cardiology template, we're resorting to a paper process, which increases the risk of errors from illegible handwriting or incorrect data entry. This raises the chance of missing critical results. A system-compatible solution would be preferred to improve accuracy and patient safety.



- MRI:
 - Unsure of a timeline since we are at the mercy of regulatory bodies



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department:

Food and Nutrition Services-Fall River

Reporting Month & Year:

April 2025

Summary:

In the upcoming months, ongoing teamwork within Food and Nutrition Services will be essential to ensuring the successful implementation of the new menu system. Both staff and residents will experience significant adjustments, albeit in different ways. Our collective efforts will foster a positive transition and maintain overall satisfaction.

Top Projects (1-3):

MealSuite Menu System: We began training for the new menu system at the beginning of the year. The process has proven more challenging and time-consuming than initially anticipated.

Deep Cleaning/Training: Our Square services will be closed for deep cleaning from April 14th to 18th. During this time, we will conduct several essential trainings, including hand hygiene, fire safety, policy and procedures, and work environment safety. This is an opportunity to strengthen our team and ensure that we are constantly improving and staying safe.

Cruise Day: This marks the second year of this event (May 1st), which requires the collective effort of the entire team to ensure its success. The event, which has been condensed into a single day rather than a week, will feature three distinct destinations, offering residents a diverse and enriching experience.

Wins (1-2):

Policy and Procedures: I would like to express my gratitude to the staff for taking on additional responsibilities, which allowed me to focus on developing and refining our policy and procedures. I'm not quite done yet, but I'm incredibly grateful for how they all stepped up during this learning period. Special thanks to Jessica and Jen for their exceptional contributions!

Challenge (1):

Menu System: Successfully implement the new menu system while preserving staff morale and ensuring consistent resident satisfaction.

The following are the New, Revised and Retired Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been updated in the appropriate hospital manuals.

Date
April 3, 2025

For Quarter Ending
March 31, 2025

Department	Document	New/Revised /Retired
Activities	Resident Council Departmental Response Form MMH45	Revised
Acute - Med Surg	Acuity-Staffing Indicator MMH402	Revised
Acute - Med Surg	Admission Policy, Acute	Revised
Acute - Med Surg	Calculation of Patient Acuity	Revised
Acute - Med Surg	Developing a Nursing Care Plan (IPOC)	New
Acute - Med Surg	Discharge Planning Evaluation	Retired
Acute - Med Surg	Emergency Operations Plan - Hospital Census Alert 1 Alert 2 System	Revised
Acute - Med Surg	Identification of Potential Organ and/or Tissue Donors	Revised
Acute - Med Surg	Medication Administration	Revised
Acute - Med Surg	Medication Administration Record MMH648	Revised
Acute - Med Surg	Medication Procurement Storage and Security - Acute	Revised
Acute - Med Surg	Pain Management	Revised
Acute - Med Surg	Paracentesis, Assisting with Abdominal	Retired
Acute - Med Surg	Patient Belongings and Valuables	Revised
Acute - Med Surg	Patient Rights, Acute and Swing Bed	Retired
Acute - Med Surg	Record of Death Permit to Release Body MMH332	Revised
Acute - Med Surg	Retention and Bladder Scanning Post-Catheter Removal	Revised
Acute - Med Surg	Staffing Acuity Worksheet MMH649	Revised
Acute - Med Surg	Suctioning, Oral-Nasal-Tracheal, Without an Artificial Airway	Retired
Acute - Med Surg	Suicide Risk Assessment and Interventions Columbia Protocol in Non-Behavioral Health	New
Administration	Strategic Plan	Retired
Anesthesia	Anesthesia Procedure - Block Record MMH521	Retired
Anesthesia	Anesthesia Questionnaire and Informed Consent MMH29	Retired
Anesthesia	Medication Audit Record, Anesthesia MMH424	Retired
CAH	CAH - Agreements	Retired
CAH	Special Requirements, Eligibility, SNF Services	Retired
Clinics, Rural	Charting and Documentation for Outpatient Clinics	Revised
Clinics, Rural	Medication Procurement, Storage & Security- RHC	Revised
Clinics, Rural	Scope of Services - Clinic Services	Revised
Dietary	Authorized Personnel in Kitchen	Revised
Dietary	Calibrating and Sanitizing Thermometers	Revised
Dietary	Canned and Dry Goods Storage	Revised
Dietary	Canned and Dry Goods Storage Guidelines	Revised
Dietary	Condiments	Revised
Dietary	Cool Down	Revised
Dietary	Cool Down Log	Revised
Dietary	Delivery of Food Carts and Tray Service	Revised
Dietary	Diet Manual	Revised
Dietary	Diet Orders for Admissions, Diet Changes, NPO, or Hold Meals	New
Dietary	Employee Orientation Program	Revised
Dietary	Employee Safety	New
Dietary	Enteral and Oral Feeding (Oral Gratification)	Revised
Dietary	Enteral Nutrition Care	Revised
Dietary	Fluid Restrictions	New
Dietary	Food Brought from Off-Site Sources other than approved vendors	Revised
Dietary	Food Brought in from Outside Sources	Revised
Dietary	Food Purchasing, Receiving and Production	Revised
Dietary	Food Receiving and Storage of Cold Foods	New

Department	Document	New/Revised /Retired
Dietary	Fortified Foods/Enhanced Diet	New
Dietary	Handwashing - Dietary	Revised
Dietary	Hazard Analysis of Critical Control Points (HACCP) for Food Preparation	New
Dietary	Holiday and Special Menus	New
Dietary	Hydration	New
Dietary	Ice Handling	Revised
Dietary	Isolation Meals	Revised
Dietary	Meal Hours	Revised
Dietary	Menu Alternatives	Revised
Dietary	Menu Planning	Revised
Dietary	Menus	Revised
Dietary	Nutrition Assessment & Documentation	Revised
Dietary	Nutrition for Comfort/Hospice Care	Revised
Dietary	Packed/Boxed Meals	New
Dietary	Personal Hygiene	Revised
Dietary	Personnel Health	Revised
Dietary	Personnel Health	Retired
Dietary	Personnel Returning to Work	Revised
Dietary	Pest Control	Revised
Dietary	Plate Presentation	New
Dietary	Refrigerated Storage	Revised
Dietary	Refrigerated Storage Guidelines	Revised
Dietary	Sanitation and Infection Control	Revised
Dietary	Sanitizing Equipment and Surfaces with Quaternary Ammonium (QUAT) Sanitizer	Revised
Dietary	Sanitizing Equipment, Food and Utility Carts	New
Dietary	Snacks (Nourishment)	Revised
Dietary	Suggested Freezer Storage Guidelines	Revised
Dietary	Tasting Food Prior to Serving	New
Dietary	Total Parenteral Nutrition (TPN)	New
Dietary	Tray Assembly	New
Dietary	Universal Precautions	Revised
Dietary	Usage and Storage of Leftovers and Precooked Items	Revised
Dietary	Warewashing (Handwashing Method)	Revised
Dietary	Waste Control and Disposal	Revised
Disaster Plans	Bed Availability - Disaster Plan MMH315	Revised
Disaster Plans	Earthquake Response Plan	New
Disaster Plans	Emergency Operations Plan - Incident Command System (ICS)	New
Disaster Plans	Emergency Operations Plan - Plan to Manage the Influx of Potentially Infectious Patients	Revised
Disaster Plans	Emergency Operations Plan-Exercises and Improvement Plans	Revised
Disaster Policies	Chemical Spill - Laboratory	Revised
Disaster Policies	Critical Incident Response and Debriefing	Revised
Disaster Policies	Disaster Call Tree	Revised
Disaster Policies	Disclosure of Protected Health Information During Disaster Relief Efforts	Revised
Disaster Policies	Emergency Operations Plan - Admission Policy and Registration	Revised
Disaster Policies	Emergency Operations Plan - Oxygen Blowout	Revised
Disaster Policies	Emergency Sewage & Waste Disposal Policy	Retired
Disaster Policies	Environmental Services - Emergency Management	Retired
Disaster Policies	Facility Map, Fall River	Revised
Disaster Policies	Facility Map, Satellite Buildings	Revised
Disaster Policies	Food and Nutrition in a Disaster	New
Disaster Policies	Hazard Vulnerability Analysis HVA	Revised
Disaster Policies	HICS 255 Evacuation Tracking Form	Revised
Emergency Department	Healthcare Emergency	Revised
Employee Health	Covid 19 Vaccination Declination Form MMH698	Revised
Employee Health	Flu Vaccine Declinations Statement MMH447	Revised
Environmental Services	Cleaning and Maintenance of Air Supply Grills, Air Return Grills and Ceilings	Revised
Environmental Services	Cleaning Housekeeping Carts	Revised

Department	Document	New/Revised /Retired
Environmental Services	Cleaning Housekeeping Carts	Retired
Environmental Services	Equipment Safety and Maintenance Wheelchairs, Recliners, Commodes, Shower Chair	Revised
HIM	Chart Review	Revised
HIM	Hours of Operation-Accessibility of Medical Records	Revised
HIPAA	Conditions of Admission - SNF MMH458SNF	Retired
Human Resources	Master Staffing Plan	Revised
Imaging	Consent Form for CT-IVP MMH206	Retired
Imaging	High-Level Disinfection of Ultrasound Probes using Tristel ULT	Revised
Infection Control	Annual Employee Influenza Vaccination	Revised
Infection Control	Annual Tuberculosis Assessment MMH298	Revised
Infection Control	Clean, In-use, Dirty Identification Process	Revised
Infection Control	COVID MONOCLONAL CONSENT with Sotrovimab MMH708A	Retired
Infection Control	Handling of Soiled Linens at Point of Care	Revised
Infection Control	Handling of Soiled Linens, Laundry Service	Retired
Infection Control	Infection Control Construction and Renovation (ICRA)	Retired
Infection Control	MMR Vaccination Consent Form MMH377	Revised
Infection Control	Multi-Drug Resistant Organism (MDRO) Flagging System	Retired
Infection Control	Prevaccination Checklist for Covid 19 Vaccines	Revised
Infection Control	Tuberculin Skin Test and Consent MMH571	Revised
Infection Control	Tuberculosis Prevention and Exposure Management Plan	Revised
Lab	Alanine Aminotransferase	New
Lab	Ammonia	New
Lab	Amylase	New
Lab	Anaerobic and Corynebacteria ID Card	New
Lab	Antimicrobial Susceptibility Testing	New
Lab	Aspartate Aminotransferase	New
Lab	BacT/Alert FA Plus Culture Bottle	New
Lab	BacT/ALERT FN Plus Culture Bottle	New
Lab	Blood Agar Plate	New
Lab	Blood Urea Nitrogen	New
Lab	Body Fluid Culture	New
Lab	Cerebrospinal Fluid Cell Count and Differential Count	New
Lab	Cholesterol	New
Lab	Clean Catch Urine Collection	New
Lab	Columbia CNA Agar Plate	New
Lab	C-Reactive Protein Extended Range (RCRP)	New
Lab	Creatine Kinase	New
Lab	Creatinine	New
Lab	CSF Culture	New
Lab	DAT (IgG) by Tube Method	New
Lab	Direct Bilirubin	New
Lab	Ear Swab Culture	New
Lab	Enzymatic Carbonate	New
Lab	Ethyl Alcohol (ETOH)	New
Lab	Eye Culture	New
Lab	Fecal Smear for Leukocytes	New
Lab	Fern Test (Amniotic Fluid)	New
Lab	Ferritin	New
Lab	Folate	New
Lab	Free Thyroxine (FT4)	New
Lab	Genital Culture	New
Lab	Glucose	New
Lab	Gram Negative Identification Card	New
Lab	Gram Positive Identification Card	New
Lab	High Sensitivity Troponin I Ordering Protocol to Rule Out AMI	Revised
Lab	Human Chorionic Gonadotropin	New
Lab	Iron	New

Department	Document	New/Revised /Retired
Lab	Laboratory Quality Control of Reagents and Tests and Maintenance	Revised
Lab	Lactate Dehydrogenase	New
Lab	Lactic Acid	New
Lab	Lipase	New
Lab	Loci High-Sensitivity Troponin I	New
Lab	MacConkey Agar, USP	New
Lab	Magnesium	New
Lab	Microalbumin	New
Lab	Miscellaneous and Surgical Culture	New
Lab	Multi - Drug Resistant Organisms (MDRO) - Flagging System	New
Lab	Nasal Smears for Eosinophils	New
Lab	Neisseria-Haemophilus Identification Card	New
Lab	Pathology Tissue Review	Revised
Lab	Phosphorus	New
Lab	Quadrant Streaking for Isolation	New
Lab	Reflex Testing	Revised
Lab	Remel PYR Disk	New
Lab	Saline Replacement	New
Lab	Scope of Laboratory Director	Revised
Lab	Scope of Services - Lab	Revised
Lab	Specimen and Record Retention	Revised
Lab	Sputum Culture	New
Lab	Stool Culture	New
Lab	Susceptibility Testing for Sputum Cultures	New
Lab	Total Bilirubin	New
Lab	Total Iron Binding Capacity (IBCT)	New
Lab	Type and Screen Tube Method	New
Lab	Urinalysis using Clinitek Advantus	New
Lab	Urine Collection	New
Lab	Urine Culture	New
Lab	Urine Dipstick	New
Lab	Urine Eosinophils	New
Lab	Urine Microscopic Examination	New
Lab	Urine Quality Control	New
Lab	Venipuncture Blood Sample Collection	New
Lab	Wound/Abscess Swabs and Drainage	New
Long Term Care	Administration of Ophthalmic Medications: Eye Drops, Eye Ointments/Gels, Eye Irriga	Retired
Long Term Care	Admission Assessment, Nurses Record	Retired
Long Term Care	AM and HS Care SNF	Retired
Long Term Care	Assistance with Feeding Patients: SNF	Revised
Long Term Care	Bed Cradle	Retired
Long Term Care	Bedside Medications - SNF	Retired
Long Term Care	Briefs Program	Retired
Long Term Care	Bruises - SNF	Retired
Long Term Care	Dentures Care and Cleaning	Retired
Long Term Care	Gastrostomy Feeding Tube Placement	Retired
Long Term Care	Medication Procurement, Storage & Security--SNF	Revised
Long Term Care	NURSES RECORD ADMISSION ASSESSMENT MMH137	Retired
Long Term Care	Perineal Care	Retired
Long Term Care	Resident Rights Dietary Waiver MMH791	Retired
Long Term Care	Side Rail Use Assessment Form MMH689	Revised
Long Term Care	Spiritual Care - SNF	Revised
Long Term Care	Urinary Catheter, Condom (External)	Retired
Maintenance	ICRA and Pre-Construction Risk Form MMH790	Revised
Maintenance	Matrix of Precautions for Construction, Renovations and Operations (ASHE ICRA 2.0)	Revised
Maintenance	Pre-Construction Risk Assessments (ICRA)	Revised
Medical Staff	Clinical Social Worker Core Privileges (LCSW)	Revised

Department	Document	New/Revised /Retired
Medical Staff	Core Privileges Licensed Marriage & Family Therapist Privileges (LMFT)	Retired
Medical Staff	Endocrinology Core Privileges Telemedicine	Revised
Medical Staff	Family Medicine Core Privileges	Revised
Medical Staff	Hospice and Palliative Care Core Privileges	Revised
Medical Staff	Internal Medicine Core Privileges	Revised
Medical Staff	MEC-Governing Board Endorsement for Physician Appointment and Privileges	Revised
Medical Staff	Midlevel Providers, Standardized Procedures and Protocols for (Core Privileges)	Retired
Medical Staff	Nurse Practitioner Core Privileges in Neurology	Revised
Medical Staff	Optometry Core Privileges	Retired
Medical Staff	Physician Assistant Core Privileges for Outpatient	Revised
Medical Staff	Psychology Core Privileges	Retired
Medical Staff	Refer and Follow Family Med Core Privileges	New
Medical Staff	RISK MANAGEMENT OCCURRENCE SCREEN -- Midlevel Practitioner MMH789	New
Medical Staff	Risk Management Occurrence Screen, OB MMH38	Retired
Outpatient Medical	Blood Draws From Central Venous Lines	Revised
Outpatient Medical	Central Venous Catheter Flushing	Revised
Outpatient Medical	Central Venous Catheter Site Care	Revised
Outpatient Medical	Negative Pressure Wound Therapy-VAC	Revised
Outpatient Medical	OP Medical - Informed Patient Consent	Revised
Outpatient Medical	Peripheral IV Placement: Standards of Care Guidelines for IV Therapy	Retired
Outpatient Medical	Peripherally Inserted Central Catheters PICC Management Guidelines	Revised
Outpatient Medical	Phlebotomy; Therapeutic	Retired
Outpatient Medical	Photographic Wound Documentation MMH78	Revised
Outpatient Medical	Rhophlac Product Brochure	Retired
Outpatient Medical	Rhophylac Consent Form MMH711	Revised
Pharmacy - Acute	Monitoring Patients Receiving IV Medications	Revised
Pharmacy - Acute	Patient Medication Profile	Revised
Pharmacy - Acute	SNF Drug Reorder Sheet MMH179	Revised
Pharmacy - Acute	STERILE ADMIXTURE: Immediate-Use Compounded Sterile Products (Admixture Perfo	Revised
Pharmacy - Sterile Compoun	addEase Binary Connectors, Use of	Revised
Pharmacy - Sterile Compoun	Hand Sanitizing and Garbing Sequence - Clean Room	Revised
Pharmacy - Sterile Compoun	Labeling Standards, Medication & Sterile Compounded Products	Revised
Pharmacy - Sterile Compoun	Parenteral Products - Quality Assurance	Revised
Pharmacy - Sterile Compoun	Primary Engineering Control (PEC): Glove Tip Testing	Revised
Pharmacy - Sterile Compoun	Sterile Compounding Log MMH605	Revised
Pharmacy - Sterile Compoun	Use of Multidose Vials	Revised
Preprinted Orders	Physician Orders - Orthopedic Postoperative Outpatient MMH4	Retired
Preprinted Orders	Physician Orders - Orthopedic Preoperative Inpatient MMH1	Retired
Preprinted Orders	Physician Orders - Orthopedic Preoperative Outpatient MMH2	Retired
Preprinted Orders	Physician Orders - Orthopedic Services Post-Op MMH269	Retired
Preprinted Orders	Provider Orders - Wound Ostomy Care MMH76	Revised
Quality & Performance Impr	Patients Rights - PDF	Revised
Respiratory Therapy	Concentrator Maintenance Log MMH51	Retired
Respiratory Therapy	Discharge Six Minute Walk Distance Test MMH620	Revised
Respiratory Therapy	I-Stat Procedure Manual	Retired
Respiratory Therapy	Oxygen Concentrator Maintenance	Retired
Respiratory Therapy	Tracheostomy Care and Suctioning	Retired
Safety Plans	Emergency Operations Decontamination Plan	New
Safety Policies	Alternative Life Safety Measures (ALSM)	Revised
Safety Policies	Alternative Life Safety Measures (ALSM) Assessment Fire Smoke Dampers	Retired
Safety Policies	Alternative Life Safety Measures (ALSM) Assessment Tool	Revised
Safety Policies	Codes Paging	Revised
Safety Policies	Decorations-Fire Safety	Revised
Safety Policies	Fire Prevention & Safety for Nutritional Services Employees	Revised
Safety Policies	Medical Waste Management Plan Certification	Revised
Safety Policies	Poor Drainage: Pipes and Drains	Retired
Safety Policies	Safety Car Seat Restraints-Pediatric; Safety	Revised

Department	Document	New/Revised /Retired
Surgery	Air Exchange in Endoscopy Procedure Room	Revised
Surgery	Assistants for Surgery	Retired
Surgery	Closed Wound Drain Management and Care (Jackson-Pratt)	Retired
Surgery	Colonoscopy	Retired
Surgery	Endoscopes, Reprocessing of	Retired
Surgery	Endoscopy Procedure Room Humidity and Temperature	Revised
Surgery	Esophagogastroduodenoscopy Procedure EGD	Retired
Surgery	HAND SCRUB SURGICAL	Retired
Surgery	Labeling Medication and Solutions On The Sterile Field	Retired
Surgery	Perioperative Beta Blocker Administration	Retired
Surgery	Preoperative Surgical Site Hair Removal	Retired
Surgery	Pre-operative Surgical Skin Preparations and shaving	Retired
Surgery	Steris Endoscope Processing	Retired
Surgery	Steris Monitoring	Retired
Surgery	Surgery Prep Instructions MMH439	Retired
Surgery	Warming of Parenteral and Irrigation Solutions	Retired
Swing Bed	Nutritional Care	New
Swing Bed	Swing Bed Patient Care Plan - Multi-Disciplinary Guidelines	Retired
Utilization Review	Utilization Review and Discharge Planning	Retired

Director of Operations Report

Prepared by: Jessica DeCoito, Director of Operations

Facilities, Engineering, and Other Construction Projects

- We have received comments back from the county on Phase 3. Architects are working through the comments to resubmit to the county.
- Collaborative efforts between the architects and clinic staff have led to a proposed solution for incorporating a third bathroom into the FR Clinic space. The updated drawings are currently under clinic review. Once the layout is approved by all stakeholders, the revised plans will be submitted to the county.
- We received correspondence from Shasta County concerning the lot line adjustment application submitted for PIN 74 and the ASC site. MMHD and the architectural team have since convened to evaluate available options. It has been decided to revise the application in order to create distinct parcels: one for the clinic, and another for the SNF and ASC. Work on the updated application is currently underway.
- We anticipate submitting the FR Fire Damper project to HCAI later this week. Upon approval, we will proceed with contractor engagement to carry out the required work.
- The agreement with Kasa Healthcare Management is currently under review by their team. Once fully executed by both parties, we will proceed with developing the RFP/RFQ for selecting a Design-Build Contractor.
- The Solar Project continues to advance smoothly. Posts have been set and cast, and racking installation is in progress. We are pleased with the commitment and performance of the onsite crews.
- I have engaged legal counsel to assist in preparing the bid packages for both the FR Rural Health Clinic and TCCN Phase 3. Once county approved drawings are finalized, the bid packages will be advertised.
- I am working with the Department of Housing and Community Development (HCD) to declare the FR Arts & Trophies Building as surplus property in preparation for a sale.
- Alex successfully secured a motion sensor faucet that will be installed in common areas and Acute patient rooms to support our hand hygiene adherence initiative.
- The Maintenance team has been actively engaged in office relocations, building cleanouts, spring landscaping, and preparing the physical environment in anticipation of the upcoming SNF survey in May. It goes without saying that our Maintenance team carries a unique set of responsibilities, and I want to extend my thanks for their continued diligence—through the good, the challenging, and even the less-than-pleasant tasks they take on without hesitation.

IT

- We are excited to share that Euan Harrington has accepted the position of Jr. Systems Administrator. Euan has been an integral part of our team for the past three years, serving as a Customer Support Specialist. During this time, he has demonstrated tremendous growth and dedication, making this transition a natural next step in his career. Please join us in congratulating Euan on his new role!

- Euan, along with two others from MMHD will be travelling to Kansas City at the end of the month to participate in the Oracle Cerner CommunityWorks Forum. The team will learn about Revenue Cycle, Clinical AI Agent, Data & Analytics, Clinical Informatics and much more.

Human Resources Board Report

Reporting Period: April 2025

Prepared by: Libby Mee, Chief Human Resource Officer

Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department supports **305 active employees** across all departments. Our team continues to focus on recruitment and retention strategies to meet current staffing needs and support organizational growth.

We currently have **14 active requisitions posted**, and **35 vacant positions** remain to be filled. Of these vacancies, **26 are within the Skilled Nursing Facility (SNF)**, highlighting an ongoing area of need. To address this need, targeted recruitment efforts, including expanded job advertising and outreach initiatives, are being employed.

Employee Health and Safety

In the 2025 calendar year to date, we have recorded:

- **2 first aid-level injuries**, and
- **4 BETA reportable injuries**

These figures are consistent with historical trends for our facility and reflect our continued efforts to maintain workplace safety. HR and the Safety Officer continue collaborating on proactive safety measures to reduce incident rates.

Professional Development and Education

The HR Generalist and I recently attended the **Annual American Society for Healthcare Human Resources Administration (ASHHRA) Conference**. This event provided valuable insights and best practices in healthcare HR management.

Key takeaways include:

- **AI Integration:** Our HR Generalist, Ashley, will pilot artificial intelligence tools to streamline compliance monitoring and enhance the onboarding process.

- **Job Architecture:** A particularly impactful session focused on job architecture, emphasizing the importance of role alignment within growing organizations. Given our recent and projected expansion and the rollout of a more robust Human Resources Information System (HRIS), we will begin a comprehensive review of our **organizational structure, job descriptions, and departmental alignment**. This will help ensure internal consistency, optimize workforce planning, and enhance operational clarity.

Additionally, improved tracking through the HRIS system will allow for more accurate monitoring of position counts and departmental vacancy rates—essential metrics for strategic decision-making.

Employee Payroll and Compliance

Preparation is underway for the **annual employee salary increases**, scheduled for **July 1, 2025**. These increases will align with **state-mandated wage standards**. Early communication has begun to ensure all staff are informed and any questions can be addressed in advance.

We are also continuing our audit of **California Meal Premium compliance**. Weekly reports detailing instances where meal breaks were not taken in accordance with state policy are distributed to department leadership. Leaders are required to provide justifications or initiate corrections. As a result of these targeted efforts, we have observed a **notable reduction in meal premium payments over the last three pay periods**, reflecting increased policy adherence and operational oversight.

Chief Public Relations Officer – Valerie Lakey
April 2025 Board Report

Legislation/Advocacy

Legislative Update – April 2025

The 2025–26 legislative session is moving along. Currently, we are in Spring Recess. Lawmakers will return to Sacramento on May 2 but'll be back in their districts in the meantime. This provides an excellent opportunity for local outreach and members to get out in their communities.

May 16 is the deadline for policy committees to meet, and May 23 is the cutoff for fiscal committees. CHA and ACHD are tracking many healthcare bills.

Federal Update

In Washington, the House and Senate have passed a budget resolution allowing them to move forward with legislation that could include extending tax cuts, increasing spending for administrative priorities, and reducing spending in other areas — notably Medicaid and Medicare.

CHA has issued a federal advocacy alert urging hospitals to contact congressional representatives during the upcoming district work period. In addition, CHA has submitted formal comments to CMS regarding proposed changes to enrollment and eligibility policies for Affordable Care Act marketplace plans.

State Update

On the state side, the Senate and Assembly wrapped up the week by fast-tracking a budget bill to the Governor to address the Medi-Cal budget shortfall for the current fiscal year.

Policy committee work remains active as bills move toward appropriations committees. Some highlights:

- **SB 530** (Richardson) – Continues to move forward. This bill strengthens network adequacy requirements in the Medi-Cal program.
- **AB 447** (González) – Would allow emergency departments to dispense remaining unused medications. This bill is also advancing.
- Unfortunately, **SB 632** (Arreguín), which proposes workers' compensation presumptions for several conditions, including PTSD and cancer, also progressed.

You can always follow the progress of these and other key measures on [CHA's Bill Tracker](#).

Key Bills to Watch

- **SB 632 (Arreguín) – Workers’ Comp Presumptions for Hospital Employees**
 - This bill would create a presumption that specific injuries—including infectious diseases, PTSD, musculoskeletal issues, and cancer—are work-related for hospital employees. It passed the Senate Labor Committee and now moves to Appropriations. ACHD is opposing this measure due to its broad and costly implications.
- **AB 533 (Flora) – Design-Build Authority Revival**
 - This bill would reinstate streamlined design-build contracting for construction projects, a big win for healthcare districts. It moved through the Assembly Local Government and Appropriations Committees and is now headed to the Assembly floor. ACHD is sponsoring this bill.
- **AB 810 (Irwin) – Internet Domain Mandates**
 - This bill would require local agencies to move to a ".gov" or ".ca.gov" domain by 2031. ACHD is preparing to adopt an “oppose unless amended” position, advocating for an exemption for healthcare districts due to the significant costs and operational impact.

Budget Outlook

California missed the March 31 federal deadline for Medi-Cal rate increase submissions under Prop 35. As a result, providers face delays in expected payments, and the state lost out on federal matching dollars for Q1.

California borrowed \$3.4 billion from the General Fund to cover cost overruns due to rising drug costs, increased Medi-Cal enrollment (including undocumented populations), and federal uncertainties. Additional short-term borrowing is expected in the health and human services space, adding to the budget strain.

The Governor’s May Revise is expected by **May 14**. Remember, the Legislature must pass a balanced budget by **June 15**, there will likely be follow-up bills and potentially a special session if federal Medicaid cuts continue.

Seismic Compliance Update

HCAI continues to guide the 2030 seismic compliance requirements and the changes under AB 869. On March 4, they hosted a helpful webinar that can be viewed on demand, with slides available [here](#).

HCAI and ACHD will co-host another session on May 8 (10:00 a.m.–12:00 p.m.). The first hour will offer an overview tailored for healthcare districts, followed by a live Q&A in the second hour.

Grants Update

- Applications to the Community Foundation of the North State have been submitted for three funds, with requests for general support and assistance with the costs of renovating the FR Arts building. The amounts range from \$7k to \$50k. We should hear back in the next month or so.
- An HRSA grant application has been submitted for a youth behavioral health pathways program administered by TCCN. The funding is over three years, and the total requested amount is \$880k.
- The federal grant landscape is still in flux with many unknowns; Laura has been attending webinars as they become available with new updates to the grant world.
- Currently looking at potential grant opportunities for FR Arts building, workforce development, HVAC systems, storable emergency food, and more.

Scholarships Update

- Community and Spring Employee Scholarship rounds are open for applications and will close this month. MHF Scholarship Committee and Board will review applications and approve awardees at the May meeting. At the request of the high schools, the Community application was amended so that the standard scholarship application package seniors compile can be submitted instead of our application. Non-seniors and renewals continue to use the existing application. We look forward to announcing the awardees soon!

Public Relations/Marketing

Hospital-Wide Brochure

We are developing an updated hospital-wide brochure to serve as a comprehensive resource for patients, families, and community partners. This new brochure will highlight our full range of services, facilities, and care options, presenting our organization's unified and professional image. Once completed, the brochure will be distributed throughout the hospital, at community events, and made available digitally.

Quarterly Digital Newsletter

The latest edition of our [quarterly digital newsletter](#) was successfully released on April 16. This issue features timely updates on our partnership with TCCN, promotional highlights for the upcoming Health Fair, and a spotlight on Dr. Kelsey Sloat. Engagement has been strong, and we continue encouraging staff and community members to subscribe and share.

Website Updates and Planning

We are currently reviewing department pages across our website to ensure accuracy, consistency, and ease of navigation. These updates are part of a broader plan to overhaul our

website to improve user experience, accessibility, and alignment with our branding. More details on the website redevelopment timeline will be shared in the coming months.

Health Fair and Monthly Promotions

Efforts are underway to promote our upcoming Health Fair through various channels, including social media, print materials, and internal communications. We also align our messaging with monthly health observances to raise awareness and encourage community engagement with our services.

Mayers Healthcare Foundation

The start of 2025 has been exciting and productive for the Mayers Healthcare Foundation. We kicked off the year with January's successful Denim & Diamonds Winter Gala. We quickly transitioned into planning our upcoming community events, including the **2025 Health & Wellness Fair on June 14** and the **25th Annual MHF Golf Tournament on August 2**. In addition, we continue to oversee the operations of the **Lucky Finds Thrift & Gift Store**, a responsibility we've held since December 2024.

Lucky Finds Thrift & Gift Store Relocation

This quarter's major win has been securing a new storefront location for the Lucky Finds Thrift & Gift Store in the **Fall River Arts Building**. This transition is underway and is expected to significantly enhance the visibility and image of the Foundation's Hospice Thrift Store while increasing fundraising potential to support MMHD programs and services.

2025 MHF Health & Wellness Fair

We have secured the **Intermountain Fairgrounds** for the Health & Wellness Fair on **June 14, 2025**, in alignment with the **McArthur Street Fair**. This event will feature a car show, live music, and multiple healthcare and wellness offerings. Invitations and registration forms have been distributed to MMHD departments and community partners, with a deadline for registration by **May 30**. Last year's fair was a tremendous success, and we look forward to building on that momentum with the return of popular features such as **TCCN's Kid Fit Kickoff**, **Mayers Rural Health Clinic's Sports Physicals**, and strong community partner participation.

Volunteers

Our greatest ongoing challenge remains volunteer engagement. Volunteers are the backbone of our events, programs, and thrift store operations. While we've streamlined our onboarding process to make it easier for individuals to get involved, additional help is still needed. We

continue seeking creative ways to attract and retain volunteers passionate about supporting local healthcare.

The Volunteer Appreciation Luncheon is on April 21 at the Lodge. (It will have taken place before the board meeting—hopefully, you were able to attend.) This will be an excellent opportunity to thank all District Volunteers for the many hours they contribute.

Upcoming 2025 Events

- **Health & Wellness Fair** – June 14, 2025
- **25th Annual Golf Tournament** – August 2, 2025
- **North State Giving Tuesday** – December 2, 2025

These events are critical in supporting our fundraising goals and community engagement. We look forward to widespread participation and continued community support.

We are incredibly grateful for the ongoing support from our board members, staff, volunteers, and community partners. Together, we continue to make a lasting impact on healthcare in the Intermountain region.

Tri-County Community Network

Children's Programs

Bright Futures

- *Tiny Tunes* and *Story Time* continue to draw strong attendance in the Burney area.
- TK classes across Big Valley, Fall River, Burney, and Round Mountain host monthly programming that reaches over 100 children and their caregivers.
- Participated in *Lunch with Community Helpers* on April 7, distributing free books to all children.
- Partnering with Burney Elementary and Munik'chun Daycare to host a "Parenting 101" Parent Café on April 24.

BOTVIN Life Skills Training

- The program is active in both elementary schools. Sixth graders complete their 8-week course by April 30, which covers self-esteem, decision-making, and smoking prevention.
- Over 200 students (grades 4–6) participated, funded by the Shasta County Asset Forfeiture grant.

Grants & Program Development

Lunch with Community Helpers

- Funded by a \$700 First 5 Shasta grant. Held April 7 with about 200 attendees (ages 0–5, caregivers, local providers, and law enforcement).
- Bright Futures distributed age-appropriate free books.

Backpacks to Home Food Pantry

- \$2,588 grant application submitted with FRJUSD. Food deliveries will occur thrice if approved (Aug 2025–May 2026).
- Sustainability to be supported through school-led food drives.

Kid Fit

- Six summer events are planned (pending CFNS grant approval), focusing on family wellness and ACEs awareness: Color Run, Take Me Fishing, Community Concert, Water Wars, Art in the Park, and Swim Night.
- PGE will fund a Jr. Intern for leadership and data tracking.
- The concert is titled "Red, White and Tunes"; outside funding is being sought.

Shasta Substance Use Coalition

- TCCN joined this new initiative to reduce youth substance use, funded by the county's Opioid Settlement.
- MOU was signed in March; we are awaiting funding details.

Enhanced Care Management (ECM)

- In partnership with HANC and Partnership HealthPlan of CA, a \$102,000 contract will fund operations and training.
- A case manager has been hired and will begin seeing clients soon.
- Outreach component in development.

Mindful Connections

- Secured \$2,000 private donation.
- Exploring community outreach in partnership with Pit River Health.

Mayers Health Foundation CPR Training

- Nearly \$9,000 was awarded to train FRJUSD 12th graders in CPR.
- Training began in March; 47 students were certified, with the rest completed by April 22.

HRSA Pathways Grant

- TCCN is in the early planning stages for this youth-focused behavioral health program.
- Collaborators include FRJUSD, BVUSD, MMHF, Shasta/Siskiyou Colleges, and Shasta County Chemical People.
- Budget and plan expected after April 14.

Fundraising Coaching

- Marrisa Martin was selected for a grant through the Community Foundation of the North State, which included 15 hours of expert coaching.

Partnerships

SMART Employment Services

- Winter referrals continue; spring “pop-up” centers resume May 2 at the Intermountain Community Center.

IMAGE Revitalization

- March 11 meeting showed growth. Community needs survey launches May 2025.

PSA2 Partnership

- Caregiver's class is scheduled for May 29 at TCCN from 2–4 p.m.

Community Events

- **Bright Futures:** Weekly events for ages 0–5
- **BOTVIN Life Skills:** Weekly through May (Tuesdays at Burney, Wednesdays at Fall River)
- **Senior Sip and Social:** Every Thursday through May
- **Caregivers Class:** May 29, 2–4 p.m. at TCCN

Intermountain Community Center Update

- Offices and event spaces are **OPEN**.
- Plans for the children's program area have been submitted to the county. The architects are currently reviewing the county comments.

April Board Report

Clinical Division

4/15/2025

- Imaging and Laboratory presented their annual report this month.
- The CDPH surveyed Intermountain Hospice April 8-10. No condition-level deficiencies were found. Hospice staff worked very hard hosting the surveyors and providing them with the necessary documentation. The areas of concern surrounded the Plan of Care, incomplete documentation, medication reconciliation, and volunteer documentation. We expect to receive the 2567 the week of April 21. Many of the corrections are issues with Cerner's Matrixcare® program. Further details will be shared at the May board meeting during Hospice's quarterly report.
- We extended an offer for the Director of Clinical Services position, and it was accepted. We are excited to welcome Tiffani McKain to our team. She is completing the onboarding process and plans to start May 21.
- Kevin Davie, Director of Ancillary Services, has received integration proposals from Point Click Care and Cerner. These proposals are in the review process with IT. The integration would allow labs performed at Mayers to be structured data in the Point Click Care platform.

Retail Pharmacy

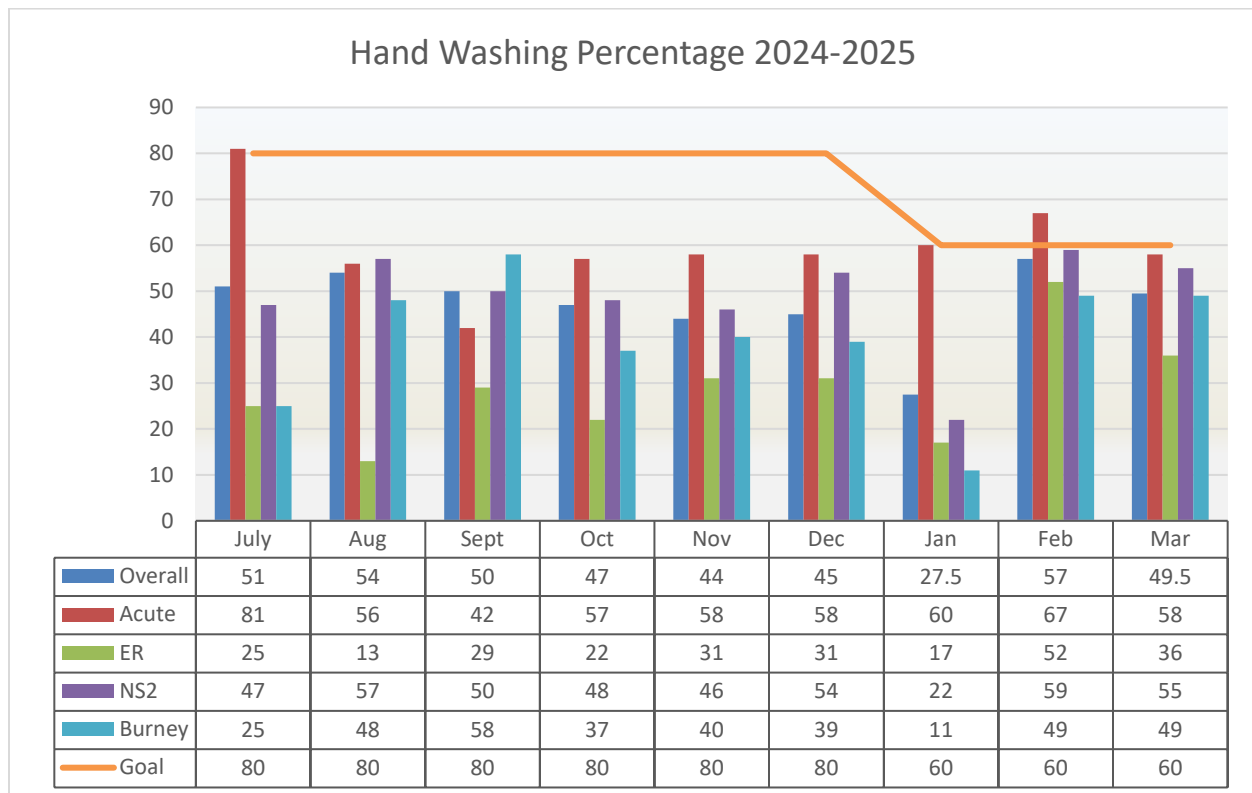
- We have contracted with 340B Compliance Partners for the external audit of our entire 340B program. The onsite audit will be scheduled for this summer.
- Our Apple Development account has been approved. The new app, Mayers Pharmacy, will go live in May.
- Kristi Shultz, Retail Pharmacy Associate Manager, is working on getting pre-paid mail-back envelopes to give customers who are prescribed opioids. Unused opioids are mailed back to a company to be safely disposed of. This program will help Mayers Pharmacy comply with the FDA's Opioid Analgesic REMS Program. (REMS= Risk Evaluation and Mitigation Strategies)
- When I extended an offer for a retail pharmacist, it was accepted. The offer is contingent on the candidate obtaining her California license. This position has been challenging to fill and has been staffed with registry pharmacists.

Hospital Pharmacy

- Katrina Williams, CPhT, will work with Wipfli on revenue codes and other medication billing issues. Some problems were carried over from Paragon®, and Wipfli will work with us to fix the build issues.

Infection Prevention

- Kristen Stephenson, RN, Infection Preventionist, and Erin Glebe, LVN, Infection Prevention Assistant, increased their environmental rounding on long-term care to prepare for the survey. We are doing weekly rounds to ensure processes and changes go smoothly. Areas of review include:
 - New cabinetry in the shower rooms.
 - Compliance with not stacking supplies on open shelves.
 - Fixing broken hand sanitizer dispensers.
 - Ensure all signage is neat, laminated, and universal for both facilities.
- The new blood culture collection policy was revised, and the 8 steps for collection tips were laminated and posted in ER/Acute and Lab. Kristen is working with each department to ensure they can stock the needleless transfer device to improve contamination rates. The **March contamination rate was 0%**.
- In May, Mayers will do another big hand hygiene education campaign, starting with World Hand Hygiene Day on May 5. We will be having a taco bar with ECC for hospital staff with mini hand sanitizer dispensers and fun stuff to hand out. In May, we will switch out the foam-in-foam-out logo on all the dispensers. We also have new posters from the CDC for their "clean hands campaign" to post throughout the facility.



Respiratory Therapy

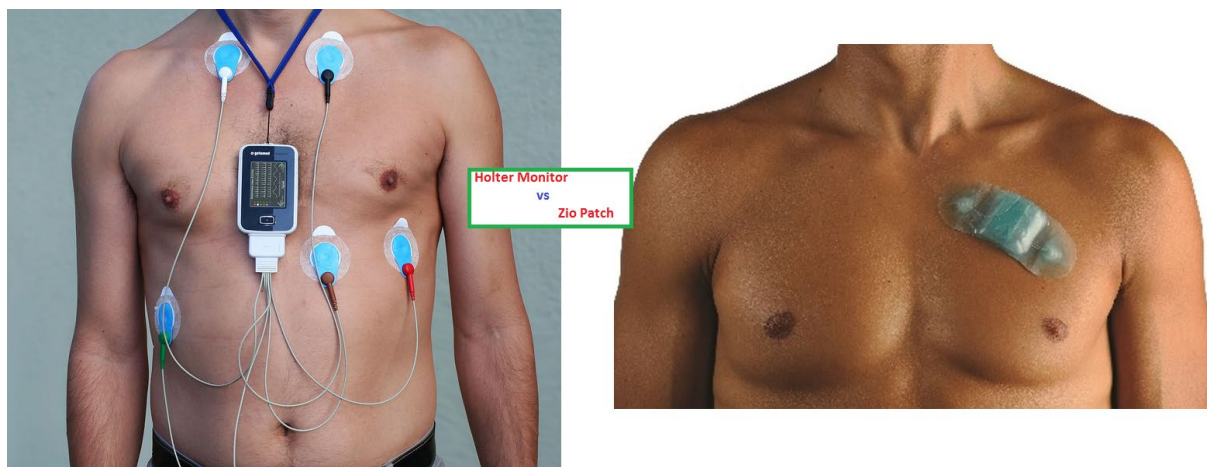
- Two registry respiratory therapists are scheduled to start April 21.
- A candidate's interview is scheduled for the week of April 14. This position has been challenging to fill.

Rural Health Clinic

- Dr. Sloat's patient load is increasing daily as the community becomes more aware.
- The clinic participated in "Lunch with Community Helpers". It was a great event organized by TCCN.
- The clinic has several patients who have used the Remote Patient Monitoring for hypertension.
- Luma Health, the text-based patient communication and scheduling system, will go live in the next six weeks.
- Jen Miley, Huron Leadership Coach, will be at the clinic on April 24 to meet with providers and staff on workflows.

Physical Therapy / Cardiac Rehab

- Sound panels have been installed in the PT gym, and more are planned. The panels will reduce the echo.
- Dr. Lindsay Fry, cardiologist, and Daryl Schneider, PT manager, are meeting with Scilmage on April 18 to have a preliminary discussion about cardiac stress treadmill testing.
- Daryl Schneider, PT manager, met with a representative from iRhythm to discuss moving to Zio® patches. A Zio® patch is a single-use, wearable cardiac monitor the size of a large band-aid that essentially performs the same function as a Holter® monitor. The patches could be applied at the clinic or the ER with follow-up at Cardiac Rehab. The Zio® patch could increase the timeliness of cardiac monitoring. We are in the exploratory stage, as billing and the process will need to be worked out.



NURSING SERVICES BOARD REPORT

April 2025-Reporting for March

CNO Board Report

The Nursing Division remains steadfast in its commitment to excellence in patient care, regulatory readiness, and staff development across all organizational areas. In March, significant progress was made in clinical education and operational initiatives.

We achieved over 97% compliance in CNA and LVN realignment orientation, completed over 80% of required policy updates, and successfully launched several cross-departmental education initiatives focused on core competencies and ACHC/CMS standards. Projects like the Zoll Defibrillator implementation, skills fairs, safe patient handling training, and HALO education continue progressing with strong nurse leadership and participation.

This month, I attended the American Organization of Nurse Leaders (AONL) conference alongside three of our nurse leaders. The experience was incredibly inspiring, offering valuable opportunities for networking, learning from impactful nurse leaders, and exploring strategies for personal and professional growth. A key takeaway was the powerful reminder that we must prioritize our well-being to care for others effectively. Topics such as workplace violence, staff wellness, and the evolving role of AI in healthcare were central themes that reinforced the importance of resilience and innovation in nursing leadership.

SNF

March 2025 Dashboard

- Resident Census= Seventy-Three (73)
 - Fall River= Thirty-two (32)
 - Burney= Twenty-Two (22) general resident population and
 - Burney Memory Care= Nineteen (19) residents
- Three (3) external candidates on the Memory Care waitlist
- One (1) external candidate for the general population

Staffing

- We have met regulatory staffing requirements for the month.
- The high percentage of agency utilization is a primary challenge, complicating hardwiring new implementations. To address this, we have:
 - Hired eight (3) new team members: two (2) Unit Assistants, and one (1) LVN
 - Continue discussions with Nurses in Professional Healthcare (NPH) to align registry training and review role shift duties, ensuring consistency and effectiveness across the board.

We will continue aggressively screening, interviewing, and job-offering viable candidates.

Updates

- **Staff Development**
 - Preparation: We completed 76 of 94 Policy & Procedures revisions this month.
 - Departmental Education: This month, CNA realignment orientation was conducted, achieving an impressive 97% compliance, further solidifying the commitment to exceeding the annual priority goal of eighty percent (80%).
 - Departmental Education: LVN realignment orientation was conducted, achieving 98%, which again exceeded our goals of 80%
- **Regulatory**
 - CDPH reinstated the Mayers Memorial Healthcare District collaborative with the Shasta College CNA program. The new class will start at the end of June.
 - CDPH visited us this month to review nine outstanding self-reports from 9/2024-04/2025 (as listed below), and we are awaiting findings. These include alleged resident-to-resident verbal and physical abuse, staff-to-resident verbal abuse, and a case of medication diversion.
- **Family Engagement**
 - We are looking forward to the Cruise Day for our residents and their families on May 1, including foods from Mexico, Italy, and India.
 - The monthly Family Council Meetings have been a success. The Ombudsman was our guest speaker, and families have submitted suggestions for the upcoming meeting.

Acute

March 2025 Dashboard

- Acute ADC: 1.48
- Acute ALOS: 4.33
 - Medicare ALOS 2.5
- Swing bed ADC: 1.71
- Swing bed ALOS: 9.78
- OBS Census Days: 7

March Staffing

- **Staffing Overview:** Our department's optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. As of this report, we are fully staffed, as we have filled all three openings from last month.
- **Internal Transfer:** Our FTE NPH nurse has officially transitioned to a full-time MMHD employee.

- **Recent RN Hires:** Two newly graduated RNs were hired for the Med/Surg unit. One is completing her 12-week orientation and is projected to begin working independently in mid-April. The second RN began orientation more recently. Due to a decrease in our average daily census (ADC) this month, we may need to extend her training period to ensure she receives adequate clinical exposure.
- **Staffing Support:** We currently utilize two FTE registry nurses (Medifis/NPH) to backfill until newly hired RNs are fully oriented and independent.

Department Updates

- **Auditing on the Unit to Maintain Compliance:** Following last month's revamp of the audit process, we continue to monitor compliance closely through Charge Nurse-led real-time audits. This month, efforts have shifted toward reinforcing education as applicable, with a continued focus on individualized care plans. Ongoing auditing supports our commitment to quality improvement, patient-centered documentation, and regulatory compliance.
- **Zoll Defibrillator Implementation:** Following initial implementation efforts, we encountered several delays and communication challenges that impacted progress. These concerns were escalated to Zoll's management team, and a constructive conversation has occurred to help streamline coordination moving forward. Education is now scheduled for May 8. To expedite deployment, we plan on transporting the units to FS Medical for biomed inspection, rather than waiting for onsite resolution. We remain focused on moving this project forward efficiently and ensuring a successful go-live.
- **Education:** A collaborative effort across departments led to the successful development of a yearly skills training event focused on ACHC and CMS-regulated competencies. Staff from Acute, OPM, ED, Ambulance, and OPS will participate in this skills validation event, reinforcing essential clinical competencies and supporting regulatory compliance across the continuum of care. In addition, the HALO course referenced in the ED Board Report was extended to include Med/Surg staff, providing broader access to this critical training. March efforts were dedicated to finalizing training schedules and assigning pre-course modules through Relias and Lippincott to ensure staff are well-prepared ahead of the live events.

Emergency Services

March 2025

- Total treated patients: 363
- In-patient Admits: 13
- Transferred to higher level of care: 17
- Pediatric patients: 11
- AMA: 8
- LWBS: 1
- Present to ED vis EMS: 51

Staffing:

- Required: 8 FTE RNs, 2 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 3 FTE contracted RNs
 - Two Day RNs covering LOA
 - One Noc RN to cover until NOC FTE completes orientation
- ED Manager also serves as:
 - Clinical Project Manager for Cerner
 - Learning Coordinator
 - Assigning learning journeys to new contracted and hired staff
 - Ongoing resource for clinical areas in the facility
 - Collaborating with internal teams on referral processes
 - Weekly meetings to address open SRs
- **Open Positions:**
 - FTE NOC: Position filled, with orientation planned for a minimum of 6 months
 - FTE ED Tech: Position filled. Planning for 6-to-8-week orientation

Updates:

- Centering staff education around ACHC guidelines:
 - Policy sign-off from our new or amended policies.
- Continued education and daily auditing of charts to reduce late charges, increase captured revenue, and improve documentation standards.
 - Current DNFB for late charges is \$0.00
- Developed and implemented an annual training program to address all essential competencies and includes a comprehensive list of HALO (High Acuity Low Occurrence) procedures for ED, Acute, and EMS staff.
 - The training is set to begin in April.
- Started implementing our ED nurse call-back system to reach 30% of patients seen in the ED each month, ensuring they receive a follow-up call within 7 days of their visit.
 - I have received positive feedback from the community so far.
 - I will use feedback and data to enhance overall care and patient education.
 - Monitoring the rate of 72-hour returns to the ED to assess any decrease with the program.

Ambulance

March 2025

- 58 ambulance requests
- 16 of those were transfers
- 48 of the total were billable runs

Staffing:

- Now fully staffed

Updates:

- All Ambulances are up and running.

Surgery

March 2025 Board Report – Surgery Department

Referrals:

32 - Referrals received

21 – Scheduled (1 cancelled)

1 – Rejected (BMI > 45, Medically complex, Procedure not performed or requesting consultation)

0 – Pending insurance clearance

8 - Called patient and unable to reach or the patient does not want to schedule.

2 – Needs Nurse review

7 – Outstanding/ Pending referrals received before March

Outstanding/Pending Reason breakdown:

3 - Previously scheduled and canceled (unable to reach, needs medical clearance, or the patient does not want to reschedule at this time).

4 – Unable to reach patient or patient does not want to schedule currently.

Procedures Performed	March 2025	
Colonoscopy	7	
EGD	2	
Colonoscopy/ EGD Combo	4	
Total cases Performed	Monthly Total: 13	

*** 4 patients canceled with short notice or did not show up on the day of the Procedure in March. We have increased the daily number of patients scheduled from 6 to 7 to accommodate short-notice cancellations.**

- **Endoscopy Procedures:** We continue to perform endoscopy procedures scheduled for three days each month.
- **Sterile Instrument Reprocessing:** Our steam sterilizers are back up and in use.
- **Staffing:** The team includes a Surgeon/ Endoscopist, an Independent contractor CRNA, one Full-Time OR Circulator/Manager, Pre-op/PACU RNs (shared staff from Acute/ED), and one Full-Time Certified Scrub/Sterile Processing Tech.
- **Part-time Endoscopy Technician Position:** The position approved to hire and train Part-time endoscopy to support the Surgeon and tech during procedure days.
- **Training and Certification:** The Surgery Manager is currently preparing for the CNOR certification exam. The New Pre-op nurse started training to float from the Acute floor.
- **ACHC Survey 2/3-2/5:** The Surgery/ Central Sterilization Department received 3 Citations for standards not met:

1. **08.03.06 Equipment safety:** On review of Anesthesia Records, there was no documentation of the anesthesia machine number that was used.
 - **POC: CRNA received the required education in March.**
2. **08.01.00: Anesthesia Risk and Evaluation:** On review of Anesthesia records, 2/5 records were missing documentation of post-op evaluation.
 - **POC: CRNA received the required education in March.**
3. **06.10.08 Patient and safety: Safe setting:** Unsecured needles found in perioperative drawers.
 - **POC: All Perioperative nurses received required education in March.**

***Facilities received Survey citations related to Surgical suite air exchange and humidity levels. A plan of corrections was accepted, with a plan in place to repair or replace the current HVAC unit in the Operating room.**

- **The facilities department has scheduled an inspection of the HVAC system to troubleshoot the current system to determine if a humidifier can be added to the current unit.** (4/10/25: Inspection completed by Lassen Air and Refrigeration Service)
- **Equipment Upgrade Requests:** We received upgraded Olympus Gastrosopes, a light source, and a video processor. Awaiting installation of equipment as we need to coordinate with the Olympus service rep who will do the onsite installation and in-service training. Equipment will also need to be certified by a biomedical tech company. We are renting 2 Olympus gastrosopes at \$1000/ mo each until we have this new equipment certified.

Outpatient Medical

Updates this month for April 2025

- Census OPM:
 - March 120 patients.
- Conducting short education plans teaches small groups of staff about PICCs, Vacs, Wound care, Ostomy care, and Pressure injury prevention.
- Attended skills fair to educate Acute, ED, and OPM clinical staff on PICCs/ports, Vacs, Ostomy care, and Pressure injury prevention.
- Working with LTC with their new orientation process to have nursing staff have a day in the wound clinic for experience and wound care training. Waiting for an update on the LTC staff schedule that will be coming to wound clinics
- Working on upcoming conferences and CE's for OPM this Spring
- I am working on a plan for OPM staffing with my supervisor when we have employees on short leave
- IT and the pharmacy are still working to gain proper access to patients on different pyxis machines. A meeting is to be set up with Pyxis to work on this. This is an open IT ticket I will follow up on.

- I attended the AONL conference and feel honored to have had the opportunity to participate in it. Five inspiring speakers on overcoming and thriving, resilience, influencing, empowering teams, and a healthy workforce. A lot on this digital revolution, AI and upcoming technology. The poster presentation was overwhelming. Leaders are closer to the spending levels, so there were many vendors. The technology is moving fast. Workplace violence was a common topic and trending up. I look forward to the conference being open for virtual recordings to attend more sessions that I may have missed. I did like some tools for finance and clinical people to speak the same language. I hope to get ahold of these as they are released. Networking with other nurse leaders and hearing virtual nurse programs or what they are doing at other critical access hospitals was interesting. It was incredible to be a part of the national level of this.

Social Services

Social Services Board Report- March 2025

We had 3 Long-Term care admits.

1- at the Burney Campus

2-at the Fall River Campus

Updates:

- The addition of a new Charge Nurse in Fall River has been excellent.
- The addition of a new DON for our skilled campuses is fantastic.

Clinical Education

Education Board Report -- March 2025

Certifications/Licenses:

- BLS-3/26/25 with 3 attendees. The next BLS class is 4/15/25 and 6 are scheduled to attend.
- PALS/NRP took place as scheduled 3/25. Continual team collaboration regarding upcoming renewals as expected.
- ACLS-upcoming date 4/28/25
- ASLS is a new training and certification which is scheduled for June 24, 2025

Updates

Safe Patient Handling Refresher Course Training (Annual Training for all DHW's for title 8 §5120):

- Added a training date for Safe Patient Handling Refresher/Initial Course for the RHC. Some of the classes need to be an Initial class as newly hired staff and/or current staff have not attended an initial class, thus adding to the content. As of today, the last training day for the annual refresher course is 4/10/25

Zoll Defibrillator Implementation:

- Awaiting clarification regarding the implementation of the AED'S

In-Service/CEU's:

- CNA Skills Fair and SPH: Body Mechanics:
 - Classes are completed and continued data entry is being met. Skills/topics covered were: Falls, ADL's, Primary Prevention, Pressure Injuries, and SPH body mechanics. There is a possible need for a "make up" day for those who did not attend to meet SPHM Refresher compliance within the annual date

Ongoing Projects:

- Continual assistance as necessary with SNF pillars/goals
- Updating CNA/SNF staff regarding upcoming BLS renewals per Evercheck
- Educating/reminding CNA staff regarding their need to maintain certifications promptly
- Data entry for previous CEU classes for CNA staff for CDPH
- CDPH Orientation and SPHM training for newly hired/rehired staff per schedule
- Communication with the CNA staff regarding upcoming CEU classes

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

ACHC Accreditation

The team is waiting for the results of our ACHC survey to determine whether we have achieved accreditation. I expect to have more information during our board meeting.

Hospital Week

The Employee Communication Committee has finalized plans for Hospital Week, which will occur from May 11-17. One event I'm particularly excited about is the Build-A-Bear activity. Libby Mee and Ashley Nelson proposed this idea after experiencing it at a recent conference. We will provide Build-A-Bear kits with various animals for staff to create, which we will then donate to our residents and TCCN for local children. This will not only be a fun event for our staff but will also positively impact the community.

Collaboration

The CEO group representing Modoc, Seneca, Mayers, Plumas, and Eastern Plumas is set to meet on April 24 to continue discussions regarding our joint MRI venture. The current MRI offered by the Heritage Group is still undergoing the licensing process, and we do not yet have definitive information on when the service will commence.

Leadership from Mayers Memorial Healthcare District (MMHD) met with the leadership team from Pit River Health last month to enhance our collaborative efforts. Val and her team are currently engaged with several grants, and the facility tour with their new COO proved impactful. Educating them about our new MRI services should help boost our referral numbers. The primary focus of the meeting was to discuss the provision of talk therapy services to our residents by Pit River Health. By the end of the meeting, we all agreed to move forward with these services in July or August, depending on when they can onboard a therapist. Logistics meetings between our staff will be scheduled to finalize the details.

Strategic Priorities Update

Efforts are continuing on the FY25 strategic priorities. The people, communication, and finance goals are on track for completion by June 30. While we have made significant strides on the growth pillar, it is becoming increasingly clear that a few departments may not meet their 5% growth target. The Quality priority remains a work in progress. To enhance hand hygiene compliance, we will hold a contest during May and June to encourage more observations and improve adherence.

Travel

This past month, I implemented a new travel process designed to enhance oversight and improve reporting for staff attending conferences. This initiative ensures the district derives tangible benefits from employee participation at such events. By introducing more straightforward guidelines and accountability measures, we can better track our investment in professional development and assess the value these conferences bring to our organization.

This new process will foster more intentional attendance and help align our objectives with the district's overarching goals.

California Meal Premiums

This past month, we have made significant progress regarding California meal premiums. I want to extend my gratitude to our leadership team for their focus on this issue and for ensuring that California meal premiums are utilized appropriately. Their efforts in monitoring that our staff take their lunches within the designated timeframes and for the appropriate duration have been invaluable.

Service Excellence Initiative

I am excited to share that we have hired a Director of Clinical Services, who will also serve as the implementation coordinator for the Service Excellence Initiative and oversee several other departments. With this new team member on board, we have successfully finalized our schedule, and our first event, the Leadership Briefing, is set to take place on June 2.

Luma Health

I am pleased to report some exciting developments regarding the Luma Health/Cerner integration issues we have been experiencing. Cerner has implemented changes to the R4 integration protocol, which has now been verified as functional by Luma, our new patient communication platform. This improvement allows us to offer full functionality with reminders when it goes live. We have scheduled test patients in Cerner, and testing will commence shortly. We can set a Go Live date within the next few weeks if all goes well. The staff has also begun their training courses through Luma, and we will be creating a couple of appointments for a month from now to ensure that confirmations and cancellations are operating correctly.

Meeting with Congressman LaMalfa

I will attend a regional CEO meeting with Congressman LaMalfa at Rideout Hospital in Marysville on April 22. Our primary focus will be the federal government's budget goals, which could substantially affect both Medi-Cal and Medicare. I look forward to sharing the outcomes of this meeting at our upcoming board meeting.