

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**  
July 30, 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
CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					
2	2.1	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 – June 25, 2025			Attachment A	Action Item 1 min.
4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:					
4.1	Resolution 2025.11 – June Employee of the Month			Attachment B	Action Item 1 min.
4.2	Safety Quarterly	Dana Hauge	Attachment C	Report	5 min.
4.3	Surgery	Leanne Melang	Attachment D	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	July Quality Meeting Committee Report			Report 5 min.
5.3	Strategic Planning Committee				
	5.3.1	July Strategic Planning Committee Meeting			Report 5 min.
6 NEW BUSINESS					
6.1	Power DMS quote			Attachment E	Discussion/Action Item 5 min.

6.2	Retention Incentive Plan Policy- Review of Pillar Goals, Retention Bonus Program and Years of Service Program	<b>Attachment F</b>	Discussion	10 min.
6.3	2025 MMHD Board Assessment Survey	<b>Attachment G</b>	Discussion	10 min.
7	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief’s Reports – <b><i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i></b>			
7.1.1	Director of Operations- Jessica DeCoito	<b>Attachment H</b>	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
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
8.2	Board Education: Chapter 31-35		Discussion	10 min.
9	<b>MOVE INTO CLOSED SESSION</b>			
9.1	Conference with Real Estate Negotiators (§54956.8) Property: Masonic Lodge, Fall River Mills CA Real Estate Negotiator: Ryan Harris APN: 018-200-006			
9.2	Public Employee Performance Evaluation (§54957) Title: CEO			
9.3	Hearing (Health and Safety Code §32155) – Medical Staff Credentials		<b>Action Item</b>	10 min.
	<b>MEDICAL STAFF REAPPOINTMENT</b> Richard Leach, MD Thomas Edholm, MD Sean Pitman, MD Aaron Babb, MD Kevin Keenan, MD (UCD) Elizabeth Ekpo, MD (UCD) Sheela Toprani, MD (UCD) Orwa Aboud, MD (UCD)			
	<b>MEDICAL STAFF APPOINTMENT</b> Kendra Grether-Jones, MD (UCD) Emily Andrada-Brown, MD (UCD) Nathan Kupperman, MD (UCD) Leah Tzimenatos, MD (UCD) Alejandra Marquez-Loza, MD (UCD) Erik Kuecher, PA-C (T2U)			
	<b>AHP REAPPOINTMENT</b> Heather Corr, PA-C George Winter, FNP			
10	<b>ADJOURNMENT:</b> Next Meeting August 27, 2025 in Burney			

Posted:

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**Board of Directors**  
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Board of Directors  
**Regular Meeting Minutes**  
June 25, 2025 @ 1:00 PM  
Mayers Memorial Healthcare District  
Fall River Boardroom  
43563 HWY 299 E  
Fall River Mills, CA 96028

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

**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  
Tami Humphry, Treasurer

**ABSENT:**

**STAFF PRESENT:**

Ryan Harris, CEO  
Travis Lakey, CFO  
Libby Mee, CHRO  
Theresa Overton, CNO  
Kevin Davie, Director of Ancillary Services  
Jessica DeCoito, Director of Operations  
Jack Hathaway, Director of Quality  
Valerie Lakey, CPRO  
Ashley Nelson, Board Clerk  
Amy Parker, Admitting Manager  
Lori Gibbons, HIM Manager  
Sherry Yochum, EVS Manager  
Gonzo Solorio, Ambulance Manager

**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 Regular Board Meeting minutes of May 28, 2025.	<i>Humphry, Ferguson</i>	<i>Approved by All</i>
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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	Resolution 2025.10- May EOM Resolution was approved and passed.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
4.2	HLI Leadership Academy Recognitions: The first cohort of graduates was recognized and congratulated by the board of directors.		
4.3	Patient Access: Amy Parker submitted her report. She further explained the process and paperwork of admitting.		
4.4	HIM: Lori Gibbons submitted her report. She added that by bringing the coding services in-house, MMHD is saving around \$5,000 per month.		
4.5	EVS:		

Sherry Yochum submitted her report.  
She highlighted that the UV light cleaning process took the disinfection rate from 44% to 90% since August 2024.

4.6	<p>Ambulance: Gonzo Solorio submitted his report. He highlighted that the per diem staff have been very helpful for backfill. He is currently working on fully stocking the 3<sup>rd</sup> ambulance, so it is ready for service. He also explained that the increase of 100 ambulance calls is mostly from the Modoc/Alturas area.</p>		
<b>5</b>	<b>BOARD COMMITTEES</b>		
5.1	<b>Finance Committee</b>		
5.1.1	<p>Committee Meeting Report: Abe reported that the fiscal budget for 2026 was discussed and moved to the full board. He further explained the financial notes and Acute nursing dept admits.</p>		
5.1.2	May 2025 Financial Review, AP, AR and Acceptance of Financials Motion moved, seconded and approved.	<b>Hathaway, Humphry</b>	<b>Approved by All</b>
5.1.3	Annual Budget Hearing- Approval of FY2026 Budget- Resolution 2025-09  The resolution was moved, seconded and approved, as amended.	<b>Hathaway, Humphry</b>	<b>Approved by All</b>
5.2	<b>Quality Committee</b>		
5.2.1	<p>June Quality Meeting Committee Report: Jim reported that the PBJ audit was discussed with Jack Hathaway. There were 2 reportable MTALLAS incidents- unsure as of now whether MMHD will receive deficiencies or citations. The Service Excellence Advisor's completed their 2-day training in the Service Excellence Program. A new provider model is being created. Med Staff Credentials were tabled to a future date due to there not being any recommendations checked in the binders.</p>		
5.3	<b>Strategic Planning Committee Report</b>		
5.3.1	No SP meeting in June.		
<b>6</b>	<b>OLD BUISNESS</b>		
6.1	Strategic Plan FY2025-FY 2029 Approval  The Strategic Plan FY2025-2029 was moved, seconded and approved.	<b>Humphry, Ferguson</b>	<b>Approved by All</b>
6.2	ClearPath: Harold gave his presentation and further explained the pros of the program and how easy it will be to use for both staff and providers.		
6.3	<p>Service Excellence Initiative Update and Roadmap: Tiffani further explained the 2-day training the Service Excellence Advisors received and the growth they experienced. Abe requested the names and depts of the various committees in the Initiative.</p>		
<b>7</b>	<b>NEW BUSINESS</b>		
7.1	Virtual Leadership Academy 2 <sup>nd</sup> Cohort Renewal Sales Agreement: Libby reported 17 more staff that would need to attend the Leadership training and this will be the last cohort. The sales agreement was moved, seconded and approved.	<b>Cufaude, Humphry</b>	<b>Approved by All</b>
7.2	Mobile MRI Purchase and Operation Agreement: Abe reported that the rates are prorated based on usage- total cost being \$2million between 5 locations as a one-time fee to purchase the machine. ROI is projected for 5 years, where it will be reassessed on usage and need. MMHD will have the machine on site every other Thursday (perhaps adding a Saturday, if needed, to not impact other organizations we are sharing the machine with)	<b>Humphry, Hathaway</b>	<b>Approved by All</b>
7.2	<b>Policies and Procedures:</b> Access to Public Records Board Compensation & Reimbursement Board Member Vacancy (Appointment) Process	<b>Humphry, Hathaway</b>	<b>Approved by All</b>

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Board of Directors' Job Description - Responsibilities – Duties- “ Review and approve overall financial policies, guidelines and plans for the District”

Take out “Assume responsibility for the action of all physicians, nurses, and other individuals who perform their duties in the organization’s facilities”  
Change email on policy

Contract Review Form MMH586

Public Forum During Board Meetings and Request to be Heard- adding under the “Brown Act” sentence, “using the American Institute of Parliamentary Procedure”.

Public Interface

Succession Plan

Policies and Procedures have been tabled, until the next meeting.

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#### ADMINISTRATIVE REPORTS

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##### 8.1 Chief’s Reports: written reports provided in packet

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- 8.1.1 **DOO:** written report submitted.  
Jessica submitted her report. She further explained that the Fall River Arts building is almost cleaned out. She has filed an extension on our Master Plan project.
  - 8.1.2 **CFO:**  
Travis explained his financial notes and the USDA application process.
  - 8.1.3 **CHRO:** written report submitted.  
Libby submitted her report. She added that she attended a meeting where she reviewed a local hospital’s Retention and Recruitment plan.
  - 8.1.4 **CHPRO:** Written report submitted.  
Val submitted her report. She highlighted the Golf Tournament on August 7<sup>th</sup>. A Community Needs Assessment Survey will be going out, with a portion for Healthcare Needs. She also mentioned that there might be a possible grant available for Strategic Planning.
  - 8.1.5 **CCO:** written report submitted.  
Keith submitted his report and Kevin was available for any questions. Kevin further explained the Echocardiogram machine and the progress.
  - 8.1.6 **CNO:** written report submitted.  
Theresa submitted her report. She updated that Leanne, Surgery Manager, passed her Certified Perioperative Nurse test. She also reported that the SNF state team was on site for 2 weeks, due to 17 self-reports.
  - 8.1.7 **CEO:** written report submitted.  
Ryan submitted his report. He further explained AI and that he handed over the vendor picking process and implementation to Tiffani, Kelsey and Keith with a deadline by June 30 2025.
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#### 9 OTHER INFORMATION/ANNOUNCEMENTS

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- 9.1 Board Member Message:  
EOM, adoption of the Strategic Plan, thank team and staff to continue to educate themselves through the HLI Academy, Service Excellence awards, QIP success goals were met, Golf Tournament date, Gala Date, Mayers Pharmacy open house date, thank you to the Thrift Store volunteers, TCCN events calendar, adopted budget
  - 9.2 Board Education: Ch 26-30 was assigned.
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#### 10 MOVE INTO CLOSED SESSION: 4:10pm

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- 10.1 Hearing (Health and Safety Code §32155) – Medical Staff Credentials
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##### MEDICAL STAFF REAPPOINTMENT

Richard Leach, MD

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**MEDICAL STAFF APPOINTMENT**

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Nathan Kupperman, MD (UCD)  
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Alejandra Marquez-Loza, MD (UCD)  
Erik Kuecher, PA-C (T2U)

**AHP REAPPOINTMENT**

Heather Corr, PA-C  
George Winter, FNP

**ALL CREDENTIALS WERE TABLED UNTIL A LATER DATE TO REVIEW AND  
PHYSICIAN RECOMMENATIONS AND COMMITTEE CHAIR  
RECOMMENDATION.**

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- 11 RECONVENE OPEN SESSION:** 4:52pm
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- 12 Adjournment:** 4:52 pm. Next Meeting is July 30 in Burney.
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*I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District*

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk



**RESOLUTION NO. 2025-11**

**A RESOLUTION OF THE BOARD OF TRUSTEES  
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

**Tawny Ruelas**

**As June 2025 EMPLOYEE OF THE MONTH**

**WHEREAS**, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution 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, Tawny Ruelas is hereby named Mayers Memorial Healthcare District Employee of the Month for June 2025; and

**DULY PASSED AND ADOPTED** this 30<sup>th</sup> day of July by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

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Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

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Ashley Nelson  
Clerk of the Board of Directors

***Safety and Security Quarterly Report***

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

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Safety, Security, and Emergency Preparedness has had a successful and busy quarter. Performance Improvement measures for the first 12 months have proven that systems are working. Incident response and action plans have been a substantial portion of the quarter, as has focusing on resource improvement and the further development of county and state relationships.

ACHC requires a report to the Board regarding the Safety, Emergency, and Environment of Care Committee (SEEC). Additionally, reporting and inclusion in the QAPI plan and discussion are required. Starting this reporting period, a quarterly report will be submitted on behalf of the SEEC.

**SEEC Highlights**

- Approved the purchase of five pieces of medical equipment. Medical Equipment recalls are also reviewed.
- Monitored and discussed projects such as humidity levels in procedure rooms, facility door improvements, and maintenance.
- Reviewed after-action reports for fire drill training and fire systems reports. Improved warning systems and procedures were also discussed.
- Successfully developed a process for oxygen use on the acute floors after a change in respiratory staffing.
- Reviewed, approved, and monitored risk assessments and infection control permits (ICRA).
- Reviewed and discussed cybersecurity controls.
- Reviewed, planned, and discussed disaster trainings and relevant events, such as the facilities tabletop drill and a fire alert at the Fall River campus.
- Reviewed thirty-one policies and plans.

**Incident Overview**

From July 2024 through June 2025, we have had 47 occurrences considered security incidents. Projections show more in the next year due to community populations and better performance improvement measures.

- Quarterly breakdown



- April- 5 incidents
- May- 5 incidents
- June- 3 incidents
- July- 6 incidents
- July- 1 incident required lockdown, alerts, and extensive work with Shasta County Officers.
- Non-security alerts
  - In May, we placed the Fall River long-term care facility under alert as a precaution due to a small fire in the area.
  - In July, the Burney annex was on alert due to a potential wildfire in the area.

### **Director of Safety and Security (Safety Officer) Highlights**

- Attended the International Association of Emergency Managers Virtual Conference.
- Held the District's annual tabletop drill, attended by Shasta County Public Health Disaster Coordinators.
- Attended and participated in the Elementary school assemblies, highlighting what an evacuation may look like, and developed take-home bags with TCCN and CPRO team members.
- Attended and participated in Shasta County's Public Health Integrated Preparedness Planning Workshop.
- I joined the SPRIG- Safety Preparedness Intermountain Group with Shasta County and North Valley Catholic Social Services Inc.
- Attended the Modoc County Active Shooter Training and the Modoc Medical Center surge and lockdown drill as an evaluator.
- Hosted the Regional Disaster Medical Health Specialists with an inventory and tour of our hazardous materials response resources and the disaster trailer.
- Chosen as a speaker at the 2025 California Hospital Association Disaster Conference and served on the Disaster Conference Planning Committee for the second year.
- Assisted in Retail Pharmacy Security controls and camera systems.
- Attended long-term care family council, and will return regularly

## **June 2025 Board Report – Surgery Department**

**Submitted by: Leanne Melang**

### **Referrals:**

#### **21- Referrals received**

All Referred patients have been called. 1 pending Cardiac Clearance. 6 unable to reach for scheduling.

Appointments are scheduled 1-10 days after referrals are received. Typically, we are able to offer procedures within 1 to 1 ½ months.

#### **18- Total patients underwent procedures**

#### **23- Total procedures performed (5 patients had upper and lower endoscopes).**

**\*26 patients were scheduled. 8 canceled with short notice or did not show up.**

### **FY25 Summary:**

The Outpatient Surgery department reopened in March of 2024 after being closed for 1.5 years. We hoped to reopen General surgery cases and endoscopy; however, our older HVAC system did not meet regulatory requirements for surgery. We currently perform Upper endoscopy and colonoscopy 1 week each month. Our department also reprocesses all surgical instruments used in the Emergency Department and Outpatient medical. Our local clinics receive between 20 and 30 referrals for endoscopic procedures each month. Bringing these services back to the area has encouraged many patients to schedule since they no longer need to drive to Redding. The Department has 2 full-time employees, 1 Surgical tech/ sterile processing tech and 1 Nurse Manager. We share nursing staff for pre-operative admission and post-operative recovery with the Emergency Department and the Acute floor.

### **Top Projects:**

1. The maintenance team is working to retrofit our HVAC system, adding a humidifier to meet regulatory requirements for humidity levels in the procedure rooms.
2. As one of the department's FY25 goals, we developed a new hire orientation and annual competency training, which has been completed.

3. The bulk of my work in the department this last year involved meeting ACHC standards. I revised more than 75 documents, policies, consents, and forms to reflect current standards of practice.

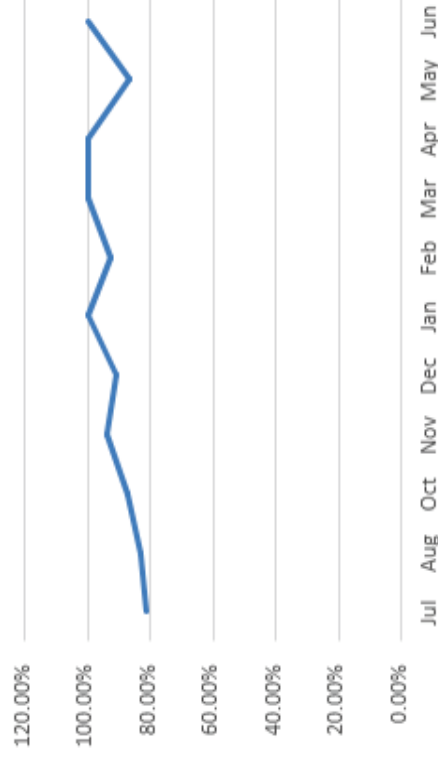
**Wins:**

1. In March, we celebrated 1 year since reopening the Surgery department.
2. We were able to upgrade the equipment used for endoscopies. We have a new light source, video processor, CO2 insufflator, and 2 new gastroscopes. This new equipment has greatly improved visibility, improved patient safety, and reduced post-procedure pain.
3. Since the reopening of our department, we have diagnosed a total of 5 cases of colon cancer and 1 case of Esophageal cancer in the community. I am so happy that we could bring this service back to the hospital and catch these cases early enough for treatment and possible cure.

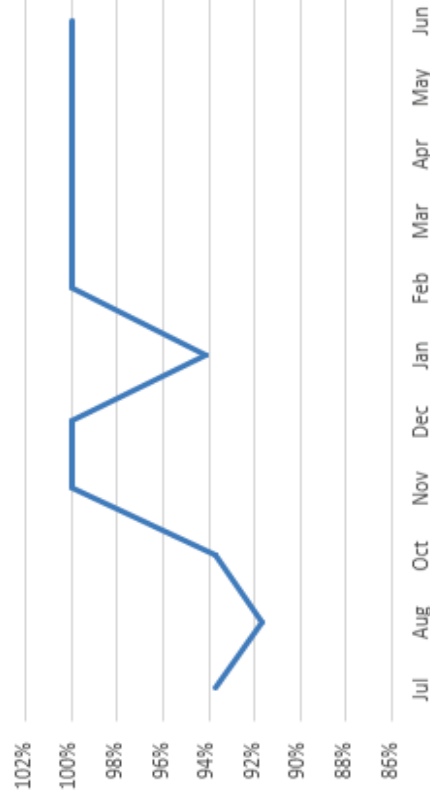
**Challenges:**

1. We are currently only able to perform Endoscopic GI procedures due to our older HVAC system, which does not meet the requirements for air exchange and humidity. The maintenance team plans to install a new humidifier to retrofit our current unit.
2. We also struggle with frequent patient cancellations or patients not showing up for procedures. We are currently looking at our process to evaluate ways to improve patient compliance.

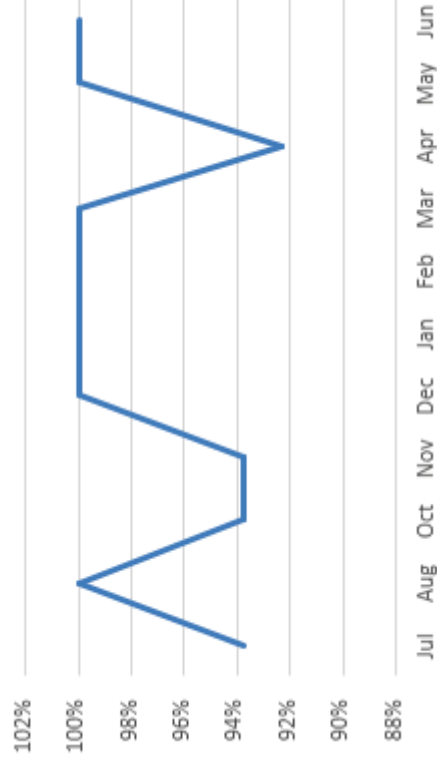
Concurrence Anesthesia Start and Stop times



Surgical cases where Informed Surgical consent was signed and fully documented



Timely and Complete H & P signed prior to the Procedure.



## Mayers Memorial

2024-2025

	Jul	Aug	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Numerator: The number of surgical cases audited in which there is concurrence between the anesthesia start and stop times on the Anesthesia and Intraoperative records	13	10	14	15	10	17	13	13	13	13	18
Denominator - the number of surgical cases audited	16	12	16	16	11	17	14	13	13	15	18
Concurrence Anesthesia Start and Stop times	81.25%	83.33%	87.50%	93.75%	90.91%	100.00%	92.86%	100.00%	100.00%	86.67%	100.00%
Numerator: The number of surgical cases in which informed consent is obtained and fully documented.	15	11	15	16	11	16	14	13	13	15	18
Denominator: The number of surgical procedures audited	16	12	16	16	11	17	14	13	13	15	18
Surgical cases where Informed Surgical consent was signed and fully documented	94%	92%	94%	100%	100%	94%	100%	100%	100%	100%	100%
Numerator: The number procedures where the of History and Physical (H & P) documentation was completed prior to the procedure, all documentation required documented, and signed by the Provider.	15	12	15	15	11	17	14	13	12	15	18
Denominator: The number of Surgical records audited.	16	12	16	16	11	17	14	13	13	15	18
Timely and Complete H & P signed prior to the Procedure.	94%	100%	94%	94%	100%	100%	100%	100%	92%	100%	100%



t 800.749.5104  
2120 Park Pl. Suite 100  
El Segundo, CA 90245



## THIS IS NOT AN INVOICE

Contract Records		Order Details	
<b>Account Number:</b>	A-517315	<b>Order #:</b>	Q-361011
<b>Customer:</b>	Mayers Memorial Hospital (CA)	<b>Valid Until:</b>	7/31/2025
<b>Effective Employee Count:</b>	183		
<b>Sales Rep:</b>	Wayne Minnich		
Customer Contact		Shipping Contact	
<b>Billing Contact:</b>	Mayers Memorial Hospital (CA)	<b>Shipping Contact :</b>	Mayers Memorial Hospital (CA) Jack Hathaway
<b>Billing Address:</b>	43563 Hwy 299 E Fall River Mills, CA 96028	<b>Shipping Address:</b>	43563 Hwy 299 E Fall River Mills, CA 96028
<b>Billing Contact Email:</b>		<b>Shipping Contact Email:</b>	jhathaway@mayersmemorial.com
<b>Billing Phone:</b>		<b>Shipping Phone:</b>	(530) 336-5511
Payment Terms			
<b>Payment Term:</b>	Net 30	<b>Notes:</b>	
<b>PO Number:</b>			
Subscription Service			

## Year 1

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2025	8/31/2026	499	User Count Based	\$11,698.05
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
PowerPolicy Professional Setup (Onboarding)	Services			499	User Count Based	\$1,838.00
This package includes implementation services to ensure a successful setup and launch of PowerPolicy. An Implementation Consultant will be assigned to work with the customer's project leader and includes: Kickoff Call, Technical Set Up (User Import / SSO - if purchased), Document Upload Service, Group Structure Setup/Training, Workflow Setup/Training, Document Functionality Training, Training Module Setup/Training (if purchased), Standards Setup/Training (if purchased), and a Rollout Prep call. Once Implementation is complete, the customer will be transitioned to their Customer Success Manager.						
Recall Subscription	Recurring	9/1/2025	8/31/2026	499	User Count Based	\$5,938.80
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
Recall Setup	Services			499	User Count Based	\$1,575.00
Services to set up Recall for an organization include enabling the Recall product, creating standard deck templates for various training scenarios, onboarding on the use of AI service and other configuration. Additionally, access to online training courses for administrators, online guidance from a Recall implementation consultant during initial setup and implementation, and analytics setup for tracking employee progress and comprehension.						
PowerTraining	Recurring	9/1/2025	8/31/2026	499	User Count Based	\$3,629.60
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerPolicy SSO	Recurring	9/1/2025	8/31/2026	499	User Count Based	\$879.45

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Single Sign On Service Subscription						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2025	8/31/2026	1	Quantity Based	\$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2025	8/31/2026	1	Quantity Based	\$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
PowerStandards Setup	Services			1	Quantity Based	\$0.00
LiteAccred / Standards Implementation service for the setup of Accreditation purchases. Typically used for Standards Only purchases. An Implementation Consultant will be assigned to work with the customer's project leader and includes: Kickoff Call, Technical Set Up (User Import / SSO - if purchased), Document Upload Service, Group Structure Setup/Training, Standards Setup/Training, and a Rollout Prep call. Once Implementation is complete, the customer will be transitioned to their Customer Success Manager.						
<b>Year 1 TOTAL:</b>						<b>\$28,503.90</b>

## Year 2

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2026	8/31/2027	499	User Count Based	\$15,162.47
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
Recall Subscription	Recurring	9/1/2026	8/31/2027	499	User Count Based	\$8,339.07
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
PowerPolicy SSO	Recurring	9/1/2026	8/31/2027	499	User Count Based	\$1,139.90
Single Sign On Service Subscription						
PowerTraining	Recurring	9/1/2026	8/31/2027	499	User Count Based	\$4,704.52
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2026	8/31/2027	1	Quantity Based	\$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2026	8/31/2027	1	Quantity Based	\$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						
<b>Year 2 TOTAL:</b>						<b>\$32,290.96</b>

Year 3

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
PowerPolicy Professional Subscription	Recurring	9/1/2027	8/31/2028	499	User Count Based	\$17,007.17
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
Recall Subscription	Recurring	9/1/2027	8/31/2028	499	User Count Based	\$9,353.61
Recall is a training tool that auto-generates flashcards, focusing on enhancing employee comprehension and retention through spaced repetition and real-time analytics.						
PowerPolicy SSO	Recurring	9/1/2027	8/31/2028	499	User Count Based	\$1,278.59
Single Sign On Service Subscription						
PowerTraining	Recurring	9/1/2027	8/31/2028	499	User Count Based	\$5,276.88
A training solution that lets you create, deliver, and track training content online, including videos and PowerPoint presentations. It integrates with PowerPolicy Select and Professional, giving you the ability to attach policies to training courses while ensuring version control. Quantity reflects number of authorized user licenses for the software-as-a-service subscription.						
PowerStandards for ACHC HFAP - Critical Access Hospitals	Recurring	9/1/2027	8/31/2028	1	Quantity Based	\$1,150.00
ACHC Critical Access Hospital policies, procedures, and standards are based on the CMS Conditions of Participation, and are designed to help you maintain compliance while focusing on improving patient care and environmental safety.						
Accreditation Resource Services Silver Content Package - New ARS Customer	Recurring	9/1/2027	8/31/2028	1	Quantity Based	\$1,795.00
A comprehensive library of resources: policy templates, audit forms, compliance tools, and staff training modules that support accreditation success.						
<b>Year 3 TOTAL:</b>						<b>\$35,861.25</b>
<b>Total:   \$96,656.11</b>						

**This price does NOT include any sales tax. Total in USD**

#### Additional Terms and Conditions

**License Terms:** Enterprise license denotes that Customer has purchased an enterprise wide license up to the employee count specified above. User based license denotes that Customer has purchased the number of licenses set forth in the quantity column. Item count denotes the number of items that Customer has licensed as set forth in the quantity column.

**Payment Terms:** All invoices issued hereunder are **due upon the invoice due date**. If the Order is for a period longer than one year, the fees for the first period shown shall be invoiced immediately and the fees for future years/periods shall be invoiced annually in advance of each 12 month period shown on the Order, but regardless of the billing cycle, Customer is responsible for the fees for the entire Order. The fees set forth in this Service Order are exclusive of all applicable taxes, levies, or duties imposed by taxing authorities and Customer shall be responsible for payment of any such applicable taxes, levies, or duties. All payment obligations are non-cancellable, and all fees paid are non-refundable. Payment for services ordered hereunder shall be made to GovernmentJobs.com, Inc., (D/B/A NEOGOV).

**Terms & Conditions:** This Order Form creates a legally binding contract on the parties. Unless otherwise agreed in a written agreement between GovernmentJobs.com, Inc. (D/B/A/ NEOGOV), parent company of PowerDMS, Inc., Cuehit, Inc., Ragnasoft LLC (D/B/A/ PlanIT Schedule), and Design PD, LLC (D/B/A Agency360) (collectively, "NEOGOV") and Customer, this Order Form and the services to be furnished pursuant to this Order Form are subject to the terms and conditions set forth here: <https://www.neogov.com/service-specifications>. The Effective Date (as defined in the terms and conditions) shall be the Subscription Start Date.

#### Special Condition:



If this Order Form is executed and/or returned to NEOGOV by the Customer after the Subscription Start Date stated in this Order Form, NEOGOV may adjust the Subscription Start Date and the corresponding Subscription End Date, without increasing the total fees, based on the date NEOGOV activates the subscription, provided the total length of the subscription term does not change. Following activation, any adjustments to such Subscription Start Date and Subscription End Date may be confirmed by reference to the invoice sent by NEOGOV.

**Your signature below constitutes acceptance of terms herein and contractual commitment to purchase the items listed above.**

Accepted and Agreed By Authorized Representative of:  
**Mayers Memorial Hospital (CA)**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

**THE INFORMATION AND PRICING CONTAINED IN THIS ORDER FORM IS STRICTLY CONFIDENTIAL.**

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 1 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

**POLICY:**

The Mayers Memorial Hospital District Retention Incentive Plan (the “Plan”) was established effective July 1, 2023 by Mayers Memorial Hospital District (the “District”). The purpose of the Plan is to:

1. Reward continued service to the District,
2. Encourage Eligible Employees to continue employment with the District
3. Encourage Eligible Employees to maintain or improve their level of performance

**PROCEDURE: Licensed/Certified/Leadership Staff****ELIGIBILITY**

Employees of the District who are designated as eligible ("Eligible Employee") have the option to receive the benefit. The employee must meet all of the following criteria to be designated an Eligible Employee must:

1. Regularly maintain full time or benefit eligible part time
2. Have active licensure, if applicable, listed under the Retention Benefit Amount section
3. Have no formal discipline:
  - Annually, or between the 12 month period of time between employment anniversaries.
4. Have received a performance evaluation of "Effective" or higher on the prior year's performance evaluation
5. Review and sign an Authorized Deduction Agreement, each year prior to receiving the benefit.
6. Have received or is a scheduled to receive a bonus from another MMHD bonus program within 12 months of Retention Benefit payment. (ie. Sign On Bonus)

The employee is no longer an Eligible Employee if, between the date of the prior year's Retention Benefit payment, or the Eligible Employee's Employment Anniversary Date in the event no prior Retention Benefit payment was made to the employee,

1. The District terminates the Eligible Employee's employment for any reason
2. The Eligible Employee resigns from employment.

**EMPLOYMENT ANNIVERSARY DATE**

The first Employment Anniversary Date is defined as the date that is 364 calendar days from the Eligible Employee's date of hire, provided that the Eligible Employee has been continuously employed. Each subsequent Employment Anniversary Date is based on the Period of Service, which is the unbroken period of continuous employment between Employment Anniversary Dates. To receive the benefit, the Eligible Employee seeking the benefit must opt into the benefit during each Period of Service, prior to the next Employment Anniversary Date.

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 2 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

Employees who were previously employed by the District and became rehired are not eligible for the Retention Benefit for the first year after the rehire. After one year of continuous service from the date of rehire, the employee may become eligible under the terms of this agreement. Periods of Service are based on the date of rehire and no credit is given for prior non-continuous service. Continuous service includes time during which the Eligible Employee is on a leave of absence from employment with the District for any reason approved by the District under its leave of absence policies.

### RETENTION BENEFIT AMOUNT

#### *Licensed/Certified Staff*

Each year of employment, that the program is active, Eligible Employees may elect to receive a Retention Benefit of:

\$10,000 for –

Certified Laboratory Scientist  
Pharmacist  
Physical Therapist  
Radiology Technologist  
Registered Nurses  
Respiratory Therapist

\$7,000 for –

Licensed Vocational Nurses  
Paramedics

\$4,000 for –

Certified Nursing Assistants  
Emergency Medical Technicians  
Certified Medical Assistants  
Pharmacy Technicians  
Phlebotomy Technicians

#### *Leadership*

Department Leadership, that have Pillar Goals and are eligible for a retention bonus, may choose from the following options to receive bonus payment:

- Pillar Goal up to 10% of employee's annual base salary, to be paid with once Pillar Goals are complete after the fiscal year.
- Pillar Goal up to 5% of employee's annual base salary, to be paid with once Pillar Goals are complete after the fiscal year AND designated retention bonus amount, based on licensure, to be paid in employee's anniversary month.
- For key contributor leadership roles, the pillar goal is 5% of employee's annual base salary. Employees in these roles have the option to participate in either the Year of

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 3 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

Service Bonus Program or the Priority Program, but can only choose one of these options and cannot change their decision back and forth from year to year.

Employees working at Part Time status, may receive half the Benefit amount.  
Per Diem or Casual status employees are not eligible for the Retention Benefit.

### PAYMENT DATES

Provided that the Eligible Employee is employed by the District or a Successor Employer on the Eligible Employee's Employment Anniversary Date and has fulfilled all other conditions required to opt into the Retention Benefit, the Retention Benefit shall be paid in a lump sum (less applicable income and employment tax withholding) within the month the anniversary falls.

### AUTOMATIC DISQUALIFICATION FOR RETENTION BENEFIT

If, at any time, the District determines in its sole discretion that Eligible Employee have:

1. Engaged in misconduct
2. Committed a breach of Company policy
3. Been convicted of any felony, or any crime involving dishonesty or moral turpitude

If eligibility for any portion of the Retention Bonus will be rescinded. Eligible Employee will further be required to repay the gross amount any portion of the Retention Bonus that has been advanced to you.

### REPAYMENT OF RETENTION BONUS UPON TERMINATION PRIOR TO ELIGIBILITY DATE

Employee acknowledge that the Retention Bonus described in this Letter is in consideration for your maintaining continuous, active, good-standing employment with the District between now and the Eligibility Date. In the event that your employment with the District is terminated prior to the Eligibility Date, by either you or the District, with or without cause, you agree that you shall repay to the District the gross amount of the Bonus previously advanced to you. Such repayment shall be made by you within thirty days of the date of your termination or separation.

### PROCEDURE: Years of Services - Non Licensed/Certified/Leadership Staff

#### ELIGIBILITY

Employees of the District who are designated as eligible ("Eligible Employee") have the option to receive the benefit. The employee must meet all of the following criteria to be designated an Eligible Employee must:

1. Regularly maintain full time or benefit eligible part time
2. Have active licensure, if applicable, listed under the Retention Benefit Amount section
3. Have no formal discipline:

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 4 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

-Within a 5-year period, employees may receive a maximum of one formal disciplinary action. If an employee receives a disciplinary action, they will forfeit their \$500 Retention Benefit for that year. However, they will remain eligible to receive the \$500 per year Retention Benefit for the 4 years in which they do not receive a disciplinary action.

-If employee received 2 formal disciplinary actions, they will not be eligible for the Retention Benefit for the entire 5-year period.

4. Have received a performance evaluation of "Effective" or higher on the prior year's performance evaluation

### *Non Licensed/Certified Staff*

-In a 5-year period of time, if an employee receives an annual evaluation of Not Effective or Minimally Effective employee will not receive the \$500 Retention Benefit for that year. However, they will remain eligible to receive the \$500 per year Retention Benefit for the 4 years in which they have an effective evaluation or above during that 5-year period.

-If employee receives 2 years with annual evaluations with scores of Not Effective or Minimally Effective, they will not be eligible for the Retention Benefit for the entire 5-year period.

5. Review and sign an Authorized Deduction Agreement, each year prior to receiving the benefit.
6. Have received or is a scheduled to receive a bonus from another MMHD bonus program within 12 months of Retention Benefit payment. (ie. Sign On Bonus).

The employee is no longer an Eligible Employee if, between the date of the prior year's Retention Benefit payment, or the Eligible Employee's fifth year Employment Anniversary Date in the event no prior Retention Benefit payment was made to the employee,

7. The District terminates the Eligible Employee's employment for any reason
8. The Eligible Employee resigns from employment.

## EMPLOYMENT ANNIVERSARY DATE

The first Employment Anniversary Date is defined as the date that is 364 calendar days from the Eligible Employee's date of hire, provided that the Eligible Employee has been continuously employed. Each subsequent Employment Anniversary Date is based on the Period of Service, which is the unbroken period of continuous employment between Employment Anniversary Dates. To receive the benefit, the Eligible Employee seeking the benefit must opt into the benefit during each Period of Service, prior to the next Employment Anniversary Date.

Employees who were previously employed by the District and became rehired are not eligible for the Retention Benefit for the first year after the rehire. After one year of continuous service from the date of rehire, the employee may become eligible under the terms of this agreement. Periods of Service are based on the date of rehire and no credit is given for prior non-continuous service.

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 5 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

Continuous service includes time during which the Eligible Employee is on a leave of absence from employment with the District for any reason approved by the District under its leave of absence policies.

### RETENTION BENEFIT AMOUNT

#### *Non Certified/Licensed Staff*

For every 5<sup>th</sup> year anniversary, a non certified/licensed employee will received \$500 for every successful year of service.

The Retention Benefit will be paid out in the anniversary month of hire that the 5<sup>th</sup> year anniversary falls in.

<u>Years</u>	<u>Bonus Amount</u>
5	\$2,500
10	\$5,000
15	\$7,500
20	\$10,000
25	\$12,500
30	\$15,000
35	\$17,500

### PAYMENT DATES

Provided that the Eligible Employee is employed by the District on the Eligible Employee's Employment Anniversary Date and has fulfilled all other conditions required to opt into the Retention Benefit, the Retention Benefit shall be paid in a lump sum (less applicable income and employment tax withholding) within the month that anniversary falls.

### AUTOMATIC DISQUALIFICATION FOR RETENTION BENEFIT

If, at any time, the District determines in its sole discretion that Eligible Employee have:

1. Engaged in misconduct
2. Committed a breach of Company policy
3. Been convicted of any felony, or any crime involving dishonesty or moral turpitude

If eligibility for any portion of the Retention Bonus will be rescinded. Eligible Employee will further be required to repay the gross amount any portion of the Retention Bonus that has been advanced to you.

### AMENDMENT AND TERMINATION

The District shall have the sole and exclusive right to amend or terminate the Plan at any time in its sole discretion.

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Retention Incentive Plan	POLICY # HR2
DEPARTMENT/SCOPE:	Human Resource/Employee	Page 6 of 6
REVISION:	6/15/2024	EFFECTIVE DATE: 7/1/2023
AUDIENCE:	All Hospital Employees	APPROVAL DATE: 7/1/2024
OWNER:	Libby Mee – Chief Human Resources Officer	APPROVER: L. Mee

### GENERAL PROVISIONS

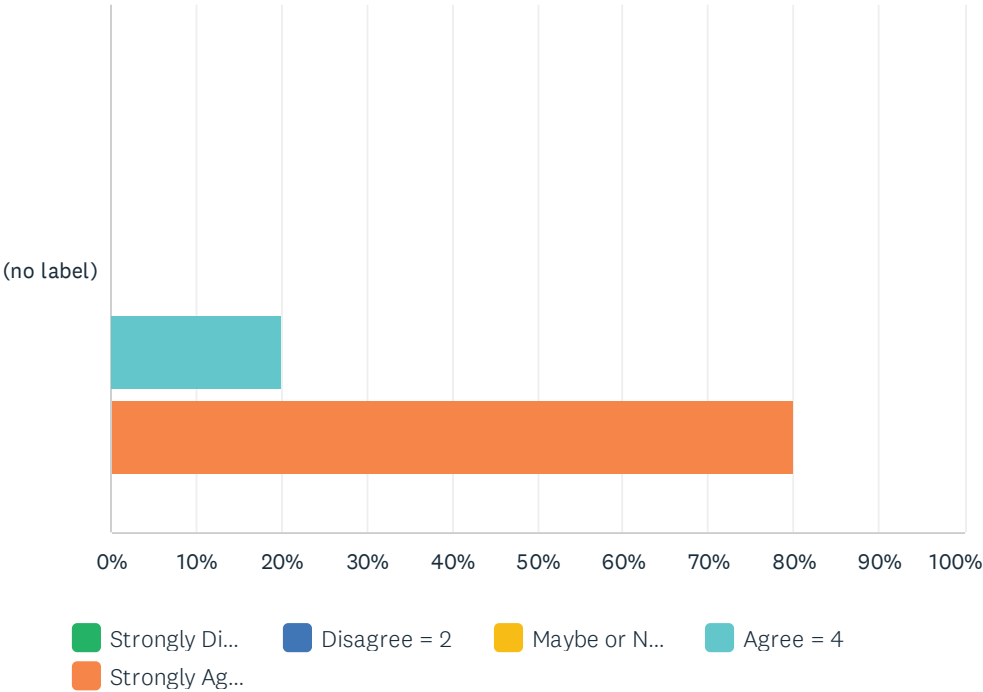
- a. **Severability.** If any term, provision, or condition of this Plan is held by a court of competent jurisdiction to be invalid, void or unenforceable, the rest of the Plan's provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.
- b. **Governing Law.** This Plan is executed in and shall be governed by and construed in accordance with the United States Internal Revenue Code (the "Code") and the laws of the State of California.
- c. **Successors.** Subject to the restrictions against transfer or assignment contained in this Plan, the provisions of this Plan shall be binding on and inure to the benefit of the respective assigns, successors, personal representatives, estates, heirs, and legatees of each of the parties.
- d. **Employment.** Nothing in this Plan shall confer on the Eligible Employee any rights to continued employment with the District, nor shall this Plan in any way restrict or abridge any right the District may otherwise have to terminate the Eligible Employee's employment.
- e. **Construction.** The provisions of this Plan shall be construed as a whole according to their common meaning and not strictly for or against any party hereto. The article and section headings used in this Plan are for convenience of reference only and shall not be used as an aid in interpreting this Plan.
- f. **Waiver.** No failure or delay by any party in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege.
- g. **Code Section 409A.** This Plan is intended to be exempt from Section 409A of the Code under the "short-term deferral" exemption. However, to the extent this plan is deemed to be subject to Section 409A of the Code, to the maximum extent permitted, the Plan shall be interpreted and administered to be in compliance therewith. Any payments described in the Plan that are due within the "short-term deferral period" as defined in Section 409A of the Code shall not be treated as deferred compensation unless applicable laws require otherwise. All payments hereunder shall be treated as separate payments for purposes of Section 409A of the Code.

### COMMITTEE APPROVALS:

Chiefs: 7/1/2024

Q1 Our organization has a three to five-year strategic plan or a set of clear long-range goals and priorities.

Answered: 5    Skipped: 0

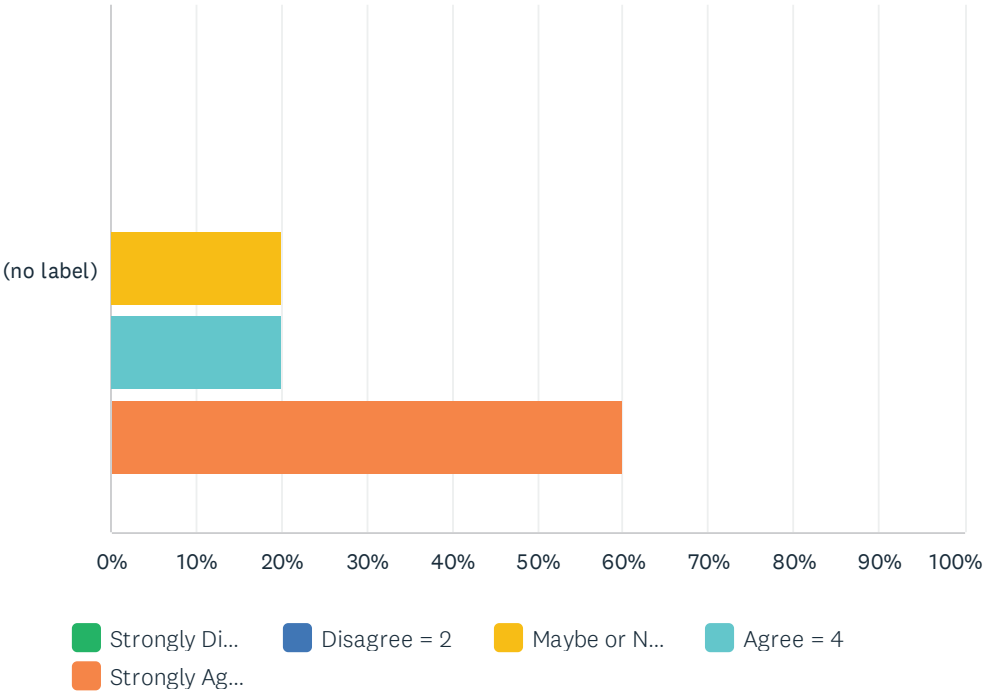


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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80



Q2 The Board’s meeting agenda clearly reflects our strategic plan or priorities.

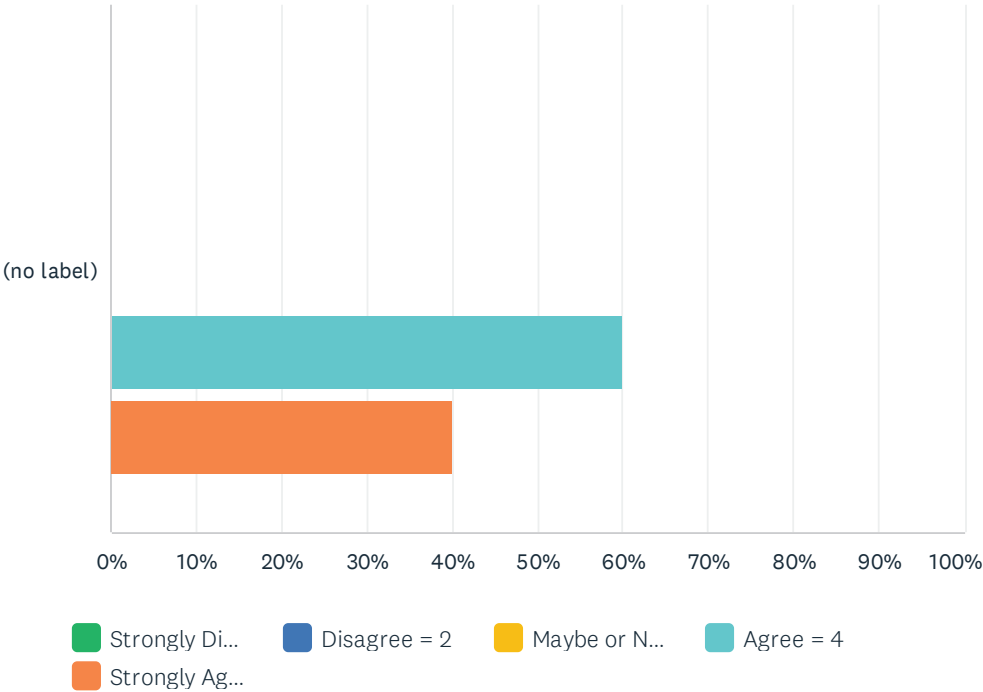
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q3 The Board has insured that the organization also has a one-year operational or business plan.

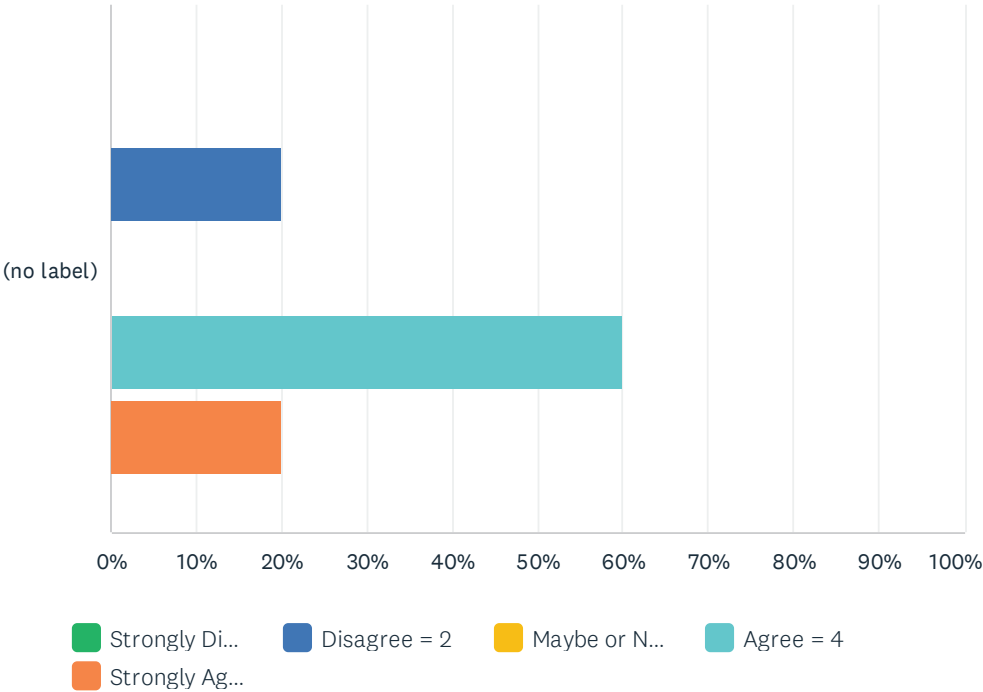
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q4 The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.

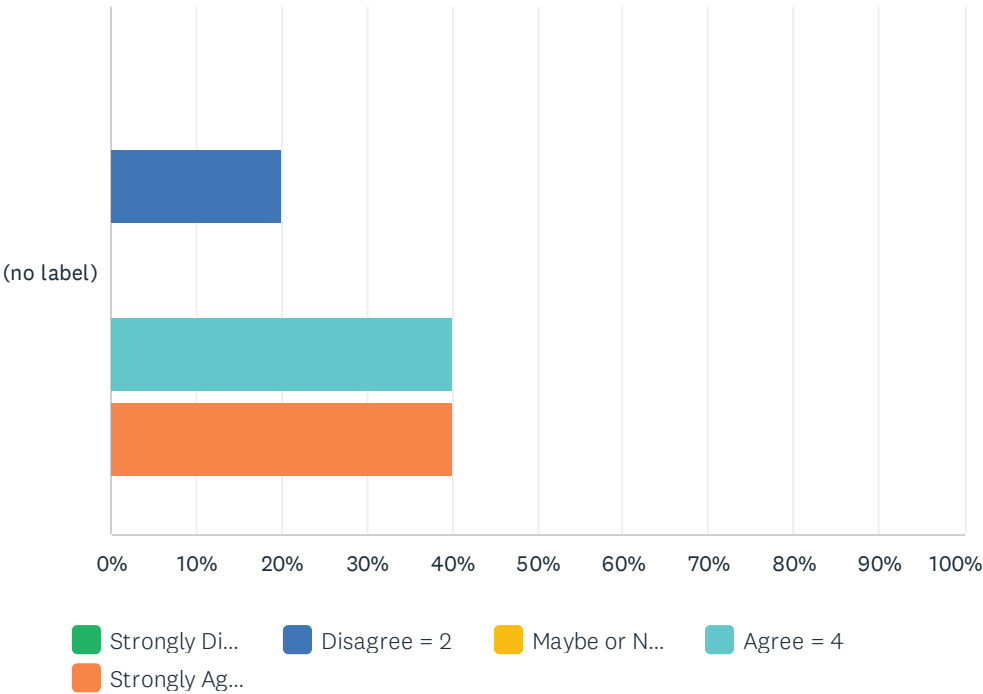
Answered: 5    Skipped: 0



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(no label)	0.00% 0	20.00% 1	0.00% 0	60.00% 3	20.00% 1	5	3.80

Q5 The Board ensures that the organization's accomplishments and challenges are communicated to members and stakeholders.

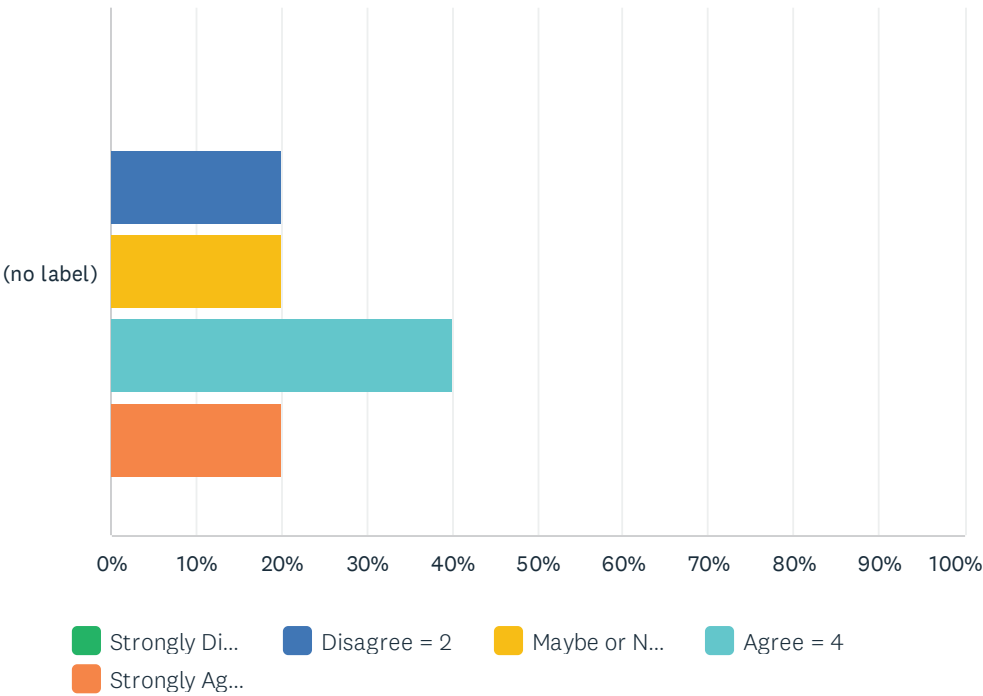
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	0.00% 0	40.00% 2	40.00% 2	5	4.00

Q6 The Board has ensured that members and stakeholders have received reports on how our organization has used its financials and human resources.

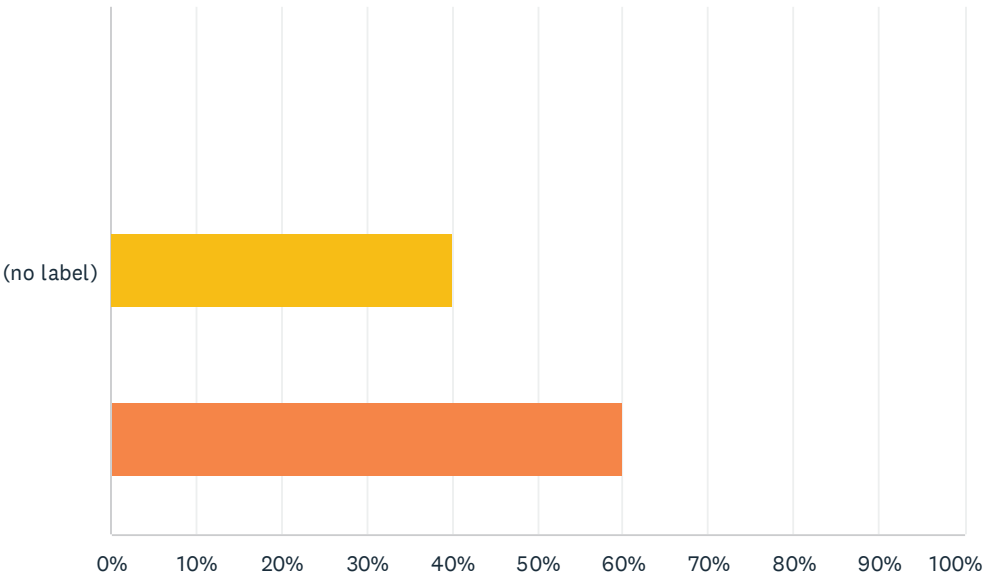
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	3.60

Q7 Board Members are aware of what is expected of them.

Answered: 5    Skipped: 0

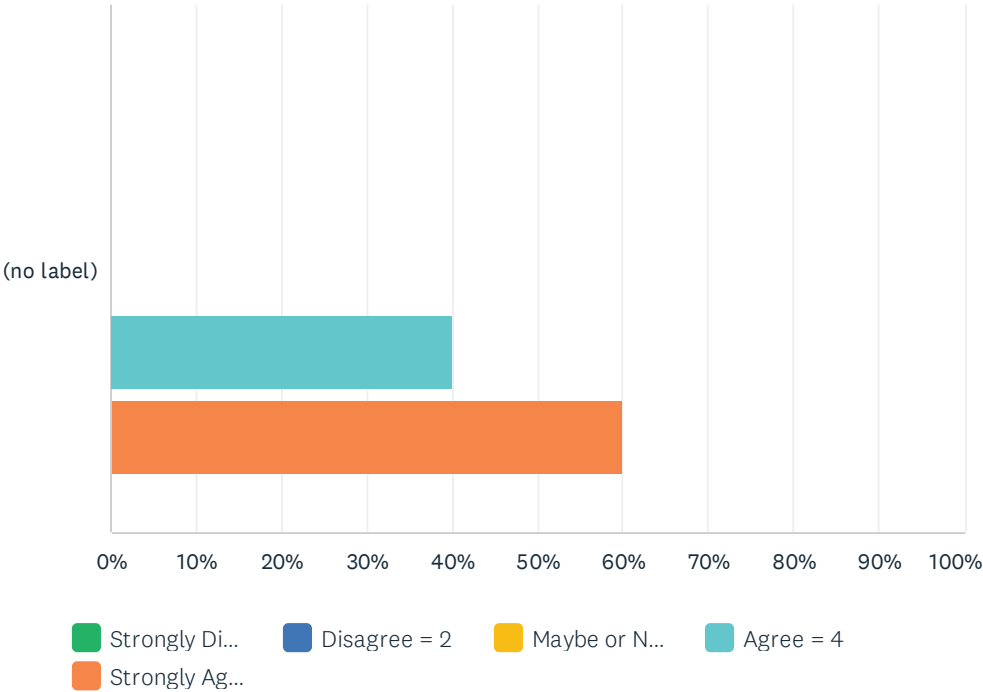


Strongly Di...    Disagree = 2    Maybe or N...    Agree = 4  
Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	0.00% 0	60.00% 3	5	4.20

Q8 The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.

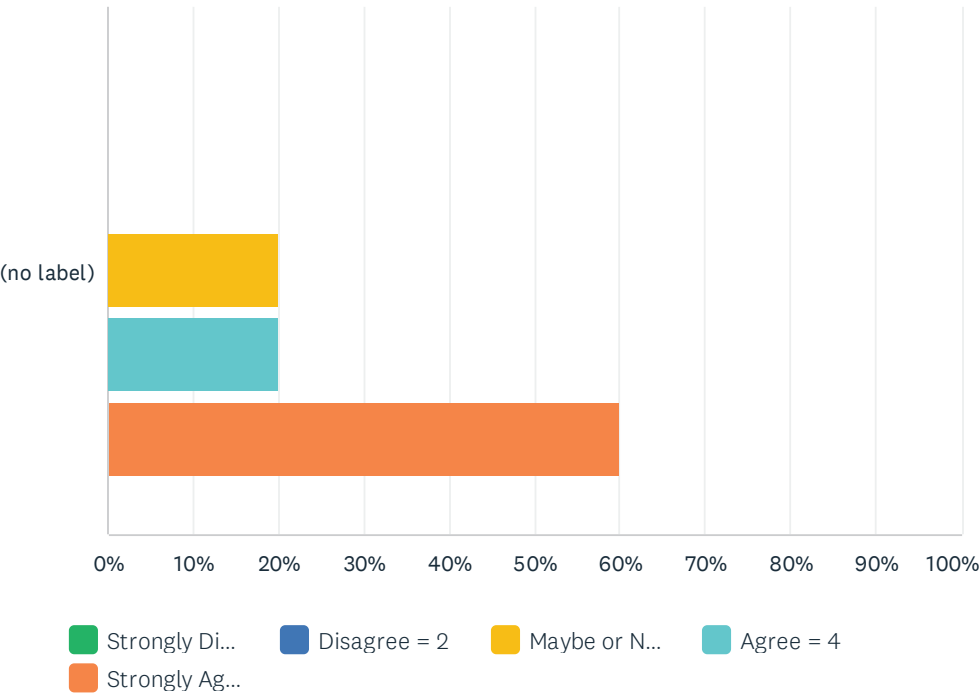
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q9 It seems like most board members come to meetings prepared.

Answered: 5    Skipped: 0

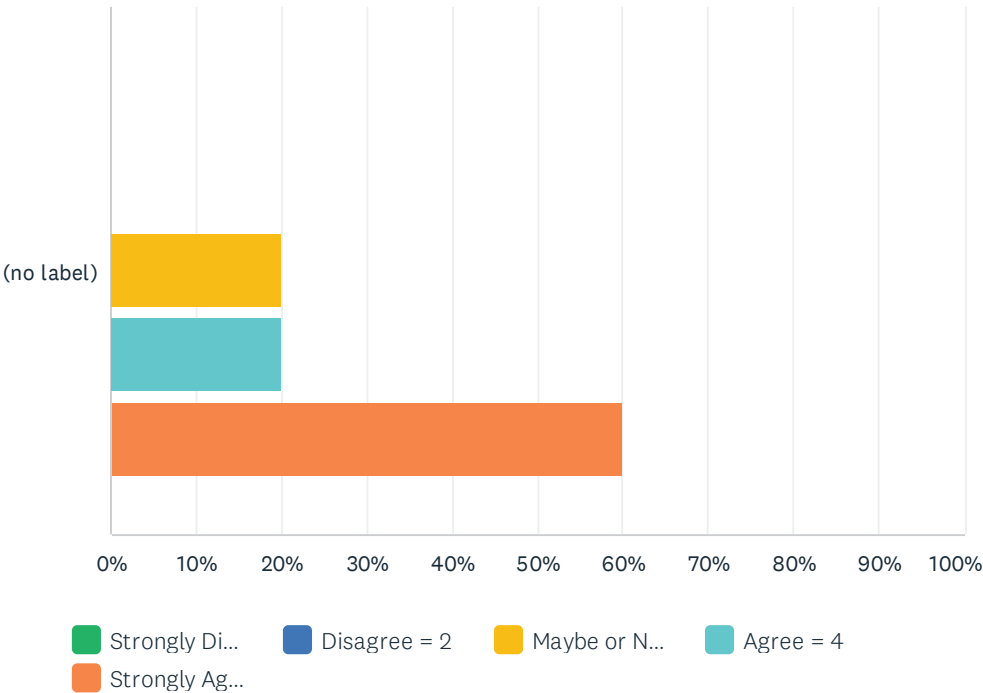


	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40



Q10 We receive written reports to the Board in advance of our meetings.

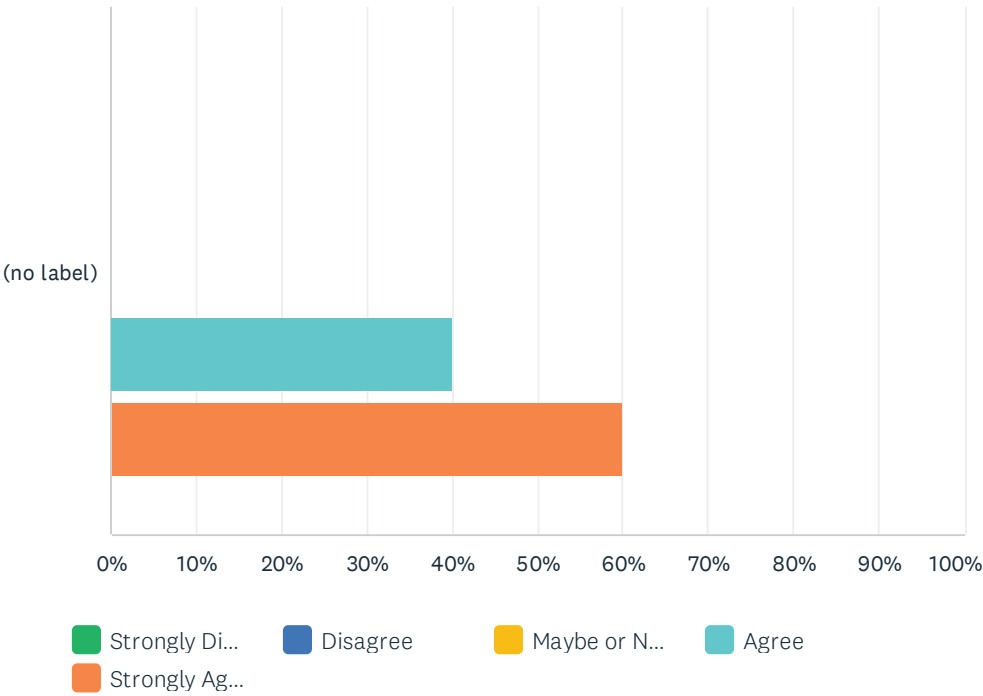
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q11 All Board members participate in important board discussion.

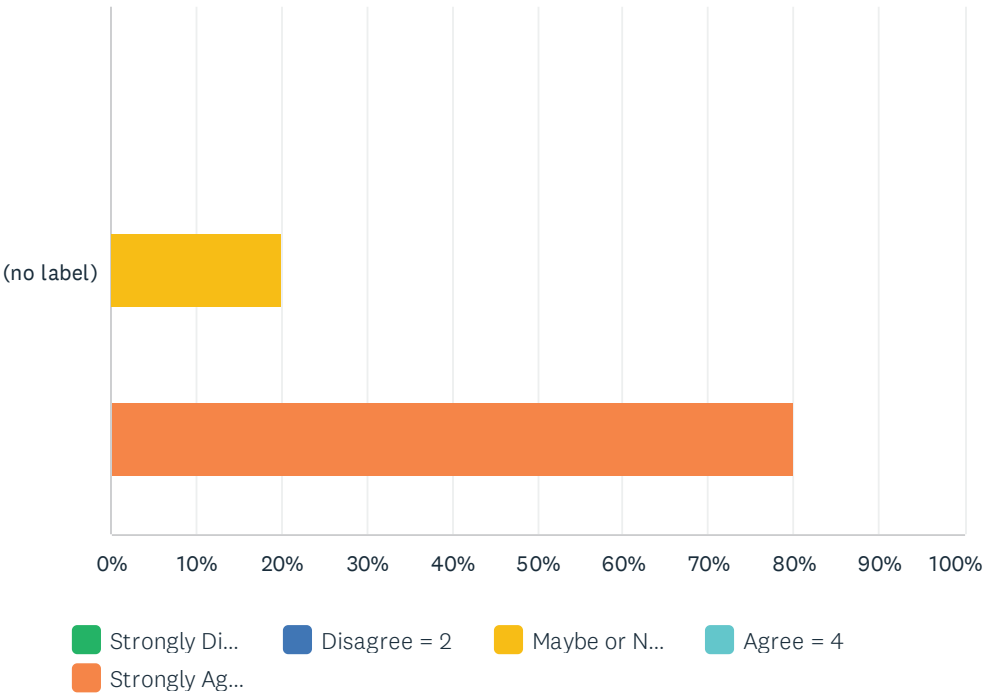
Answered: 5    Skipped: 0



	STRONGLY DISAGREE	DISAGREE	MAYBE OR NOT SURE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q12 We do a good job encouraging and dealing with different points of view.

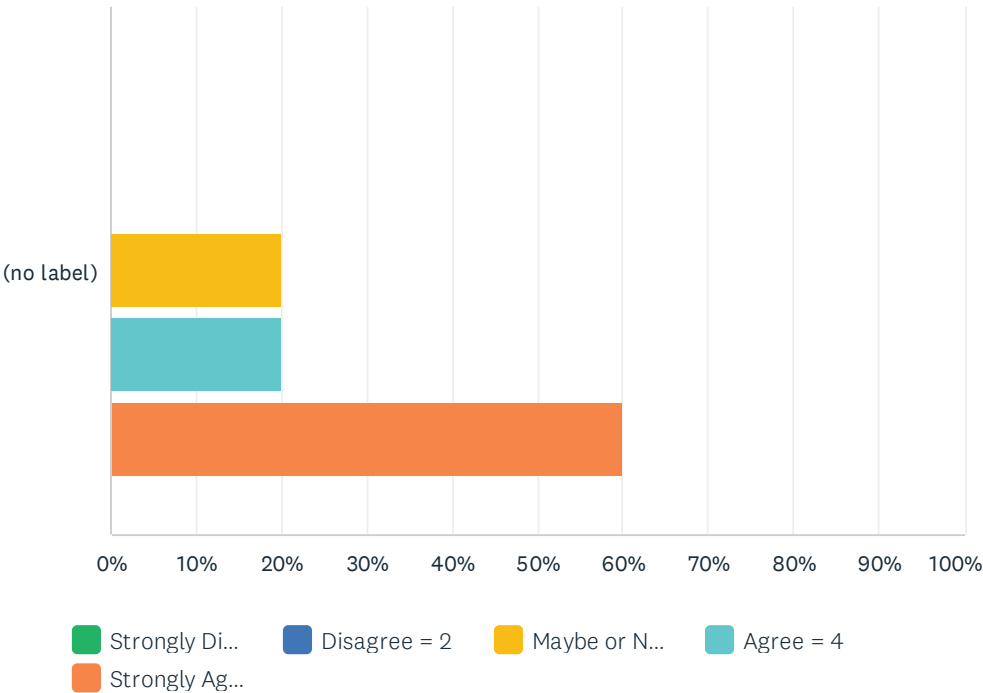
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(no label)	0.00% 0	0.00% 0	20.00% 1	0.00% 0	80.00% 4	5	4.60

Q13 We all support the decisions we make.

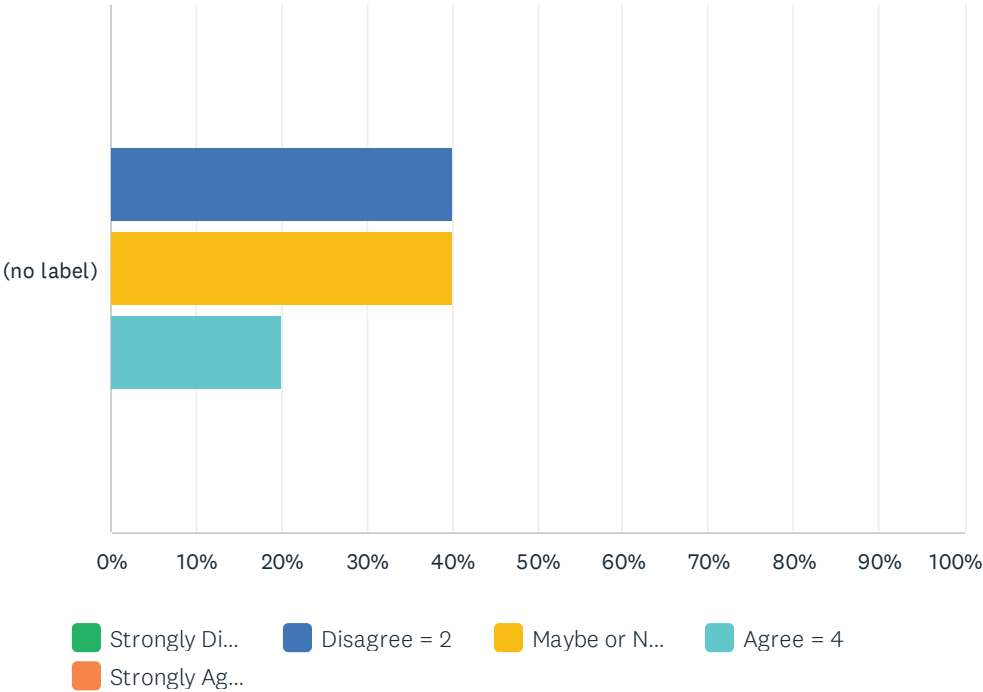
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(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q14 The Board has planned and led the orientation process for new board members.

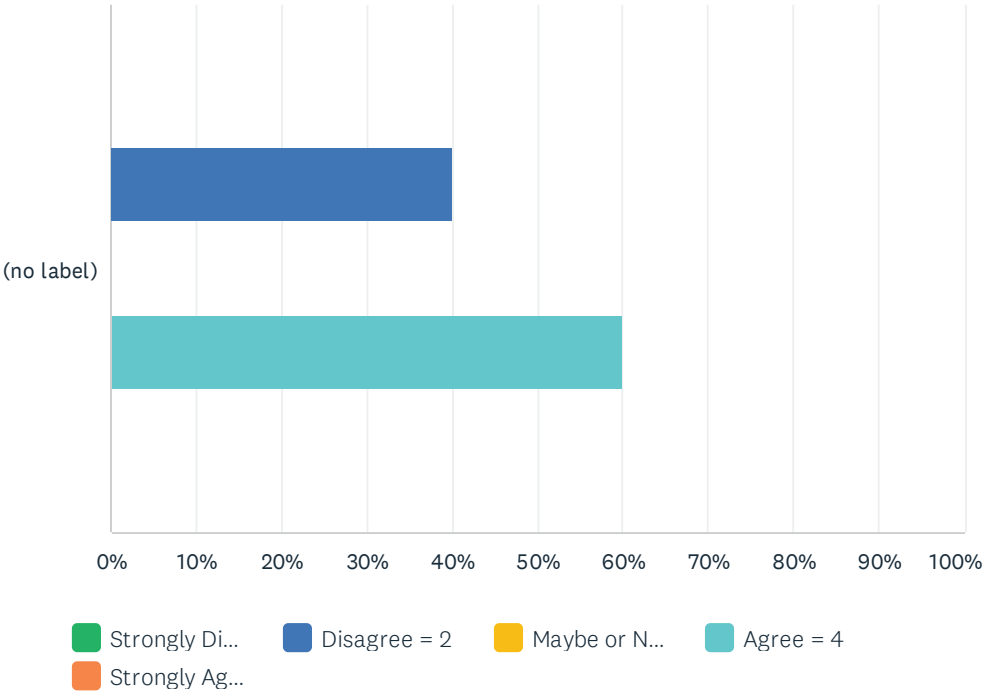
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(no label)	0.00% 0	40.00% 2	40.00% 2	20.00% 1	0.00% 0	5	2.80

Q15 The Board has a plan for director education and further board development.

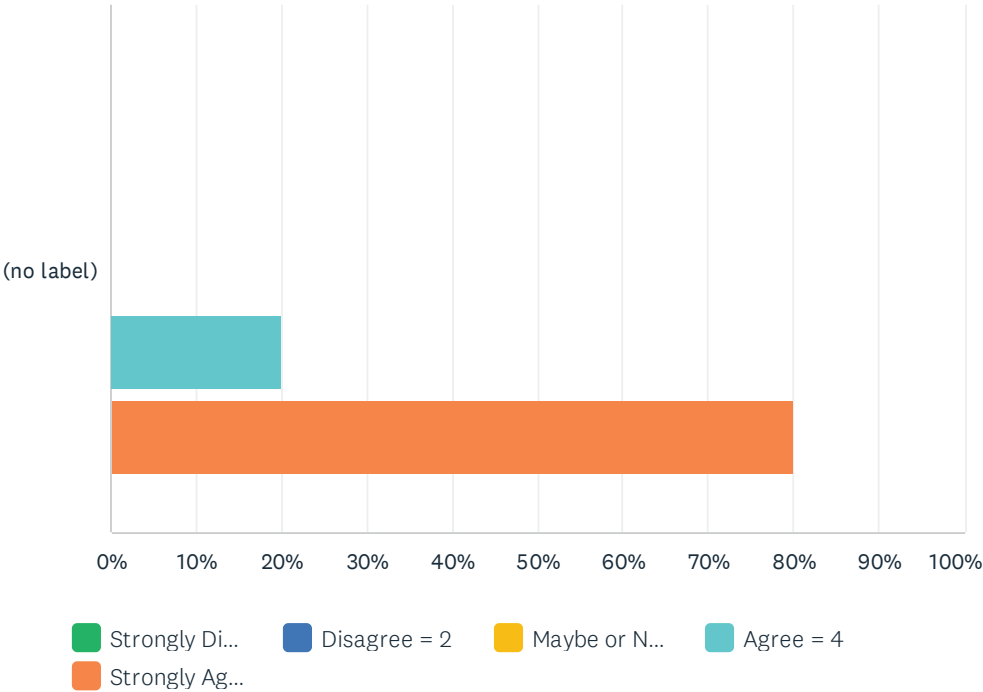
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	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	40.00% 2	0.00% 0	60.00% 3	0.00% 0	5	3.20

Q16 There is a clear understanding of where the Board’s role ends and the CEO’s begins.

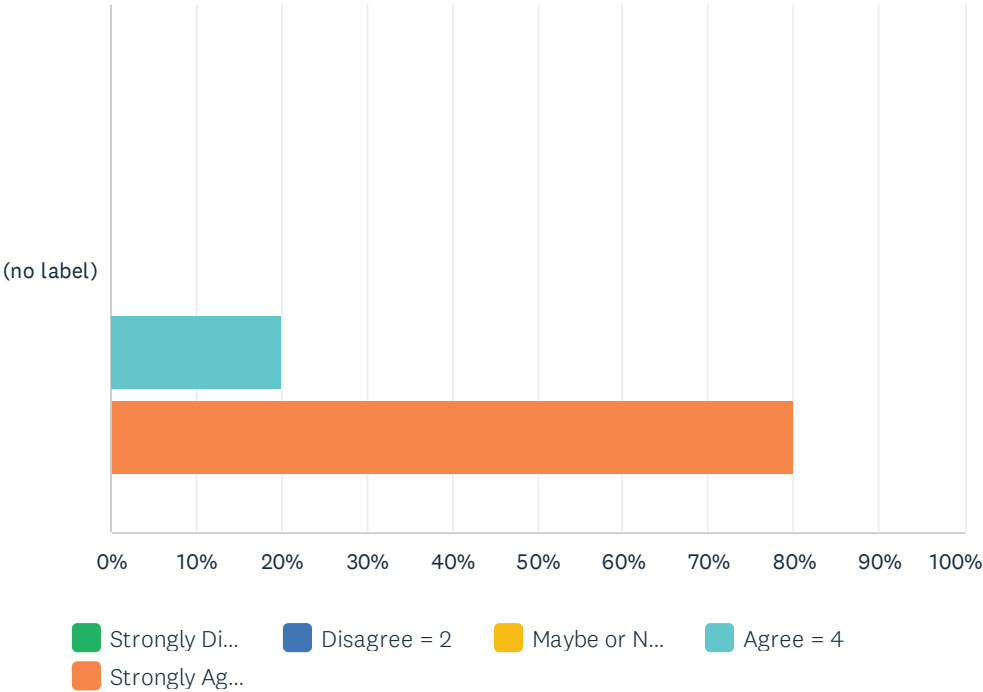
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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q17 There is good two-way communication between the Board and the CEO.

Answered: 5    Skipped: 0

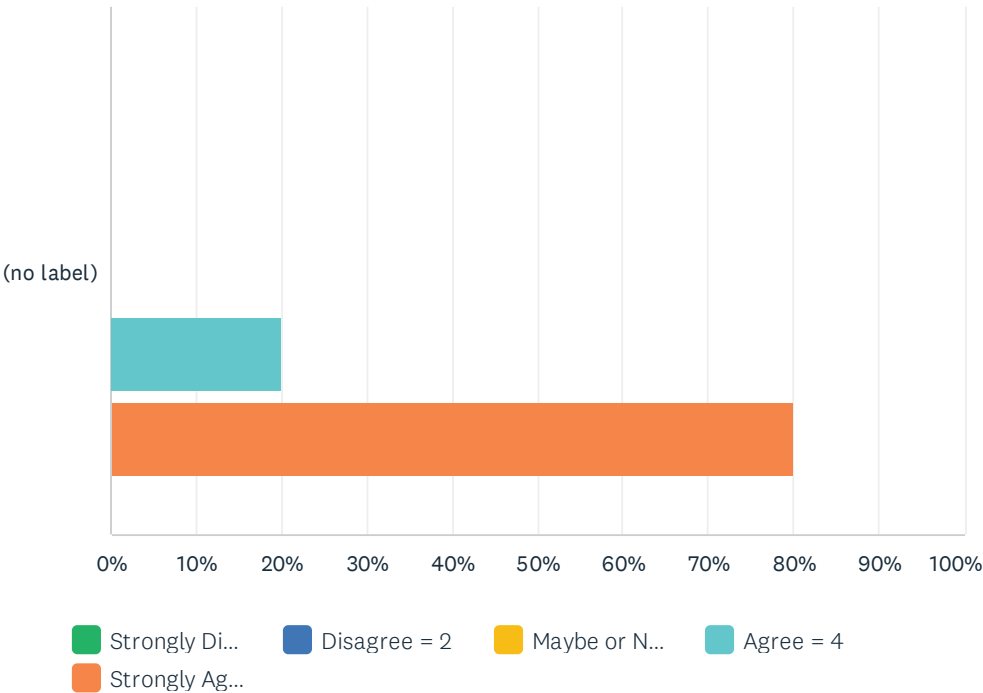


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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80



Q18 The Board trusts the judgement of the CEO.

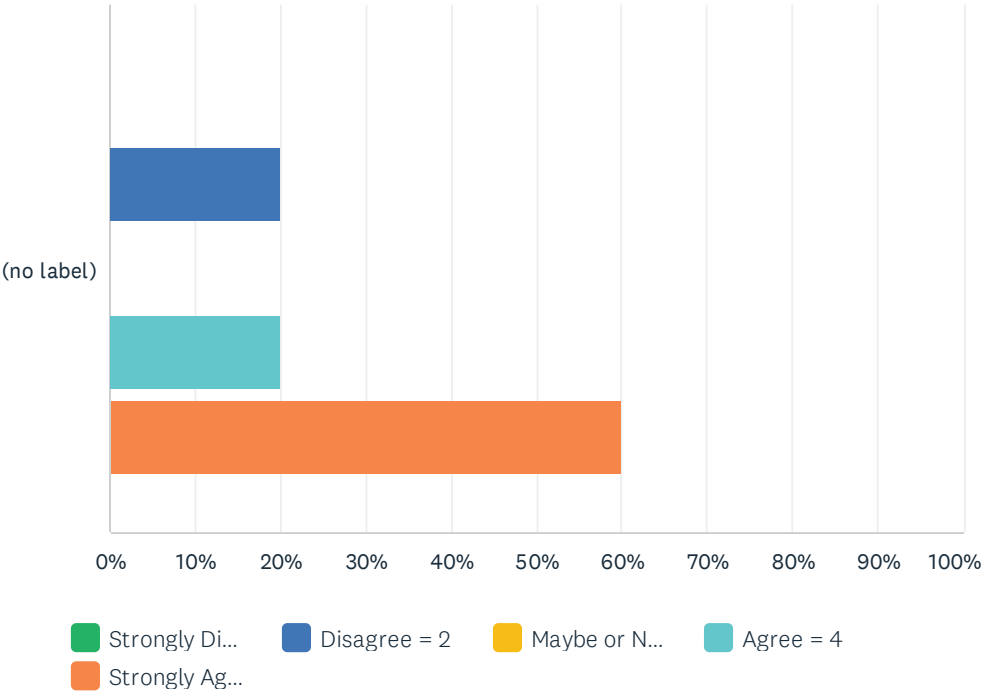
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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q19 The Board provides direction to the CEO regarding setting new policies or clarifying existing ones.

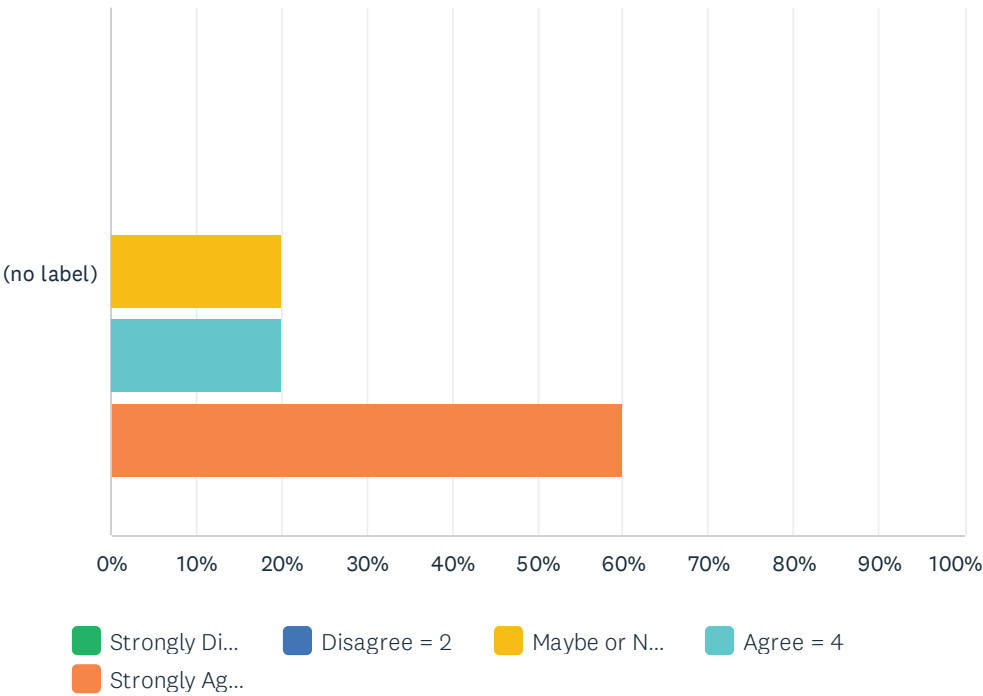
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(no label)	0.00% 0	20.00% 1	0.00% 0	20.00% 1	60.00% 3	5	4.20

Q20 The Board has discussed and communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.

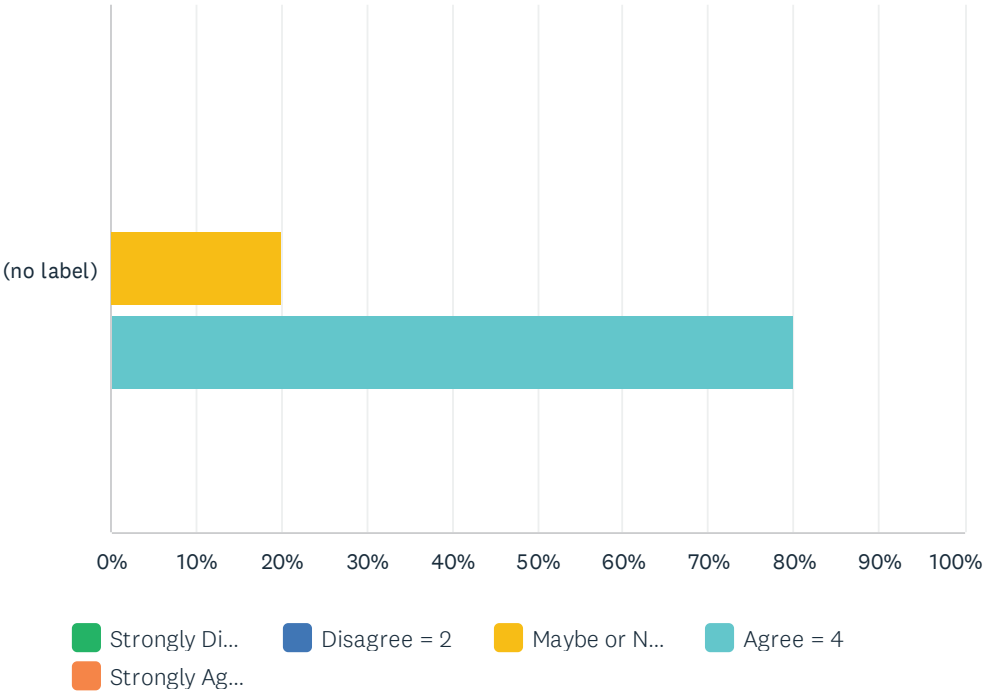
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(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q21 The Board has developed formal criteria and a process for evaluating the CEO.

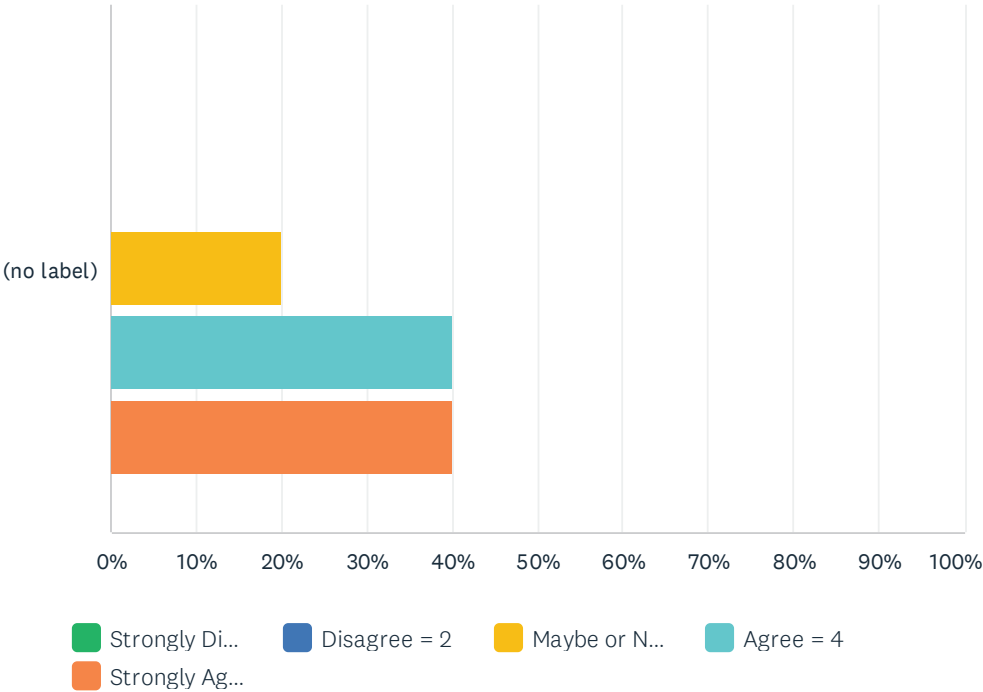
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(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q22 The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.

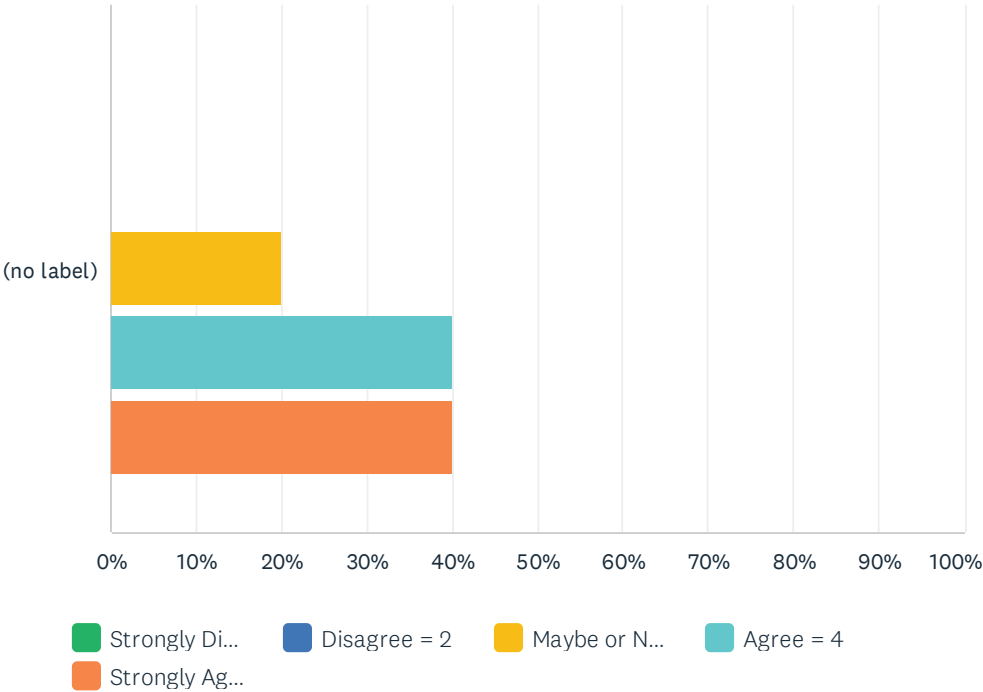
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(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

Q23 The Board evaluates the CEO primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.

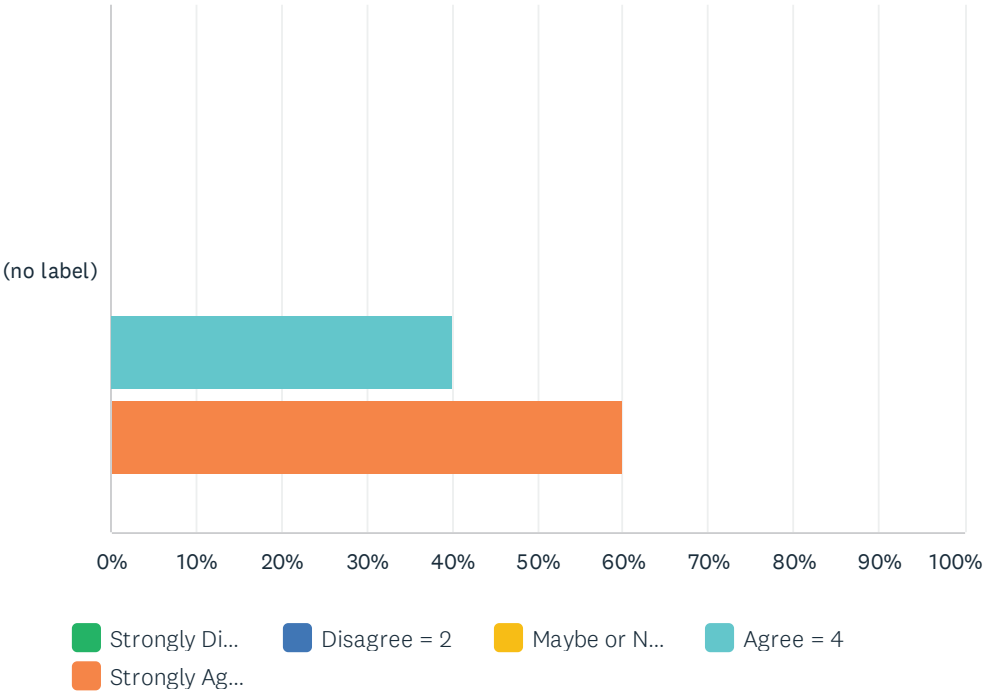
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(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

Q24 The Board provides feedback and shows its appreciation to the CEO on a regular basis.

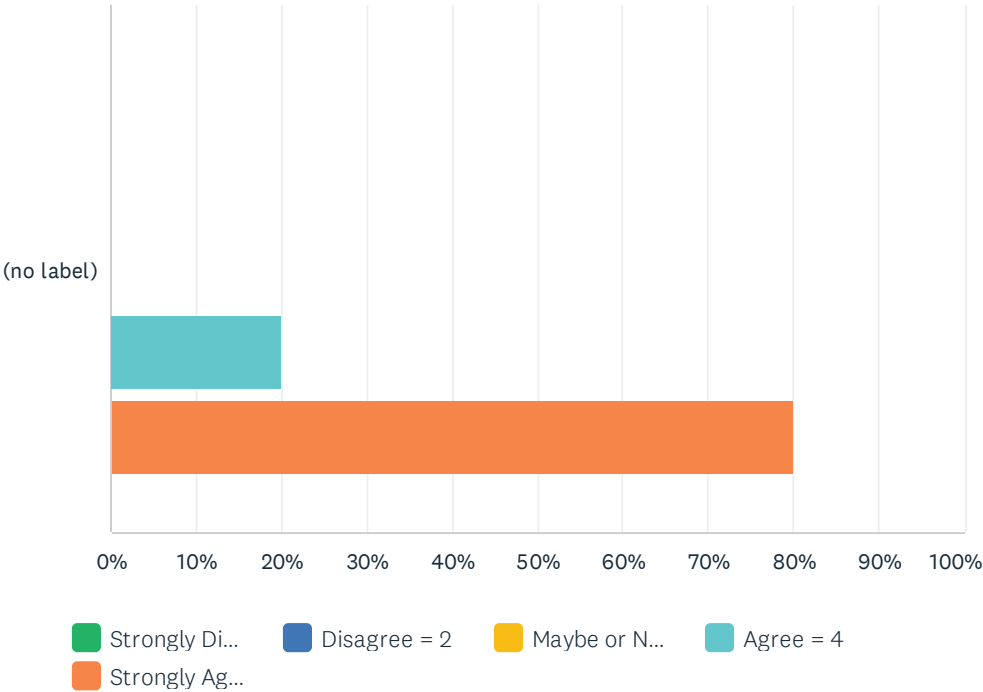
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(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q25 The Board ensures that the CEO is able to take advantage of professional development opportunities.

Answered: 5    Skipped: 0

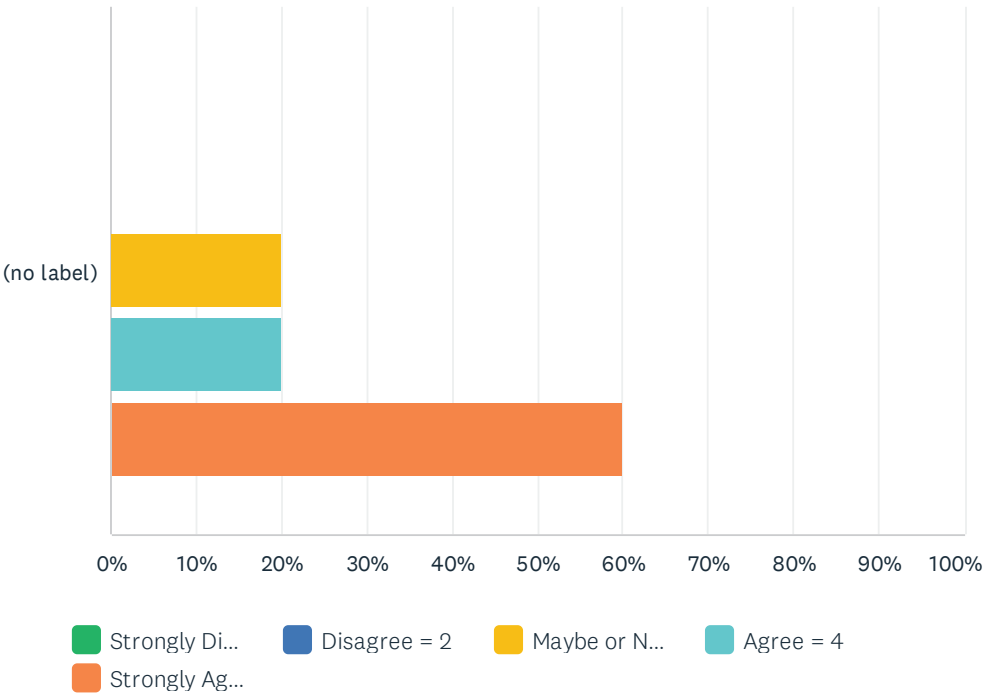


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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80



Q26 I am aware of what is expected of me as a Board member.

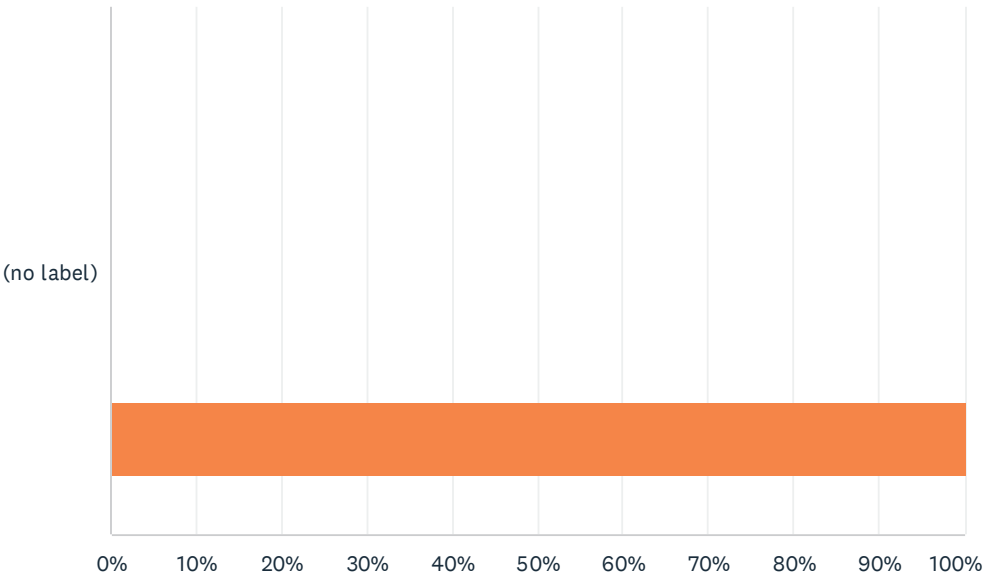
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(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q27 I have a good record of meeting attendance.

Answered: 5    Skipped: 0

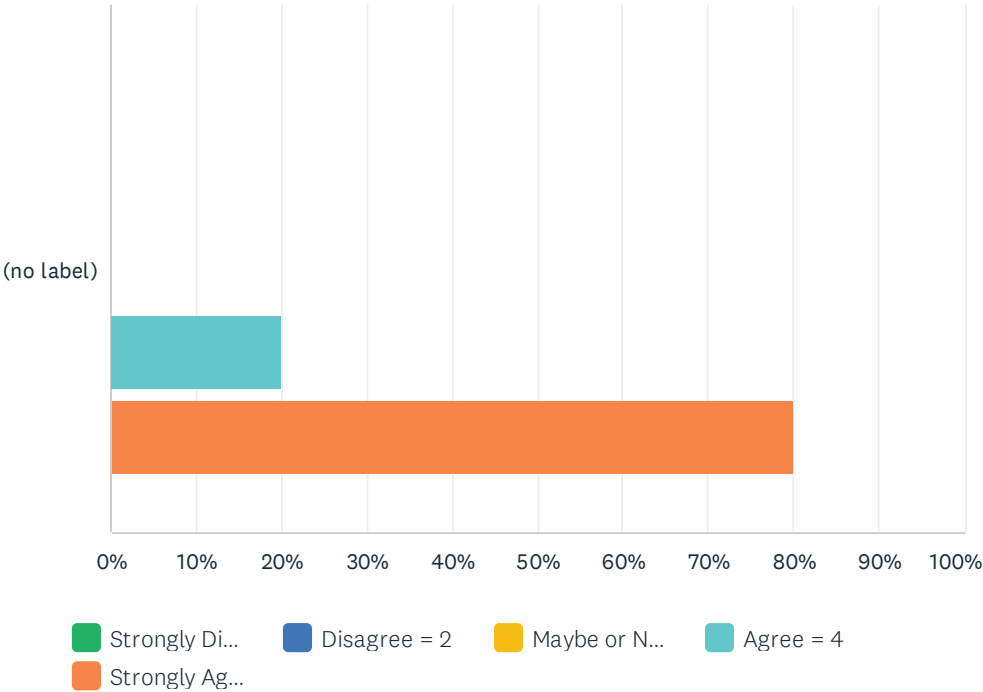


- Strongly Di...
- Disagree = 2
- Maybe or N...
- Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q28 I read the minutes, reports and other materials in advance of our Board meetings.

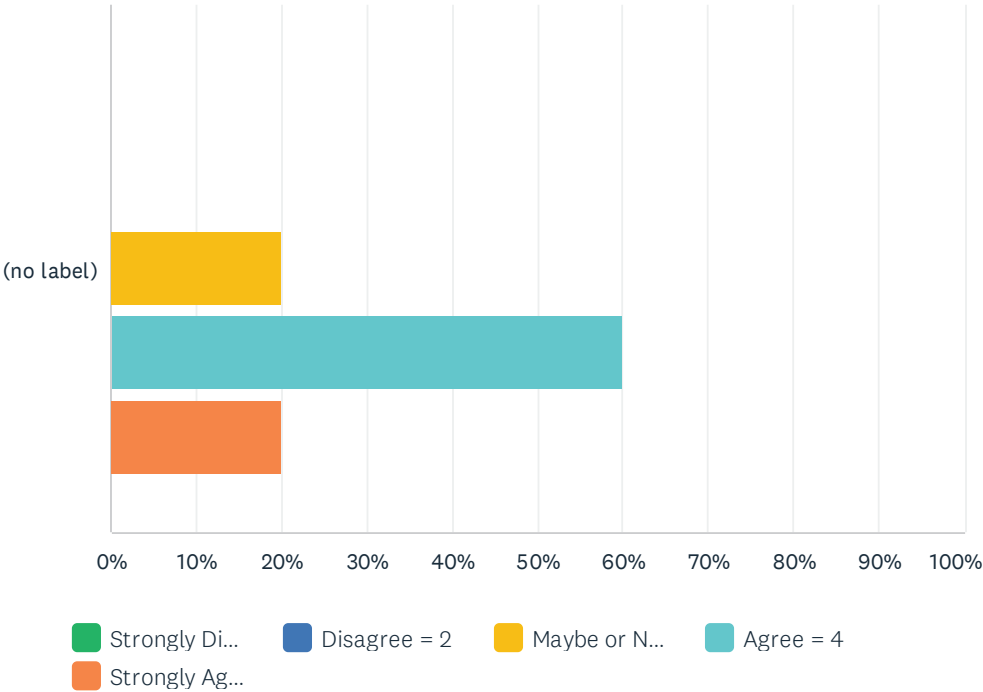
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	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE =5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q29 I am familiar with what is in the organization’s by-laws and governing policies.

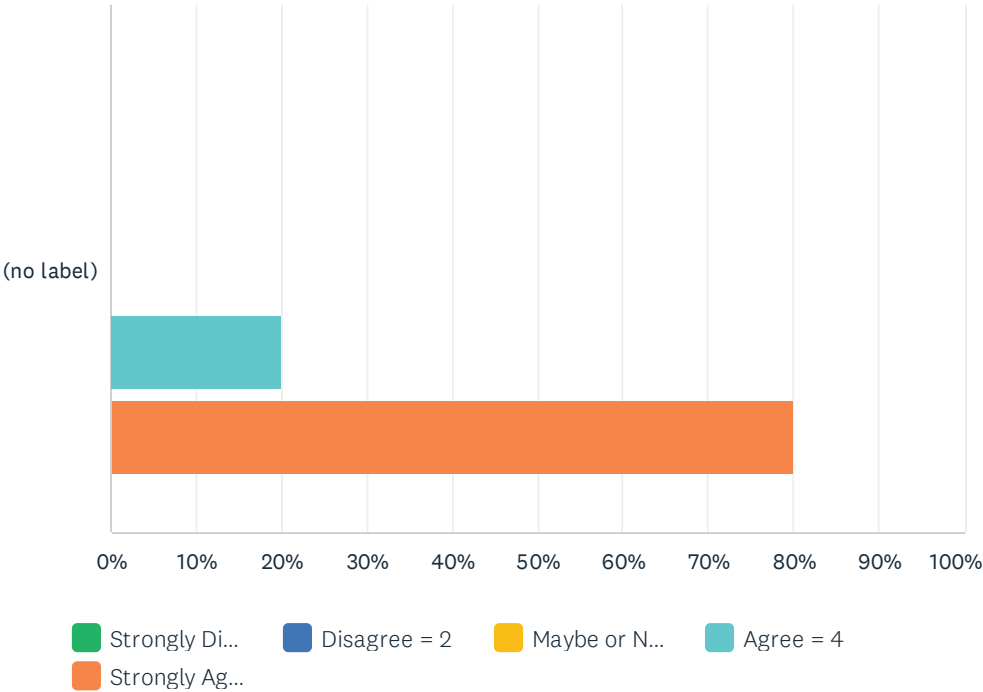
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(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

Q30 I am encouraged by other Board members to express my opinions at Board meetings.

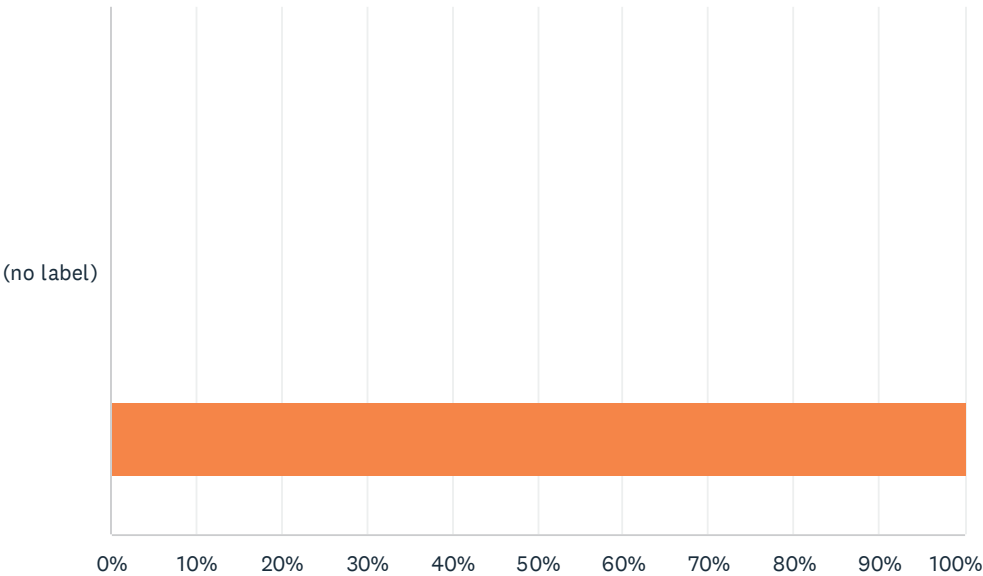
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	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q31 I maintain the confidentiality of all Board decisions.

Answered: 5    Skipped: 0

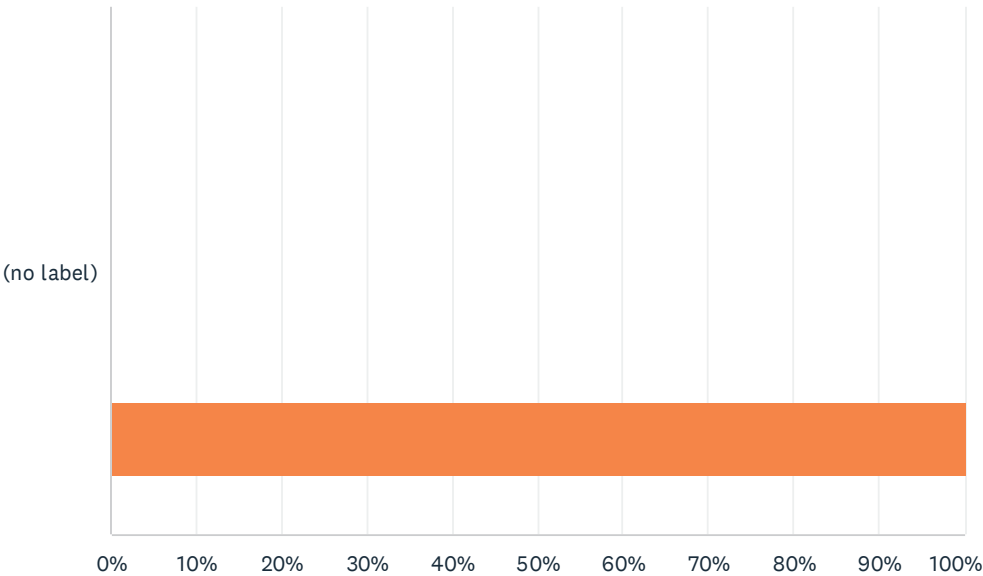


- Strongly Di...
- Disagree = 2
- Maybe or N...
- Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q32 When I have a different opinion than the majority, I raise it.

Answered: 5    Skipped: 0

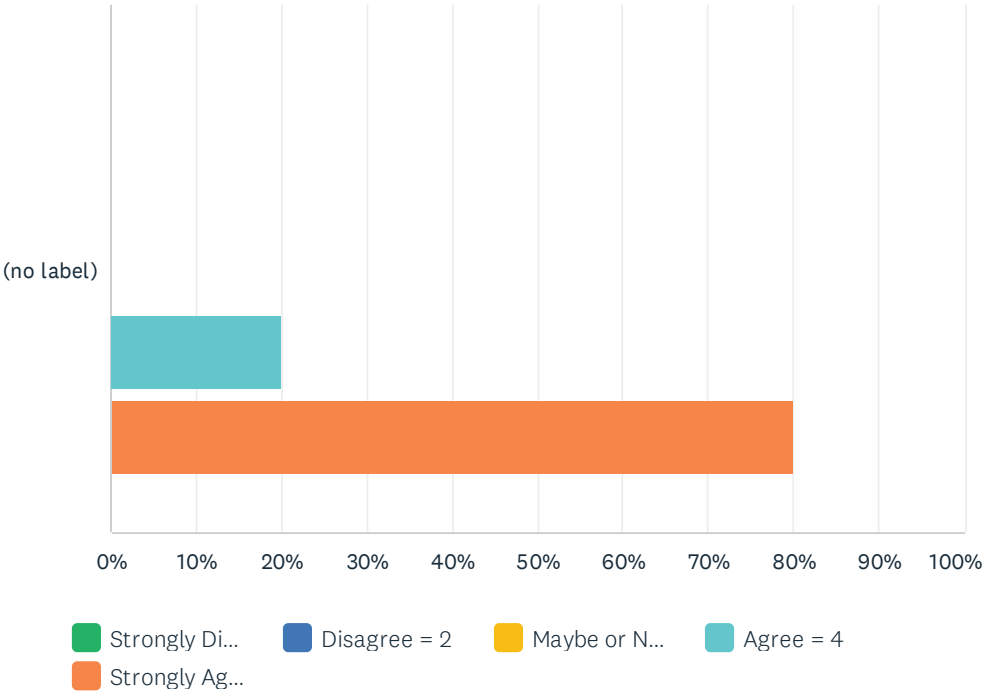


- Strongly Di...
- Disagree = 2
- Maybe or N...
- Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q33 I promote the work of our organization in the community whenever I have a chance to do so.

Answered: 5    Skipped: 0

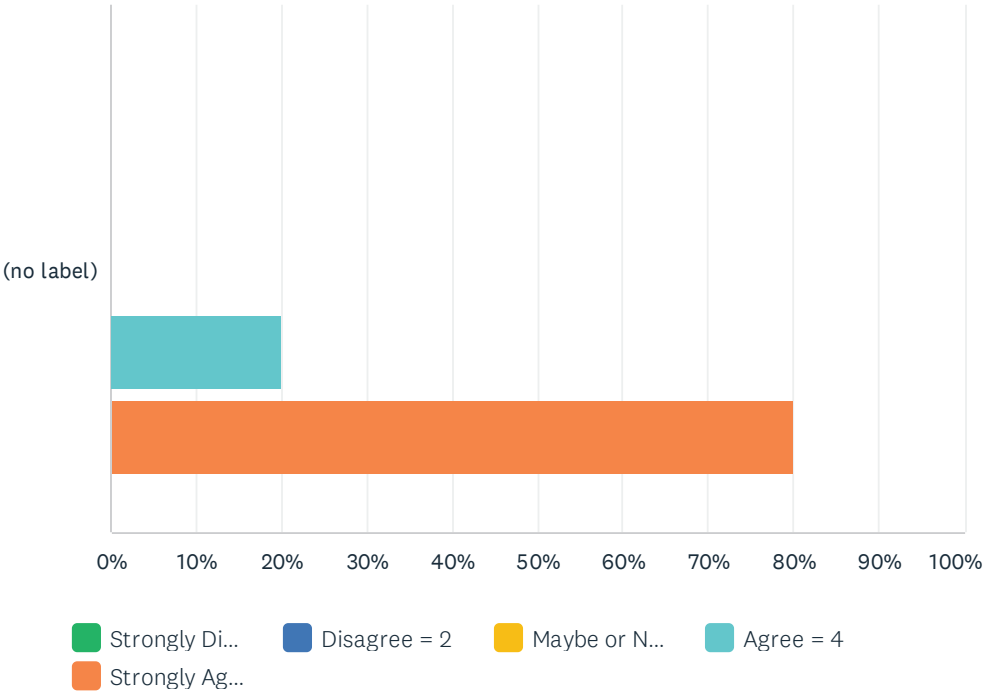


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(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80



Q34 I stay informed about issues relevant to our mission and bring information to the attention of the Board.

Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

## Director of Operations Report

*Prepared by: Jessica DeCoito, Director of Operations*

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### Facilities, Engineering, and Other Construction Projects

- **TCCN Phase 3:** Aspen Street Architects resubmitted Phase 3 plans to the county earlier this week. We are now awaiting feedback—either approval or additional comments. We have also requested the architect’s estimate for construction costs. Given the anticipated cost, the Board will need to review and discuss next steps.
  - **FR RHC:** Permit extension application was completed with an approved date of November 2025. On July 16<sup>th</sup>, I received a call that our plans have been approved and are ready for pick up.
  - **FR Fire Damper Project:** This project has been approved by HCAI and can now move into the next steps of project phase. A bid package will be reviewed for this project.
  - **Solar Project:** due to equipment acquisition challenges, we are anticipating a change order requesting a new final completion date. In the meantime, crews onsite continue to run wires, straighten up racking and panels.
  - **PIN 74:** HCAI has received our comments back but will await the final approval from the county planning department before they stamp their final approval.
  - **Lot Line Adjustment:** the county has received the application, along with the Chain of Title reports. We just await their review, questions and comments.
  - **FR Arts & Trophies Building:** Final letter of approval from Housing and Community Development was received. We just await questions or approvals from State Clearinghouse and the county. In the meantime, Maintenance has cleared the building and has begun the minor updates for the Foundation.
  - **Master Plan Meeting:** Recurring weekly meetings have been established with Kasa Healthcare Management and Aspen Street Architects to fine tune the criteria documents. Review on the RFQ has taken place.
- 

### IT

- On Thursday, July 17<sup>th</sup>, the team experienced a network connectivity issue. Around 1:00 PM, internet service was lost, forcing the facility to shift to paper-based processes for patient charting and processing. Printers and fax machines were also affected. By approximately 10:00 PM, all systems were restored and functioning properly. A hotwash of the incident was conducted on Monday, July 21<sup>st</sup>, with participation from several team members who provided valuable insights and identified opportunities for improvement moving forward.
- 

### Employee Housing

- Almost exactly one year after the initial well issues at the lodge, we experienced another problem with the water system. Your H2O Pro came onsite and conducted a camera inspection of the well to diagnose the issue. They discovered that the pump was

filled with mud and debris. A new pump was installed, which has been operating effectively since. Joey continues to closely monitor the well, including the water levels and any other potential concerns that may arise.

## Human Resources Board Report

Reporting Period: July 2025

Prepared by: Libby Mee, Chief Human Resources Officer

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### Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department is actively supporting **318 employees** across all departments. Our priorities continue to focus on **strategic recruitment, employee retention, and engagement initiatives** to meet current staffing needs and support organizational growth.

We currently have **15 active job requisitions** to fill **35 open positions** across various departments. Details are summarized below:

Department	Job Title	Open Positions	Status
Acute Med Surg	CNA	2	Full-Time
Administration	Chief Medical Officer	1	Full-Time
Ambulance	Rural Healthcare EMT	2	Per Diem
Dietary	Food & Nutrition Services – FR	2	Full-Time
Emergency	Medical Director & Physician	1	Full-Time
Emergency	RN – Day Shift	1	Full-Time
Emergency	RN – Night Shift	1	Full-Time
Health Navigation	Care Coordinator Specialist	1	Full-Time
Laboratory	Phlebotomist	1	Full-Time
Pharmacy	Pharmacist	1	Full-Time
Rural Health Clinic	Physician	1	Full-Time
Skilled Nursing	CNA – Skilled Nursing Facility	13	Full-Time
Skilled Nursing	RN – Skilled Nursing Facility	4	Full-Time
Skilled Nursing	Unit Assistant – Skilled Nursing	3	Full-Time
Surgery	Endoscopy Tech	1	Part-Time

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### Service Excellence Initiative – Clinical Learning Systems

The HR department is actively engaged in multiple projects supporting the **Service Excellence Initiative (SEI)**. Key initiatives include:

- **Leadership Empowerment Survey**  
Currently open and scheduled to close on **August 1**, this confidential survey is designed

to provide valuable feedback to support leadership development across the organization.

- **Employee Engagement Survey**

Launching in **August**, this survey will assess employee motivation, satisfaction, and connection to the organization. Insights will help guide future engagement and retention strategies.

- **Employee Retention Metrics**

We are developing tracking systems for annual staff turnover, categorized by department, position, and classified into clinical and non-clinical roles.

All data from these initiatives will be incorporated into our **Organizational Accountability Dashboard** for transparent tracking and continuous improvement.

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## **Professional Development & Industry Insights**

### **American Hospital Association (AHA) Annual Leadership Summit**

The CHRO attended the AHA Annual Leadership Summit, where key topics included implications of the “Big Beautiful Bill” and workforce challenges in a changing healthcare landscape.

Sessions attended focused on:

- Workforce redesign and technology enablement
- Employee sponsorship and engagement
- Physician leadership and advocacy
- Retention strategies in a tech-driven environment

These insights will inform ongoing workforce development and organizational planning.

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## **Paycom – Position Management Redesign**

The HR team recently met with a **Paycom representative** to evaluate our current **HRIS (Human Resources Information System)** configuration. Opportunities for improvement were identified, particularly within the **Position Management** module.

Over the next several weeks, the HR team will collaborate with Paycom to implement system updates aimed at enhancing operational efficiency and accuracy.

**Chief Public Relations Officer – Valerie Lakey  
July 2025 Board Report**

**Legislation/Advocacy**

**Legislative Update – July 2025**

The Legislature has adjourned for summer recess until August 18. When legislators return, they will have just under a month to finalize their work on hundreds of bills. The appropriations committees will have until August 29 to finish their work; then, attention will shift to floor activity until session adjourns on September 12.

**Grant/Scholarship Update**

Mayers Memorial Healthcare District actively seeks funding opportunities to support our programs and services. While we continue to apply for local grants, such as those offered by McConnell and Dignity Health, competition for smaller, regional opportunities remains high due to the volume of local applicants. To increase our chances of success and secure larger funding streams, we are also exploring more substantial outside grants.

TCCN continues to yield strong results, as their efforts have successfully secured grant funding to support community health initiatives.

Additionally, the Mayers Healthcare Foundation (MHF) will release applications for its Department Grant Awards in September. These internal grants provide an essential opportunity for departments to receive funding for critical equipment, program needs, and other initiatives that enhance patient care and services within our District.

**Public Relations/Marketing**

The Marketing and Public Relations Department has been actively working on several initiatives to strengthen community engagement and enhance the District's visibility:

- **Website Redesign** – Photos have been completed for the new website, and multiple collaborative meetings with the web host have taken place to finalize design and functionality. The updated site will better showcase services, providers, and community resources.
- **Social Media & YouTube Strategy**—A refreshed social media plan and YouTube channel format are being developed to increase awareness of District services and highlight stories within our community.
- **Pharmacy Open House** – The event was well-attended and received positive feedback from community members, helping to promote pharmacy services and build connections with patients.

- **Accreditation Promotion** – Public relations efforts supported the announcement of the District’s ACHC Accreditation, including a banner displayed at the hospital and a large advertisement in the *Intermountain News* to share the achievement with the community.

These efforts reflect ongoing work to promote the District’s services, celebrate achievements, and foster strong connections with the community.

## **Mayers Healthcare Foundation**

### **MHF Health and Wellness Fair – Event Summary**

The Mayers Healthcare Foundation Health and Wellness Fair was a successful event again this year. We saw strong participation from our Community Partners, various MMHD departments, and Kid Fit attendees.

#### **Key Highlights:**

- **Estimated Funds Raised from Lab Services:** Approximately **\$7,800**
- **Attendance:** Slightly lower than last year, likely due to other community events and family activities occurring the same weekend
- **Financials:** Final reconciliation is still underway (Kandie is currently finalizing the figures)

Despite the dip in overall attendance, the event was well-received and effectively served our goal of promoting community health and wellness.

We welcome and encourage further feedback, new ideas, or suggestions to enhance future events and community outreach initiatives 2. **MHF 25th Anniversary Golf Tournament – August 2, 2025.**

The countdown is on! Our 25th Anniversary Golf Tournament is just around the corner, and excitement is building. Here's where we stand:

- 30 golfers registered
- 13 generous sponsors on Board
- 16 raffle prizes committed
- Hole-in-one prizes ready to go!

There's still time to register! If you have friends or family who love golf, please encourage them to sign up today and participate in this special event.

We’re especially grateful to the Board for directing this year’s tournament proceeds to support the **Lucky Finds Thrift Store** and the **Mayers Hospice Program**. Your support and involvement

are deeply appreciated—together, we're making a difference! Let's make this milestone event unforgettable!

### **Lucky Finds Thrift & Gift Store**

We're thrilled to share that our large tent sale, held on June 26th and 27th, was a great success—raising approximately \$1,700! A heartfelt thank you goes out to our dedicated board members and Volunteers for being on-site and lending a helping hand. Your support means the world to the Foundation.

In addition, we're excited to announce an upcoming change of venue for our Lucky Finds Thrift & Gift Store. While the new location may come with initial challenges of moving and getting organized, we also recognize its potential. With commitment, creativity, and hard work, this new space will evolve into the Thrift Store we've always envisioned. We appreciate the community's ongoing support as we take this exciting next step!

### **Tri-County Community Network**

#### **Children's Programs**

- Bright Futures:
  - Summer program underway with weekly events in Fall River and Burney.
  - Family Advocate Kiely also supports Munuk'chin Day Care twice a month.
  - A new caregiver/child playgroup was added, and it meets twice a month at Intermountain Community Center.

#### **Grants & Funded Programs**

- Backpacks to Home Food Pantry:
  - A \$2,588 grant was awarded (in partnership with FRJUSD).
  - Will provide \$862 of food, three times (Aug 2025–May 2026).
  - Burney schools will help sustain with food drives.
- Kid Fit Program:
  - Focus shifted to supporting family well-being and stress reduction.
  - 4 of 6 events completed; highest turnout at new Community Concert (169 kids, 56 parents).
- Shasta Substance Use Coalition:
  - TCCN joined coalition addressing youth substance use in Shasta County.
  - Funding from county opioid settlement; waiting on Board of Supervisors' approval.
- Enhanced Care Management (ECM):
  - \$102,000 contract to launch ECM with MMHD, HANC, and Partnership HealthPlan.



- Case Manager Shay Corder is building caseload; workflows for referrals underway.
  - Weekly “Wellness & Resource Hour” was launched, and attendance is growing with the promotion.
- Mindful Connections (Mental Health Support):
  - Received \$2,000 private donation; pursuing additional funding.
  - Word of Life Church offering space for meetings.
  - Volunteer training in development; program proposal to MMHD due by September.
- HRSA Pathways Grant:
  - Awaiting response on grant to expand youth behavioral health support and career pathways in rural areas.
  - Partnerships include FRJUSD, BVUSD, MMHF, Shasta/Siskiyou Colleges, and Shasta County Chemical People.
- Fundraising Coaching:
  - Executive Director MARRISA Martin is participating in the Community Foundation grant program for fundraising coaching (15 hours).

### **Partnerships & Community Efforts**

- SMART Employment Services:
  - Ongoing collaboration; next pop-up event August 7.
- IMAGE (Intermountain Action Growth & Education):
  - Community needs survey collected 95 submissions; results shared with members.
- PSA2:
  - Continuing partnership (details forthcoming).

### **Website & Outreach**

- Weekly calendar updates and event promotions.
- Expanding learning library, job listings, and health observance features in coming months.

### **Upcoming Community Events**

- Bright Futures: Ongoing weekly activities (ages 0–5).
- Senior Sip & Social: Every Thursday through May 2025.
- Wellness Hour: Tuesdays, 1–2 PM.
- Art in the Park: July 17, 5–7 PM.
- Swim Night: July 24, 5–7 PM.

### **Intermountain Community Center**

- Offices and event spaces now open.
- Plans were submitted to the county for the children's program build-out.

### **Financial & Operations**

- TCCN will purchase new QuickBooks software (shared with MHF) at \$1,500 annually.

## July Board Report

### Clinical Division

7/22/2025

#### Infection Prevention

##### Education

- Kristen Stephenson, RN, Infection Preventionist, attended the Association for Professionals in Infection Control (APIC) conference in Phoenix, Arizona.

##### Blood Culture Contamination Rates

- At the conference, Kristen learned of an initiative that another hospital implemented in their ER to decrease blood culture contamination. She has been working to create a similar initiative for Mayers ER. Kristen is building blood culture collection kits and developing a new policy and procedure. One-on-one education and competencies for ER nurses and EMT/Paramedic staff will begin in August.

##### Exposure Control Plan

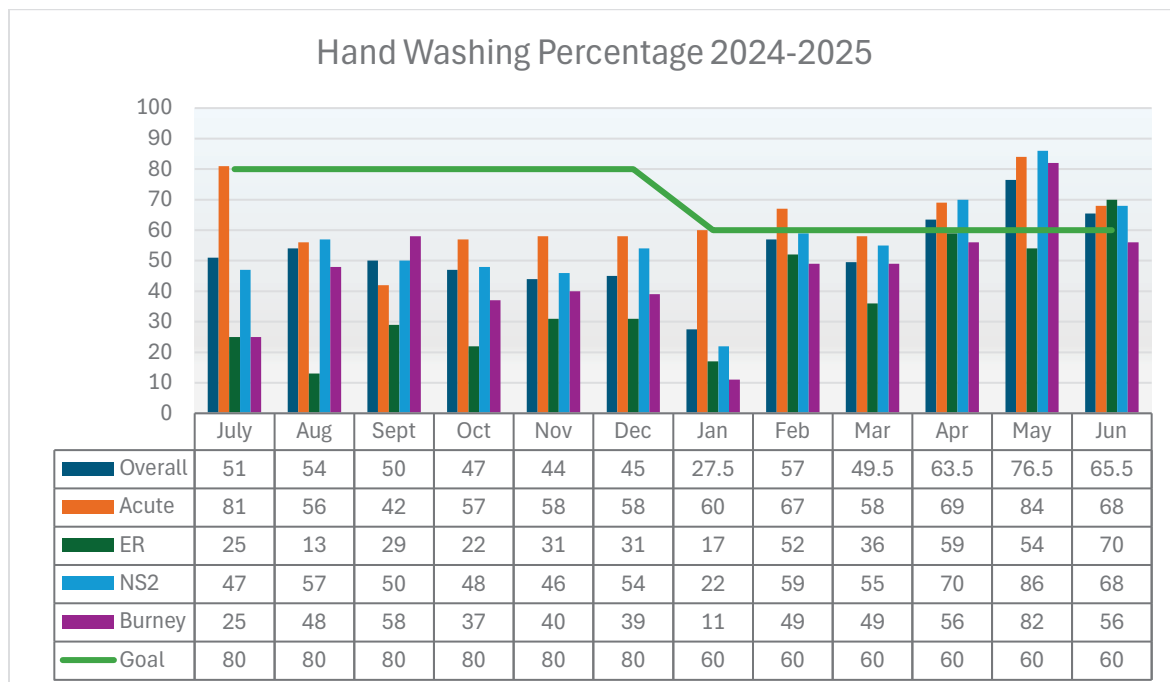
- IP is updating the exposure control plan so that facilities comply with OSHA standards. Bloodborne pathogen spill kits are expiring, so new ones will be purchased, and staff will be educated on the process.

##### Skilled Nursing Vaccinations

- With new recommendations from the CDC, IP is working on getting residents up to date with COVID-19 vaccines. In the next few weeks, IP will begin planning flu vaccination clinics for residents and employees.

##### Hand Hygiene

- After meeting companies in person and seeing systems at the APIC conference, Kristen continues to research hand hygiene monitoring systems.



## ***Service Excellence Initiative***

### **SE Excellence Workshop**

- The Service Excellence Advisors (SEAs) are working hard preparing for their upcoming 2-hour Service Excellence Workshop presentations, scheduled for September. These workshops are a key part of our commitment to delivering exceptional service and fostering a culture of excellence across our organization.

### **HealthCare Service Excellence Conference Summit Awards**

- The **Summit Awards** are a prestigious North America-wide recognition program that honors outstanding achievements in healthcare customer service and service excellence initiatives. These awards celebrate efforts that significantly enhance:
  - The quality of service provided to patients and customers
  - The quality of work life for healthcare professionals
  - The overall performance of healthcare organizations
- Established and managed by the **HealthCare Service Excellence Conference (HCSEC)**, the Summit Awards are open to all healthcare facilities participating in the **Service Excellence Initiative™**. All nominations are due to Tiffani by EOB on July 31.
- **Award Categories (the highlighted are our eligible categories).**
  - **Service Excellence Leadership Awards**
    - **Individual Awards**
    - **Exceptional Employee - Clinical**
    - **Exceptional Employee - Non-Clinical**
    - **Empowering Manager**
    - **Exceptional Nurse**
    - **Customer Focused Provider**
    - **Customer Focused Physician**
    - **Empowering CNO/DON**
    - **Motivating Administrator**
    - **Inspiring CEO/President**
  - **Team Awards**
    - **Outstanding Staffing Fix Transformation**
    - **Outstanding Swing Bed Transformation**

### **Huddles**

- All departments are actively conducting daily or weekly service huddles. Feedback has been overwhelmingly positive; teams are engaged and performing well!

### **Rounding**

- ELT members have begun rounding across all departments to support visibility, engagement, and continuous improvement.

### ***Respiratory Therapy***

- The offer for a respiratory therapy manager has been extended and accepted. The new manager is expected to begin in mid-September.
- Kevin Davie, Director of Ancillary and Diagnostic Services, will provide Onboarding Support.

### ***Care Coordination***

- The care coordination position is reposted. We have received numerous internal and external applications.

### ***Hospital Pharmacy***

#### **Sterile Compounding**

- The hospital pharmacy anticipates an inspection from the State Board of Pharmacy the last week of July. All the requested documents have been provided to the inspector.

#### **Staffing**

- We have two leads for the hospital pharmacist position.

#### **Inventory**

- The physical inventory is complete for end of FY25.

### ***Retail Pharmacy***

#### **Inventory Completion**

- Annual inventory was successfully completed on **June 30**.

#### **New Team Member**

- We are pleased to welcome **Kristin Sowvlen** as our new **Retail Pharmacy Clerk**.

#### **340B Program Audit**

- We have completed our **340B mock audit** and received the final report.
- The **340B Committee** has reviewed the findings and developed an action plan to address identified items and enhance program compliance in the future.

#### **Security Upgrades**

- Security Upgrades have been completed.

## ***Imaging***

### **Echocardiography**

- We are implementing Sclmage to streamline and enhance our cardiovascular imaging workflows. A project kickoff meeting is scheduled for Monday, July 28.

### **MRI**

- Testing of our new MRI trailer is underway. We are focusing on establishing network connectivity and validating image transmission and reads in coordination with our teleradiology partners.
- We are successfully able to transmit MRI images to our PACs system.
- Our application to add MRI to our license has been submitted to CDPH.

### **Equipment Maintenance**

- The service contract for our Siemens portable X-ray unit is approaching renewal. Harold Swartz, Imaging Manager, is exploring alternative vendors that may offer more cost-effective service and improved response times.

### **Service Expansion**

- Harold Swartz, Imaging Manager, is conducting return-on-investment (ROI) analyses for CT Calcium Scoring and Bone Density exams to assess the feasibility of adding these services to our imaging portfolio.

### **Capital Planning**

- Harold presented the management team with a new workflow for capturing and prioritizing capital requests. This process establishes a formal tracking system that ensures all capital budget requests are documented, whether funded in the current fiscal year or carried forward to the next. Given the current financial and governmental uncertainties, maintaining a comprehensive and prioritized list of capital needs is essential for informed planning and resource allocation.

### **Cerner Integration**

- The build for capturing Professional Fees in Cerner has been completed, and we are now actively collecting charges for these services.

## ***Rural Health Clinic***

### **Luma Health**

- The RHC has launched phase 1 of Luma Health, which includes appointment reminders, a chat hub (which the providers and staff are utilizing heavily), and referral reminders. Luma Health implementation will start with the clinic and eventually be used in other outpatient departments.

### **Documentation**

- Medical Assistants are charting electronically at bedside.

## Providers

- An update on providers will be in the CEO report.

## Physical Therapy

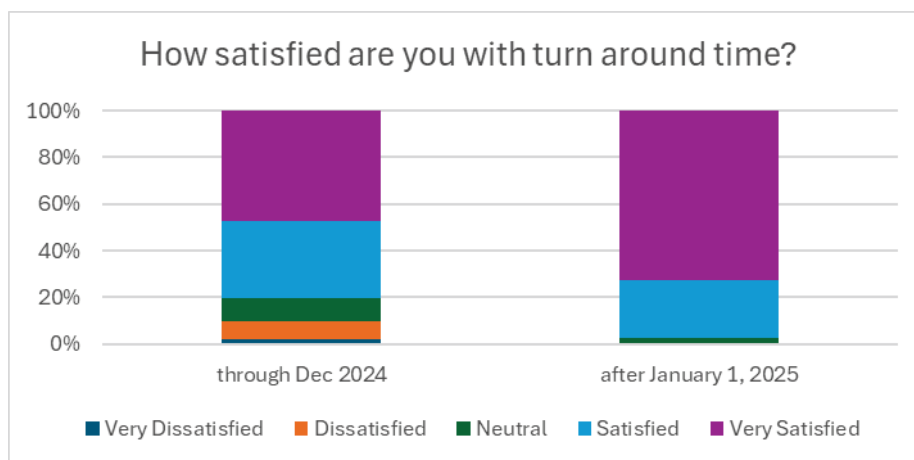
### Registration

A dry run for admitting an MRI patient was completed on 07/21/2025 in collaboration with the imaging department to help move forward with starting a new service at the hospital.

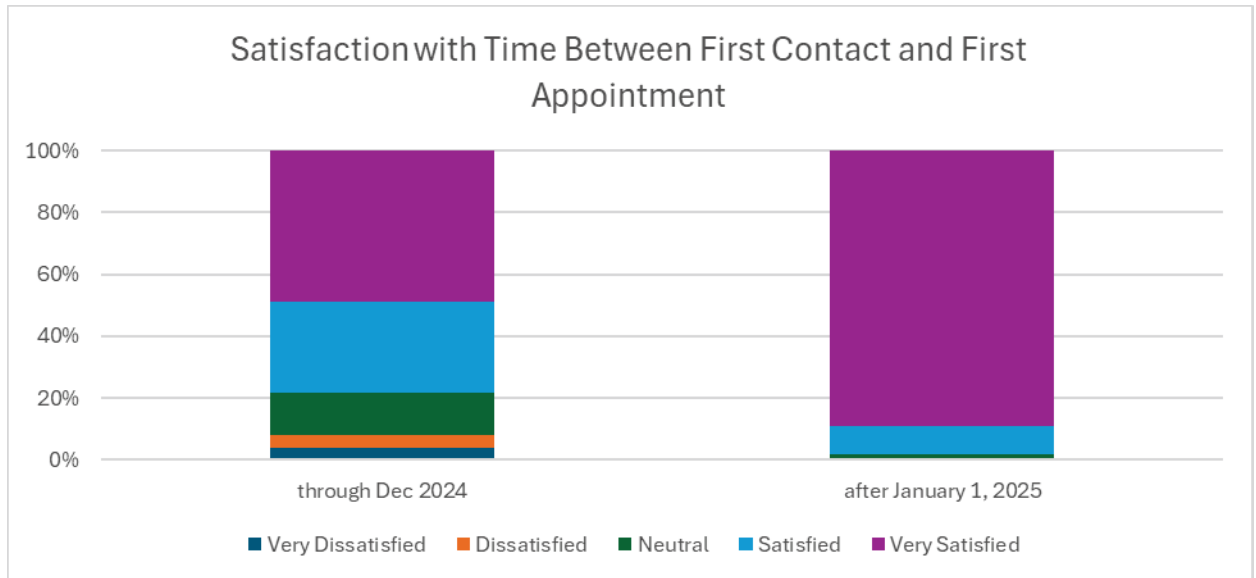
### Patient Experience Survey Results

Results from Physical Therapy Referral Patient Survey from before January 2025 (49 surveys collected) compared to those received January 1- June 30, 2025 (109 surveys collected):

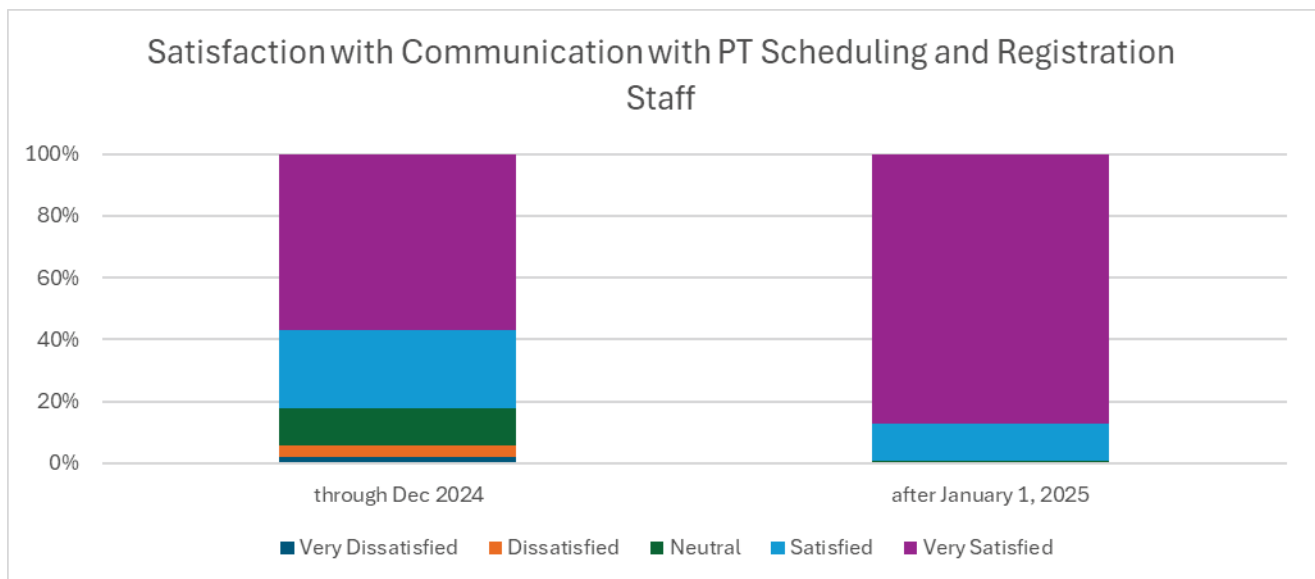
1. The number of days between MD appt and when PT reached out via phone:
  - a. Through December 31, 2024: Average 8 days with a range of 0-32 days. Mode 7 days. Median 7 days.
  - b. January 1- June 30, 2025: Average 2 days ranging from 1 hour to 20 days. Mode 1 day.
2. How satisfied are you with this turnaround time?



3. How many weeks from the first phone call until your evaluation:
  - a. Through December 31, 2024: Average of 2.5 weeks with a range of 0-7 weeks reported.
  - b. January 10 June 30, 2025: Average of 4 days with a range of 1 day to 4 weeks reported.
4. Was there a delay in scheduling? This had multiple answers with longer times, including waiting on a specific therapist, wanting an afternoon later in the day, scheduling vacations, MD requesting a post op wait time frame until starting, and awaiting insurance authorization.
5. How satisfied are you with this time between your first contact and appointment?



6. The answers were good for knowledge but not direct satisfaction.
7. How satisfied are you with the communication between the scheduling and registration staff?



8. Open feedback question on anything patients might want to share about their experience.



## ***Laboratory***

### **Newly Implemented Tests**

- **Procalcitonin, QuantiFERON, gram negative sensitivity testing.**

All tests are functioning well, and we haven't encountered any problem. The charges for the newly implemented tests are dropping.

- **Internet Downtime 07/17/2025**

The laboratory department ran and released the laboratory results smoothly during the downtime. There was a delay in some test results. All lab results were handwritten using downtime forms, and blood cultures were incubated manually. When the Laboratory Information System was back up and running, all patients were registered and all the tests performed during the outage were available electronically in CERNER the next day. Sophia Rosal, CLS, Lab Manager, is working with the IT department on some redundancy with the printer/copier to prevent the need to handwrite results during downtime.

- **Phlebotomy Staff**

A phlebotomist accepted the full-time ED TECH position. She will continue working in the lab per diem until we fill the position.

- **Laboratory Equipment**

The QIAGEN QIAstat DX instrument on-site demonstration is scheduled for July 23. All CLS staff will attend the demonstration. This demonstration aims to show the new instrument's functionality and how the analyzer is similar to the BIOFIRE Film Array. The BIOFIRE Film Array analyzer is approaching its end of life, and BioMerieux no longer provides preventive maintenance. The QIAGEN QIAstat DX analyzer may be the best option to replace it.

## ***Telemedicine***

See Attached Report

## Telemedicine Program Update as of July 2nd, 2025

Respectfully submitted by Samantha Weidner for Kelsey Sloat, M.D., FACOG, Kimberly Westlund, CRHCP, Clinic Manager and Keith Earnest Pharm.D., Chief Clinical Officer

We have completed a total of 3,944 live video consults since August 2017 (start of program).

### Endocrinology:

- Dr. Bhaduri saw 29 patients in June. She continues to be our most productive, consistent provider.
- We've had 1,429 consults since the start of this specialty in August 2017.

### Nutrition:

- Jessica saw five patients in June.
- We've had 264 consults so far since we started this specialty in November 2017.

### Psychiatry:

- Dr. Granese saw eight patients in June. On July 1<sup>st</sup>, I was made aware of Dr. Granese's departure from Telemed2U. I have reached out to Dr. Watson regarding the appropriate replacement going forward.
- We've had 839 consults since the beginning of the program in August 2017.

### Infectious Disease:

- Dr. Siddiqui saw one patient in June.
- We've had 147 consults since the start of this specialty in September 2017.

### Neurology:

- Dr. Nalla saw two patients in June. Currently, she is only able to see patients with Partnership and Blue Shield/Blue Cross insurances. Due to this, we are working on credentialing an additional Neurologist who can provide care for patients with other insurances.
- We've had 489 consults since the start of the program in November 2018.

### Rheumatology:

- Dr. Tang saw 14 patients in June. We are currently booked through August for this specialty.
- We've had 290 consults since the start of the program in May 2020.

### Nephrology:

- Dr. Bassila saw eight patients in June.
- We've had 127 consults since the start of the program in April 2023.

#### Talk Therapy:

- We officially have our new provider, BreeAnne Williams, LCSW, seeing patients. She has given us one additional hour on Wednesdays at this time and will be adding more as her schedule allows.

#### Referral Update:

We received 20 New Patient referrals in June. Below is a breakdown of where we received them from:

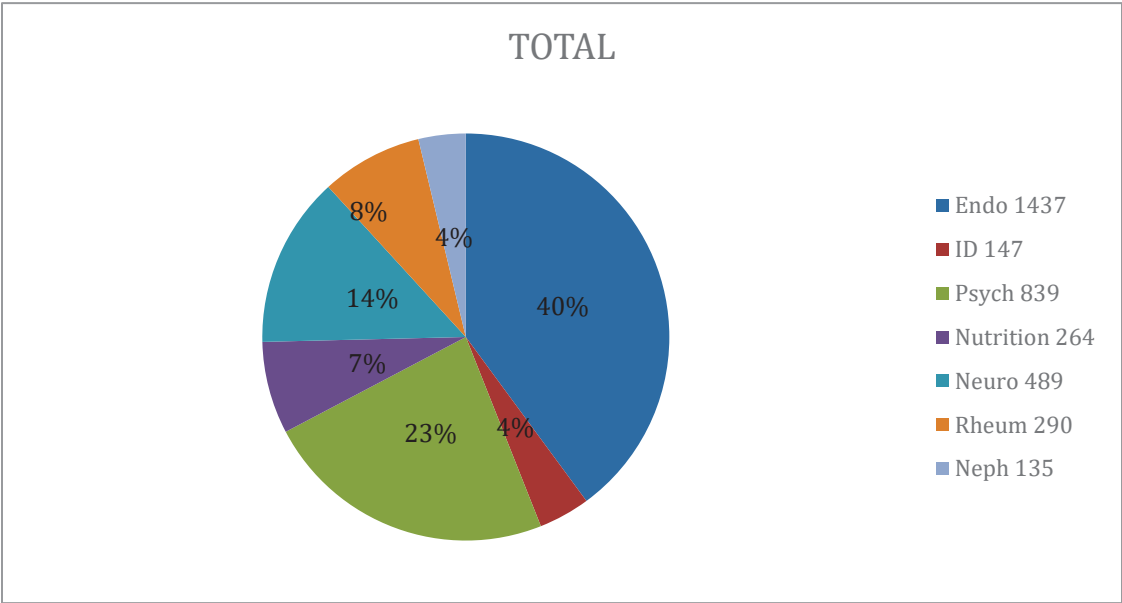
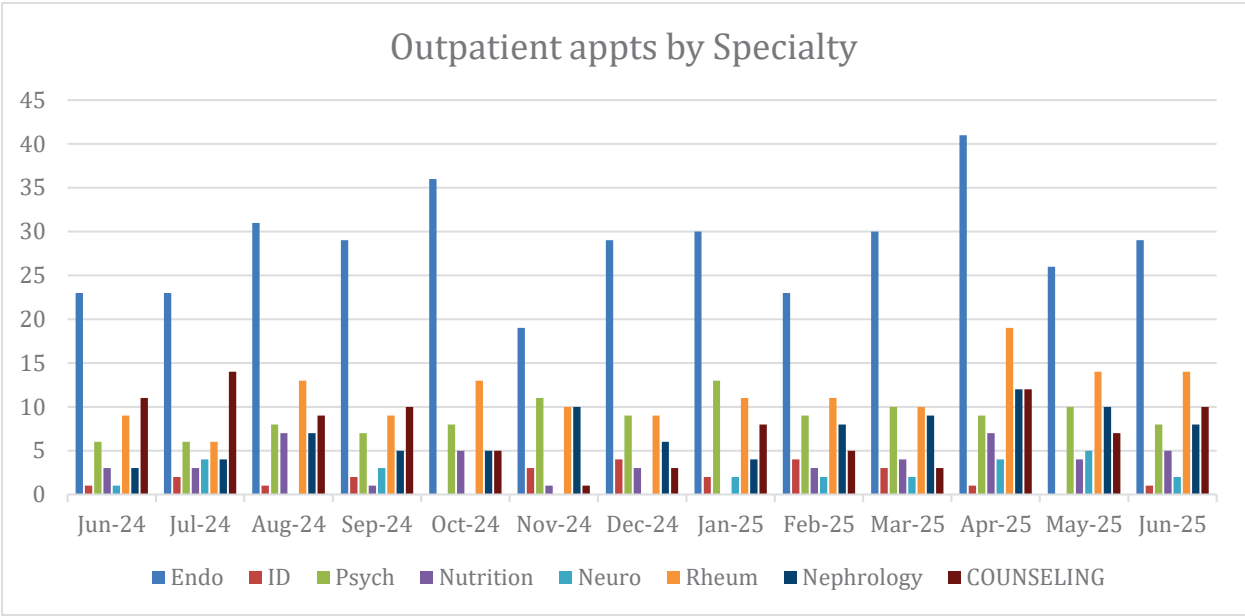
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 6
- Pit River Health Center – 2
- Canby Family Practice – 0
- Mayers RHC – 11
- Mayers SNF – 1

#### ConferMED –

We had one ConferMED consultation sent in the month of June. We have had eight total sent since implementation.

#### Remote Patient Monitoring –

We have had 17 patients referred to our RPM program since implementation. We currently have five patients monitoring.



## **NURSING SERVICES BOARD REPORT**

**July 2025-Reporting for June**

### **CNO Board Report**

Census remains stable at 73 residents, with steady acute and swingbed volumes. Staffing meets regulatory requirements, though agency reliance continues. Recruitment efforts are ongoing, including NATP classes to build internal CNA staffing. Regulatory preparation is in progress for the upcoming CDPH survey, with policy updates completed and recent EMTALA findings addressed. Staff education is active across certifications, in-services, and leadership development. Family engagement and resident activities remain strong, supporting quality of life. All departments are engaged in the Service Excellence Initiative, with progress in pillar goals and operational improvements. The focus remains on regulatory readiness, workforce development, and quality resident care.

### **SNF**

#### **Capacity**

- Resident Census= Seventy-Three (73) June, 75 in May.
  - Fall River= Twenty-Nine (29)
  - Burney= Twenty-Four (24) general resident population
  - Burney Memory Care= Twenty (20) residents
- Zero (0) external candidates on the Memory Care waitlist
- Two (2) external candidates for general population

#### **Staffing**

- We have met regulatory staffing requirements for the month.
- The high percentage of agency utilization is a primary challenge we face. To address this, we have:
  - Hired 1 RN and 2 LVN's
  - NATP started 6-30-25 with 4 Students
  - 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 and focusing on RNs, CNAs, and UAs.

#### **Updates**

- **Staff Development**

- Departmental Education: With realignment complete, we continue the monthly orientation with all new hires.
- Departmental Education: Charge Nurse Realignment was completed, and a monthly Charge Nurse meeting has been initiated.
- NATP class started 6-30-25
- **Regulatory**
  - Wander Guard Alert System: Wander Guard Alert training occurred during the staff meeting.
  - All policies have been revised in preparation for the California Department of Public Health's (CDPH) projected July-August survey.
  - CDPH visited us last month to review 17 outstanding self-reports. The Statement of Deficiency was received, and a plan of correction was sent and approved by CDPH.

#### **Family engagement:**

- The monthly Family Council Meetings have been a success. We have been alternating between the Burney and Fall River Board rooms. Ladonna Wood (a Beautician) was our guest speaker, discussing Hair cut/styling schedules that will be provided to our residents.
- The CAHPS Nursing Home Family Member Survey was conducted, and the results were provided. This gives us a baseline to work with and improve upon, which is in line with the Service Excellence Initiative.

#### **Activities**

- Over the past month, the Activity Department has completed several exciting projects, participated in meaningful outings, and enhanced our skills through a two-hour mandatory training session. We've also introduced new items to the residents' activity calendar to promote engagement and enrichment.
- Our butterfly program was a highlight—residents thoroughly enjoyed observing the transformation from cocoon to butterfly. The butterflies have now been released, and due to the program's success, we plan to purchase more caterpillars soon. In addition, the residents continue to take pride in watering and maintaining the butterfly garden.
- We recently took a group of residents on a fishing trip, which was a great success. We were also honored to be part of the Burney Basin Days Parade, bringing joy and community involvement to our residents.
- To further enhance the Memory Care experience, we purchased new arts and crafts supplies to provide sensory and tactile stimulation. We also added a much-requested karaoke machine, which has already been put on the calendar.

- As part of our professional development, the Activity Director conducted a two-hour mandatory training session for the activity team. The focus was on how therapeutic activities serve as a vital intervention that can reduce the need for medications. The training also emphasized the importance of task engagement and reviewed current policies. At the end of the session, each team member shared one new thing they learned—and everyone could express something they hadn't known before.
- The Activity Department remains committed to learning, growing, and providing patient-centered care in a safe, supportive environment.

## Acute

### June 2025

- Acute ADC: 1.13
- Acute ALOS: 2.47
- Swingbed ADC: 1.9
- Swingbed ALOS: 10.25
- OBS Census Days: 5

### Staffing

- **Staffing Requirements:** Our department's optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. Currently, all FTE RN and Ward Clerk positions are filled. All recent RN hires have completed orientation and are fully transitioned into their assigned shifts. We currently have one open CNA position. Additionally, one FTE RN remains on an approved leave of absence.
- **Utilization of Registry Staff:** We utilize one PTE NPH RN to support part-time unit coverage and assist with staffing during surgical cases. Additionally, one FTE contracted RN is covering for the RN on approved leave.

### Updates

- **Pillar Goals:** We successfully finalized and submitted all departmental pillar priorities and supporting documentation this month. The process involved collaborative input from leadership and staff, ensuring each goal aligned with organizational strategy and unit-specific needs. This marks a significant milestone in our strategic planning efforts and sets a strong foundation for meaningful progress and accountability in the months ahead.
- **Process Mapping – Admission & Discharge Workflow:** Leadership and staff actively participated in a collaborative process mapping session involving all departments impacted by the patient flow—from ED arrival through inpatient and swing bed admission, discharge, and transitions of care. This session provided a valuable opportunity to evaluate current workflows, identify barriers, and contribute to building a more streamlined and efficient process.

- **SEI Initiative:** Both leadership and key team members participated in the launch of the SEI (Service Excellence Initiative), a significant organizational effort focused on enhancing service culture, communication, and teamwork. While this is a system-wide initiative, our department is especially excited about the positive changes it will bring. The team is energized by the opportunity to contribute to this work and looks forward to the continued growth and improvement it supports.

## **Emergency Services**

### **June 2025**

- Total treated patients: 394
- In-patient Admits: 19
- Transferred to higher level of care: 21
- Pediatric patients:
- AMA: 4
- LWBS: 1
- Present to ED vis EMS: 48

### **Staffing:**

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 1FTE contracted RNs
  - One Noc RN to cover until NOC FTE completes orientation
- ED Manager also serves as:
  - Cerner Learning Coordinator
    - Assigning learning journeys to new contracted and hired staff
    - Maintaining the Learning Journey portal
  - Ongoing resource for clinical areas in the facility

### **Updates:**

- We have completed the introduction and first education session for the new Service Excellence Initiative (SEI).
  - The team has shown strong enthusiasm and engagement around the SEI, which is encouraging as we progress.
- The Emergency Department recently underwent an EMTALA survey, and based on the findings, we have started education and support efforts.
- I have successfully met all my FY2025 goals, and we are already seeing notable progress and improvements.

## **Ambulance-Reporting**



**June 2025**

- 54 ambulance calls
- 17 of those were transfers

**Staffing:**

- 1-open
- Conner Robb completed his orientation period for the ambulance as a per diem EMT and has begun his full-time ER Tech orientation.

**Updates:**

- We have put our new Zoll cardiac monitor into service and are completing stocking our third ambulance as an ALS ambulance.
- All Ambulances are up and running.

**Surgery:** Yearly report to Board—see submitted report.

**Outpatient Medical**

Updates June 2025

- Census OPM: April 142 patients, May 132 patients, June 130 patients
- The department manager is currently on leave. During this time, daily operations continue to run smoothly, with strong support from department staff and oversight from the Director of Nursing.
- Due to staffing requirements, a part-time traveler has been brought in to support the department. Additionally, members of the Acute Care team have assisted with coverage as needed. All staff have been trained appropriately, and our cross-department floating model functions effectively.
- Staff participated in the mid-June Health & Wellness Fair. Our team hosted a booth at the event, contributing to community engagement and promoting organizational visibility.
- Finalized all Level 1 policies, completing a key phase of our policy review and ensuring alignment with current standards and requirements.
- Finalized all pillar priorities and submitted the completed documentation. This marks the conclusion of the initial goal-setting phase and ensures alignment with organizational objectives moving forward.
- I'm working with the OPM team for input and collaboration on next year's pillar goals so we can delegate tasks and ownership.

**Social Services**

## June 2025

- 2 admissions to LTC
  - 1-Burney Campus
  - 1-Fall River Campus

### Updates:

- I have successfully completed 2 out of 3 my Pillar Goals for FY 2025. This was my first year with priority goals.
- I have been starting every morning in Burney with the residents at the annex. They had requested more visibility of social services. I have had positive feedback from the residents and staff.
- Interim Home Health is now offering some home health services in our area. They also have a program specific to veterans.

## Clinical Education

### Certifications & Licenses

- **BLS (Basic Life Support)**
- Training sessions completed on **6/26/25** and **7/15/25**.
- *Note: BLS is a mandatory requirement for all nursing staff.*
- **ACLS (Advanced Cardiac Life Support)**
- Scheduled for **August 18, 2025**, per DON Moriah's report.
- **NRP (Neonatal Resuscitation Program)**
- Scheduled for **October 15, 2025**, per DON Moriah's report.
- *Both ACLS and NRP sessions are to be provided by Barbara Furry from CEE.*

### ACHC Trainings

Trainings provided per ACHC guidelines include:

- EMTALA
- Suicide Risk Assessment and Prevention
- Patient Rights
- Physical and Chemical Restraints

*Moriah DON provides and manages this training to all newly hired and registry staff during onboarding.*

### Program Update

- **NATP Class (Nurse Assistant Training Program):**
- Began **June 30, 2025**, with 4 attendees (currently 3).
- A new intake takes place on **August 11, 2025**.
- Upon completion, participants may register for the certification exam (*testing site TBD*).
- **In-Service / CEUs**

### CNA Training Sessions:

**Training #1:**

*Date:* June 16, 2025

*Topics:* Dementia (5 hrs), Abuse (3 hrs)

*Attendees:* 9 CNA staff

- **Training #2:**

- *Date:* July 9, 2025

- *Topics:* Infection Control (4 hrs), Resident & Staff Safety (2 hrs), CNA Professionalism (2 hrs)

- *Attendees:* 7 CNA staff scheduled

**Ongoing Projects & Initiatives**

- **CNA In-Service Training for 2025:** Topics include:

- Abuse
- Dementia
- Infection Prevention
- Resident-Centered Care
- Professionalism
- Resident Safety

- **Safe Patient Handling & Mobility (SPHM) Program:**

- Bi-monthly SPHM DHW Initial Orientation continues for newly hired/re-hired staff- last on was on 6/25; next class on 7/21/25

- **CDPH CNA Orientation Days:**

- Conducted bi-monthly post-HR orientation
- Includes updated processing to mitigate delays in Live Scan and application submission

- **Relias Platform:**

- Ongoing reminders issued for required CEUs, license renewals, and re-testing
- Available to both licensed nurses and CA staff

- **Certification Tracking:**

- Evercheck notifications reviewed regularly for upcoming expirations
- HR (Ashley) updates staff renewals
- BLS attendees reminded to submit updated cards to HR and Supervisors for Evercheck updates

- **Zoll Defibrillator Implementation:**

- Awaiting further clarification on AED deployment and usage

**Closing Remarks**

- Thank you for the warm welcome to the Mayers Team! I look forward to advancing clinical education in collaboration with all nursing leaders. I aim to equip our nursing staff with the tools they need to safely and effectively care for our patients and residents.

Respectfully Submitted by Theresa Overton, CNO

## **Chief Executive Officer Report**

Prepared by: Ryan Harris, CEO

### **Collaboration**

We are in the final stages of securing approval for MRI services. The unit is here and ready to go; all that remains is for the license to be issued and for the unit to be approved.

Pit River Health has successfully hired a Licensed Professional Counselor (LPC), and we now have a tentative start date for talk therapy services at our skilled nursing facility. Once the MOU is finalized, services will begin shortly thereafter, with an anticipated start around mid-August.

The Northern Section California Hospital Association (CAH) CEO meeting was held this past month at Renown Health in Reno. This event provided us with a valuable opportunity to tour their state-of-the-art facility and gain a deeper understanding of the wide range of services they offer to our patients. Visiting Renown Health allowed us to see firsthand the high-quality care and innovative programs in place, which can significantly benefit our community.

During the meeting, we also collaborated to address and work through various issues related to patient transfers. Renown's transfer center is impressive, featuring advanced technology and streamlined processes that facilitate efficient and safe patient transitions. This exchange of ideas and experiences has reinforced our belief that Renown Health is a strong partner and a trusted provider for our patients.

We look forward to strengthening this partnership further to ensure our patients receive the best possible care and support.

Val, Harold, and Keith also scheduled a visit with Hill County Community Clinic to showcase all the services we offer at our facility. While their reports will include more details, I am enthusiastic about the opportunity to continue expanding our partnerships with other healthcare providers in the region.

### **Travel**

From July 19 to 23, I will attend the American Hospital Association's Leadership Summit before the July board meeting. This event provides a valuable opportunity to engage with industry leaders, experts, and innovative thinkers across the healthcare sector. I am looking forward to gathering insights on emerging concepts, cutting-edge technologies, and strategic initiatives shaping the future of healthcare delivery.

During the summit, I plan to focus on topics such as leading through change, transforming care delivery, strategy and Innovation, and the integration of artificial intelligence and data analytics to improve the patient and clinician experience. I will also explore best practices in leadership and organizational resilience that can be applied within our organization.

Beyond these topics, I will also closely examine sessions involving the current political landscape, including policy developments, legislative changes, and regulatory updates that

could impact our operations, funding, and strategic planning. Understanding these external factors is crucial for proactively adapting and advocating for policies that support our mission.

### **Service Excellence Initiative**

Work continues on the services excellence initiative, and I am sure the rest of the leadership team will include updates in their reports for their various divisions. I wanted to share the positive impact the ELT rounding has had on staff during its first week. It was very enjoyable week for me, as I took the time to visit with the majority of our departments and staff. This has provided an excellent opportunity for staff to ask me questions and for me to connect with them. I thoroughly enjoyed spending time with our team during my week of rounding.

### **Provider Update**

After meeting with our entire provider group and executive leadership team, we have developed a new provider model for the organization. This model aims to enhance focus and improve patient care by allowing providers to concentrate on one or two specialties rather than managing multiple responsibilities simultaneously. This new approach will shift how we have operated, emphasizing more focused and personalized patient care.

As a result of this new model and the upcoming departure of a provider from the organization, we have posted several new positions, including a Rural Health Clinic (RHC) primary care physician, a Chief Medical Officer (CMO) and hospitalist physician, and an Emergency Department (ED) physician and a medical director. These changes aim to strengthen our team and ensure continued high-quality care for our community.

### **Impact of One Big Beautiful Bill**

The passage of the "One Big Beautiful Bill" (HR1) is anticipated to impact our district significantly. Travis Lakey, our CFO, and I are currently working on modeling its potential effects to support the board and our leadership team in making informed decisions. While the full scope of the impact is still developing, it is clear that we will need to adapt to specific financial changes. Although we are still assessing the details, this legislation could influence various aspects of the district's healthcare delivery and community well-being. We will continue to monitor the situation and evaluate how it may shape our future initiatives and services.